



System Improvement Plan (SIP) Process Guide



**Version
7.0
2009**



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About These Materials



This System Improvement Plan (SIP) Process Guide provides assistance with the SIP process, drawing from experiences of the first series of SIPs completed by counties throughout California.

In addition to this guide, other resources available to counties as SIPs are planned and completed include the following:

- SIP Facilitation Tools
- Communication Tools
- Planning Matrix
- Part I – Child Welfare Services (CWS)/Probation Template
- Office of Child Abuse Prevention (OCAP) Expenditure Summary Worksheets

This guide and all of the above materials are available at the California Center for Social Work Education (CalSWEC) website at <http://calswec.berkeley.edu/CalSWEC/CCFSR1.html>.

Acknowledgments

The California Department of Social Services (CDSS) wishes to thank and acknowledge those individuals and organizations that contributed to version 7.0 of the SIP Guide. CDSS appreciates the leadership of CalSWEC, the coordination of the editing process by Shared Vision Consultants, and the invaluable contributions of County Welfare Directors Association (CWDA) representatives, county probation staff, and CDSS Outcomes and Accountability Bureau (CSOAB) and Office of Child Abuse Prevention (OCAP) staff.

This guide is reflective of the strength of partnership. It is with great anticipation that we look forward to building increased collaboration throughout each phase the California Child and Family Services Review (C-CFSR) process.

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I. Introduction to This Guide

A. Purpose of the System Improvement Plan (SIP) Guide

The purpose of the SIP Process Guide is to delineate the requirements and outline the format for counties to use for the CWS/Probation portion of the SIP as required by the California Child Welfare Services Outcome and Accountability System (in Part I—CWS/Probation); delineate the program requirements and outline the format for counties to use for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) portion of the SIP (in Part II—CAPIT/CBCAP/PSSF); and provide guidelines for the coordinated triennial SIP process that will meet requirements for both the CWS/Probation and the CAPIT/CBCAP/PSSF plans.

Each county, in partnership with their community and prevention partners, develops a SIP that focuses on services to families from prevention through the continuum of care. To that end, the planning for use of the CAPIT/CBCAP/PSSF funds has been coordinated with the CWS/Probation SIP process. Coordinating these two planning processes streamlines duplicative processes, maximizes resources, increases partnerships and improves communication.

The purpose of the section identified as *Part I—CWS/Probation* is to provide a format for counties to specify their priority improvement goals and to establish a planned process for achieving improvement in those areas. For safety, permanency, and well-being outcomes with county performance below the statewide standard, the plan must address milestones, timeframes, and improvement goals.

The section referred to as *Part II—CAPIT/CBCAP/PSSF* contains the consolidated requirements for counties seeking CAPIT/CBCAP/PSSF funds. The SIP is an opportunity to engage in a coordinated planning process with county child welfare, probation, prevention network partners, and consumers in the development of community-based responses to child abuse prevention, intervention and treatment service needs.

The SIP addresses how prevention activities are coordinated and how services will be provided during the three-year period. This information will be captured in Part II—CAPIT/CBCAP/PSSF.

This guide replaces the earlier versions of the SIP Guide and the three year CAPIT/CBCAP/PSSF Plan instructions and will assist county staff to coordinate the planning in the following ways:

1. Identifies the components of the SIP Report: SIP narrative, Part I—CWS/Probation (includes SIP cover sheet and template), and Part II—CAPIT/CBCAP/PSSF (including cover sheet, attachments, assurances, narrative and the services and expenditure plan).
2. Identifies the requirements and provides instructions to complete each component of the SIP coordinated planning process and report.
3. Expands on existing sections, clarifies instructions and deletes redundant sections. Because of the emphasis on increased collaboration, the team composition membership section is expanded as is the new contact information that is required.
4. Provides updated CDSS contact information. County consultants responsible for oversight and technical assistance for the C-CFSR process may be contacted by e-mail at chldserv@dss.ca.gov. County consultants responsible for oversight and technical assistance for the CAPIT, CBCAP and PSSF programs may be contacted by e-mail at OCAP-PND@dss.ca.gov.
5. Provides resources for Evidence-Based/Evidence-Informed Program and Practices, and defines key terms (see appendices).

II. The C-CFSR Cycle



A. Overview—Evolution of Continuous Improvement in Child Welfare

In establishing the Redesign philosophy (2000–2003), the Stakeholders Group identified major philosophical shifts from the old system to the new. These shifts include accepting as a primary value the principle that preventing child abuse and supporting families is a cost-effective strategy for protecting children, nurturing families, and maximizing the quality of life for California’s residents.

The practice of prevention, woven into all aspects of the Redesign, builds a proactive system that seeks to avert tragedy before it occurs. After reviewing a variety of prevention strategies, the Redesign workgroup recommended the following:

1. Formalize the roles of Child Welfare Services and partner agencies at the state, local, and neighborhood levels in prevention across the continuum of services and supports.
2. Establish a collaborative prevention model based on public-private partnerships at the state, local, and neighborhood levels with shared investment in outcomes and accountability.
3. Engage community residents, especially parents and other caregivers, in all partnership and prevention activities.
4. Utilize a strength-based, universal approach to prevention that supports all families.
5. Secure support for a collaborative prevention strategy from legislative and executive branches of state and local government and the general public.
6. Develop dedicated, sustained funding that supports a comprehensive range of prevention strategies.

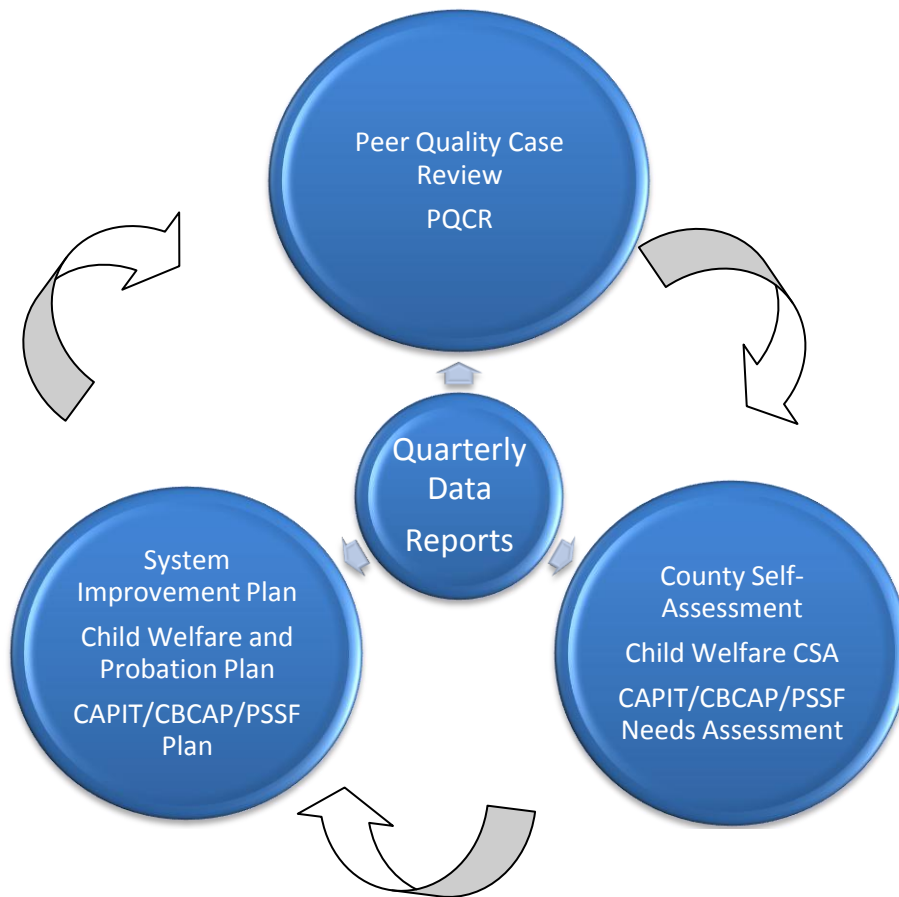
In January 2004, the implementation of Assembly Bill 636 brought a new Child Welfare Services Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in the areas of safety, permanency, and child and family well-being. By design, the C-CFSR closely follows the federal emphasis on safety, permanency and well-being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. The C-CFSR includes several processes which together provide a comprehensive picture of county child welfare practices (see figure below).

CDSS and CWDA have committed to streamlining the continuum of services provided to children, youth, and families as well as streamlining the C-CFSR process with the Office of Child Abuse Prevention (OCAP) Three-Year Plans. Combining these processes administratively provides greater efficiency; while also meeting the individual requirements of each program. By legislative design, each funding stream has its own oversight committee. These oversight committees continue to oversee each funding stream. By integrating the needs assessment of the OCAP Three-Year Plan into the CSA, the county can meet the needs of those oversight committees as well as maximize resources, increase partnerships, and enhance communication.

Previously the CSA focused solely on the analysis of the federal and state outcome measures and systemic factors within the context of the county's demographic profile. The comprehensive CSA expands this examination to include active participation of the county's prevention network partners in the identification of the community's need for prevention and community-based services. In the past, the county was expected to deliver two separate documents: (1) the CSA and (2) the CAPIT/CBCAP/PSSF Three-Year plan, which was based on a needs assessment. The comprehensive CSA streamlines this requirement by integrating the needs assessment from the CAPIT/CBCAP/PSSF Three-Year plan into the CSA.

CDSS consultants in both Children's Services Outcomes & Accountability Bureau (CSOAB) and OCAP are able to assist counties by providing technical assistance, developing model strategies for conducting the CSA, and assisting with data collection tools. The consultants review drafts of the CSA for completeness and provide feedback to the county prior to the CSA going to the Board of Supervisors for approval.

The C-CFSR operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The principal components of the system include: quarterly data reports published by the CDSS; PQCRs; CSAs; System Improvement Plans (SIP) and annual updates; and state technical assistance and monitoring.



B. Features of Each C-CFSR Component

1. Quarterly Outcome and Accountability Data Reports

CDSS issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary level federal and state program measures that serve as the basis for the C-CFSR and are used to track state and county performance over time. Data is used to inform and guide both the assessment and planning processes, and is used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the perspective that data analysis of this type is best viewed as a continuous process as opposed to a one-time activity for the purpose of quality improvement.

2. PQCR

The PQCR is the first component in the cyclical C-CFSR process. The purpose of the PQCR is to learn, through intensive examination of county practice, how to improve child welfare and probation services in a specific focus area. To do so, the PQCR focuses on one specific outcome, incorporates research related to the focus area, analyzes specific practice areas, identifies key patterns of agency strengths and concerns and aligns the findings with research to guide practice improvement. The process uses peers from other counties to promote the exchange of best practice ideas between the host county and peer reviewers. Peer county involvement and the exchange of promising practices also help to illuminate specific practice changes that may advance performance.

a. Timeframes:

In continued partnership and collaboration, an electronic copy of a working draft of the PQCR Report will be e-mailed to the county's CDSS consultant 30 days after the last day of the PQCR, for review and feedback within ten working days.

