

## **ATTACHMENT A – RESOURCES/GLOSSARY**

### **ADDITIONAL RESOURCES**

Child Welfare Information Gateway - Provides resources for the full continuum of child welfare from prevention through adoption including information on evidence-based practices, promising practice models, identifying objectives/outcomes, developing logic models, assessment, home visiting, evaluation, etc. for child welfare services.

<http://www.childwelfare.gov/index.cfm>

FRIENDS - Planning resources for assessment, evaluation, child welfare outcomes and indicators, Healthy Marriage, home visiting, fatherhood, etc.

[www.friendsnrc.org](http://www.friendsnrc.org)

Fresno County Self Assessment and System Improvement Plan:

[www.co.fresno.ca.us/SelfEval](http://www.co.fresno.ca.us/SelfEval)

Fresno County 2010 Institutional Analysis can be found at:

[www.co.fresno.ca.us/DepartmentPage.aspx?id=4164](http://www.co.fresno.ca.us/DepartmentPage.aspx?id=4164)

### **GLOSSARY OF TERMS**

**AB 636 (2001)** - 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. It is also referred to as California – Child and Family Service Review (C-CFSR)

**AB 1733 (1982)** - Legislation providing State funds to the counties for Child Abuse Prevention, Intervention, and Treatment services (W & I Code Section 18960 et seq.)

**AB1741 Neighborhood Resource Center (NRC)** - NRCs established through County AB1741 Strategic Plan approved by Fresno County Board of Supervisors.

**Adoption Promotion and Support Services** - Services designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre-and post-adoptive services and other activities designed to expedite the adoption process and support adoptive families.

**CAPIT/CBCAP/PSSF Three-Year Plan** - Component of the County's System Improvement Plan. The 2010 Child Abuse Prevention, Intervention and Treatment, Community Based Child Abuse Prevention, and Promoting Safe and Stable Families Strategic Plan was approved by the Fresno County Board of Supervisors on May 11, 2010. The System Improvement Plan can be accessed through [www.co.fresno.ca.us/SelfEval](http://www.co.fresno.ca.us/SelfEval).

**C-CFSR** - California Child and Family Services Review: See AB 636.

**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)

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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)** - State funding administered through the State Department of Social Services, Office of Child Abuse Prevention (OCAP). The program is established with the intent to address needs of children at high risk of abuse and neglect and their families by providing child abuse and neglect prevention, intervention and treatment programs.

**Child Abuse Prevention Coordinating Council** - 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. In Fresno County, the Fresno Council on Child Abuse Prevention is the Board designated CAPC.

**Children** – An individual who is under 18 years old.

**Child Welfare Services** - Programs/services within the Department of Social Services designed to promote the safety, permanency, and well-being of children.

**Child Well-Being** - A primary outcome for CWS focused on how effectively the developmental, behavioral, cultural and physical needs of children are met.

**Collaboration** - A process that involves exchanging information, aligning activities, sharing resources and enhancing the capacity of one another to achieve mutual benefits and a common purpose by sharing responsibilities, resources, risks and rewards. Often collaborations form public and private partnerships, and include representation from the population to be served. They meet regularly, working together in small groups, often performing different tasks and roles to achieve a common objective.

**Community-based** - Formal and informal support and services in a child/families' own community, neighborhood and natural environment that may enable them to live, learn and grow safely, competently and productively.

**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 of child abuse and neglect. Funded services include Primary and Secondary prevention.

**County Self-Assessment** - (CSA) A comprehensive needs assessment of the full scope of child welfare and probation services in the county. Completed triennially and serves to inform the development of the county's System Improvement Plan. The most recent Fresno County CSA was completed in 2009. It can be accessed through [www.co.fresno.ca/SelfEval](http://www.co.fresno.ca/SelfEval).

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**Cultural Broker** - Cultural Brokering is defined as the act of bridging, linking, or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change. DSS contracts for Cultural Broker/Family Advocacy and Liaison Services to address racial/cultural disparity and disproportionality. Service is also known as family advocacy.

**Culturally Sensitive** - The acceptance and understanding of cultural mores and their possible influence on the client's problem and or behavior.

**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.

**Disproportionality** - Refers to the differences in the percentage of children of a certain racial or ethnic group in the general population as compared to the percentage of the children of the same group in the child welfare system. For example, in 2000 African-American children in California represented 7.5% of the population, however, represented 31% of children in foster care.