The PQCR Report is due to CDSS two months after the last day of the PQCR. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the listed order:

- County cover page
- Cover sheet with signatures
- Table of contents
- Report information
- PQCR Final Tool Templates

b. Mail the original hard copy to:

Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

3. CSA

The CSA is the next process in the cycle. The CSA is driven by a focused analysis of child welfare data. This process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and probation services provided within the county. The CSA is developed every three years by the lead agencies in coordination with their local community and prevention partners.

The CSA includes a multidisciplinary needs assessment to be conducted once every three years and requires Board of Supervisor (BOS) approval.

Along with the qualitative information gleaned from the PQCR and the quantitative information contained in the quarterly data reports, the CSA provides the foundation and context for the development of the county three year SIP.

a. Timeframes:

The Period of Assessment – The period of assessment is from the county’s last CSA through the present, with the focus on the present; e.g. if the county’s last CSA was an assessment through January 15, 2006, the new CSA will be an assessment from January 15, 2006 through the current due date. The focus of the CSA is on the county’s current performance.

In continued partnership and collaboration, an electronic copy of a working draft of the CSA will be provided to the CDSS consultants in the CSOAB and the OCAP at the e-mail addresses below prior to submission to the BOS (no later than two months before the CSA is due to CDSS, i.e., four months from PQCR Report due date). The CDSS consultants will provide feedback and technical assistance to the county within ten working days for any necessary edits and timely submission to the BOS. If edits are necessary, a second draft reflecting the collaborative effort is submitted to CDSS 30 days prior to the CSA final due date.

The final CSA Report is due to CDSS with BOS signatures six months after the PQCR Report due date. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov and OCAP-PND@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the listed order:

- County cover page
- Cover sheet with signatures
- BOS minutes/resolution
- Table of contents
- Report information
- Attachments

b. Mail the original hard copy and two copies to:

Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

4. SIP

The SIP is the next step in the cycle. The SIP is a culmination of the first two processes and serves as the operational agreement between the county and the state. It outlines how the county will remodel its system to improve outcomes for children, youth and families. The SIP is developed every three years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific milestones, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes.

a. Timeframes:

The Period of Plan – The period of the SIP is three years from the SIP due date projected forward, e.g., if the SIP is due January 15, 2009, the period of the plan is January 15, 2009, through January 14, 2012.

In continued partnership and collaboration, an electronic copy of a working draft of the SIP will be provided to the CDSS consultants in the CSOAB and the OCAP at the e-mail addresses below prior to submission to the BOS (no later than two months before the SIP is due to CDSS). The CDSS consultants will provide feedback and technical assistance to the county within ten working days for any necessary edits and timely submission to the BOS. If edits are necessary, a second draft reflecting the collaborative effort is submitted to CDSS 30 days prior to the final SIP due date.

The final three-year SIP is due to CDSS with BOS signatures four months after the CSA due date. It should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov and OCAP-PND@dss.ca.gov for posting to the CDSS website. The .pdf file should be one file which includes the following documents in the following order:

- County cover page
- BOS minutes/resolution
- Table of contents
- SIP Narrative
- Part I – CWS/Probation with signatures
- Part II – CAPIT/CBCAP/PSSF with signatures
- Attachments

- b. Mail the original hard copy and two copies to:
Bureau Chief
Outcomes & Accountability Bureau
Children & Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814
- c. For OCAP administrative purposes, counties must also e-mail an electronic copy of the CAPIT/CBCAP/PSSF expenditure plan in excel format to OCAP-PND@dss.ca.gov.

5. Annual SIP Update

The SIP Update is developed by the county lead agencies in collaboration with their prevention partners. The update is the mechanism that provides stakeholders and CDSS with the status of the county's activities as well as any modifications or additions to Part I - CWS/Probation of the SIP.

a. Timeframes:

A written CWS/Probation SIP Update is due one year from the due date of the three year SIP Report. Counties will submit a SIP Report and one annual update before resuming the PQCR, e.g., for a county with a SIP Report due on January 15, 2009; the written SIP update is due on January 15, 2010. In place of the second written update, a status update will occur via the quarterly contact with the CDSS consultant. This verbal status update will occur one year after the initial update, e.g., January 15, 2011. The PQCR process resumes during the year the verbal SIP Update is due.

In continued partnership and collaboration, an electronic copy of a working draft of the SIP Update will be provided to the CDSS consultant in the CSOAB at the e-mail address below no later than two months before the SIP update is due. The CDSS consultant will provide feedback and technical assistance to the county within ten working days for any necessary edits.

The SIP Update should be scanned with signatures and sent electronically in .pdf format to chldserv@dss.ca.gov for posting on CDSS website. The .pdf file should be one file which includes the following documents in the following order:

- County cover page
- Table of contents
- SIP Narrative
- CWS/Probation Updates
- Attachments

- b. Mail the original hard copy and two copies to:
 - Bureau Chief
 - Outcomes & Accountability Bureau
 - Children & Family Services Division
 - California Department of Social Services
 - 744 P Street, MS 8-12-91
 - Sacramento, CA 95814

6. CAPIT/CBCAP/PSSF Annual Report

Counties receiving CAPIT/CBCAP/PSSF funds are required to submit an annual report. The state-funded CAPIT and federally-funded CBCAP and PSSF programs all operate on the July 1 through June 30 state fiscal year (SFY) and all funds must be expended during the SFY allocated. The CDSS will provide allocation, claiming and annual reporting information for each of the funding streams annually.

7. State Technical Assistance and Monitoring

CDSS consultants from the CSOAB and from the OCAP - Prevention Network Development (PND) Unit are available to provide technical assistance to counties in the C-CFSR and CAPIT/CBCAP/PSSF processes.

The CSOAB partners with the county to complete all of the activities under the C-CFSR for each county, including: ongoing tracking of county performance outcome indicators, composites, and measures; participating in the PQCR; reviewing the CSA for completeness; and reviewing and approving the SIP. The CDSS consultants provide guidance and technical assistance to counties during each phase of C-CFSR process and ultimately track and report on progress toward measurable goals set by each county SIP.

The OCAP-PND Unit provides guidance in the development, review and approval of the CSA and the Part II - CAPIT/CBCAP/PSSF section of the SIP. The OCAP-PND consultants provide guidance and technical assistance to counties regarding funding of specific programs and/or practices.

a. Timeframe:

The CSOAB staff meet quarterly with each county, either via a telephone call or in person whenever possible, to provide technical assistance with the C-CFSR process, and discuss the quarterly data reports, data trends, and SIP progress.

The OCAP-PND Unit staff are available as needed.

III. Introduction to the System Improvement Plan

A. Guiding Principles of the System Improvement Plan (SIP)

The guiding principles below are intended to ground the SIP in common language and values. They can be used to orient staff and stakeholders to the values that underlie the SIP, and should be referred to throughout the SIP process. They are also intended to assist in the coordination of the CAPIT/CBCAP/PSSF Plan with the SIP process.

1. The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency and well-being.
2. The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.
3. To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention through after care services.
4. Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
5. Fiscal strategies must be considered that meet the needs identified in the CSA and included in the SIP.
6. Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

IV. Participants and Roles

A. Lead Agencies

The lead agencies conducting the planning process for the SIP are the county child welfare agency and the county probation department. These agencies have overall responsibility for completing the SIP. These agencies will also have primary responsibility in developing Part I—CWS/Probation. The BOS designated public agency to administer the CAPIT/CBCAP/PSSF programs has overall responsibility for Part II—CAPIT/CBCAP/PSSF.

B. SIP Team Composition

Membership on the SIP team may differ according to a specific county's profile or identified strengths, weaknesses, special programs, or other circumstances. The county child welfare agency and the county probation department are responsible for establishing the team and conducting the planning process. The list below describes a set of core required representatives for each team and a list of stakeholders who must be consulted by or represented on the SIP team. In addition, teams may consult with anyone else deemed to have important input to provide to the SIP process. Should an individual wish to participate in the process, the county child welfare agency should make every effort possible to accommodate such a request.

The SIP team will meet to prioritize outcomes for improvement planning. Expect to hold three to six SIP team meetings to select outcome indicators, define improvement goals, establish strategies and define milestones.

SIP Team Membership Considerations

Consult with County Counsel regarding possible conflict of interest if community based organizations participating on the SIP team may be likely to later respond to a county request for proposals related to the SIP.

1. Required core representatives:
 - a. Child Abuse Prevention Councils (CAPC)
 - b. County Children's Trust Fund (CCTF) Commission or CAPC if acting as the (CCTF) Commission

- c. County BOS designated agency to administer CAPIT/CBCAP/PSSF Programs
 - d. County Health Department
 - e. County Mental Health Department
 - f. CWS administrators, managers, and social workers (includes CAPIT/CBCAP/PSSF Liaisons)
 - g. Foster youth
 - h. Juvenile Court Bench Officer (must be consulted but may or may not participate on the team depending on the outcomes chosen by the county and the unique need of the county)
 - i. Native American tribes served within the community
 - j. Parents/Consumers
 - k. Probation administrators, supervisors, and officers
 - l. PSSF Collaborative (if applicable)
 - m. Resource families and other caregivers
2. Recommended stakeholders to consult:
- a. Community Action Partnerships
 - b. County Alcohol and Drug Department
 - c. County Children and Families Commission (Prop. 10 Commission)
 - d. Court Appointed Special Advocates
 - e. Department of Developmental Services (DDS) Regional Center (depending on client population)
 - f. Domestic violence prevention provider
 - g. Early childhood education
 - h. Economic Development Agency
 - i. Education
 - j. Faith-based communities
 - k. Fatherhood and Healthy Marriage Programs
 - l. Foundations
 - m. Law enforcement
 - n. Public Housing Authority
 - o. Regional Training Academy
 - p. Representatives from businesses

- q. Service providers
- r. Teen pregnancy prevention service providers
- s. Workforce Investment Board

Strategies for Community Engagement

- ✓ Make every meeting a working meeting.
- ✓ Make sure to integrate the specific feedback from community members. Consider highlighting contributions from community members when they appear in your report and adding an attachment with complete commentary from stakeholders.

C. Participant Roles

The roles of lead agencies and other participants are defined below. Each brings a distinct perspective to the process by identifying programmatic strengths and needs as they relate to their distinct populations; linking services to outcomes and aligning initiatives, goals, action plans and funding sources.

1. The County Child Welfare Agency is responsible for all areas related to children receiving child welfare Title IV-B and Title IV-E funded services.
2. The County Probation Department is responsible for assessing outcomes for foster children under its direct supervision who are receiving child welfare Title IV-B and Title IV-E funded services.
3. The local CAPC and any representative from a County BOS designated commission, board or council whose duties are related to child abuse and neglect prevention and intervention services shall be an active participant in the development of the SIP.
4. Parent consumers/former consumers provide insight regarding needed services.
5. CAPIT/CBCAP/PSSF Liaisons are responsible for program coordination and reporting requirements for the CAPIT/CBCAP/PSSF funded programs. They provide information about how funds can be used and provide information about evidence based/evidence informed programs and practices that have been successful.
6. Community-based prevention network partners provide consultation on CAPIT/CBCAP/PSSF fund related activities regardless of whether that activity will affect a C-CFSR outcome. Their primary role is to provide input in the areas of child abuse prevention and intervention regardless of whether or not the child or family has received child welfare or probation services.