**Disparity** - Refers to the unequal treatment when comparing a racial or ethnic minority to any other group. In child welfare this can be observed in many forms and decision points such as what children are reported for abuse, differences in investigation and substantiation of abuse/neglect allegations, level and quality of treatment and services provided, reunification rates, length of time in foster care, placements in adoptive homes and exits from care.

**DSS** - The Fresno County Department of Social Services (formerly two separate county departments: Department of Children and Family Services and Employment and Temporary Assistance.

**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.

**Family Support Home Visitation** - It is a service delivery model that brings services to a client's home. Services may include, but are not limited to, counseling, basic life-skills and self-sufficiency training, referral and linkage, case management, mediation and conflict resolution, and pre-placement family conferencing. Some of these services may be integrated with nurse home visiting services. Services provided should be intensive, focused, and outcome-oriented.

**Family Preservation Services** - The term "family preservation services" means services for children and families designed to help families (including adoptive and extended families) at risk or in crisis to remain intact. These services include:

- 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

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- if adoption or legal guardianship is determined not to be safe and appropriate for a child, in some other planned, permanent living arrangement;
- pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement;
- respite care of children to provide temporary relief for parents and other caregivers (including foster parents);
- services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition; and
- infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law. (42 U.S.C. 629a.)

**Family Support Services** - Community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families, increase parent' confidence and competence in their parental capacity; afford children a safe, stable, and supportive family environment; and strengthen parental relationships, promote healthy marriages.

**Family to Family Initiative** - A child welfare system change reform effort to improve outcomes for children. Core tenets include: a child's safety is paramount; children belong in families; families need strong communities; and public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children.

**Family Well-Being** - It is a primary outcome for California's Child Welfare System 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.

**Fresno Council on Child Abuse Prevention (FCCAP)** - The organization in Fresno County that is responsible for raising and maintaining public awareness of child abuse and neglect. FCCAP conducts outreach and public education throughout the County, holds seminars and forums, arranges and provides professional, as well as many other activities to prevent child abuse. FCCAP will review applications for CAPIT/CBCAP funding and make recommendations to the Director of the Department of Social Services. See Child Abuse Coordinating Councils.

**Neighborhood Collaboratives** - A partnership that includes a wide range of community organizations and leaders in neighborhoods in which child protection referral rates are high. Collaboration is aimed at creating an environment that supports families involved with the child welfare system.

**Neighborhood Resource Center (NRC)** - School and/or non-based school centers which primarily provide prevention/non-crisis family support services to nearby resident families although their services are also available to the community-at-large. The facility should be conveniently located in the community where families or anyone in need, can access a variety

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of programs and services. Services provided should be comprehensive and integrated. It is also known as a Family Resource Center.

**OCAP** - Refers to the Office of Child Abuse Prevention, a division of the California State Department of Social Services (CDSS), which is responsible for awarding AB 1733 funds to participating counties to be used for implementation of local child abuse prevention, intervention, and treatment programs.

**Outcomes** - An indicator that measures the results of treatment and/or services provided to clients and/or families.

- **Engagement Outcomes** - Describes the client's level satisfaction or participation a particular service or event. Examples of engagement outcomes include developing trust in the staff, feeling welcome at the program or attending programs voluntarily.
- **Short-Term Outcomes** - Describes what client benefits are expected as a result of having received services. Examples include: increased knowledge of positive discipline techniques, increased motivation to succeed in school or increased job readiness skills.
- **Intermediate Outcomes** - Describes changes in applied skills and behavior. Examples include: increased uses of positive discipline skills, improvement in school grades or completion of a job-training course.
- **Long-Term Outcomes** - Describes the long-term effect the project hopes to accomplish as a result of having provided service. Examples include: establishment of safe and supportive family environments, a decrease in the incidence of child abuse and neglect, or a decrease in substance abuse.

**Peer-Review Process** - Required for CBCAP funded programs. Peer review is a process by which a set of peers of funded programs review and assess each others' practice. It is also considered a form of quality assurance that uses a process of internal self-assessment and external review to gather information about the program and participant outcomes. Grounded in the principles of family support and prevention, the overall goal of peer review is to use the findings for program planning and to improve practice.

**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.

**Primary Prevention Programs** - Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any made allegations of abuse and neglect. 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.

**Prevention** - Community education that enhances the general well being of children and their families. These education services are designed to enrich the lives of families, to provide information and skills to improve family functioning, and to prevent the types of stress and problems that might lead to child abuse or neglect. It also includes providing the parents of children of all ages with information regarding child rearing and community resources.

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**Promoting Safe and Stable Families (PSSF)** - A federal grant program that provides funding for prevention and support services in child welfare. 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 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.

**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.

**Safety** - A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.

**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.

**System Improvement Plan (SIP)** - The AB 636 SIP is the operational agreement between the county and the state. Describes how a county will improve outcomes for children, youth and families. The SIP is developed triennially. The 2010 Fresno County SIP can be access through [www.co.fresno.ca.us/SelfEval](http://www.co.fresno.ca.us/SelfEval).

**Team Decision Making (TDM)** - A group process which involves not just foster parents and caseworkers, but also birth families and community members in all placement decisions to ensure a network of support for children and the adults who care for them.

**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. Tertiary prevention activities are not eligible for CBCAP funding.

**Time-limited reunification services** - Services provided to children and families when children must be removed from their homes because of child safety concerns, as a result of serious parent-child conflict, or to treat serious physical or behavioral health conditions which cannot be addressed within the family. Children and their parents or other family members receive services designed to provide support and safety for the child and to address the problems led to the placement. These services are intended to be temporary-the goal is to return children home as soon as possible or achieve permanency with another permanent family when this is not possible.

## **ATTACHMENT B – TDM COMMUNITY REPRESENTATIVE INFORMATION**

### **DSS and TDM Values**

- Every child deserves a family
- Every family needs the support of the community
- Public child welfare agencies need community partners

### **TDM Assumptions**

- A group can be more effective in decision making than an individual
- Families are the experts on themselves
- When the families are respectfully included in the decision making process, they are capable of identifying and participating in addressing their needs
- Members of the family's own community add value to the process by serving as natural allies to the family and as experts on the community's resources

### **Essential Elements of Collaborative Decision-Making**

- Teamwork
- Active Family Involvement
- Facilitators
- Safety Plans
- Strength-Based Assessments
- Needs-Driven Services
- Long-Term Support Networks

### **Who may be invited to a TDM meeting?**

- Birth Parents
- Child (if age and developmentally appropriate)
- DSS Staff
  - Social Worker
  - Social Worker Supervisor
  - Mental Health Clinician
  - Independent Living Skills Program staff
    - SB163 Liaison
- FFA Social Worker / Other FFA Staff
- Care Providers (County, FFA, Group Home, Relative)
- Community Representative
- Family Advocate or Support Person

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- School Representative
- CASA
- Community Service Providers
- Public Health Nurse or other health professionals
- Attorney (by invitation & as a support person only)
- Substance Abuse Specialist
- Domestic Violence Expert
- CVRC social worker

### **Structure of a Team Decision-Making Meeting**

1. Introduction
  - a. Introductions of participants
  - b. Purpose and goal
  - c. Ground rules
2. Identify the Situation
  - a. Define the concern
3. Assess the Situation
  - a. Strengths
  - b. Safety Concerns
4. Develop Ideas
  - a. Brainstorm
5. Reach a Decision
  - a. Consensus goal/agency owned
  - b. Safety and protection in the least restrictive manner
  - c. Action plan
6. Recap/Evaluation/Closing. Is follow up needed?

### **Ground Rules**

- This meeting is personal and private. Confidential information will be used only for purposes outlined in the consent form.
- All participants will treat each other with dignity and respect.
- Fresno County promotes a safe environment for all staff and clients. The meeting will be conducted in a manner safe for all participants.
- Everyone will have an opportunity to speak and ask questions.
- Only one participant will speak at a time.
- The goal of the meeting is to reach consensus. If consensus cannot be reached, the Department of Social Services will be responsible for making the final decision.
- Decisions will be fully supported by the agency staff.
- The Facilitator will have permission to redirect the conversation, if needed.



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### **The Role of the Community Representative**

- The TDM Community Representative is a person invited by the public child welfare agency, to ensure that every family has a natural ally at the TDM table.
- The TDM Community Representatives agree to attend TDM meetings, especially those involving the possible removal of a child from his/her birth family. They attend the TDM with the permission of the parents.
- Fresno County DSS provides an orientation to TDM, along with basic training on the role and responsibilities of the child welfare system, to all TDM Community Representatives prior to their first meeting.
- Every community representative should represent the community in which they reside or work. They are strongly encouraged to attend the monthly Family to Family Collaborative for that specific community.
- The TDM Community Representative may assume one or more of the following roles at the meeting:
  - To serve as a natural ally, and potential advocate, for birth parents at a TDM
  - To represent the birth family's "community," whether because of a shared home neighborhood, or a shared community of faith, ethnicity or other natural connection – this supportive connection can continue throughout the family's involvement with the system and beyond
  - To share an awareness of resources which might support the family, especially those available within the family's home community
  - To make the birth family feel more comfortable in whatever way they can
  - To help the agency's staff and its partners better understand the family's community of origin, especially its strengths
  - To assist the family in understanding the agency's concerns in relation to safety and risk
  - To fully participate in the meeting, and particularly to share ideas for ensuring the child(ren)'s safety while supporting the family.