D. Data Sources

Counties can access quarterly data reports via the CDSS website, <http://www.childsworld.ca.gov/PG1358.htm>. Additional data reports are available via the University of California at Berkeley Center for Social Services Research (CSSR) Child Welfare Dynamic Report System, <http://cssr.berkeley.edu/cwscmsreports>.

Counties may also use SafeMeasures® data as part of the analysis. SafeMeasures® is a tool that supports measurement of both processes and outcomes. For outcomes such as CFSR and Assembly Bill (AB) 636 measures, based on the same analysis used by CSSR and CDSS, SafeMeasures® provides an estimate of performance in advance of the official state measures. For casework processes such as face to face contacts, measures are updated twice weekly while outcome measures are up dated monthly. This updating allows counties to assess how they are progressing on outcomes and processes in the present from the county to the case level. Managers, supervisors and social workers can work together using SafeMeasures® to identify tasks that need to be done and correct errors and omissions in data entry. This helps ensure accurate data for the formal outcome reports produced by the Center for Social Services Research.

The data from the Child Welfare Dynamic Report System is released in quarterly extracts and is the formal reporting mechanism for the state. The extracts are pulled approximately two months after a quarter ends, allowing for the counting of delayed data input.

E. SIP Approval Process

The SIP is the operational agreement between the county and the state. It outlines how the county will improve its system of care for children and youth. The SIP also serves as an important mechanism for reporting progress toward meeting agreed upon improvement goals using the C-CFSR outcomes and indicators. As such, it is important to work as efficiently and collaboratively as possible to ensure timely submission of a meaningful plan. In the event BOS approval is obtained prior to CDSS review of the SIP, the county may be required to submit an amended SIP with BOS approval.

In continued partnership and collaboration, an electronic copy of a working draft of the SIP will be provided to the CDSS consultants in the CSOAB and the OCAP no later than two months before the SIP is due to CDSS. The CDSS consultants will provide feedback and technical assistance to the county within ten working days for any necessary edits and timely submission to the BOS. If edits are necessary, a second draft reflecting the collaborative effort is submitted to CDSS 30 days prior to the SIP final due date.

The CDSS and other state agency partners will review the SIP to ensure that all safety outcomes identified as an area needing improvement are addressed. Additionally, for all outcome indicators or systemic factors targeted for improvement, CDSS will assess the milestones and timeframes to ensure they reflect the identified county strategy supporting the improvement goals.

In the event that the CDSS and the county fail to reach a consensus regarding the SIP or the degree of program or data improvements to be made, there will be a negotiation process between the county and the CDSS. The CDSS has the final authority to assign the contents of the plan and/or the degree of improvement required for successful completion of the plan.

After the CDSS review of the SIP in draft form, the BOS will verify local coordination and integration of the plan and will approve the SIP prior to final submission to the state.

If a county demonstrates a lack of good faith effort to actively participate in this process or any portion thereof, and/or consistently fails to follow state regulations and/or make improvements outlined in the county SIP; CDSS in accordance with Welfare and Institutions Code section 10605, has authority to compel county compliance through a series of measured formal actions up to State Administration of the County Program.

F. SIP Report Components

There are three components of the comprehensive SIP Report.

1. SIP Narrative
2. Part I - CWS/Probation
 - a. Cover Sheet
 - b. CWS/Probation Narrative
 - c. CWS/Probation SIP Matrix
 - d. Child Welfare Service Outcome Improvement Project (CWSOIP) Narrative
 - e. Required Attachments
3. Part II - CAPIT/CBCAP/PSSF
 - a. Cover Sheet
 - b. CAPIT/CBCAP/PSSF Plan
 - c. Required Attachments

V. Requirements for the SIP

A. The SIP Narrative

This section describes the county process for conducting the SIP, including team membership, data sources and decision making. It contains a summary of the findings that support the improvement goals and strategies the county has chosen for Part I - CWS/Probation and highlights projects that will be discussed in Part II - CAPIT/CBCAP/ PSSF. The section also contains a summary of findings from the CSA that served as a starting point in the development of both Part I – CWS/Probation and Part II – CAPIT/ CBCAP/PSSF. The narrative will:

1. Briefly describe the process that the county used to conduct the SIP, including team membership, data sources and decision making and how the information obtained from the focus groups, surveys, interviews, or other data collection methods have been integrated in to the SIP.
2. Identify the outcomes needing improvement, including a brief description of how themes identified in the CSA and PQCR have been incorporated in the prioritization and outcomes selected for the CWS/Probation Plan.
3. Identify improvement targets or goals and provide a summary of the outcome target goal selection process. See the SIP Facilitation Tools for a detailed description of how the use the CSSR Composite Planner at http://cssr.berkeley.edu/ucb_childwelfare to identify improvement goals for composite measures.
4. Summarize current research available via literature review to inform practice related to each outcome.
5. Summarize current activities in place or partially implemented that may affect the outcomes.
6. Identify new activities that would impact the outcomes.
7. Link activities to outcome improvement via a logic model framework.
8. Describe how the information gathered in the CSA, PQCR and CWS/Probation planning process has been integrated in to the CAPIT/CBCAP/PSSF Plan.

The narrative section of the SIP should not exceed 8-10 pages.

Attach the Executive Summaries of your CSA and PQCR.

B. Part I—CWS/Probation

This component includes five sections: the cover sheet, the CWS/Probation narrative, the CWS/Probation SIP matrix, the CWSOIP narrative and the attachments.

1. CWS/Probation Cover Sheet

This cover sheet is specific to Part I - CWS/Probation and includes relevant signatures and contact information. The required contact elements must be completed on the cover sheet. A template is provided with this guide as Appendix B.

2. CWS/Probation Narrative

This narrative provides any additional narrative information needed to explain the basis for the decisions made regarding the outcomes selected for this part of the SIP that are specific to CWS/Probation. It includes a discussion of the findings from the PQCR and CSA highlighting the connection to the CWS/Probation section of the SIP. This section also includes a description of the connection between the county SIP and the state Program Improvement Plan (PIP) submitted to the federal government, including how the county activities described in the SIP contribute to the achievement of the PIP.

This section includes a description of the process the county used to develop outcome goals, strategies, rationales and milestones. The CSSR website (http://cssr.berkeley.edu/ucb_childwelfare) provides a Composite Planner which counties can use to assist them in developing outcome goals. Literature reviews and logic models are effective methods to inform the selection of the strategies and provide the strategy rationales. For further assistance with accessing the Composite Planner, literature reviews or logic models, please see the SIP Facilitation Tools.

The legislation establishing the C-CFSR indicates that "established compliance thresholds" for each outcome measure will determine a county's performance.

For those outcome indicators with county performance below statewide standards, the SIP must include milestones, timeframes and proposed improvement goals for the county to achieve. Counties demonstrating consistently poor overall performance and/or reduced compliance with outcome measures specified in the C-CFSR will receive focused technical assistance and training.

Findings from the CSA and PQCR and quarterly data reports, as well as information from the progress of the county's previous SIP, will determine the outcomes that need to be prioritized and considered for this plan. Counties will use the narrative section to address or discuss all outcomes identified as an area needing improvement in the CSA in the SIP narrative.

Additionally, outcomes which are performing below statewide standards, primarily outcomes for which the quarterly data reports reflect a negative data trend will also be addressed or discussed in this narrative. **Counties will focus on a minimum of 3 to 4 outcomes or systemic factors for specific improvement strategies on the SIP Matrix (below). Priority shall be given to safety and permanency.**

C. CWS/Probation SIP Matrix

This section defines the selected federal or state outcomes for improvement and incorporates the improvement goal, strategy, strategy rationale, milestone, and timeframes. The CWS/Probation SIP Matrix also includes information about which strategies are supported by CAPIT/CBCAP/PSSF Funds. Please note: CAPIT/CBCAP/PSSF cannot be utilized to support probation strategies.

This section of the SIP should be of sufficient length that each outcome indicator or systemic factor has been adequately addressed. Please refer to the SIP Facilitation Tools for further instruction regarding the use of a logic model to connect outcomes, strategies and goals for best results in the CWS/Probation SIP Matrix.

For each area identified in the CSA or PQCR and prioritized by the CWS/Probation SIP team as needing improvement, describe the following:

1. The county's performance including trends in the outcome as identified in the CSA
2. The outcome indicator or systemic factor being addressed in this component of the Plan
3. Improvement goals (make sure they are specific, achievable, and measurable)
4. The strategies to be used to achieve the goals and how those strategies will be evaluated and monitored
5. The specific milestones of the strategies and the timeframes in which the milestones will be achieved
6. How the strategies will build on progress and improve this program/outcome area
7. The systemic changes needed to further support the improvement goals
8. The educational/training needs (including technical assistance) to achieve the improvement goals
9. The roles of other partners in achieving the improvement goals
10. Whether the strategies are being funded and supported by CAPIT/CBCAP/PSSF funds

If the SIP includes data from the Center for Social Services Research, please follow the sample below to properly credit the data source:

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved [month, day, year], from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

If the SIP includes data from SafeMeasures®, please follow the sample below to properly credit the data source:

Children’s Research Center SafeMeasures® Data. *County name and report type*. Retrieved [month, day, year] from Children’s Research Center website. URL: [enter URL]

D. CWSOIP Narrative

This section describes how the county will utilize the CWSOIP funds for both CWS and probation. This is not a definitive commitment of the funds over the course of the SIP, but a documentation of the planning in conjunction with the SIP at the time the SIP is written. The CDSS recognizes that over the course of the three year SIP priorities and needs for resources to improve outcomes may change. This section provides continuity between the three year SIP and the annual SIP Updates in which counties document how the funds were spent for the fiscal year.

CWSOIP funds are intended to support county efforts to improve safety, permanency and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement.

E. PART II—CAPIT/CBCAP/PSSF

This component includes three sections: the cover sheet, the CAPIT/CBCAP/PSSF Plan and attachments.

1. CAPIT/CBCAP/PSSF Cover Sheet

This cover sheet is specific to Part II - CAPIT/CBCAP/PSSF and includes relevant signatures and contact information. The required contact elements must be completed on the cover sheet indicating that the plan was approved and signed by the BOS designated public agency to administer CAPIT/CBCAP/PSSF programs, a CAPC authorized representative, a parent consumer/former consumer if the parent is not a member of the CAPC, and a separate PSSF Collaborative representative, if applicable. The cover sheet must include the name, mailing address, e-mail address, phone and fax number of the following:

- a. BOS designated public agency to administer CAPIT/CBCAP/PSSF programs
- b. The designated liaison for each program. The liaison acts as OCAP's single point of contact for program administration. If applicable, contact information for each of the co-liaisons listed below should also be submitted.
 - i. CAPIT liaison
 - ii. CBCAP liaison
 - iii. PSSF liaison

A template is provided with this guide as Appendix C.

2. CAPIT/CBCAP/PSSF Plan

The CAPIT/CBCAP/PSSF Plan includes required narrative information and worksheets defining the selected prevention projects for funding.