### **The Role of the Facilitator**

- The facilitator keeps the group focused on a common task, which is to reach a decision about a placement that protects and provides safety for the child(ren) in the least restrictive and least intrusive manner possible. The facilitator assures that the purpose of the TDM is understood and all participants have the opportunity to be heard.
- The facilitator protects ideas and individuals from being attacked or ignored, and provides a safe and supportive environment. The facilitator is sensitive and responsive to verbal cues, and manages conflict and emotions.
- The facilitator periodically summarizes, clarifies, renames, and identifies areas of agreement to assist the group.
- The facilitator assures that the situation is thoroughly examined, risks are stated, family strengths are recognized, goals are verbalized, ideas are brainstormed, good, safe decisions are made, and action plans are developed.

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- The facilitator is a source of information for the group; is knowledgeable of laws, agency policies and procedures, services, and best practice; and monitors compliance with standards by staff.
- The facilitator moves the group through the decision-making process while maintaining reasonable timeframes.
- The facilitator manages the process and structure of the meeting, and recognizes that the family, case manager and other participants are the content experts. He/she is responsible for ensuring that a high quality decision results from the meeting, intervening only when necessary as an experienced, knowledgeable participant.
- The facilitator serves to develop consensus with all participants. The facilitator accurately records the decision, and provides a copy of the action plan to all the participants at the end of the meeting.
- The facilitator is committed to encouraging professional development of agency staff. He/she models supportive, non-threatening, and respectful behavior. When strengths and growth-areas are observed in agency participants, the facilitator shares his/her perception with the worker and the worker's supervisor.

## ATTACHMENT C – CLIENT INFORMATION

Show the total number of unduplicated clients to be served by age level and ethnicity. The following two charts are embedded Excel spreadsheets.

CAPIT/CBCAP/PSSF		Proposed Service Goals									
Client Characteristics:		Total number of clients receiving services						Gender			
		ages 0 - 5		ages 6 -18		Adults (19 year - older)		Children		Adult	
		without disabilities	with disabilities	without disabilities	with disabilities	without disabilities	with disabilities	Female	Male	Female	Male
White (non-Hispanic)											
Hispanic											
Mexican, Mexican-American											
Cuban											
Puerto Rican											
Spanish, Central or South American											
Black (non Hispanic)											
Asian											
Korean											
Vietnamese											
Cambodian											
Asian-Indian											
Japanese											
Laotian											
Chinese											
Pacific Islander											
Hawaiian											
Samoan											
Guamanian											
Filipino											
Native American											
Other (specify)											
TOTALS		0 - 5 w/o disabilities	0 - 5 w disabilities	6 - 18 w/o disabilities	6 - 18 w disabilities	Adults w/o disabilities	Adults w disabilities	Female	Male	Female	Male

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PROPOSED Client Centered Services:	Total Number of Consumers to Receive Services (est.) and Type of Services						
	ages 0 - 5		ages 6 - 18		Adults (19 years - older)		Families
	without disabilities	with disabilities	without disabilities	with disabilities	without disabilities	with disabilities	
Information and Referral							
Intake/Assessment							
Parent Education and Support							
Home Visiting							
Parent Leadership Training							
Family Therapy							
Group Therapy							
Self Help							
Play Therapy							
Child Development/ Therapeutic Day Care							
Respite Care							
Child Care							
Hot Line/ Crisis Line							
Transportation							
Services to/ Prevention of homelessness							
Self Sufficiency/ Life Management Skills							
Educational/ Job Preparation							
Early Childhood Development/ Screening							
Follow-up Consultation/Services							
Other (Specify)							
TOTALS	0 - 5 w/o disabilities	0 - 5 w disabilities	6 - 18 w/o disabilities	6 - 18 w disabilities	Adults w/o disabilities	Adults w disabilities	Families

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Show the distribution of the total number of unduplicated clients to be served in one year by the number residing in each specific zip code area:

METROPOLITAN FRESNO	NON-METROPOLITAN FRESNO COUNTY COMMUNITIES				
93701	Auberry**	93602	Laton**	93242	
93702	Big Creek**	93605	Mendota	93640	
93703	Biola**	93606	Miramonte**	93641	
			Mono Hot		
93704	Burrell**	93607	Spr.	93642	
	Cantua				
93705	Creek**	93608	Orange Cove	93646	
93706	Caruthers**	93609	Parlier	93648	
93710	Coalinga	93210	Piedra**	93649	
93711	Del Rey**	93616	Prather**	93651	
93720	Dos Palos	93620	Raisin City**	93652	
93721	Dunlap**	93621	Reedley	93654	
93722	Firebaugh	93622	Riverdale**	93656	
93725	Five Points**	93624	Sanger	93657	
93726	Fowler	93625	San Joaquin	93660	
93727	Friant**	93626	Selma	93662	
			Shaver		
93728	Helm**	93627	Lake**	93664	
			Squaw		
	Hume	93628	Valley**	93675	
Pinedale	Huntington				
	L.**	93629	Tollhouse**	93667	
93650	Huron	93234	Tranquility	93668	
	Kerman	93630			
Clovis	Kingsburg	93631	Total Metro		
93611	Lakeshore	93634	Total Non-Metro		
93612					
93613			<b>TOTAL*</b>		

**\*\*These communities are considered unincorporated areas.**

Total number of projected clients who will be served that reside in unincorporated areas:

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## ATTACHMENT D – FUNDING INFORMATION



### **Child Abuse Prevention Councils (CAPCs)**

**April 2009**

## **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

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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





**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*

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# **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.

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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

## **Proposal No. 952-4923**

through the use of an accountable process that utilizes a multidisciplinary approach and (2) ensures compliance and adherence with the county plan and the legislative intent.

### **VI. References**

Welfare and Institution Code sections 18960-18964 establishes the funding

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

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



**COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM  
(CBCAP)**

**March 2009**

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

## **Proposal No. 952-4923**

### **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.

#### **IV. 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

## **Proposal No. 952-4923**

- 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

## **Proposal No. 952-4923**

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

### **V. Program Oversight**

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

The OCAP is required to submit an application for funding each year and to report annually regarding activity from the previous year. The OCAP provides training and technical assistance through OCAP consultants and departmental resources, as well as its training and technical assistance contracts.

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

The intent of this effort is to:

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

### **VI. References**

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

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

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

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





**PROMOTING SAFE AND STABLE FAMILIES  
(PSSF)**

**March 2009**

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

## **THE PROMOTING SAFE AND STABLE FAMILY (PSSF) PROGRAM**

### **I. Purpose**

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

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

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

### **II. Funding**

#### **Funds to States**

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

Eighty five (85) per cent of PSSF funds are allocated to the counties. The State is permitted to use 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.

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### **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

## **Proposal No. 952-4923**

### **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;

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

## ATTACHMENT E - EVIDENCE-BASED SERVICES

### CBCAP Evidence Based & Evidence Informed Practices Checklist

#### **CBCAP EVIDENCE-BASED AND EVIDENCE INFORMED<sup>1</sup>** **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 valued: \_\_\_\_\_

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.   |

---

<sup>1</sup> 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.

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### 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

## Proposal No. 952-4923

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:



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- 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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.                |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcome measures must be <u>reliable</u> and <u>valid</u> , and administered consistently and accurately across all subjects.  |
| <input type="checkbox"/> | <input type="checkbox"/> | If multiple outcome studies have been conducted, the overall weight of evidence supports the <u>efficacy</u> of the practice. [If not applicable, you may skip this question.] |
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities.                |
| <input type="checkbox"/> | <input type="checkbox"/> | The local program can demonstrate adherence to model <u>fidelity</u> 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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The program articulates a <u>theory of change</u> which specifies clearly identified <u>outcomes</u> and describes the activities that are related to those <u>outcomes</u> . This is represented through the presence of a detailed <u>logic model</u> or <u>conceptual framework</u> that depicts the assumptions for the <u>inputs</u> and <u>outputs</u> that lead to the <u>short, intermediate and long-term outcomes</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | The practice has a book, manual, training or other available writings that  |

## Proposal No. 952-4923

specify components of the service and describes how to administer it.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services. |
|--------------------------|--------------------------|--|

### RESEARCH & EVALUATION CHARACTERISTICS

YES   NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Multiple Site Replication</u> in Usual Practice Settings: At least two rigorous <u>randomized controlled trials</u> (RCTs) or comparable <u>methodology</u> in <b>different usual care or practice settings</b> have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, <u>peer-reviewed</u> literature. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is no clinical or <u>empirical</u> evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The 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.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcome measures must be <u>reliable</u> and <u>valid</u> , and administered consistently and accurately across all subjects.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If multiple outcome studies have been conducted, the overall weight of the evidence supports the <u>effectiveness</u> of the practice.  |

### WELL SUPPORTED PROGRAMS AND PRACTICES (continued)

#### RESEARCH & EVALUATION CHARACTERISTICS

YES   NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The program is committed and is actively working on building stronger evidence through ongoing <u>evaluation</u> and continuous quality improvement activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The local program can demonstrate adherence to model <u>fidelity</u> 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.

## **ATTACHMENT F – CHILD WELFARE GOALS/OUTCOMES**

### **Child Welfare Goals, Outcomes and Indicators**

#### **Goal: Safety**

Outcome: Children are, first and foremost, protected from abuse and neglect, and safely maintained in their homes whenever possible. The risk of harm to children will be minimized.

Indicators:

- Reduction in the number and rate of substantiated child maltreatment cases
- Reduction in the number and rate of repeat maltreatment incidences

#### **Goal: Permanency**

Outcome: Children will have permanency and stability in their living situations.

Indicators:

- Reduction in the number of children entering foster care
- Reduction in the number and rate of children who have experienced multiple placements prior to family reunification or permanent placement
- Increase in the number and rate children placed with relatives
- Reduction in the length of time spent in foster care
- Increase in the number of children safely reunified with their families of origin
- Decrease in the likelihood of foster care re-entry upon successful reunification

#### **Goal: Permanency**

Outcome: The continuity of family relationships and community connections will be preserved for children.

Indicators:

- Increase in the number and rate of children placed with relatives
- Increase in the number and rate of children placed in the same home as siblings
- Increased frequency, consistency and quality of visits between children in foster care and their families
- Increase in the number of children maintaining connections with their families and communities of origin while in temporary care

#### **Goal: Well-Being**

Outcome: Families will have enhanced capacity to provide for their children's needs.

Indicators:

- Increased child and family involvement in case planning
- Increase in the number of families knowledgeable about community resources for children and families
- Increased access to services through home or community-based services and/or transportation assistance
- Increase in the number of families with parenting knowledge and skills necessary to anticipate and meet the educational, physical and developmental needs of their children
- Increase in the number of children who live with and/or have frequent involvement with and receive emotional support from their fathers or a positive adult male role model
-

## **Proposal No. 952-4923**

### **Goal: Racial Equity**

Outcome: African-American and Native-American parents and their children will maintain safe, stable, permanent homes, nurtured by healthy families and strong communities

Indicators:

- Increased accessibility and quality of culturally relevant services for African-American and Native-American families and youth
- Improved community partnership network to facilitate access to community-based services for African-American and Native-American families
- Decreased in the disproportionate number of African American and Native-American children entering and staying in the DSS Child Welfare System.

## **ATTACHMENT G – RFP FACE SHEET**

**(next page)**

**Proposal No. 952-4923****FRESNO COUNTY 2010-11 CAPIT/PSSFCBCAP RFP FACE PAGE  
CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT SERVICES****Complete and attach for each copy of proposal.**

**Identify proposed Service Component:** ☐ 1. Services to Families  
☐ 2. Team Decision Making Community Representatives

<b>Applicant</b> (Agency/Organization/Institution):		Current Non-Profit Organization:	
Program Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City:	Zip Code: County:
Street Address: (Physical location required for official correspondence)		City:	Zip Code: County:
Primary Service Area		Secondary Service Area, if applicable	
Executive Director:		Telephone:	Email:
Type of Service Proposed:	<input type="checkbox"/> Prevention/Intervention <input type="checkbox"/> Intervention/Treatment <input type="checkbox"/> Other (specify)		
Will the proposed project/services involve primary prevention services?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Identify proposed Service Component:</b>	<input type="checkbox"/> Services to Families Type: <input type="checkbox"/> Neighborhood-Based Services <input type="checkbox"/> Child Advocacy <input type="checkbox"/> Domestic Violence Prevention <input type="checkbox"/> Other Family Preservation/Family Support Services (specify):		
<input type="checkbox"/> Team Decision Making Community Representatives			
Will the proposed project/services address identified special areas of need? <input type="checkbox"/> Yes <input type="checkbox"/> No (See below. Please check all, as appropriate.)			
Special Areas of Need:	<input type="checkbox"/> General Neglect <input type="checkbox"/> At-risk Latinos/Hispanics <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployment in rural areas <input type="checkbox"/> Families without health insurance <input type="checkbox"/> Domestic violence <input type="checkbox"/> Abuse/neglect due to substance abuse <input type="checkbox"/> Child Sexual Abuse <input type="checkbox"/> Mental and/or emotional health needs of children	<input type="checkbox"/> Disproportionality - African-American/Native-American families <input type="checkbox"/> Disparity of Services - African-American/Native-American families <input type="checkbox"/> Rural communities <input type="checkbox"/> High Child Welfare participation/removal rates in one or more of the following zip codes: 93706, 93702, 93727, 93705, 93726 <input type="checkbox"/> Expansion of TDM Community Representative services <input type="checkbox"/> Referrals/linkages of families referred to CWS, but do not enter the system. <input type="checkbox"/> Referrals/linkage of families exiting CWS by reunification to ensure continued family stability	