The CAPIT/CBCAP/PSSF Plan contains the core requirements of the CAPIT/CBCAP/PSSF three year plan. The CAPIT/CBCAP/PSSF Plan addresses how prevention activities are coordinated and how services will be provided during the three-year SIP period. Although the CAPIT/CBCAP/PSSF programs are to be combined administratively for greater efficiency, the report must address how the individual requirements of each program will be met.

The CAPIT/CBCAP/PSSF funded programs emphasize comprehensive, integrated, collaborative community-based responses to child abuse prevention, intervention and treatment service needs. The CAPIT/CBCAP/PSSF programs are not entitlement programs. Counties voluntarily apply for available funding and provide services based upon a SIP

that has been approved by the OCAP-PND. Each county seeking funding must complete a CSA and a SIP that include the planning process for the combined CAPIT/CBCAP/PSSF funding streams.

Counties participating in the CAPIT/CBCAP/PSSF programs are required to submit an annual report. Changes to any program or activities that are funded by CAPIT/CBCAP/ PSSF funds must be reported during the annual reporting period.

Include the following information in the plan:

- a. County SIP Team Composition
- b. CAPC

Describe the structure and role of the local CAPC.

Describe the CAPC role in the coordination of the county's prevention and family support efforts. As an example, CAPC members must be represented on the team that develops the CAPIT/CBCAP/PSSF three-year plan. In addition, each county BOS must make every effort to facilitate the formation and funding of a CAPC. A copy of the CAPC bylaws must be available upon request.

Please note the following:

- i. Welfare and Institutions Code Section 18983.5 – councils funded under this section shall be incorporated as nonprofit corporations, or established as independent organizations within county government, or comparably independent organizations as determined by the office.
- ii. The designated CAPC may carry out CCTF activities under Welfare and Institutions Code, Chapter 11, as well as PSSF planning activities under Title IV-B, subparts 1 and 2 of the Social Security Act.
- iii. The CAPC may carry out the activities under Welfare and Institutions Code Section 18960. However, a separate CCTF commission, board or council must comply with Welfare and Institutions Code Section 18980 et seq. in order to carryout CAPC activities.
- iv. CAPCs may be supported by a number of funding resources such as: CAPIT, CBCAP, PSSF Family Support Funding, County Children's Trust Fund, and KidsPlate (funds received from specialty license plates). Indicate the dollar amount from the following funds spent to support the local CAPC.

Fund	Dollar Amount
CAPIT	
CBCAP	
PSSF Family Support	
CCTF	
Kids Plate	
Other:	

c. PSSF Collaborative

Identify the PSSF collaborative by describing the membership or identifying the name of the agency, commission, board or council designated to carry out this function. If the county does not have a separate PSSF collaborative, describe who carries out this function.

d. CCTF Commission, Board, or Council

Identify the CCTF commission, board or council by describing the membership or identifying the name of the commission, board or council designated to carry out this function. In addition, describe how and where the CCTF information as specified in W&I code section 18970 (c) will be collected and published.

e. Parent Consumers

Since parents and other consumers receive services, it is important to utilize consumer input in realizing a specific need. Provide a description of activities and training that will be implemented to enhance parent participation and leadership during the period of plan. Include a description of how parents are involved in the planning, implementation and evaluation of funded programs and if financial support is provided for parent participation.

f. The Designated Public Agency

Describe the role of the designated public agency. The public agency designated by the county BOS to administer the CAPIT/CBCAP/PSSF programs is responsible for monitoring subcontractors, integration of local services, fiscal compliance, data collection, preparing amendments to the county plan, preparing annual reports and outcomes evaluation. Failure to comply with these contractual requirements will result in the county being out of compliance and may impact future funding.

g. The role of the CAPIT/CBCAP/PSSF Liaison

The role of the county CAPIT/CBCAP/PSSF Liaison or co-liaison is to ensure that all program, fiscal, and statistical requirements are met in a timely manner. The liaison/co-liaisons will be responsible for program coordination, collecting data from subcontractors, compiling and analyzing subcontractor data, preparing required reports and submitting reports in a timely manner. Data submitted to the OCAP by the county must be

aggregate data, as opposed to individual subcontractor data unless otherwise requested.

The liaison/co-liaisons will also be responsible for dissemination of prevention information to the appropriate entities throughout the county. Liaison/co-liaison responsibilities will include program activities (including ongoing communication with the CAPC, other key prevention partners and OCAP) and are not limited to contract management activities.

Because the CDSS OCAP is the state lead agency for CAPIT/CBCAP/PSSF programs, the Liaison/co-liaison must inform the CDSS OCAP of any changes in Liaison/co-liaison contact information within 30 days of the change. This information may be submitted via OCAP-PND@dss.ca.gov or to CDSS OCAP program consultant for the county.

h. Fiscal Narrative

The CAPIT program is funded entirely by State General Funds and is subject to approval through the annual State budget process. The CBCAP and PSSF programs are federally funded and these funds are subject to the annual federal budget process. All programs operate on the SFY from July 1 through June 30 and all funds must be expended during the SFY allocated. Funds may not be "rolled over" for expenditure in a different year.

As part of oversight and monitoring activities, provide statements to the following:

- i. Describe the county's overall processes and systems for fiscal accountability, including the established or proposed process for tracking, storing, and disseminating separate CAPIT/CBCAP/PSSF and County Children's Trust Fund fiscal data as required.
- ii. Describe how funding will be maximized through leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.
- iii. Provide assurance that funds received will supplement, not supplant, other State and local public funds and services.
- iv. The Adoptions and Safe Families Act of 1997 (PL 105-89) directed funds to be used for Family Preservation; Family Support; Time-Limited Family Reunification; and Adoption Promotion and Support. Per these guidelines, states are expected to allocate a minimum of twenty (20) percent for each service category or provide a strong rationale if the allocations are below 20 percent for any one of the service categories. If the attached CAPIT/CBCAP/PSSF Expenditure Summary does not reflect the 20 percent threshold for each of the four service categories, provide a rationale if the allocation are below

20 percent for any one of the service categories and describe the plan of correction to meet compliance in this area.

i. Local Agencies – Request for Proposal

Requirements for funding eligibility are outlined in Welfare and Institutions Code Section 18961.

As the designated public agency, include the following assurances in the narrative:

- i. Assurance that a competitive process was used to select and fund programs.
- ii. Assurance that priority was 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.
- iii. Assurance that agencies eligible for funding provided evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by a local public agency.
- iv. Assurance that the project funded shall be culturally and linguistically appropriate to the populations served.
- v. Assurance that training and technical assistance shall be provided by private, nonprofit agencies to those agencies funded to provide services.
- vi. Assurance that services to minority populations shall be reflected in the funding of projects.
- vii. Assurance that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.
- viii. Assurance that the county complied with federal requirements to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program. (For specifics visit: <http://www.epls.gov/>).
- ix. Indicate that non-profit subcontract agencies have the capacity to transmit data electronically.

For the use of CAPIT funds, include the following:

- i. Assurance that 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.

- ii. Assurance that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the CDSS.
- j. CBCAP Outcomes

Describe the plan to evaluate the following outcomes for programs funded by CBCAP:

 - i. Engagement Outcomes
 - ii. Short Term Outcomes
 - iii. Intermediate Term Outcomes
 - iv. Long Term Outcomes
- k. Peer Review

Describe intended CBCAP peer review activities.
- l. Service Array

Describe how CAPIT/CBCAP/PSSF funded services are coordinated with the array of services available in the county.
- m. CAPIT/CBCAP/PSSF Services and Expenditure Summary

Each county must complete and submit an expenditure plan that identifies how funds will be expended for activities allowable under each funding source for CAPIT/CBCAP/PSSF. The CAPIT/CBCAP/PSSF Services and Expenditure Summary is a workbook composed of four (4) worksheets. It is available in soft copy and must be completed and submitted in excel format via e-mail to OCAP-PND@dss.ca.gov. Submit a printed copy of the workbook with the hardcopy of the plan.

The CAPIT/CBCAP/PSSF Services and Expenditure Summary (available at <http://calswec.berkeley.edu/CaISWEC/CCFSR1.html>) was developed to meet this requirement by acting as a comprehensive expenditure plan (budget) that acts as an inventory for proposed programs, practices, public awareness activities and service providers (if available) (Worksheet 1). Worksheets two through four provide a breakdown of the activities that each program will be providing to participants. Instructions for each worksheet can be found in Appendix E.

One set of the workbook must be completed for each year of the period of the plan. For example, for a period of three years, there will be three sets of the workbook completed (although if years 2 and 3 are the same as year 1, all three years can be included on the same worksheet with the header indicating years 1, 2 and 3). Each workbook will have at least 4 worksheets.

The CAPIT/CBCAP/PSSF Services and Expenditure Summary must reflect appropriate use of each fund source. Specific guidelines for use of CAPIT, CBCAP and PSSF funds are provided in Appendices E-I—fact sheets.

The CAPIT/CBCAP/ PSSF Services and Expenditure Summary was designed to link the programs/strategies to current unmet needs that had been identified and are contained in the CSA document. Where appropriate, the proposed program should be cross-referenced with the unmet need identified in the CSA. It is unnecessary to provide a lengthy description of the unmet need in the workbook. A short label of the unmet need and the page number in the CSA where the unmet need is discussed will suffice.

The worksheets are available online at <http://calswec.berkeley.edu/CalSWEC/CCFSR1.html>

Although the CAPIT/CBCAP/PSSF Services and Expenditure Plan provides an inventory of programs/strategies that will be provided to families and children by local programs, it is not designed to capture a description of the program/practice. Therefore, a description of each of the programs listed must be attached to the hardcopy of the plan. The description should be no more than half (1/2) a page in length.

It may include: the title of the program, the purpose of the program, a description of the target population the program serves. Include the following, if applicable:

- i. minority populations
- ii. children with special needs and their families.
- iii. children at high risk of abuse and neglect.
- iv. children under the age of 14

Please Note: CAPIT/CBCAP/PSSF funded programs and practices may or may not be identified as SIP Strategies. If they have been identified as SIP strategies they must be identified in the SIP Template by marking the funding source that will be used. Regardless of whether they are or not on the SIP Template, all funded CAPIT/CBCAP/PSSF funded programs and activities must be identified on the CAPIT/CBCAP/PSSF Services and Expenditure Summary.

3. Attachments

The following BOS resolutions must be attached:

- a. BOS resolution approving the SIP
- b. BOS resolution establishing a Child Abuse Prevention Council (CAPC) pursuant to Welfare and Institutions Code Section 18980 et seq.
- c. BOS resolution identifying the Commission, Board or Council for administration of the Counties Children's Trust Fund (CCTF) pursuant to Welfare and Institutions Code Section 18965 et. seq.