<b>Total Funding Requested:</b>	<b>\$</b>
<b>PSSF</b>	<b>\$</b>
<input type="checkbox"/> Family Support <input type="checkbox"/> Family Preservation <input type="checkbox"/> Time Limited Reunification	
<b>CAPIT / CBCAP</b>	<b>\$</b>

Number of unduplicated families to be served annually	
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The undersigned confirms that the applicant meets the criteria described in the Request for Proposals; has provided accurate information regarding the program and services described in the application; and will meet the contractual requirements if awarded a contract with the County of Fresno.

Signature

Title

Date

## ATTACHMENT H – SAMPLE REVIEW SHEET

**2010-11 FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES  
Child Abuse Prevention, Intervention and Treatment Services  
CAPIT/PSSF/CBCAP**

**Note: This document is a sample and subject to revision/update**

ORGANIZATION: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

Total Funding Requested: \_\_\_\_\_

Proposal Category: ☐ CAPIT/CBCAP ☐ PSSF

Service Component: ☐ Services to Families ☐ TDM Community Representatives

Evaluation Committee: \_\_\_\_\_

RATER NUMBER: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 PROPOSAL NO: \_\_\_\_\_

**EVALUATION CRITERIA:** Respondents will be evaluated on the basis of their responses to all questions and requirements in this RFP and product cost. The County shall be the sole judge in the ranking process and reserves the right to reject any or all bids. False, incomplete or unresponsive statements in connection with this proposal may be sufficient cause for its rejection.

**SELECTION PROCESS:** All proposals will be evaluated by a team consisting of representatives from appropriate County Department(s), Purchasing and representatives from the Fresno Council on Child Abuse Prevention and the Interagency Council for Children and Families. Purchasing will chair or co-chair the evaluation process.

All proposals will be evaluated and receive a composite score and be ranked in numerical sequence from high to low using the rating system listed below. Proposals with a minimum passing score of 70 will be considered for funding based on final score but not to exceed capacity as stated in their proposals. Receipt of a minimum passing score (70) or the highest score does not guarantee that a contract/agreement will be offered.



PROPOSAL RATING SUMMARY

SECTION	Maximum Points	Total Points Awarded
VENDOR COMPANY DATA	20	
SCOPE OF WORK	40	
OUTCOMES/EVALUATION	15	
COST PROPOSAL	20	
REPORTS/EXHIBITS	5	
<b>Subtotal</b>	<b>100</b>	
Extra Points:		
▪ Primary Prevention Program	5	
▪ Project addresses areas of special need	5	
<b>Total Score Points</b>	<b>110</b>	

## Proposal No. 952-4923

Proposal Content Requirements – Checklist	Present	Complete
I. RFP Page 1 and Addendum (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
II. Proposal Identification Sheet	<input type="checkbox"/>	<input type="checkbox"/>
III. RFP Face Page	<input type="checkbox"/>	<input type="checkbox"/>
IV. Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>
V. Table of Contents	<input type="checkbox"/>	<input type="checkbox"/>
VI. Conflict of Interest Statement	<input type="checkbox"/>	<input type="checkbox"/>
VII. Trade Secret, Participation Acknowledgement and References	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Certification – Disclosure – Criminal History & Civil Actions	<input type="checkbox"/>	<input type="checkbox"/>
IX. Exceptions	<input type="checkbox"/>	<input type="checkbox"/>
X. Vendor Company Data	<input type="checkbox"/>	<input type="checkbox"/>
XI. Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>
XII. Cost Proposal	<input type="checkbox"/>	<input type="checkbox"/>
XIII. Reports	<input type="checkbox"/>	<input type="checkbox"/>
XIV. Exhibits	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Proposal Content Requirements</b>	<b>Present</b>	<b>Complete</b>
A. Required Format	<input type="checkbox"/>	<input type="checkbox"/>
B. Statement of Commitment for cash/In-kind match (CAPIT only)	<input type="checkbox"/>	<input type="checkbox"/>
C. Letters of Support; Evidence of Public Agency support	<input type="checkbox"/>	<input type="checkbox"/>
D. Job Descriptions for each Program Position and Current Key Staff Resumes	<input type="checkbox"/>	<input type="checkbox"/>
E. Proof (copy) of current Non-Profit 501(c) 3 status	<input type="checkbox"/>	<input type="checkbox"/>
F. Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>
G. Current Board of Directors Roster (names, address & phone numbers)	<input type="checkbox"/>	<input type="checkbox"/>
H. (CBCAP) only – Evidence Based Practices Checklist/Logic Model	<input type="checkbox"/>	<input type="checkbox"/>