Copies of the following rosters must be attached:

- a. CAPC roster
- b. PSSF Collaborative roster, if appropriate
- c. CCTF Commission roster if the county has established a CCTF
- d. SIP Planning Committee roster with the name, title and affiliation of individuals involved in the SIP planning process and an indication of which participants are representing required core representatives (including parents, local public agencies, local nonprofit organizations and private sector representatives)

The following assurances must be attached:

- a. Each county BOS must submit a Notice of Intent (Appendix D) that identifies the public agency to administer the CAPIT/CBCAP/PSSF Plan. Note: Welfare and Institutions Code, Section 16602 (b) requires that the local Welfare Department shall administer the PSSF Program. The Notice of Intent also confirms the county's intent to contract, or not contract with public or private nonprofit agencies.

VI. Completing the Annual SIP Update

The CWS/Probation SIP Update is developed by the county lead agencies in collaboration with their prevention partners. The update is the mechanism that provides stakeholders and CDSS with information about the status of the county's activities as well as any modifications or additions to the Part I – CWS Probation section of the SIP.

A written CWS/Probation SIP Update is due one year from the due date of the three year SIP Report. Counties will submit a SIP Report and one annual update before resuming the PQCR, e.g., for a county with a SIP Report due January 15, 2009; the written update will be due January 15, 2010. In place of the second written update, a status update will occur via the quarterly contact with the CDSS consultant. This verbal status update will occur one year after the initial update, e.g., January 15, 2011. The PQCR process resumes during the year the verbal SIP Update is due.

The SIP Update is comprised of five sections: the cover sheet, the updated CWS/Probation narrative, the updated CWS/Probation SIP matrix, the CWSOIP narrative and the attachments.

A. CWS/Probation Cover Sheet

The SIP Update cover sheet is provided as Appendix B. The required contact information and signatures must be completed on the cover sheet for the update.

B. CWS/Probation Narrative

This narrative provides information about county SIP activities since the SIP Report was submitted. It outlines and provides context for the data trends from quarterly data reports and SafeMeasures® including any information needed explain how the county strategies are impacting outcomes. This section includes a discussion of the effect of the ongoing county efforts to improve outcomes on the achievement of the PIP submitted to the federal government by the state.

As with the three year SIP Report, counties will use the narrative section to address or discuss outcomes which are performing below statewide standards, primarily outcomes for which the quarterly data reports reflect a negative trend.

C. CWS/Probation SIP Matrix

This section outlines the selected federal or state outcomes for improvement and provides updates on the status of each improvement goal, strategy, strategy rationale, milestone and timeframe. In the SIP Update, the original matrix is provided with the necessary updates to reflect current performance and the current status of implementation strategies. Much of the information in this section comes from the three year SIP Report and current data trends.

This section of the SIP Update should be of sufficient length that each outcome indicator or systemic factor has been adequately addressed.

For each area identified in the CSA or PQCR and prioritized by the CSW/Probation SIP team as needing improvement, describe the following:

1. The outcome indicator or systemic factor addressed in this part of the Plan
2. The county's performance, including trends in the outcome data
3. The status of the improvement goals
4. The status of the strategies used to achieve the goals and how the strategies are evaluated and monitored (including any changes to the strategies, their evaluation or monitoring)
5. The status of the milestones and timeframes for each strategy, including any revisions to the milestones or timeframes
6. How effective the strategies have been at achieving progress and improving the designated program/outcome area
7. How the strategies will continue to build on progress to improve the program/outcome area
8. Any systemic changes needed to further support the improvement goals
9. Any education/training needs (including technical assistance) to achieve the improvement goals
10. The roles of other partners in achieving the improvement goals
11. Whether or not the strategies are funded by CAPIT/CBCAP/PSSF funds

D. CWSOIP Narrative

As required by County Fiscal Letter (CFL) 08/09-31, this section describes how the county used the CWSOIP funds to support both CWS and probation SIP outcome improvement strategies over the previous fiscal year.

CWSOIP funds are intended to support county efforts to improve safety, permanency and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement. Please note that counties must adhere to federal Title IV-E rules when claiming federally allowable activities associated with CWSOIP.

E. CAPIT/CBCAP/PSSF Annual Report

Counties receiving CAPIT/CBCAP/PSSF funds are required to submit an annual report. The state-funded CAPIT and federally-funded CBCAP and PSSF programs all operate on the July 1 through June 30 SFY and all funds must be expended during the SFY allocated. The CDSS will provide allocation, claiming and annual reporting information for each of the funding streams annually.

VII. Glossary

Term	Definition
AB 636	The Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg). Identifies and replicates best practices to improve child welfare service (CWS) outcomes through county-level review processes. Also referred to as California – Child and Family Service Review (C-CFSR).
Alternative Dispute Resolution (ADR)	Non-adversarial and confidential processes conducted by a neutral third party to assist two or more disputing parties reach a mutually acceptable and voluntary agreement as an alternative to litigation or contested hearings.
C-CFSR	California Child and Family Services Review: See AB 636
CalWORKs Child Welfare Service Integration Project	Families who are recipients of both CalWORKs and CWS receive coordinated services to leverage maximum effectiveness from each program.
Children	Under 18 years old.
Child Well-Being	A primary outcome for CWS focuses on how effectively the developmental, behavioral, cultural and physical needs of children are met.
Child Abuse and Neglect Prevention	W&I Code Section 18951 (e) defines “child abuse.” Therefore, we may define “child abuse and neglect prevention” as: The prevention of (1) serious physical injury inflicted upon a child by other than accidental means; (2) harm by reason of intentional neglect, malnutrition, or sexual abuse; (3) lack of basic physical care; (4) willful mental injury; and (5) any condition which results in the violation of the rights or physical, mental, or moral welfare of a child.
Child Abuse Prevention Intervention and Treatment (CAPIT) Program	The Child Abuse Prevention Intervention and Treatment (CAPIT) program was established with the intent to address needs of children at high risk of abuse and neglect and their families by providing funding for child abuse and neglect prevention, intervention and treatment programs.
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.

Term	Definition
Child Abuse Prevention Coordinating Councils (CAPCs) continued...	CAPCs work in collaboration with representatives from disciplines, including: public child welfare, the criminal justice system, and the prevention 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 religious community.
Children with disabilities	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)
Community-Based Child Abuse Prevention (CBCAP)	The Community-Based Child Abuse Prevention (CBCAP) program supports community based efforts to develop, operate, expand, enhance and network initiatives aimed at the prevention of child abuse and neglect. CBCAP supports networks of coordinated community resources and activities in an effort to strengthen and support families and reduce the occurrence of child abuse and neglect. CBCAP is intended to foster an understanding and appreciation of diverse populations to increase effectiveness in the prevention and treatment of child abuse and neglect.
Community Response <i>(see also Differential Response)</i>	A proactive response for assessment of situations involving families under stress who come to the attention of the CWS but who do not present an immediate risk for child maltreatment. Provides families with access to services to address identified issues without formal entry into the system.
Concurrent Planning	The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home.
Consolidated Homestudy	Our current system licenses foster parents, and if a foster parent decides they wish to adopt a foster child they have in their home, a separate process called an adoptive homestudy is completed. The consolidated homestudy is a one-time study that would approve families for foster care and/or adoption and would facilitate concurrent planning.
County Data Report	<p>The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes:</p> <ul style="list-style-type: none"> • Child Welfare Participation Rates (i.e., rate per 1000 children, e.g., referrals, foster care entries, placement type, etc.) • Outcome Indicators • Process Measures • Caseload Demographics

Term	Definition
Differential Response	A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.
Early Reunification	Efforts directed at enhancing parental protective capacity in order to permit the child to return to his or her family within 30 to 60 days of placement.
Evidence-Based Programs and Practice	Evidence-based programs and practices (EBP) is an approach to social work practice that includes the process of combining research knowledge; professional/clinical expertise; and client and community values, preferences and circumstances. It is a dynamic process whereby practitioners continually seek, interpret, use, and evaluate the best available information in an effort to make the best practice decisions in social work. Valuable evidence may be derived from many sources – ranging from systematic reviews and meta-analysis (highest level of evidence) to less rigorous research designs (lower level of evidence).
Fairness and Equity	Modification of policies, procedures, and practices and expansion of the availability of community resources and supports to ensure that all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live.
Family Preservation	<p>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 to remain intact. These services include:</p> <ul style="list-style-type: none"> • service programs designed to help children, where safe and appropriate, return to the families from which they have been removed; or be placed for adoption, with a legal guardian, or if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement; • pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families; • service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement; • respite care of children to provide temporary relief for parents and other caregivers (including foster parents); • services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with

Term	Definition
	<p>stress, health, and nutrition; and</p> <ul style="list-style-type: none"> • infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)
The Family-to-Family Initiative	This initiative was developed in 1992 by the Annie E. Casey Foundation. It was field tested in communities across the country and was shown to effectively incorporate a number of strategies consistent with the values and objectives of the redesign of child welfare services. Currently, 25 counties are participating in the initiative
Family Well-Being	A primary outcome for California's CWS whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional, and social support) and provide age appropriate supervision and nurturing of their children.
Initial Assessment	The intake function, the focus of which is to learn more about the immediate safety issues for the child, as well as obtain background information about the parent through collateral contacts.
Promoting Safe and Stable Families (PSSF) program	The Promoting Safe and Stable Families (PSSF) program provides grants to states and Indian tribes to help vulnerable families stay together. The PSSF is 100% federally funded. In an effort to reduce child abuse and neglect, the PSSF program supports services to help strengthen and build healthy marriages, improve parenting skills and promote timely family reunification in situations where children must be separated from their parents for their own safety. The program works with state child welfare agencies to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families. The Adoptions and Safe Families Act specifies that PSSF funds be allocated at a minimum of 20 percent to each of the following service components: Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. Strong rationale must be presented if allocations fall below the 20% funding level.
Maltreatment	An act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which results in, or places the child at risk of, developmental, physical, or psychological harm.
Non-Adversarial Approaches	Practices, including dependency mediation, permanency planning mediation, family group conferencing, or decision-making and settlement conferences, designed to engage family members as respected participants in the search for viable solutions to issues that have brought them into contact with CWS. <i>See also Alternative Dispute Resolution (ADR).</i>
Peer Quality Case Reviews (PQCR)	A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the probation and CWS delivery systems and social work practice

Term	Definition
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	A primary outcome for CWS whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time.
Program Improvement Plan (PIP) (federal)	A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in California in all areas of nonconformity with established indicators.
Prevention	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Resource Families	Relative caregivers, licensed foster parents, and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team.
Risk, Safety, and Needs Assessments	<p>After the initial face-to-face assessment, there are subsequent meetings with the family to do a comprehensive assessment of strengths and needs, parental protective capacity, ongoing risks, and continued review of safety plans. If safety is a continuing concern and the case is being handled by the community network, the agency will re-refer the case to CWS. The nature of the case plan that emerges from the comprehensive assessment will differ based on what has to be done to assure safety, what the goals are for the case, and who should be involved in promoting the necessary changes within the family.</p> <p>Safety assessments will be done at multiple times during the life of a case. The first face-to-face assessment will be done when direct information is gathered as to the current safety and risk. Based on this initial assessment, safety plans will be put into place immediately, as needed. By gathering information as to the concerns about the protection of the child, by exploring the protective capacity of the parents, and by preliminarily identifying needs for services, the worker will assess risk. As the case moves forward to comprehensive assessment and service planning, a more thorough understanding will be obtained of family strengths and needs, as well as changes that must be made to assure the ongoing safety and protection of the child. Decisions on case closure will also address safety, risk, and whether necessary changes to assure child safety have been made.</p>
Safety	A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.
Shared Family Care	Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to the point that they develop the necessary skills, supports and protective capacity to care for their children independently.
Shared Responsibility	This concept encourages community residents to get involved in

Term	Definition
	child protection. It offers opportunities for participation and stresses the importance and impact of the whole community’s responsibility for child safety and well-being. This does not negate the ultimate accountability of the CWS agency for child protection—rather, it engenders a community mind-set to develop the necessary capacity to protect children and to strengthen and preserve families.
Standardized Safety Approach	A uniform approach to the safety, risk and protective capacity of the adult caretaker to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions
Successful Youth Transition	The desired outcome for youth who experience extended stays in foster care, achieved by the effective provision of a variety of services (e.g., health and mental health, education, employment, housing, etc.) continuing through early adulthood, while simultaneously helping youth to maintain, establish or re-establish strong and enduring ties to one or more nurturing adults.
System Improvement Plan (SIP)	A key component of the C-CFSR, this operational agreement between the County and the state outlines a county’s strategy and action to improve outcomes for children and families.
Time-Limited Family Reunification	<p>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.</p> <p>The services and activities described for time-limited family reunification include the following:</p> <ul style="list-style-type: none"> • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment services. • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)

Term	Definition
Uniform Practice Framework	<p>A fully articulated approach to all aspects of child welfare practice that:</p> <ul style="list-style-type: none"> • Uses evidence-based guidelines for the start-up phase and on-going incorporation of known well-supported, best or promising practices • Aligns with sound child and family policy • Is responsive to unique needs of diverse California counties • Can be integrated with a Differential Response System • Addresses shared responsibility with the community • Emphasizes non-adversarial engagement with caregivers • Integrates practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups.
Vulnerable Families	<p>Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, homeless/poverty families, victims of domestic violence, and those with members whose mental health is compromised.</p>
Workforce	<p>A broad array of professionals and paraprofessionals who must come together to ensure the protection, permanence and well-being of children and families, including CWS at the county and state level along with such partners as resource families, community agencies, other public systems (e.g., mental health, education, public welfare, the court) and other service providers.</p>

VIII. Appendices

- A. Child Welfare Outcomes
- B. Part I—CWS/Probation Cover Sheet
- C. CAPIT/CBCAP/PSSF Contact and Signature Sheet
- D. BOS Notice of Intent
- E. OCAP Expenditure Summary Worksheet Instructions
- F. CBCAP EBP & EIP Practice Checklist
- G. Fact Sheet for CAPC
- H. Fact Sheet for CCTF
- I. Fact Sheet for CAPIT
- J. Fact Sheet for CBCAP
- K. Fact Sheet for PSSF
- L. CBCAP Efficiency Measure Glossary
- M. Acronym Guide

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Appendix A: Child Welfare Outcomes

1. Safety 1

Children are, first and foremost, protected from abuse and neglect

- a) S1.1 No Recurrence of Maltreatment
- b) S2.1 No Maltreatment in Foster Care

2. Safety 2

Children are safely maintained in their homes whenever possible and appropriate

- a) Process Measures
 - (1)2B – Percent Of Child Abuse/Neglect Referrals with a Timely Response
 - (2)2C – Timely Social Worker Visits with Child

3. Permanency 1

Children have permanency and stability in their living situations without increasing reentry to foster care

- a) Process Measures
 - (1)2C – Timely Social Worker/ Probation Officer Visits with Child
 - (2)8A – Children Transitioning to Self-sufficient Adulthood
- b) Permanency Composite 1
 - (1)Measure 1 (C1.1) – Reunification within 12 Months (exit cohort)
 - (2)Measure 2 (C1.2) – Median Time to Reunification (exit cohort)
 - (3)Measure 3 (C1.3) – Reunification within 12 Months (entry cohort)
 - (4)Measure 4 (C1.4) – Reentry Following Reunification
- c) Permanency Composite 2
 - (1)Measure 1 (C2.1) – Adoption within 24 Months (exit cohort)
 - (2)Measure 2 (C2.2) – Median Time to Adoption (exit cohort)
 - (3)Measure 3 (C2.3) - Adoption within 12 Months (17 months in care)
 - (4)Measure 4 (C2.4) – Legally Free within six Months (17 months in care)
 - (5)Measure 5 (C2.5) – Adoption within 12 Months (legally free)
- d) Permanency Composite 3
 - (1)Measure 1 (C3.1) - Exits to Permanency (24 months in care)
 - (2)Measure 2 (C3.2) – Exits to Permanency (legally free at exit)
 - (3)Measure 3 (C3.3) – In Care 3 Years or Longer (emancipation/age 18)
- e) Permanency Composite 4

- (1) Measure 1 (C4.1) – Placement Stability (8 days to 12 months in care)
- (2) Measure 2 (C4.2) – Placement Stability (12 to 24 months in care)
- (3) Measure 3 (C4.3) – Placement Stability (at least 24 months in care)

- f) Process Measure
 - (1)8A – Children Transitioning to Self-Sufficient Adulthood

4. Permanency 2

The continuity of family relationships and connections is preserved for children

- a) Process Measures
 - (1)4A – Siblings Placed Together in Foster Care
 - (2)4B – Foster Care Placement in Least Restrictive Settings Least Restrictive Entries (First Placement and Point in Time Placement)
 - (3)4E – Rate of ICWA Placement Preferences

5. Well-being 1

Families have enhanced capacity to provide for their children’s needs

6. Well-being 2

Children receive services appropriate to their educational needs

- a) Process Measure
 - (1) 5A – in development: Percent of children in care more than 30 days with a Health and Education Passport

7. Well-being 3

Children receive services adequate to their physical, emotional, and mental health needs.

- a) Process Measure
 - (1) 5A – in development: Percent of children in care more than 30 days with a Health and Education Passport
 - (2) 5B – Receipt of Health Screenings: Percent children in care with CHDP, dental exams, psychotropic medications, and immunizations that comply with periodicity table.
 - (3) 5F – Psychotropic Medications

Appendix B: Part I—CWS/Probation Cover Sheet

California's Child and Family Services Review System Improvement Plan	
County:	
Responsible County Child Welfare Agency:	
Period of Plan:	
Period of Outcomes Data:	Quarter ending:
Date Submitted:	
County System Improvement Plan Contact Person	
Name:	
Title:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	
Signature:	
Submitted by:	
Submitted by:	County Chief Probation Officer
Name:	
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

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Appendix C: CAPIT/CBCAP/PSSF Contact and Signature Sheet

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	
Date Submitted:	
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	
Signature:	
Address:	
Fax:	
Phone & E-mail:	
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	
Signature:	
Address:	
Fax:	
Phone & E-mail:	

CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:		PSSF Collaborative Representative, if appropriate
Name & title:		
Signature:		
Address:		
Fax:		
Phone & E-mail:		
Submitted by:		CAPIT Liaison
Name & title:		
Address:		
Fax:		
Phone & E-mail:		
Submitted by:		CBCAP Liaison
Name & title:		
Address:		
Fax:		
Phone & E-mail:		
Submitted by:		PSSF Liaison
Name & title:		
Address:		
Fax:		
Phone & E-mail:		
Board of Supervisors (BOS) Approval		
BOS Approval Date:		
Name:		
Signature:		

Appendix D: BOS Notice of Intent

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

NOTICE OF INTENT CAPIT/CBCAP/PSSF PLAN CONTRACTS FOR _____ COUNTY

PERIOD OF PLAN (MM/DD/YY): _____ THROUGH (MM/DD/YY) _____

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code **(W&I Code Section 18962(a)(2))**.

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors designates _____ as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates _____ as the public agency to administer PSSF.

Please enter an X in the appropriate box.

- The County intends to contract with public or private nonprofit agencies to provide services.
- The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

County Board of Supervisors Authorized Signature

Date

Print Name

Title

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Appendix E: OCAP Expenditure Summary Worksheet Instructions



CAPIT/CBCAP/PSSF Expenditure Summary Instructions for Worksheets 1-4

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

**Instructions for
Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary**

Worksheet 1: Proposed Expenditures

HEADER INFORMATION:

- (1) County: Enter the name of the county
- (2) Period of Plan: Enter the three-year date range for the period of the plan, include the month, day and year of the effective date and the month, day and year of the end date, i.e. 12/12/08 thru 12/11/11.
- (3) Year: Enter a single numerical digit that identifies whether the workbook is for the first, second or third year of the plan.

Note: One set of the workbook (4 worksheets) must be completed for each year of the period of the plan. For a period of three years, there will be three sets of the workbooks completed. However, if the expenditure plan for years 2 and 3 are the same as year 1, one workbook can be submitted. In this case the “Year” will indicate 1, 2 and 3.
- (4) Funding Estimate: Using past All County Information Notices (ACIN) and County Fiscal Letters (CFL), provide the estimated dollar amount for CAPIT, CBCAP and PSSF funds. In the “other” category include additional funds the county expects to receive to implement CAPIT, CBCAP and PSSF activities.

Column	Item
A	<u>Line No.</u> No entry is required as a line number has been entered. Use only one line number per Program/Practice.
B	<u>Title of Program/Practice*</u> Enter the title of the Program/Practice that will be funded by CAPIT/CBCAP/PSSF funds (do not provide details). The Program/Practice funded with CAPIT/CBCAP/PSSF may not necessarily be a SIP Strategy identified in the SIP template. *For this purpose, use the following definitions for Program/Practice: Program: A coherent assembly of plans, projects, project activities, and supporting resources within an administrative framework, whose purpose is directed at achieving a common goal. Practice: Skills, techniques, and strategies that can be used when a practitioner is interacting directly with a consumer.
C	<u>SIP Strategy No., if applicable</u> If the Program/Practice in column B is a strategy identified in the SIP template, enter the strategy no. If there is no corresponding strategy, enter “N/A”
D	<u>Name of Service Provider, if available</u> If available, enter the name of the service provider (subcontractor) of the Program/Practice. If not available, enter “N/A”

Column	Item
E	<u>CAPIT: Dollar amount that will be spent on CAPIT direct services</u> Enter the dollar amount that will be spent on CAPIT direct services for the Program/Practice listed.
F1	<u>CBCAP: Dollar that will be spent on CBCAP direct services</u> Enter the dollar amount that will be spent on CBCAP direct services for the Program/Practice listed.
F2	<u>CBCAP: Dollar amount that will be spent on CBCAP Infrastructure</u> Enter the dollar that will be spent on CBCAP infrastructure cost for the Program/Practice listed.
F3	<u>CBCAP: Dollar amount that will be spent on CBCAP public awareness, brief information or referral activities</u> Enter the dollar amount that will be spent on CBCAP public awareness, brief information or referral activities for the Program/Practice listed.
F4	<u>CBCAP: Total Dollar amount that will be spent on all CBCAP activities</u> No entry is required. The sum automatically calculates from columns F1 through F3.
G1	<u>PSSF: Total Dollar amount that will be spent on PSSF activities</u> No entry is required. The sum automatically calculates after columns G2 through G5 are completed.
G2	<u>PSSF: Dollar amount that will be spent on Family Preservation</u> Enter the dollar amount that will be spent on Family Preservation Services for the Program/Practice listed.
G3	<u>PSSF: Dollar amount that will be spent on Family Support</u> Enter the dollar amount that will be spent on Family Support Services for the Program/Practice listed.
G4	<u>PSSF: Dollar amount that will be spent on Time-Limited Reunification</u> Enter the dollar amount that will be spent on Time-Limited Reunification Services for the Program/Practice listed.
G5	<u>PSSF: Dollar amount that will be spent on Adoption Promotion and Support</u> Enter the dollar amount that will be spent on Adoption Promotion and Support Services for the Program/Practice listed.
H1	<u>Other: Dollar amount that comes from other sources</u> Enter the dollar amount that is not CAPIT, CBCAP or PSSF funding that will be spent on the Program/Practice listed.
H2	<u>Name of Other: List names of other funding sources</u> For the dollar amount in Column H1, list the name(s) of the other funding source(s). For example: County Children's Trust Fund (CCTF), First Five, etc.
I	<u>TOTAL: Total dollar amount to be spent on this Program/Practice</u> No entry is required. The sum automatically calculates from columns E, F4, G1, H1.

**Instructions for
Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary**

Worksheet 2: CAPIT Programs, Activities and Goals
Report only CAPIT Program/Practice identified in Worksheet 1.

Header Information:

- (1) **County:** Enter the name of the county
- (2) **Year:** Enter a single numerical digit that identifies whether the workbook is for the first, second or third year of the plan.

Note: One set of the workbook (4 worksheets) must be completed for each year of the period of the plan. For a period of three years, there will be three sets of the workbooks completed. However, if the expenditure plan for years 2 and 3 are the same as year 1, one workbook can be submitted. In this case the “Year” will indicate 1, 2 and 3.

Column	Item
A	<u>Line No.</u> Enter the line number as identified in Worksheet 1 for the Program/Practice for CAPIT.
B	<u>Title of Program/Practice</u> Enter the title of the Program/Practice as identified in Worksheet 1 , column B.
C	<u>Unmet Need</u> Enter the unmet need related to this Program/Practice (three words and a reference to the page number in the County Self Assessment (CSA) that describes the unmet need is sufficient).
D1 – D14	<u>CAPIT Direct Service Activity</u> CAPIT Direct Service Activities are listed vertically in Columns D1-D14: <ul style="list-style-type: none"> • Place an “X” under each activity to be offered by the CAPIT funded Program and/or SIP Strategy. Multiple boxes may be selected. <p><i>Please refer to Welfare and Institutions Code Sections 18961 for further information regarding the listed activities.</i></p>
E	<u>Other Direct Service Activity (Provide Title)</u> If “Other Direct Service” is selected (Columns D14), provide the title in Column E and on a separate attachment identify the line number in Worksheet 2, title of the direct service activity and a brief narrative description of the direct service.

Column	Item
F	<p>Goal Click on the drop-down menu that lists the following Pathway goals, select the goal that correlates with the Program/Practice:</p> <ul style="list-style-type: none"> • Children and Youth Are Nurtured, Safe and Engaged • Identified Families Access Services and Supports • Families Free From Substance Abuse and Mental Illness • Communities Are Caring and Responsive • Vulnerable Communities Have Capacity to Respond • Other <p>If other is selected, provide the line number, title of the Program/Practice, and a brief description of the goal within the program description.</p> <p>Refer to the “Pathway to the Prevention of Child Abuse and Neglect” (www.PathwaysToOutcomes.org) for further information regarding the goal options.</p>

**Instructions for
Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary**

Worksheet 3: CBCAP Programs, Activities and Goals

Report only on CBCAP Program/Practice identified in Worksheet 1.

Header Information:

- (1) County: Enter the name of the county
- (2) Year: Enter a single numerical digit that identifies whether the workbook is for the first, second or third year of the plan.

Note: One set of the workbook (4 worksheets) must be completed for each year of the period of the plan. For a period of three years, there will be three sets of the workbooks completed. However, if the expenditure plan for years 2 and 3 are the same as year 1, one workbook can be submitted. In this case the “Year” will indicate 1, 2 and 3.

Column	Item
A	<u>Line No.</u> Enter the line number as identified in Worksheet 1 for the Program/Practice for CBCAP.
B	<u>Title of Program</u> Enter the title of the Program/Practice as identified in Worksheet 1 , column B.
C	<u>Unmet Need</u> Enter the unmet need related to this Program/Practice (three words and a reference to the page number in the County Self Assessment (CSA) that describes the unmet need is sufficient).
D	<u>Public Awareness, Brief Information or Information Referral</u> Place an “X” under this activity if it will be offered by the CBCAP funded Program and/or SIP Strategy.
E1-E7	<u>CBCAP Direct Service Activity</u> CBCAP Direct Service Activities are listed vertically in Columns E1-E7: <ul style="list-style-type: none"> • Place an “X” under each activity to be offered by the CBCAP funded Program and/or SIP Strategy. Multiple boxes may be selected. <p><i>Please refer to 42 U.S.C. 5101 et seq.; 42 U.S.C. 5116 et seq. for further information regarding the listed activities.</i></p>
F	<u>Other Direct Service Activity</u> If “Other Direct Service” is selected (Columns E7), provide the title in Column F and on a separate attachment identify the line number in Worksheet 3, title of the direct service activity and a brief narrative description of the direct service.

Column	Item
G1	<p><u>Logic Model Exist</u> Programs funded with CBCAP are required to have minimal amount of shared components: a manual or protocol; the program is not harmful; the program is an accepted program and it has a logic model. The logic model is a map of the program. It is a simple, logical illustration of what the program does, why the program does it and how observers will know if the program is successful. The logic model contains information regarding engagement outcomes, short-term outcomes, intermediate outcomes and long-term outcomes to be employed. Information about the logic model can be found at: http://www.friendsnrc.org/outcome/toolkit/evalplan/logic/ The logic model builder can be accessed through this website or you can go directly to: http://toolkit.childwelfare.gov/toolkit/</p> <p>There is no need to submit a copy of the program’s logic model; however the logic model should be made available upon request.</p> <p>Place an “X” under this option if a logic model exists for the program and/practice. Note: general practices such as “therapy” or “parenting class” would not qualify as an EBP/EIP. The practice would need to be or have the potential of implementing a specific technique or curriculum with positive evidence.</p>
G2	<p><u>Logic Model Will be Developed</u> Place an “X” under this option if a logic model will be developed for the program/practice listed.</p>
H1-H5	<p><u>Evidence Based\Evidence Informed (Identify level)</u> The federal Office of Management and Budgets (OMB) passed the requirement that all government programs be rated in their effectiveness through the use of the Program Assessment Rating Tool (PART). To meet this requirement, if applicable, each program/practice should be categorized as Evidence-Based or Evidence-Informed program/practice (EBP/EIP) and the appropriate level must be determined and recorded. Use Attachment X (EBP/EIP Checklist) to determine the level of the EBP/EIP. Use Attachment X, (Efficiency Measure Glossary) for an explanation of the terms in the checklist.</p> <p>If the Program/Practice is an EBP/EIP, enter the appropriate level. Place N/A if this column does not apply.</p>
I	<p><u>County has documentation on file to support level selected</u> Place an “X” if the county has documentation on file to support level selected.</p>

Column	Item
J	<p><u>Goals</u> Click on the drop-down menu that lists the following Pathway goals, select the goal that correlates with the Program and/or SIP Strategy:</p> <ul style="list-style-type: none"> • Children and Youth Are Nurtured, Safe and Engaged • Identified Families Access Services and Supports • Families Free From Substance Abuse and Mental Illness • Communities Are Caring and Responsive • Vulnerable Communities Have Capacity to Respond • Other <p>If other is selected, provide the line number, title of the Program and/or SIP Strategy, and a brief description of the goal within the program description.</p> <p>Refer to the “Pathway to the Prevention of Child Abuse and Neglect” (www.PathwaysToOutcomes.org) for further information regarding the goal options.</p>

**Instructions for
Three-year CAPIT/CBCAP/PSSF Services and Expenditure Summary**

Worksheet 4: PSSF Programs, Activities and Goals

Report only on PSSF Program/Practice identified in Worksheet 1.

Header Information:

- (1) County: Enter the name of the county
- (2) Year: Enter a single numerical digit that identifies whether the workbook is for the first, second or third year of the plan.

Column	Item
A	<u>Line No.</u> Enter the line number as identified in Worksheet 1 for the Program/Practice for PSSF.
B	<u>Title of Program</u> Enter the title of the Program as identified in Worksheet 1 , column B.
C	<u>Unmet Need</u> Enter the unmet need related to this Program/Practice (three words and a reference to the page in the County Self Assessment (CSA) that describes the unmet need is sufficient).
D1-G5	<p><u>PSSF: Family Preservation, Family Support Services, Time Limited Family Reunification Services, & Adoption Promotion and Support Services</u></p> <p>PSSF Direct Service Activities are listed vertically in Columns D1-G5 and are categorized under the following headings:</p> <ul style="list-style-type: none"> • PSSF Family Preservation (columns D1-D6), Includes listed activities in W&I Code Section 16600-16601, Social Security Act Section 431. [42 U.S.C. 629a]; 45 CFR section 1357.10 • PSSF Family Support Services (columns E1-E7), Includes listed items in W&I Code Section 16601(a-b), Social Security Act Section 431. [42 U.S.C. 629a]; 45 CFR section 1357.10 • Time Limited Family Reunification (F1-F7) Social Security Act Section 431. [42 U.S.C. 629a] • Adoption Promotion and Support Services (G1-G5). Social Security Act Section 431. [42 U.S.C. 629a] <p>Place an “x” under each activity to be offered by the Program/Practice. Multiple boxes may be selected.</p> <p>If “Other Direct Service” is selected (Columns D7, E8, F7 or G5), provide the title in Column H and on a separate attachment, identify the line number, title and a brief narrative description of the direct service.</p> <p><i>Refer to Welfare and Institutions Code Sections 16600 et seq. and Social Security Act Section 431. [42 U.S.C. 629a] for further information regarding the categories listed.</i></p>

Column	Item
D1	<u>PSSF Family Preservation: Pre-Placement Preventative Services</u> Includes pre-placement services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families, where possible
D2	<u>PSSF Family Preservation: Services Designed for Child's Return to their Home</u> Includes service programs designed to help children, where appropriate, returned to families from which they have been removed; or placed for adoption, with the legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement
D3	<u>PSSF Family Preservation: After Care</u> Includes services programs designed to provide follow-up care to families to whom a child has been returned after a foster placement
D4	<u>PSSF Family Preservation: Respite Care</u> Includes respite care of children to provide temporary relief for parents and other caregivers, including foster parents
D5	<u>PSSF Family Preservation: Parenting Education & Support</u> Includes 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
D6	<u>PSSF Family Preservation: Case Management</u> Includes services designed to stabilize families in crisis such as transportation, assistance with housing and utility payments, and access to adequate health care
D7	<u>PSSF Family Preservation: Other Direct Service*</u> Includes any other direct service activity that is not listed in D1-D6 that meets the requirements for PSSF Family Preservation. If "Other Direct Service Activity" is selected, provide the title of the service activity in column H and a narrative description of the service activity on a separate attachment.
E1	<u>PSSF Family Support Services: Home Visitation</u> Includes in-home visits designed to improve parenting skills
E2	<u>PSSF Family Support Services: Drop-In Center</u> Includes drop-in centers to afford families opportunities for informal interaction with other families and with program staff
E3	<u>PSSF Family Support Services: Parent Education</u> Includes programs designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them 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
E4	<u>PSSF Family Support Services: Respite Care</u> Includes respite care of children to provide temporary relief for parents and other caregivers
E5	<u>PSSF Family Support Services: Early Development Screening</u> Includes early development screening of children to assess the needs of such children and assistance in securing specific services to meet these needs
E6	<u>PSSF Family Support Services: Transportation</u>

Column	Item
	Includes transportation to afford families access to other community services
E7	<u>PSSF Family Support Services: Information and Referral</u> Includes information and referral services to afford families access to other community services, including child care, health care, nutrition programs, adult education and literacy programs, legal services, counseling and mentoring services
E8	<u>PSSF Family Support Services: Other Direct Service*</u> Includes other direct service activity that is not listed in E1-E7 that meets the requirements of PSSF Family Support Services. PSSF Family Support Services are community-based services to promote the well-being of children and families designed to increase the strength and stability of families. If “Other Direct Service” is selected, provide the title of the service activity in column H and a narrative description of the service activity on a separate attachment.
F1	<u>Time Limited Family Reunification Services: Counseling</u> Includes individual, group and family counseling
F2	<u>Time Limited Family Reunification Services: Substance Abuse Treatment</u> Includes inpatient, residential or outpatient substance abuse treatment services
F3	<u>Time Limited Family Reunification Services: Mental Health</u>
F4	<u>Time Limited Family Reunification Services: Domestic Violence</u> Includes assistance to address domestic violence
F5	<u>Time Limited Family Reunification Services: Temporary Child Care/Crisis Nurseries</u> Includes services designed to provide temporary child care and therapeutic services for families, including crisis nurseries
F6	<u>Time Limited Family Reunification Services: Transportation to/from Services/Activities</u> Includes transportation to or from any of the services and activities listed under Time Limited Family Reunification Services
F7	<u>Time Limited Family Reunification Services: Other Direct Service*</u> Includes any other direct service activity that is not listed in F1-F6. If “Other Direct Service” is selected, provide the title of the service activity in column H and a narrative description of the service activity on a separate attachment.
G1	<u>Adoption Promotion & Support Services: Pre-Adoptive Services</u>
G2	<u>Adoption Promotion & Support Services: Post-Adoptive Services</u>
G3	<u>Adoption Promotion & Support Services: Activities to Expedite Adoption Process</u>
G4	<u>Adoption Promotion & Support Services: Activities to Support Adoption Process</u>
G5	<u>Adoption Promotion & Support Services: Other Direct Service</u> Includes other direct service that is not listed in G1-G4. Adoption Promotion & Support Services are services and activities designed to encourage more adoptions out of the foster care system when adoption promotes the best interest of the child. If “Other Direct Service” is selected, provide the title in Column H and on a separate attachment identify the line number, title and a brief narrative description of the direct

Column	Item
	service.
H	<p>Other Direct Service Activity (Provide Title) If “Other Direct Service” is selected (Columns D7, E8, F7 or G5), provide the title in Column H and on a separate attachment identify the line number, title and a brief narrative description of the direct service.</p>
I	<p>Goals From the drop-down menu that lists the following Pathway goals, select the goal for the Program/Practice:</p> <ul style="list-style-type: none"> • Children and Youth Are Nurtured, Safe and Engaged • Identified Families Access Services and Supports • Families Free From Substance Abuse and Mental Illness • Communities Are Caring and Responsive • Vulnerable Communities Have Capacity to Respond • Other <p>If other is selected, provide the line number, title of the Program/Practice, and a brief description of the goal within the program description.</p> <p>Refer to the “Pathway to the Prevention of Child Abuse and Neglect” (www.PathwaysToOutcomes.org) for further information regarding the goal options.</p>

E-mail an electronic copy of the CAPIT/CBCAP/PSSF expenditure plan in excel format to OCAP-PND@dss.ca.gov

Appendix F: CBCAP Evidence Based & Evidence Informed Practices Checklist

CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED¹ PROGRAMS AND PRACTICES CHECKLIST

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

Name of Program/Practice being evaluated: _____

Reviewed by: _____

Date: _____

EMERGING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The program can articulate a <u>theory of change</u> which specifies clearly identified <u>outcomes</u> and describes the activities that are related to those <u>outcomes</u> . This is represented through a program <u>logic model</u> or <u>conceptual framework</u> that depicts the assumptions for the activities that will lead to the desired <u>outcomes</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it. |
| <input type="checkbox"/> | <input type="checkbox"/> | The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services. |

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.

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

- Programs and practices have been evaluated using less rigorous evaluation designs that have 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.

PROMISING PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

- The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.

- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.

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

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

SUPPORTED PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

- The program articulates a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.

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

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

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

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

SUPPORTED PROGRAMS AND PRACTICES (continued)

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.

- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice. [If not applicable, you may skip this question.]
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

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

WELL SUPPORTED PROGRAMS AND PRACTICES

PROGRAMMATIC CHARACTERISTICS

YES NO

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

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

WELL SUPPORTED PROGRAMS AND PRACTICES (continued)

RESEARCH & EVALUATION CHARACTERISTICS

YES NO

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

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

PROGRAMS AND PRACTICES LACKING SUPPORT OR POSITIVE EVIDENCE/ UNDETERMINED/ HARMFUL

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

PROGRAMMATIC CHARACTERISTICS

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

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

RESEARCH & EVALUATION CHARACTERISTICS

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

OR

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

OR

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

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Appendix G: Child Abuse Prevention Councils (CAPCs)



Child Abuse Prevention Councils (CAPCs)

April 2009

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

Child Abuse Prevention Councils (CAPCs)

I. Purpose

The Child Abuse Prevention Councils (CAPCs) are community councils whose primary purpose is to coordinate the community's efforts to prevent and respond to child abuse and neglect.

Councils should be incorporated as nonprofit corporations, or established as independent organizations within county government, or comparably independent organizations as determined by the Office of Child Abuse Prevention.

The CAPCs were created in response to the Legislature's findings of the following:

- Child abuse is one of the most tragic social and criminal justice issues of our times.
- Victims of child abuse and their families face a complex intervention system involving many professionals and agencies.
- Coordination by child protection agencies and personnel improves the response to a victim and his or her family.
- The prevention of child abuse requires the involvement of the entire community.

II. Funding

Each county shall fund the CAPC from the county's children's trust fund. Councils are required to provide a local cash or in-kind match of 33 and 1/3 percent. Councils unable to raise the full match for the maximum allocation are provided a partial grant in the amount of three grant dollars to each match dollar. In addition, councils must develop a protocol for interagency coordination and provide yearly reports to the county Board of Supervisors.

A county may also utilize their Child Abuse Prevention, Intervention, and Treatment (CAPIT) program, Promoting Safe Stable Families, Family Support Services funds, Community-Based Child Abuse Prevention (CBCAP) program or Kids Plate funds to financially support their CAPCs.

III. CAPC Functions

Child Abuse Prevention Council functions include:

- provide a forum for interagency cooperation and coordination in the prevention, detection, treatment and legal processing of child abuse cases
- promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment

- encourage and facilitate training of professionals in the detection, treatment and prevention of child abuse and neglect
- recommend improvements in services to families and victims
- encourage and facilitate community support for child abuse and neglect programs

Additionally, Councils may form committees to carry out specific functions, such as committees for interagency coordination, multidisciplinary teams, professional training, public awareness, service improvement, advocacy and/or fundraising committees.

IV. Council Participants

Child Abuse Prevention Councils work in collaboration with representatives from various disciplines, including: public child welfare, the criminal justice system and the prevention and treatment services communities. Councils shall include representation from the county child welfare or children's services department, probation department, licensing agencies, law enforcement, district attorneys offices, courts, coroner and community service providers such as medical and mental health services, community-based social services, community volunteers, civic organizations, tribes and faith-based communities.

V. Resource

Welfare and Institutions (W&I) Code Sections 18963; 18980; 18981-18981.1; 18982-18982.4; 18983-18983.8

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Appendix H: County Children's Trust Fund (CCTF)



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(1-2);18983

Health and Safety Code Section 103625

Penal Code Section 294

Vehicle Code section 5072

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Appendix I: Child Abuse Prevention, Intervention, and Treatment (CAPIT)



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

Appendix J: Community-Based Child Abuse Prevention Program (CBCAP)



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 (WIC) 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**
 - 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**
 - 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>

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Appendix K: Promoting Safe and Stable Families (PSSF)



CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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 fifteen (15) 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>

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Appendix L: CBCAP Efficiency Measure Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Placebo group: A placebo is something that does not directly affect the behavior or symptoms under study in any specific way, but is given to a control or comparison group as a way of keeping them

unaware of the fact that they are in the control or comparison group. A researcher must be able to separate placebo effects from the actual effects of the intervention being studied. For example, in a drug study, subjects in the experimental and placebo groups may receive identical-looking medication, but those in the experimental group are receiving the study drug while those in the placebo group are receiving a sugar pill. Typically, subjects are not aware whether they are receiving the study drug or a placebo.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix M: Acronym Guide

Acronym	
AB 636	Assembly Bill 636
ACIN	All County Information Notice
ADR	Alternative Dispute Resolution
BOS	Board of Supervisors
CaISWEC	California Social Work Education Center
CalWORKs	California Work Opportunities and Responsibility to Kids
CAPC	Child Abuse Prevention Coordinating Council
CAPIT	Child Abuse Prevention Intervention and Treatment Program
CBCAP	Community-Based Child Abuse Prevention Program
C-CFSR	California Child and Family Services Review
CCTF	County Children’s Trust Fund
CDSS	California Department of Social Services
CFL	County Fiscal Letter
CSA	County Self Assessment
CSOAB	Children’s Services Outcomes and Accountability Bureau
CSSR	Center for Social Services Research at the University of California at Berkeley

Acronym	
CWDA	County Welfare Directors Association of California
CWSOIP	Child Welfare Services Outcome Improvement Project
DDS	Department Developmental Services
MIS	Management Information System
MOU	Memorandum of Understanding
OCAP	Office of Child Abuse Prevention
OCAP – PND	Office of Child Abuse Prevention – Prevention Network Development
PQCR	Peer Quality Case Review
Pdf	Portable Document Format
PSSF	Promoting Safe and Stable Families
RTA	Regional Training Academy
SIP	System Improvement Plan
TILP	Transitional Independent Learning Plan
TPR	Termination of Parental Rights
URL	Uniform Resource Locator