**Proposal No. 952-4923**

<b>I. Vendor Company Data (Maximum Points 20)</b>			
<b>Please rate/score the following:</b>	<b>Yes</b>	<b>No</b>	<b>Partial</b>
1. Does the vendor demonstrate basic familiarity or experience with services associated with this RFP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there descriptions of any similar or related contracts under which the bidder has provided services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are qualifications of the individuals services described and resumes of key staff included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are materials indicative of the bidder's capability, including letter(s) of support included? Evidence of support from a public agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a description of the bidder's current operations, and ability to provide these services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the bidder describe any terminated contracts for services similar to these services, pending lawsuits, legal actions and/or past payment problems with the County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the bidder include a description of experience of principal individuals of the organization in the areas of financial and management responsibility, including names of principal individuals, current position or office and their years of service experience, including capacity, magnitude and type of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a description of the management organizational structure including reporting levels and lines of authority, within the agency? Is an organizational chart and job descriptions included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If agency is applying for CAPIT funds does the proposal confirm a 10% cash/in-kind match, the source of the contribution and when it will be available? Is a statement confirming the match included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subtotal Points (20 possible points) for Section I:</b>			
Comments:			

# Proposal No. 952-4923

[illegible]

# Proposal No. 952-4923

[illegible]

**Proposal No. 952-4923**

<b>IV. Cost Proposal (Maximum points 20)</b>			
<b>Please rate/score the following:</b>	<b>Yes</b>	<b>No</b>	<b>Partial</b>
1. Does the proposal include a complete 12 month budget and are all budget pages utilized appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the budget include a completed proposed budget summary, proposed personnel detail, proposed budget detail, and proposed budget detail narrative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the proposed costs appear reasonable and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the cost of the program appear reasonable and adequate for the expected performance outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Proposed Budget Personnel Detail include position, number of months, monthly/hourly salary rates, number of positions and percentage of time commitment by position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the proposed budget narrative provide an explanation of the proposed budget amount that will be spent on each budget line item? Does the bidder demonstrate how each budgeted line item is necessary in providing the requested service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do the administrative costs exceed 15% of the total budgeted (Administrative costs are administrative salaries and identified corporate overhead).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are employee benefits limited to 20% of salary costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the budget calculations correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subtotal Points (15 possible points) for Section IV:</b>			
Comments:			

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<b>V. Reports/Exhibits (Maximum points 5)</b>			
<b>Please rate/score the following:</b>	<b>Yes</b>	<b>No</b>	<b>Partial</b>
1. Does the bidder include samples of reports referenced in the proposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the appropriate exhibits included? This includes Statement of Match requirement (CAPIT only); letters of support; proof of non-profit status; organizational chart; current list of Board of Directors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subtotal Points (5 possible points) for Section V:</b>			
Comments:			

**Proposal No. 952-4923**

<b>VI. Extra Points</b>		
<b>Please rate/score the following:</b>	<b>Yes</b>	<b>No</b>
Does the agency develop and/or expand a primary prevention program?  ▪ 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subtotal (5 possible points) for Primary Prevention Program:</b>		
<b>Please rate/score the following:</b>	<b>Yes</b>	<b>No</b>
Does proposed project target areas of special need as identified in the 2010 System Improvement Plan?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subtotal Points (5 possible points) for Addressing Area of Special Need:</b>		
Comments:		



# Proposal No. 952-4923

## VII. Overall Agency's Strengths & Weaknesses

1. In your opinion, list the strong and weak points of this proposal? Please summarize below:

Strengths:

**Weaknesses:**

2. What is your overall assessment of the proposed service? Please summarize below:

3. Do you recommend funding for this proposal? Yes ☐ No ☐ If yes, what is your funding recommendation?

Additional Comments: