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

CDSS
JOHN A. WAGNER
DIRECTOR

ARNOLD SCHWARZENEGGER
GOVERNOR

August 13, 2009

ALL COUNTY INFORMATION NOTICE NO. I-53-09

REASON FOR THIS TRANSMITTAL

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
CHILD ABUSE PREVENTION COUNCILS
PROMOTING SAFE AND STABLE FAMILIES PROGRAM LIAISONS
CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT LIAISONS
COMMUNITY BASED CHILD ABUSE PREVENTION PROGRAM LIAISONS

SUBJECT: GUIDES FOR THE CALIFORNIA CHILD AND FAMILY SERVICES REVIEW, AND THE CHILD ABUSE PREVENTION INTERVENTION AND TREATMENT, COMMUNITY-BASED CHILD ABUSE PREVENTION, AND PROMOTING SAFE AND STABLE FAMILIES NEEDS ASSESSMENT AND PLAN

REFERENCES: ALL COUNTY LETTER 04-05
ALL COUNTY INFORMATION NOTICE I–25–05
ALL COUNTY INFORMATION NOTICE I-50-06
ALL COUNTY INFORMATION NOTICE I-46-07
ALL COUNTY INFORMATION NOTICE I-41-08
ALL COUNTY INFORMATION NOTICE I-41-08E
ALL COUNTY INFORMATION NOTICE I-70-08

The purpose of this All County Information Notice (ACIN) is to announce the release of the revised Peer Quality Case Review (PQCR), County Self Assessment (CSA), and System Improvement Plan (SIP) Guides. The new guides streamline the assessment and planning processes as well as provide instructions on how to conduct the California Children and Family Services Review (C-CFSR) process as required by California's Child Welfare Services Outcome and Accountability System.

A workgroup comprised of representatives from the County Welfare Directors Association, California Social Work Education Center, and the California Department of Social Services (CDSS) reviewed and updated each of the guides to reflect changes in practice since the initial guides were developed. The revisions streamline the assessment and planning processes for

the C-CFSR and the three-year plan for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community- Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs. The attached guides provide direction on how counties can achieve this and continue to meet the requirements of both processes. Combining these processes administratively provides greater efficiency while meeting the individual requirements of each program.

Peer Quality Case Review Guide
The revised PQCR Guide provides clarification about roles and responsibilities of review team members, timelines for planning, PQCR implementation, report submission, and links to online tools.

County Self-Assessment Guide
The revised CSA Guide delineates the requirements and format for counties to use for their triennial self-assessment. The collaborative process includes input from various stakeholders and reviews the full scope of Child Welfare and Probation Placement Services within the county, examining its strengths and needs for prevention, intervention, treatment, and aftercare services. To that end, the revised CSA Guide streamlines duplicative processes by integrating the needs assessment for the CAPIT/CBCAP/PSSF Plan into the triennial C-CFSR CSA process.

System Improvement Plan Guide
The revised County SIP Guide provides instructions on how to conduct a coordinated triennial SIP process that will meet requirements for both the C-CFSR and the CAPIT/CBCAP/PSSF Plan. By coordinating the CAPIT/CBCAP/PSSF Plan with the SIP, the county can meet the needs of oversight committees as well as maximize resources, increase partnerships, and enhance communication.

All three guides can be accessed online through http://www.childsworld.ca.gov/PG1356.htm or http://calswec.berkeley.edu. The CDSS Office of Child Abuse Prevention has developed checklists to assist counties with identifying CAPIT, CBCAP and PSSF program requirements that have been incorporated into the revised guides. These checklists are available at http://www.childsworld.ca.gov/PG1356.htm.

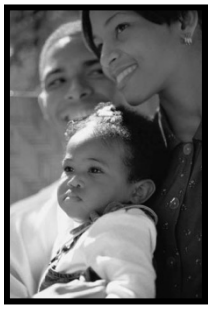
It is with great anticipation that the CDSS looks forward to continued collaboration throughout each phase of the C-CFSR process. Any questions regarding the information contained in this ACIN should be directed to chldserv@dss.ca.gov and OCAP-PND@dss.ca.gov.

Sincerely,

Original Document Signed By:

GLENN A. FREITAS, Chief
Children's Services Operations
and Evaluation Branch

Attachments



Peer Quality Case Review (PQCR) Process Guide

Version
2.0
2009

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About These Materials

This Peer Quality Case Review (PQCR) Process Guide provides assistance with the PQCR process, drawing from experiences of the first series of PQCRs completed by counties throughout California.

The material in the guide is organized into four sections: *Introduction to the PQCR, Planning the PQCR, Conducting the PQCR, and Post-PQCR Implementation Activities.* Within each section, lessons learned from completed PQCRs are incorporated.

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

- training tools, facilitation tools, and supplemental materials to assist counties and Regional Training Academies in developing training for the PQCR process

- tools and sample materials that have been used in completed PQCRs including planning documents, communication materials, and tools to review the cases for different focus areas

This PQCR guide is available on the California Department of Social Services (CDSS) website, http://www.childsworld.ca.gov. In addition, all of the above materials are available on the California Social Work Education Center (CalSWEC) web site, http://calswec.berkeley.edu/CalSWEC/CCFSR1.html, and are organized by topic.

Acknowledgments

The California Department of Social Services (CDSS) wishes to thank and acknowledge those individuals and organizations that contributed to version 2.0 of the PQCR 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) 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 of the California Child and Family Services Review (C-CFSR) process.

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I. Introduction to this Guide

A. Purpose of the Peer Quality Case Review (PQCR) Process Guide

The purpose of the Peer Quality Case Review (PQCR) Process Guide is to delineate the requirements and outline the format for counties to use for their triennial PQCR as required by California's Child Welfare Services Outcome and Accountability System.

This guide takes the place of the earlier versions of the PQCR Guide and will assist county staff to complete the PQCR in that it:

1. Identifies the requirements of the PQCR and provides instructions.

2. Expands on existing sections, clarifies instructions, and deletes redundant sections. Because of the emphasis on evidence-based and evidence-informed practice, there are new recommendations regarding literature reviews.

3. Adds the new federal and state outcome measures.

4. Provides tools which may be used to facilitate focus groups and interviews.

5. 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.

6. Defines key terms.

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.

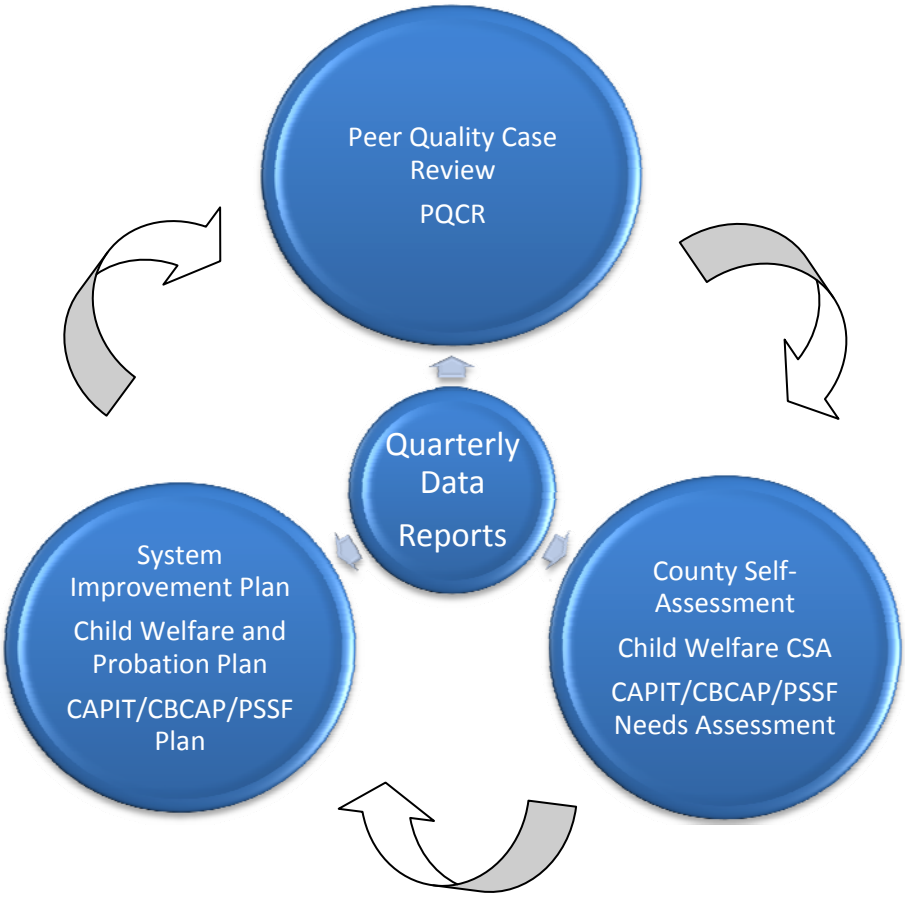
In January 2004, the implementation of Assembly Bill 636 brought a new Child Welfare Services Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in 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 County Self-Assessment (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); SIP 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 as 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, 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 PQCR

A. Guiding Principles of the PQCR

The guiding principles below are intended to ground the PQCR in common language and values. They can be used to orient staff and stakeholders to the values and principles that underlie the PQCR and should be referred to throughout the PQCR 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. Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

B. Purpose of the PQCR

The purpose of the PQCR is to learn how to improve outcomes for children and families in California through an intensive examination of county child welfare services and probation practices guided by a review of current research literature. The PQCR is not intended to provide more quantitative assessment data, but it should provide an additional layer of contextual, qualitative information about practice. The PQCR creates another mechanism for understanding the child welfare system and youth placed in out-of-home care in the probation system, through a focused examination of an area of practice. The completion of an associated literature review highlighting existing research related to the focus area provides a framework to guide the inquiry into practice. The county should consider choosing a focus area for which they are struggling to improve their performance and want to more clearly identify why this is so. The PQCR recognizes that line and supervisory social work and probation staff have unique knowledge of the system and the families that it serves, and they can shed considerable light on the challenges to improving practice in a particular area. The alignment of the findings with

the research in the focus area provides a guide for practice improvement and may lead to specific strategies for the county to consider in the subsequent SIP.

While quantitative data provides integral, population-based information for assessing performance, the PQCR provides a rich and deep understanding of actual practices in the field. The PQCR brings in outside expertise, such as the California Department of Social Services (CDSS), child welfare, and probation peers from other counties, and community stakeholders, to help illuminate and assess the strengths and needs of county probation and child welfare services delivery and practices guided by current research. The PQCR, along with the CSA, informs the development and revision of the SIP. The PQCR is not intended to be an audit of case practice, but rather an opportunity for every county to benefit from an additional source of information. Moreover, there is much to learn from PQCRs in all counties.

C. Elements of the PQCR

The PQCR planning team (see below for membership and configuration) assures that all of the elements of the PQCR are completed. Elements include the following:

1. Analysis of a variety of data sources to better understand services delivered to children, youth, and their families
2. A review of the literature available in the focus area to provide a foundation of knowledge to guide and inform the PQCR process
3. Case selection and summarization
4. Structured, research informed, case-specific interviews by the peer review team
5. Structured, research informed interviews and/or focus groups with case-carrying social workers/probation officers, supervisors, and/or community partners
6. Debriefing of interviews including full documentation of findings (on a daily basis during the review week, as well as a Final Debrief)
7. Formulation and submission of a PQCR Report that summarizes the findings

As necessary, the review team may examine systemic factors as well as specific practices associated with outcomes.

D. Goals of the PQCR

The goals of the PQCR are:

1. To perform a research guided analysis of practice as it relates to a specific group of cases pertinent to the focus area
2. To identify key patterns of agency strengths and challenges, and arrive at a consensus among interview team members
3. To report interview team findings and recommendations on improving practice in the area of focus for the host county

E. Premises of the PQCR

The premises of the PQCR include the following:

1. The PQCR is a state/county partnership; it is an opportunity to learn about practice in a particular focus area. It is not an audit.
2. The PQCR is an in-depth, research guided, ***qualitative*** analysis of an outcome area in which the county is experiencing challenges. Child welfare services and probation professionals examine and explore of actual practice.
3. The PQCR uses an interactive process with child welfare and probation staff as part of the qualitative problem/strength analysis.
4. The PQCR is a supportive opportunity for the agency and community to freely and honestly provide their insight and experiences.
5. The PQCR results will be presented in the aggregate and, therefore, results will not be attributed to individual workers.
6. The PQCR process is intended to build the capacity of agency staff through case presentations and examination of practice beliefs and trends.
7. The PQCR process attempts to create a supportive, non-threatening environment that respects social workers and probation officers as the holders of practice wisdom.
8. The PQCR process uses peers from other counties to promote the exchange of best practices and the cross-fertilization of ideas between the host county and peer reviewers.
9. The PQCR process includes a review of the literature to guide the inquiry and to support the alignment of the PQCR findings with current research.

IV. Participants and Roles

A. Key Participants and Suggested Committees

There are several key participants in the PQCR planning and implementation process, including the following, whose roles and responsibilities are outlined below:

1. Host county executive management team
2. PQCR planning team
3. PQCR coordinator
4. Co-chairs (host county child welfare, probation, and CDSS)
5. Regional Training Academy (RTA) staff (optional)
6. Neighbor/peer county staff
7. Host county staff

Note: For smaller counties it is understood that the makeup and number of the committees will vary, because in some counties, the same person fulfills many of the roles mentioned above. The organizational structure of the planning committees should be molded to the uniqueness of each county.

B. Host County Executive Management Team

The host county executive management team, which usually consists of executive leadership such as Chief Probation Officers, Child Welfare Directors, Deputies and/or Managers, and CDSS, begins the planning process to address issues such as:

1. The date of the PQCR event week
2. Suggested areas of focus
3. Selection of PQCR coordinator and co-chairs to lead the PQCR planning team

C. Planning Team Participants

The planning team typically includes the following participants:

1. PQCR co-chairs (host county child Welfare, probation, and CDSS)
2. PQCR coordinator
3. An RTA representative and representatives from peer/neighbor counties depending on logistics and host county preferences
4. Local county managers, supervisors, and line staff
5. In some counties a facilitator/consultant hired by the RTA or county

D. PQCR Co-Chair and Planning Team Responsibilities

A representative from the host county Probation and Child Welfare Services Departments and a CDSS consultant will participate as co-chairs in each county PQCR. The responsibilities of the PQCR co-chairs are to plan and oversee the activities specific to the implementation of the on-site PQCR, including interviews with social workers, probation officers, in some instances supervisors, and the organization of focus groups. The co-chairs are also responsible for the development of the final written report. They lead the planning team and are responsible for assuring that the following activities are completed by the team:

1. Finalize the focus area. The selection of the focus area is very important for both child welfare and probation. Both agencies are encouraged to have early dialogue with CDSS to narrow the selection process.
2. Review the body of research related to the focus area to guide the planning and review process.
3. Develop timeline/action plan, including at least weekly meetings for the last two months of the process.
4. Identify referral/case selection criteria, and oversee the case selection process to assure that it meets the identified criteria.
5. Develop and test case screening selection, interview, and focus group tools.
6. Schedule pre-site conference call(s) with reviewers and all co-chairs.
7. Recruit review teams, which can consist of neighbor/peer county participants and community partners.
8. Assign reviewers to individual teams.
9. Review expectations with reviewers, and oversee the implementation of necessary training for both staff and reviewers (including an

overview of the current literature and those elements found to influence the outcomes in the specific focus area).

10. Identify the staff to be interviewed, assure staff is prepared for the interviews, and ensure that the logistics of the interviews are carefully planned.
11. Arrange for the completion of the case summary prior to the interviews. Consider including SafeMeasures® reports if desired.
12. Plan for and oversee the implementation of interviews and/or focus groups.
13. Establish and implement a plan and basic ground rules related to confidentiality of information.

The co-chairs are also responsible for:

1. Ensuring smooth implementation of the process within the planning team;
2. Consulting and updating management and executive staff on a regular basis;
3. Participating in daily team debriefings;
4. Meeting with executive management team prior to the final debrief (as necessary with the planning team) to update on process and preliminary findings;
5. Participating in the final debrief.

E. PQCR Coordinator Responsibilities

The role of the PQCR coordinator is to prepare necessary planning tools, coordinate staff responsibilities for tasks, and effectively support and facilitate the PQCR planning team through a variety of activities necessary for the PQCR planning, implementation, and post-implementation processes.

Note: Counties may decide that one of the host county planning team co-chairs will serve as the coordinator.

A sample planning tool and timeline can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

F. Role of CDSS Staff

The CDSS co-chairs the PQCR process with probation and child welfare. The CDSS consultant partners with the county to ensure that the guide is followed and the PQCR remains true to its purpose. The CDSS consultants have expertise in the Child Welfare Services Outcome and Accountability System and bring collective experience gleaned from numerous PQCRs across the state, as well as the Federal Child and Family Services Review. The CDSS/host county partnership is a collaborative process that focuses on practice improvement and exchange of knowledge and skills.

The CDSS consultant also provides technical assistance to counties regarding focus area, case selections, and PQCR guidelines and tools. The co-chairs' responsibilities include the following:

1. General Preparation
   In partnership with host county co-chairs (CWS and Probation):
   a. Consulting with County Director and Chief Probation Officer to schedule PQCR
   b. Assisting the county in determining the focus area
   c. Consulting with the county to define logistics for planning phase
   d. Consulting with the county to define team composition
   e. Establishing timelines with the county
   f. Assisting the county in establishing a process for completing case summaries (Children's Research Center is to available develop sample and pre-populated case summaries)
   g. Participating in planning meetings and providing technical assistance on development of final interview tools and questions

2. On-site Review
   In partnership with host county co-chairs (CWS and Probation):
   a. Overseeing (with the host county co-chair) the smooth coordination of the process
   b. Available to assist with facilitation of external focus groups
   c. Overseeing (with the host county co-chair) the data collection process, including gathering the tools daily in order to complete the PQCR Final Report
   d. Convening, on a daily basis, all team members to review documentation and discuss the emerging themes/trends (identification of who will facilitate the debrief session should occur during the planning process)

e. Reaching consensus on findings, program strengths/areas for improvement, and recommendations to present to the host county

f. Collection and recording of aggregate data by host county and CDSS

g. Co-leading the final day debrief

3. PQCR Report
   In partnership with host county co-chairs (CWS and Probation):

   a. Collecting and reviewing completed tools (not to be attached to PQCR Report)

   b. Summarizing findings in the aggregate

   c. Aligning findings with current research (including both strengths and challenges)

   d. Reviewing drafts, providing technical assistance, and ensuring that the report is complete, properly formatted, and contains the required components etc.

   e. Assisting the counties in streamlining the process between the PQCR and CSA

   f. Retaining the PQCR Report on file

G. Role of Host County

The host county works in partnership with CDSS in regards to general preparation, on-site review, and completion of the PQCR Report. Tasks include the following:

1. General preparation

   a. Identify county co-chairs

   b. Schedule the PQCR event week

   c. Work with CDSS to select focus area and case selection

   d. Define the planning team composition

   e. Review peer counties' performance in specified focus area

   f. Prepare a county orientation

   g. Complete a case summary on each selected case

   h. Define the logistics for the planning phase

   i. Train social worker staff on the purpose of the PQCR and how to make effective case presentations

j. Make logistical arrangements for social workers to be interviewed, as well as for the supervisor interviews and/or focus groups

2. On-site review
    a. Co-facilitate the welcome and orientation, setting the tone of partnership
    b. Be available on site during external focus groups to be of assistance, if needed
    c. Oversee the smooth coordination of the process
    d. On a daily basis, convene all planning team members and interview teams to discuss the emerging themes and trends and reach consensus on findings related to focus area, program strengths/areas for improvement, and recommendations to present
    e. Collect and record aggregate data by host county and CDSS
    f. Observe the final debrief

3. Completion of PQCR Report
    a. Solicit feedback from the planning team for inclusion into the draft report
    b. Summarize aggregate findings and align them with current research information in a draft report

After the feedback from the planning team on the PQCR Report, the host county will send a draft of the report to the CDSS consultant 30 days after the PQCR is completed in order to work together to ensure all components are addressed. This allows for increased collaboration and partnership. CDSS will comment on the draft and return to the county within ten business days for final host county director's approval and official submission to CDSS.

Managing the CDSS / Host County Collaboration

The PQCR promotes a partnership between counties and CDSS to assess outcomes. As such, the process should not be viewed as an audit. Differences of opinions will inevitably occur. It is imperative that these disagreements be identified and communicated as quickly as possible for solutions to be found. The chain of command should be utilized, starting at the lowest level and only moving upward if problems can't be resolved at a lower level.

To assist in smooth planning, the co-chairs will agree on the following areas at least 45 days prior to the PQCR. At that time, all major issues related to these areas are expected to have been identified and resolved, and the PQCR is to be implemented based on these agreements.

- Focus area
- Selection of relevant research on the focus area (literature reviews are one source)
- Case selection methodology
- Make-up of the interview teams
- Peer counties invited
- Focus group composition and identification of focus group facilitators
- Roles of co-chairs and planning team staff during the PQCR event week

H. Neighbor/Peer Counties

The PQCR involves participation from the host county Child Welfare Services and Probation agencies, and neighboring or peer counties. Neighbor/peer counties are selected by the host county and may include contiguous or non-contiguous counties. Host counties may identify which counties to use as peers by determining the neighbor/peer counties performance in the focus area, by proximity, and by similarity in size or population. CDSS staff is available to provide assistance.

Peer counties contribute staff as reviewers for the host counties during the PQCR process.

I. Host County Staff

Some counties have expressed an interest in having host county staff participate on the interview teams. Those counties expressed a desire to have host county staff participate in the learning process first hand. They felt it would create more buy-in from staff to support the recommended practice changes if staff were part of the process. They also felt staff was needed to assist peer reviewers to understand local processes.

This should be considered carefully. Host county staff may provide valuable information and context as part of the review team, but their presence on the interview teams may also impact the atmosphere of the review process. As with focus groups, it is essential that peer review teams are a neutral place to share honestly about practice issues related to the review. Additionally, counties are encouraged to engage host county staff in a number of alternative/additional ways.

When the PQCR process was initially piloted, the first round of counties utilized their child welfare social workers/probation officers and/or supervisors on review teams with varied roles. Issues surfaced which created the shift to having neutral interview teams. For example, those issues included: the interviewees felt uncomfortable, reluctant, and had a fear of retaliation; there were union issues, confidentiality issues; and county staff on the review teams felt they needed to defend themselves or their county against comments that were made by the interviewee. Consequently, the majority of the remaining counties opted to engage their social workers, probation officers, and supervisors in other meaningful roles, such as participating in a focus group, participating on the PQCR planning team, or participating as mock interviewees.

To mitigate these issues while still providing counties the freedom to choose whether to have host county staff participate on the interview team, CDSS and CWDA jointly developed the following guidelines to ensure the most effective process without compromising the confidentiality and effectiveness of the interview.

1. Both co-chairs (CDSS and host county) will agree whether to utilize host county child welfare social workers/probation officers and supervisors on interview teams prior to the initial PQCR pre-planning phase (once the host county has designated a co-chair and committee members for the PQCR).
2. Regional Training Academies and/or county contracted consultants must train host county child welfare social workers/probation officers and supervisors utilized on interview teams on their role in the process and how to assure that the atmosphere remains comfortable for interviewees.
3. Once host county team members are trained, Regional Training Academies and/or county contracted consultants will provide the participants' names and the date the training was completed to both co-chairs (CDSS and host county).
4. Prior to the first interviews, the host county and CDSS will agree to a plan of action to address any issues that arise if an interviewee expresses concern or an interview becomes contentious.
5. Where practical, the host county interview participants should be selected from different regions than the interviewee, have no contact or familiarity with the specific case(s), and have no supervisory relationship over the interviewee.
6. The host county participants' role on the interview team will be limited to timekeeper and/or observer.

J. Role of the RTA Staff

RTA staff can be useful in providing another voice in the PQCR process, with their extensive knowledge and experience in working with social workers. RTA staff have also been involved in the regional planning of the PQCR, and are knowledgeable about the Child Welfare Services Outcome and Accountability System. It is helpful to have RTA staff participate on county planning teams to help prepare for the PQCR roll-out. RTA staff need to be viewed as a neutral party in the PQCR process. They are not representing the county or CDSS, but supporting the process as identified by the co-chairs. The role of the RTA should be established early in the process, to aid in communication and collaboration.

The role of RTA staff may include the following:

1. Serving as a planning resource and assisting with facilitation of planning meetings
2. Facilitate the PQCR process on-site the week of the PQCR
3. Helping with the "big picture"
4. Bringing other counties' experiences with the PQCR process to the table
5. Identifying and providing trainers and facilitators to help with the process
6. Training the review teams and the host county staff participating in the PQCR, and planning and co-facilitating a post-PQCR reflections session (what worked well, what to improve next time, share PQCR Report if available)
7. Helping all participants with the debrief process to further improve the PQCR

Note: In some instances, a county may elect to contract with an independent consultant. The description above serves as a guide for counties in outlining the role of a contracted consultant.

V. Planning the PQCR Process

A. PQCR Process Overview

The following table provides an overview of the PQCR process. Subsequent sections of this guide provide more information for each stage.

Stage	Description
1	Pre-planning/general preparation ▪ Review current outcomes data, the county's last PQCR Report, CSA, and SIP ▪ Identify focus area ▪ Review research literature available on the focus area ▪ Determine process for referral/case selection and depth of information needed for case summary ▪ Identify co-chairs (CWS, Probation, and CDSS) and county PQCR coordinator ▪ Establish the PQCR Planning Committee/selecting internal and external members ▪ Conduct countywide public relations—information-sharing about the process
2	Planning the PQCR (a sample PQCR planning tool is available at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html). ▪ Develop/modify PQCR tools ▪ Conduct mock interviews and refine tools as needed ▪ Select interview teams ▪ Schedule interviews and focus groups ▪ Plan logistics: – Plan PQCR Orientation for CWS and probation staff – Identify PQCR site location(s), site host(s), and support staff – Coordinate PQCR training (for review teams) – Plan pre-briefing for staff selected as interviewees
3	Conducting the PQCR—Event Week ▪ Training—Prepare the interview team and discuss the review process ▪ Conduct interviews ▪ Review cases ▪ Convene focus groups ▪ Daily debriefs ▪ Final debrief—Synthesizing the results of the individual interviews into overall themes and recommendations ▪ Meeting with executive management team regarding preliminary findings ▪ Peer county sharing (ideas and recommendations)

	▪ Collection and recording of aggregate data by host county and CDSS ▪ For purposes of confidentiality, the raw data (interview notes) are not provided to the county
4	Post-Implementation Activities ▪ County executive management debriefings ▪ PQCR reflections and next steps session ▪ Co-chairs and planning team meet to align PQCR findings with available research and with county practice and to develop strategies for improvement and next steps based on the findings and current research ▪ Prepare the PQCR Report (submit working draft to CDSS 30 days after the PQCR) ▪ Follow up on issues and recommendations from PQCR process ▪ Integrate insights from the PQCR into the CSA and SIP ▪ On-going monitoring and communication

B. Timeframe and Oversight of the Planning Process

As a general note, the overall planning time recommended for the PQCR is six months prior to the date of the review week, allowing the last six to eight weeks for intensive planning and coordination by the PQCR planning team. Timeframes may vary based on size of county.

The PQCR planning team should be established to prepare for the review, with tasks including but not limited to the following:

1. Selecting review team participants
2. Revising and developing review tools
3. Finalizing logistics

The executive management team and the PQCR planning team provide oversight throughout the PQCR planning and implementation process.

A sample planning tool and timeline can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

C. Pre-planning Activities

Prior to the planning process, the host county executive management team and CDSS should make the following decisions:

1. Identify host county, state, and probation co-chairs
2. Identify members of the planning team
3. Identify research related to the selected focus area
4. Identify peer counties invited to participate
5. Identify the PQCR coordinator
6. Identify and train host county staff participants

The executive management team and CDSS should review the data reports, previous PQCR, CSA, SIP, and SIP Updates to determine:

1. The focus area
2. The number of cases and/or referrals to be selected
3. The purpose of reviewing case files and/or referrals to inform county practices

Probation is urged to have early conversations with CDSS regarding the selection of a focus area. The county CDSS consultant is available for technical assistance to help clarify the PQCR process, review pertinent probation data, and narrow the focus area to obtain rich and useful practice information.

Note: Counties may have several high priority outcome areas that can be explored during the PQCR process; however, only one focus area should be selected.

The following criteria should be considered when determining an area of practice focus:

1. The focus area should be linked to a high-priority outcome, as reflected in the quarterly data reports and may be supplemented by strategies outlined in the most recent SIP Update, which may warrant further exploration through the PQCR. Access to a thorough analysis of the data is required to establish that the high-priority concern is not derived from missing or erroneous data (which could be resolved by data cleanup efforts).
2. The practice focus area should be a priority for the community as well as the county agencies.

3. The focus area should not be an area the county has already analyzed as correctable by specific system modification, such as better enforcement, data entry, etc. The focus should be on *practice.*
4. The focus area should be an area most suitable for an in-depth, qualitative examination of social work application of practice in the field. Therefore, the focus area should be broad enough to have an obtainable sample for referral or case selection.

A literature review is a valuable first step in understanding the factors that influence the outcomes and practices in the focus area. The literature review will also provide guidance as the planning team formulates questions for interviews and focus groups. Including Evidence Based Practice (EBP) in the PQCR process will improve outcomes for children, youth and families. For this purpose, counties should conduct a literature review around the selected PQCR focus area. The information obtained from the literature review will be considered by the PQCR planning team and will guide them in case selection; the formation of the questions for interviews and focus groups; and the analysis of current practice. Sample literature reviews are available at the CDSS website: http://www.childsworld.ca.gov/PG1356.htm.

This process will guide the counties to link EBP and current practice, leading to the identification of gaps which may be analyzed in the CSA and become strategies in the SIP.

The cases selected for the PQCR should be related to the focus area. The case selection is driven and supported by the goals and objectives of the PQCR process. Keep in mind the following guidelines when determining a sample:

1. Quantifiable results are not the purpose of the PQCR. Therefore, the sample for the PQCR is not expected to be statistically valid.
2. To accommodate any challenges and limitations inherent in the referral/case selection process, it is suggested that the planning team select more cases than needed. CDSS representatives can assist in the development of an appropriate sample.
3. The critical concerns for sample selection are the caseload size of the focus area and the number of staff available to interview. If the focus area is narrow, it may be difficult to find enough referrals/cases with different social workers, which will limit the transfer of the findings to county practice.
4. The number of cases a team reviews should allow for a balance between the number of cases in that county's focus area population as well as the number of team reviewers available for that county.

5. Consider selecting a sample that would compare cases where the outcomes were achieved and those that were not successful. By doing so, you may be able to identify the practice that made the most impact on the outcome.
6. Counties that do not have staff trained in drawing samples from CWS/CMS may consult with CDSS for technical assistance.

The maximum number of referral/cases to be selected for the PQCR depends on the following four factors:

1. Number of review teams
2. Maximum number of cases that can be reviewed per day by each team, usually no more than four cases per team per day.
3. Number of days available for the review
4. Number of staff available to be interviewed

The following are some other factors that may need to be considered in the selection of the population to be sampled. Please note that the selection should start as early as possible in the process as it takes a considerable amount of time:

1. Has the family been receiving services for an appropriate time for that focus area?
2. Has the assigned worker been working with the families a sufficient amount of time to engage the family?
3. Careful consideration should be given when more than one case per worker is sampled. The goal is to have a wide variety of input. This caution is contingent upon the number of social workers and/or probations officers available in the county whose cases also meet the referral/case selection criteria.
4. Selected families may not want to participate in the process for the county to gather comparative information if the families' desired outcome was not achieved.
5. Has the county determined back-up referrals/cases in case the social worker is unable to attend his/her interview?

D. Modifying the PQCR Tools

CalSWEC has collected and posted examples of tools that counties have used in the PQCR process. They are available at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

CDSS consultants are available to discuss recent tools used by various counties and feedback provided by those counties as well as to collaborate on modifying the tools to meet the unique needs of the county and incorporate information from the literature review. While it is helpful to access the tools used in previous PQCRs, the process of reviewing and refining the tools to meet the specific needs of each county and to incorporate any findings from the literature review is valuable.

Both the case summary and interview tools may be modified as needed to capture the most relevant information related to the selected focus area. The tool can be organized and structured to inform the PQCR final debrief. As a reminder, in order to provide the agreed upon anonymity to the interviewee, the completed interview tool (raw data) will not be provided to the county. Rather, the county will receive all the information in aggregate.

Mock interviews will be conducted with the tools to determine if the questions appropriately get the desired information or if they need to be reworded based upon local practices.

E. Planning for Focus Groups

In addition to the interviews with social workers related to the selected cases, information specific to the focus area should be collected from key stakeholders including host county supervisors, parents, youth, care providers, attorneys, community-based service providers, tribal groups, probation supervisors, social workers, probation officers, courts, judges, etc. Generally, each stakeholder group is afforded its own focus group. The planning team will decide how many and with whom they will conduct the focus groups. Focus groups do not center on specific cases, but the focus area itself.

The focus group is a structured conversation with a facilitator and 6 to, a maximum of, 12 participants. Focus groups typically last from 1½ to 2 hours. Questions are asked in an interactive group setting where participants are free to talk with other group members. Individual participants are not identified in the notes or the PQCR Report to protect the confidentiality of participants and to provide an environment where people can freely talk. The focus group allows key stakeholders to provide valuable insights on current practices and what changes they recommend for systemic and practice changes and for training related to the focus area. An additional

benefit of conducting focus groups is to engage stakeholders in the PQCR, CSA, and ultimately the SIP process.

1. Successful focus groups have highly structured questions, and they need an experienced facilitator and recorder to gather data.
2. The facilitator needs to be a neutral party with good facilitation skills to guide the conversation and gain the information needed. It is important that the facilitator is viewed by the group as a person who does not have power over the participants and who will maintain confidentiality. RTA consultants, for example, may be used to facilitate the process. CDSS consultants also may be available to co-facilitate the focus group.
3. Facilitation of supervisory focus groups is of particular concern. Careful selection of an appropriate facilitator is imperative to ensuring a comfortable environment for this group. Examples of non-neutral situations include: leadership or attendance by any management staff with personnel responsibilities for any participant of a focus group; and leadership or attendance by any staff who has contract responsibility for community partners participating in a focus group.
4. If appropriate and available, a laptop and LCD should be used to gather the data, projecting the notes on to a screen that allows all participants to see what is being recorded. This quickly transcribes accurate information, which the group is able to comment on.
5. In all focus groups, the issue of confidentiality of information should be addressed. Feedback should not be attributed to individuals in the focus groups or interviews.
6. At the conclusion of each focus group the facilitator, co-facilitator and, if appropriate, the focus group participants should identify prominent themes. These themes should be aligned with debriefing themes which emerge after the interviews. This alignment process can take place during the week after the PQCR.
7. Themes or trends are issues that have been experienced or expressed by numerous parties in the focus groups, not one individual. These themes express the broader picture for the agency.
8. Reminder: Host county staff must remain neutral if they are participating. The focus group is not the time to refute or defend county policy, but rather it's a time to gather information.

Focus group participants should be selected based on their ability to represent a specific constituency. The group should be diverse.

It is difficult to conduct a focus group with fewer than six people or more than 12 people. Some considerations:

1. Invite participants early
2. Offer stipends for non-staff members to attend the focus group
3. Conduct the focus group in a comfortable, safe, and logistically accessible location
4. Conduct the focus group at the time that best meets the participants' availability
5. Provide child care when conducting focus groups with biological parents and kin providers (preferably the child care is in the same building, but not the same room as the focus groups)
6. Provide transportation and/or reimbursement for transportation
7. Consider ways to recognize the value of the time participants spend attending the focus group

Consider forming a small planning team with representatives from each of the groups to be interviewed. For example, Parent Partners, Resource Parent Association, Kinship Centers, etc., can be very helpful. Utilize their skills to help decide the best location and time for the focus group and then ask them to personally call and invite the participants. Provide the "inviters" with a script to make the phone calls. It is good to invite participants, to then send a reminder, and finally to call them two days before the focus group to see if any challenges have arisen. The promise of a stipend can improve participation rates.

Note: During the planning phase, schedule all focus groups to be completed prior to the final day of the PQCR.

F. Considerations for PQCR Review Team Members

Involvement as a review team member requires time away from regular duties for all participants and travel/hotel costs for peer county staff. Travel costs and logistics will affect the parameters of the on-site review. Consequently, it is recommended that each on-site review be contained within three to five work days.

Smaller counties may wish to consider a regional approach where neighboring counties conduct their PQCRs together to share in the logistics and planning process. CDSS and RTAs are available to provide technical assistance should a county wish to pursue this option.

G. Considerations for PQCR Interviewees

Being selected as an interviewee can be a stressful task for staff. The county may wish to host a pre-briefing session prior to the PQCR event week to orient staff to the process and introduce the tools that will be used to guide their interview and collect data. A decision should be made during the planning, whether or not to allow staff to review the tool and provide any suggestions to amend the tool to improve clarity. It is suggested to give a limited amount of time (48 hrs.) for staff to respond to and submit suggestions to modify the tool.

This session is also a way for both child welfare and probation administration to respond to questions in one orderly meeting with the same message to all who will be participating. Labor unions have found this type of session helpful for them to explain the PQCR process to their constituency and to offer their support as another avenue for staff to advance county child welfare practice. Case preparation and presentation tips are presented at this session. To take advantage of time, holding mock interviews on the same day and having volunteers participate in the pre-briefing session has worked well in some counties.

For more tips on facilitating the pre-briefing, see the PQCR Facilitation Tools at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

H. Review Teams: Decision Points for Discussion

During the planning process, decisions should be made regarding the following:

1. Inviting counties with high-performing outcomes to participate on a team
2. The number of team members on each review team
3. Ensuring the team composition is balanced (i.e., peer county social workers/supervisors, peer county Probation officers, community partners, etc.)
4. If possible, peer counties should not send previous employees of the host county to participate in the PQCR without the consent of the host county.

I. Review Teams' Responsibilities

The responsibilities of the review teams may include:

1. Participate in PQCR training and pre-site visit preparation
2. Review the body of research related to the focus area
3. Review cases on-line (as a secondary on CWS/CMS when available) or by using the case summary
4. Review host county CSA and SIP
5. Review interview tools and participate in the testing of the tools prior to PQCR to be comfortable with the interviews.
6. Travel to host county
7. Participate in the PQCR case reviews for specified time (2 to 5 days)
8. Ensure that the interviews remain centered on the focus area
9. Ensure confidentiality of the process
10. Record findings on the PQCR interview and debriefing tools
11. Review completed interview tools for emerging themes and trends for the exit interview
12. Participate in daily debriefing
13. Participate in exit final debrief
14. Provide input and feedback for development of the PQCR Report
15. Share promising practices

J. Review Team Composition

Each review team may consist of 2 to 4 members, depending on county size, and should include the following representatives:

1. Peer county CWS supervisors
2. Experienced peer county social workers
3. Peer county probation officers
4. Peer county probation supervisors
5. Other representatives, such as community stakeholders, service providers, and program analysts, who have expertise in casework practices may be included

The total number of team members will be based on the number of cases (and associated staff) selected for review, the size of the county, and the pool of other neighbor/peer county staff available to serve as reviewers.

Team members should have specific subject matter knowledge to review outcome and practice issues, including experience with child welfare services and/or probation practices, state regulations, and federal requirements. All interviewers are required to sign a statement of confidentiality.

Note: Team composition agreed upon by planning team and co-chairs.

K. Preparing Review Teams

Prepare review teams by compiling all necessary information and materials into a review team packet distributed on the first day of the PQCR. The review team packets may include, but are not limited to, the following materials:

1. Schedule and location of interviews
2. Literature review
3. On-site review tools
4. Contact information, etc.
5. Demographics of the county
6. Pertinent information regarding the agency's organization and structure
7. Confidentiality form
8. Acronym guide

L. Logistics: Decision Points for Discussion

Decision points during the planning process:

1. Where will the interviews/focus groups be conducted?
2. If there are multiple sites for the PQCR event week, who should be the site host at each site? It is recommended that all scheduled events (training, interviews, debrief, etc.) during the PQCR event week be held at one central location that is a neutral location for both CWS and probation.
3. On-site coordinators are necessary to ensure a smooth operation at each interview site (such as arranging alternative interviews when original worker was unable to attend scheduled interview, or assisting teams with lunch arrangements, etc.).
4. On-site coordinators are responsible for ensuring that staff understand what the PQCR is and what to expect from the process.

5. What type of support staff is needed (for photo copies, supplies, lunch arrangements, data entry, etc.)?
6. Who will prepare selected cases (via case summary) for on-site review cases allowing interviewees adequate time to prepare for the interview by providing a copy of the interview tool at least two weeks prior to the scheduled interview?
7. Approximately forty-five (45) minutes per interview seems to be a reasonable timeframe for a thorough interview.
8. Assign support staff as greeters and runners to keep the process moving.
9. Ask people being interviewed to arrive 30 minutes early, to orient them and to make sure the day runs on schedule. It is difficult to catch up if interviews don't start on time.

M. Preparing for Post-PQCR Implementation Activities

Prepare for activities after completion of the interview process by:

1. Anticipating any and all participants involved in the PQCR process to ask: "What happens next? What action is going to be taken as a result of this process? Have we been heard?" All involved in the process, especially those social workers interviewed, want to know about follow up plans.
2. Consider next steps. The biggest challenge is not conducting the PQCR process, but implementing the recommendations.
3. Discuss CSA process, and how the PQCR informs and complements that process, which in turn informs the SIP.
4. Each county has a role in the state's Program Improvement Plan and this should be tied in for staff.

VI. Conducting the On-Site PQCR

A. Schedule

The following is the suggested schedule for conducting the PQCR. Depending on the distance traveled by the peer county reviewers, the training and orientation could occur sometime prior to the actual interviews.

Day	Goal
Day 1	Training/Orientation (Time: 4-6 hours)
Day 2-4	Interviews/Debrief (Average of 3-4 interviews per team per day; this process can take 1 to 3 days)
Day 5	Debrief with interviewers and integration of what was learned. (Time: 2-5 hours; may also include a verbal report to the host county executive management team) This is the time for the peer counties to present what is working well in their counties. This cross-fertilization of best practice is key to the PQCR process.

B. Training/Orientation of the Review Team

The following are the training goals to prepare the review teams:

1. Provide information and instructions to the PQCR teams on the work they will be doing during the week
2. Develop an understanding of and commitment to the purpose and desired outcomes of the PQCR process
3. Review and discuss the literature, specifically as it relates to the interview tools
4. Develop effective working teams
5. Practice the process by conducting mock interviews
6. Train on the debrief process, including how to capture information, etc.
7. Support the exploration of how review team members will establish a welcoming, safe, and non-adversarial environment that encourages social workers to be open and honest in their comments
8. Prepare interviewers to deal with the issue of confidentiality, so that workers and supervisors feel free to speak without fear of retribution

A training guide and supplemental materials can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

The planning team may decide to prepare and distribute a brief summary of pertinent county policies and procedures for the focus area under review to the review team. This document can be used as a reference during the interviews and/or debriefs, but the review team must be carefully prepared to use it properly.

1. The summary should be used to quickly reference county policy, and it should not figure prominently in the interview.
2. Review teams should be particularly careful to assure that the interview does not appear to be comparing social work practice to the county policy. This may cause innovative approaches by workers to be missed, and could detract from the collaborative atmosphere of the interview.
3. Such summaries are fairly time-intensive to produce, and counties are advised to begin to assemble all of the materials early in the planning process.

C. Interviews/Daily Debriefs

Each team typically conducts 3 to 4 interviews per day over 1 to 3 days. Interviews typically take 45 minutes, with the interview team then taking 15 minutes to debrief the interview and fill out the debrief tool. Each interviewer has a role: interviewer, time keeper, and recorder. The team decides who will fulfill each role, which can rotate during the interviews. For counties where there are only two interviewers, one is the interviewer and the other fulfills the other roles.

The planning team decides the number of interviews and time frames of the interviews.

Sample agendas can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

The purpose of the daily debrief is to obtain review team feedback on that day's interviews and what they heard from social workers and probation officers regarding the key questions. This information should be summarized in writing and presented to the team responsible for composing the PQCR Report. Daily debriefs also serve to facilitate and frame the final discussions at the end of the 1 - 3 days of interviews. Additionally, any issues or problems with the interview process can be discussed at these daily debriefs. Only interview teams and planning teams participate in daily debriefs.

Sample facilitation tools and formats for daily debriefs can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html

D. Focus Groups

There are four parts to a typical focus group:

1. Introductions and logistics (8 min)
2. Facilitator to state the issue and why people are gathered here (10 min)
3. Questions that guide the conversations (60-90 min depending on timeframe chosen by the county)
4. If appropriate, depending on the participants, review prominent themes of the session (10 min)
5. Restate what the focus group notes will be used for and thank the participants (8 min)

For more suggestions to assist with facilitating focus groups, see the PQCR Facilitation Tools at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

E. Final Debrief/Reflections

Following the 1 to 3 days of interviews, the review teams are reconvened to share the results of their interviews. The final debrief is used to synthesize the results of the individual interviews into overall themes. At this time, the insights from each of the daily debriefs can be presented or summarized. From the daily debriefs, recurring themes can be identified, and an overall summary can be presented to the team writing the PQCR Report.

It is helpful for the facilitator to acknowledge that the review teams need to speak from the following two perspectives:

1. Sharing what they heard from the social workers they interviewed and being their "'voice"; and
2. Speaking from their own experience and perspective, including their reaction to what they heard.

Review team members initially may be asked to give objective information and not to interpret or include their opinions and observations in the responses. Time can be allocated later in the final debrief for more analytical and interpretive discussions.

Note: The final debrief is essential to the accurate collection of all of the rich information gathered throughout the PQCR week. The themes and recommendations need to be carefully delineated to inform the PQCR Report. If this is done correctly, the debrief process will clearly outline the salient points designed to be captured in the final summary report. Please see the PQCR Facilitation Tools for more tips and suggestions regarding this process (see link below).

Some counties schedule a meeting with the executive management team prior to the final debrief/reflections session. This allows them to prepare for and support the reflections session, and gives them a preliminary glance of the PQCR findings.

The reflections session presents the findings to the PQCR team and allows for cross-fertilization of best practices. The peer counties present what is working well in their counties that may benefit the host county.

The PQCR Facilitation Tools (with suggestions for facilitating the final debrief) are available at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

VII. Post-PQCR Implementation Activities

A. Executive and Management Debriefing

Some counties schedule a debrief for the agency director and managers on the process and the major findings of the PQCR. This allows them to prepare for and support the PQCR final debrief.

B. PQCR Reflections Session

After the completion of the PQCR, it is helpful to facilitate a meeting to review the process; capturing what worked well, what to do differently next time and planning the next steps toward the CSA and SIP.

The PQCR reflections session is also an opportunity to recognize and thank all the people who contributed to the success of the PQCR process. Those invited to the reflections session include support staff that helped plan the reviews, interviewees, review team members, planning team members, and management staff.

This is also a good opportunity to present the findings to the group, as possibly an Executive Summary of the report.

Additional facilitation tools for the PQCR reflections session can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

C. Preparing the Report

The PQCR Report is intended to guide practice in the host county. It is a vehicle to share the insights of the PQCR and to relay a summary of what the PQCR team discovered about practice.

After incorporating the feedback from the planning team on the PQCR Report, the host county will send a ***draft*** of the report to the CDSS consultant 30 days after the PQCR is completed, in order to work together to ensure all components are addressed. This allows for increased collaboration and partnership. CDSS will comment on the draft and return it to the county within ten business days, for final host county director approval and submission to CDSS by the due date identified in the triennial cycle (ACIN I-46-07).

Consistent with the overall philosophy of the PQCR, it is a good approach to begin with the strong practices that emerged from the interviews. Make sure

to identify the practice strengths that are specific to the focus area, and emphasize any emerging promising practices that were discovered or about which more information is needed. Areas needing improvement should also be noted, as applicable, under each category.

1. Introduction
   This portion of the report sets the stage. It should do the following:
   a. Briefly explain the general purpose of the PQCR process, and how it fits within the larger California Outcomes and Accountability System
   b. Explain why the focus area was chosen for CWS
   c. Explain why the focus area was chosen for probation

2. Methodology
   This section specifies the process that was used in the county, since the PQCR process and methods may vary depending on focus area, county size, etc. In this section:
   a. Define the process used to get the information for the PQCR Report. Include how the focus area was identified
   b. Include summary of data trends related to focus area—PQCR-related research—CWS and Probation
   c. Explain briefly the method used to select the referrals/cases for the PQCR
   d. Explain the review tools that were used. Blank copies of the tools can be attached as an Appendix
   e. Delineate the specifics about the process used for the review, including (as applicable):
      1. Extent of case review that was completed prior to the interviews
      2. Social worker, probation officer, and supervisor interviews
      3. Focus groups
   f. Briefly explain any unique county issues that made the PQCR distinct. This might include differences based on county size, etc.

3. Summary of Practice
   This section is the heart of the PQCR Report that speaks to specific practices that were discovered as part of the process.

The text should follow the debrief tool and it should list the trends and information which have emerged through the interviews and focus groups within the following categories:

a. Documentation
b. Strengths and Promising Practices
c. Barriers and Challenges
d. Training Needs
e. State Technical Assistance
f. Policy and Systemic Issues
g. Resource Issues

4. Summary Observations and Recommendations
   This section should include an overall summary of the major discoveries of the PQCR with a list of specific recommendations resulting from the PQCR. Recommendations about areas for future exploration can be noted, as well as any proposed changes to the SIP that might be made at the annual review.

5. Executive Summary
   This section is optional and should include a condensed summary of the major discoveries of the PQCR with a list of specific recommendations resulting from the PQCR. The Executive Summary can be used to share with community partners and staff and can provide an at-a-glance picture of the entire process.

Sample PQCR Reports can be found at http://calswec.berkeley.edu/CalSWEC/CCFSR1.html.

D. Host County Follow-Up

In the efforts to plan for a smooth and effective PQCR process, it is important not to lose sight of crucial follow-up activities. Remember the following throughout the planning and implementation process:

1. The PQCR generates a great deal of qualitative information about practice, both related and unrelated to the focus area that was chosen.
2. Develop a format to provide feedback to county staff about the process and findings, especially those who participated in the PQCR process and those that heard about it.
3. One way to organize the information that was gathered is to categorize it as either Focus Area-Related or Non-Focus Area-Related / System-wide. System-wide issues can then be addressed by the management

team, while focus area-related issues can be addressed by the appropriate segment of the organization.

4. While it is important to follow up on important pieces of information that are not related to the focus area, you may want to inform staff that changes related to the focus area will have priority.
5. Once the top themes or findings of the PQCR are identified by the PQCR team, they can be communicated, along with follow-up activities related to the findings, to the supervisory, management, and line staff who did not participate in the reviews.
6. Be sure to communicate the strengths that were identified as part of the PQCR, as well as the areas for improvement.
7. Some counties integrate their communication and follow-up to the PQCR into the structure that they already have in place to follow up on activities discovered as part of the CSA process and included in the SIP.
8. Since the PQCR is one of the components of the larger California Child Welfare Services Outcome and Accountability System, information gleaned from the PQCR should:
    a. Inform the CSA and SIP processes
    b. Be communicated to the team working on the next (and possibly the previous) CSA

VIII. Additional Information and Resources

A. Resources

An overview of the PQCR process, samples of the tools and PQCR requirements are found in the following All County Information Notice and All County Letter:

1. Triennial cycle letter (All County Information Notice: I-46-07)
2. Information regarding Implementation of Peer Quality Case Review (All County Information Notice 1-12-05)
3. Implementation of Child Welfare Services Outcome and Accountability System (All County Letter 04-05)
4. PQCR allocation 07/08 (County Fiscal Letter 07/08)

In addition to the above, CDSS County Data Reports, County Self-Assessments, and County System Improvement Plans can also be found on the CDSS Web site, http://www.childsworld.ca.gov.

The following additional resources may also be useful:

- California Department of Social Services – Outcomes & Accountability System

  http://www.childsworld.ca.gov/PG1356.htm
- California Department of Social Services – Main Page

  http://www.cdss.ca.gov/cdssweb/default.htm
- The Children's Research Center

  http://www.nccd-crc.org/crc/c_index_main.html
  - SafeMeasures®
  - Structured Decision Making
- Child Welfare Research Center

  http://cssr.berkeley.edu/childwelfare/
- CalSWEC (General)

  http://calswec.berkeley.edu/
- CalSWEC (AB 636)

  http://calswec.berkeley.edu/CalSWEC/CCFSR1.html
- Regional Training Academies (via CalSWEC's website)

  http://calswec.berkeley.edu/CalSWEC/2001RTA_FAQ4.html

B. State Contact

Children and Family Services Division, Outcomes and Accountability Bureau:

- Management and Consultants' Main Number (916) 651-8099
- E-mail address chldserv@dss.ca.gov

IX. PQCR Glossary

Term	Definition
AB 636	Effective, January 2004, 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).
CA Outcome and Accountability System	A California legislatively created system, focusing primarily on measuring outcomes in the areas of safety, permanence and child and family well-being. The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement, and public reporting of child welfare program outcomes.
Case Summary Tool	A focus area specific instrument to assist Host County in determining the most appropriate cases to obtain relevant information to inform practice. This tool can also double as a prep document for review team members.
PQCR Methodology	This section of the Final PQCR Report specifies the process that was used in the Host County to determine, focus area, case selection, peer county selection, review team composition, etc.
C-CFSR	California Child and Family Services Review: See AB 636
CDSS	California Department of Social Services. One of the co-hosts and partners for every PQCR process.
County Data Report	The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes: • 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
County Self Assessment (CSA)	A key component of the C-CFSR, the County Self-Assessment (CSA) is driven by a focused analysis of child welfare data. Each county, in partnership with its community and prevention partners, examines its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources.
Daily Debrief	The purpose of the daily debrief is to obtain review team feedback on that day's interviews and what themes or trends could be identified. The information should be summarized in writing and presented to the team responsible for composing the PQCR Final Report.
Debrief Tool	The instrument and documentation method for gathering information from each individual interview and then subsequently at the end of each day of interviews. The debrief tool identifies the 7 (seven) systemic factors.
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).
executive management team	The host county executive management team, usually consists of executive leadership such as Chief Probation Officers, Child Welfare Directors, Deputies and/or Managers and CDSS, and oversees the planning of the PQCR.
Final Debrief/Reflections Session	The Final Debrief, typically held at the end of the last day of interviews, is used to synthesize the results of the individual interviews into overall themes. At this time, the insights from each of the daily debriefs can be presented or summarized. The final debrief session can be combined with the Reflections Session.

Term	Definition
Focus Area	One high priority outcome areas that can be explored during the PQCR process; however, only one focus area should be selected. The focus area is selected after a review of quarterly report data and consultation with CDSS.
Focus Groups	One vehicle for gathering relevant information to the focus area from key stakeholders. A structured conversation with a facilitator and six to, a maximum of, twelve participants. One group typically last from 1-2 hours.
Host County	The County of interest and is the responsible party for carrying out the responsibilities of the PQCR.
Interview/Focus Group Tool	The instrument used as an aide to guide discussion and gather pertinent information during both the case review interview as well as during focus groups. Questions are modified to meeting specific county needs as well as to gleam to most information relevant to the focus area.
Mock Interviews	This is a preliminary dry run of the interview process to review the interview tool, the timing of the interview and any other logistics. This is a crucial process in assuring a smooth event week.
On-site Review	Also known as event week, is the actual week the case review interviews are held.
Peer County	Peer County's are identified in the planning process to assist the Host County in carrying out the PQCR. The Peer County is selected and seen as a primary resource in assisting the Host County identify strengths and promising practices as well as challenges in practice relevant to the focus area selected. Typically, the Peer County is high performing or has some identified promising practices related to the focus area.
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 CWS delivery system and social work practice shed light on the subject county's strengths and areas in need of improvement within the CWS delivery system and social work practice.
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.

Term	Definition
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.
PQCR Reflections Session	A meeting typically held 60 days after the PQCR event week to thank and recognize all who contributed to the success of the PQCR; present PQCR report and begin the process of identifying potential next steps for the Host County.
PQCR Co-Chair	The PQCR involves three co-chairs as partners in the process: Host County Child Welfare, Host County Probation and CDSS.
PQCR Final Report	This report outlines and summarizes the entire PQCR process, from focus area determination through the summary of PQCR findings. This report is intended to help guide the Host County in the improvement of practice. The report is to be submitted to CDSS in final 60 days after the event week.
PQCR Orientation	A meeting held to provide general information for all PQCR participants and community partners about the Host County focus area and process for gathering information.
PQCR Training	A session held typically the first day of the event week, to provide the schedule and roles/tasks for the week; local area information, review of interview tools, and for all to gain a common understanding of the week ahead.
PQCR planning team	The PQCR planning team assures that all of the elements of the PQCR are completed. Membership varies from County to County, but typically includes representatives from Child Welfare, Probation, CDSS, peer count(y)ies, RTA, youth, resource families, and other key stakeholders important or specific to the focus area selected.
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.
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.
RTA	Regional Training Academy; California's statewide mechanism for in-service training and continuing professional education of public child welfare staff.

Term	Definition
Safety	A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.
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.
Triennial Cycle	The three year cycle for the CA Outcomes and Accountability System. See AB 636. A triennial cycle for the 58 counties with proposed dates for scheduled PQCRs and other components of the California Children and Family Services Review System (C-CFSR) are found in the appendices (All County Information Notice: I-46-07).
Well-Being (Child)	A primary outcome for CWS focuses on how effectively the developmental, behavioral, cultural and physical needs of children are met.
Well-Being (Family)	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.

X. Acronym Guide

Acronym	
AB 636	Assembly Bill 636
ACIN	All County Information Notice
ADR	Alternative Dispute Resolution
BOS	Board of Supervisors
CalSWEC	California Social Work Education Center
Cal WORKs	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
CSA	County Self Assessment
CSOAB	Children's Services Outcomes and Accountability Bureau
CSSR	Center for Social Services Research

Acronym	
CWDA	County Welfare Directors Association of California
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

County Self-Assessment (CSA) Process Guide

Version
3.0
2009

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About These Materials

The County Self-Assessment (CSA) Process Guide provides assistance with the CSA process, drawing from experiences of the first series of CSAs completed by counties throughout California.

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

- Facilitation Tools including a Planning Guide
- Supplemental materials to assist counties and Regional Training Academies in conducting the CSA process.

This guide and all of the above materials are available on the California Social Work Education Center (CalSWEC) website, 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 3.0 of the CSA Process 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 County Self-Assessment (CSA)

The purpose of the County Self-Assessment (CSA) Process Guide is to delineate the requirements and outline the format for counties to use for their triennial self-assessments as required by California's Child Welfare Services Outcome and Accountability System. Each county incorporates input from various child welfare constituents and reviews the full scope of Child Welfare and Probation Services within the county, examining its strengths and needs from prevention through the continuum of care, including reviews of procedural and systemic practices, current levels of performance, and available resources. To that end, the triennial needs assessment for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community- Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs has been integrated into the CSA process. Integrating these two assessments streamlines duplicative processes, maximizes resources, increases partnerships, and improves communication.

This guide takes the place of the earlier versions of the CSA Guide and will assist county staff to complete the CSA in that it:

1. Identifies the requirements of the CSA and provides instructions.
2. 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 will be required.
3. Adds the new federal and state outcome measures.
4. Adds the CAPIT/CBCAP/PSSF Needs Assessment requirements.
5. Provides questions which may be considered to facilitate discussion between county agencies providing child welfare services, community partners, and stakeholders during meetings and data gathering.
6. 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.
7. Defines Key Terms.

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.

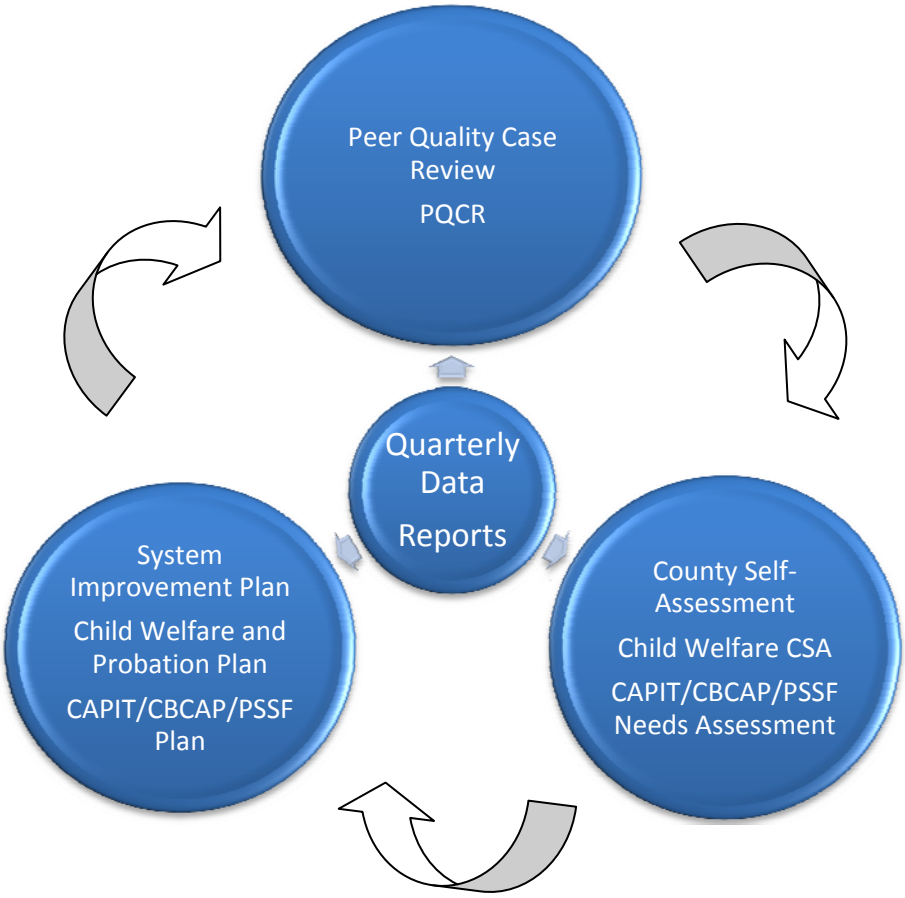
In January 2004, the implementation of Assembly Bill 636 brought a new Child Welfare Services Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in 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), SIP 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, 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 County Self-Assessment (CSA)

A. Guiding Principles of the County Self-Assessment (CSA)

The guiding principles below are intended to ground the CSA in common language and values. They can be used to orient staff and stakeholders to the values and principles that underlie the CSA, and should be referred to throughout the CSA process. They are also intended to assist in the integration of the CAPIT/CBCAP/PSSF needs assessment with the CSA 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.
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 for conducting the CSA are the County Child Welfare Agency and the County Probation Department. These agencies have overall responsibility for the completion of the assessment. The local Child Abuse Prevention Council and any representative from a County Board of Supervisors' 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 CSA. The County Child Welfare Agency is responsible for all areas related to children who are receiving child welfare Title IV-B- and IV-E-funded services. The County Probation Department is responsible for assessing outcomes for foster children under its direct supervision who are receiving child welfare services. Prevention network partners can provide consultation on outcome measures where CAPIT/CBCAP/PSSF fund related activities can affect the outcome. Their primary role is to provide input in the areas of child abuse prevention and intervention regardless of whether the child or family has or has not received child welfare or probation services. Together, these partnering agencies identify the programmatic strengths and needs as these relate to their distinct populations, linking services to outcomes and aligning initiatives, goals, action plans, and funding sources.

B. County Self-Assessment Team Composition

Description

This section describes which entities and individuals (including youth and parent consumers/former consumers) participated in the CSA process, and the extent of their participation.

Information and Considerations

Membership on the CSA team may differ according to a specific county's profile or specific strengths, weaknesses, special programs, or other circumstances in the county. The county child welfare agency is responsible for establishing the team and conducting the assessment. The list below describes a set of core or required representatives for each team and a list of stakeholders who must be consulted by or represented on the Self-Assessment Team. In addition, teams may consult with anyone else deemed to have important input to provide to the self-assessment 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.

1. Required Core Representatives
    a. Child Abuse Prevention Councils
    b. Children's Trust Fund Commission or CAPC if acting as the Children's Trust Fund Commission
    c. County Board of Supervisors 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. Native American tribes served within the community
    h. Parents/consumers
    i. Probation administrators, supervisors, and officers
    j. PSSF Collaborative, if applicable
    k. Resource families and other caregivers
    l. Youth representative, California Youth Connection, if available
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 / Child Care
    h. Economic Development Agency
    i. Education
    j. Faith-based communities
    k. Fatherhood and Healthy Marriage Programs
    l. Foundations
    m. Juvenile Court Bench Officer
    n. Law Enforcement
    o. Public Housing Authority
    p. Regional Training Academy

q. Representatives from businesses

r. Service providers

s. Teen pregnancy prevention

t. 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.

Requirements for the Report

Provide a brief description of the CSA team membership. Include a list of names with affiliations as an attachment and identify which participant is representing the required core representatives. Indicate whether all of the required core representatives above participated, and explain the circumstances if one or more was unable to participate. Explain briefly which other individuals and groups participated. Note any special efforts to include youth and parent consumers. Include information how information was collected (i.e. via surveys, focus groups, etc).

V. Requirements for the CSA

A. CSA Cover Sheet

Description
The cover sheet provides basic information, including the timeframe of outcome data that is being analyzed and representatives and contact information of the lead agencies. The state consultants can provide technical assistance in completing the dates for the coversheet.

Information and Considerations
Regardless of duplication, all areas on the cover sheet must be completed.

1. CSA Contact
   This section provides the name and contact information of the county staff responsible for any questions related to the CSA. This person is most likely the author of the document.

2. CWS Director & Chief Probation Officer
   This section provides the names and the signatures of the County Child Welfare Director and County Chief Probation Officer.

3. CAPIT/CBCAP/PSSF Liaisons
   This section provides the name and contact information of the County CAPIT/CBCAP/PSSF Liaisons. County CAPIT/CBCAP/PSSF Liaison or Co-liaisons must be assigned to ensure that all program, fiscal, and statistical requirements are met in a timely manner.

Requirements for the Report
Counties will use the coversheet provided by CDSS and fill out each section completely. Additionally, counties will attach the Minute Order or other document provided by their Board of Supervisors approving the CSA.

B. Demographic Profile (Both Foster Care and General Population)

Description
This section uses available demographic data to describe the general context in which the county's CWS and child abuse and neglect prevention services are provided. It also identifies and analyzes any demographic issues that impact the achievement of desired outcomes.

Information and Considerations

Demographic data should be identified in this section, and referenced in the discussion on the county's performance on the data outcome indicators.

Some demographic information is required as part of the CAPIT/CBCAP/PSSF needs assessment process. Required and suggested demographics are specified below:

1. Demographics of the General Population
   a. Sources:
      The resources below may assist in gathering the information, but are not all-inclusive.
      i. Summarized census data by county can be found on the Employment Development Department's (EDD) website, http://calmis.ca.gov/htmlfile/subject/demogr.htm#census, as well as on the United States Census Bureau website, http://quickfacts.census.gov/qfd/index.html
      ii. General Data on child education, health, and family economics may be found at the Children Now website, http://publications.childrennow.org/publications/invest/cdb07/databook_2007.cfm
   b. Required Elements:
      i. County population
      ii. active tribes in the county (identify all federally recognized tribes)
      iii. number of children attending school
      iv. number of children attending special education classes
      v. number of children born to teen parents
      vi. number of children who are leaving school prior to graduation
      vii. number of children on child care waiting lists
      viii. number of children participating in subsidized school lunch programs
      ix. number of children receiving age-appropriate immunizations
      x. number of babies who are born with a low-birth weight
      xi. number of families receiving Public Assistance (CalWORKS)
      xii. number of families living below poverty level

c. Suggested Elements:
These and other demographics may be considered if related to how they affect the outcomes:

i. number of families with no health insurance

ii. county unemployment rate

iii. county rate of drug and alcohol abuse

2. CWS Participation Rates

a. Sources:

i. The quarterly data reports are available on the CDSS website: http://www.childsworld.ca.gov/PG1358.htm

ii. Additionally, the University of California, Berkeley's Center for Social Research partners with CDSS to provide the Child Welfare Dynamic Report System (http://cssr.berkeley.edu/cwscmsreports) with county and statewide data on the performance measures, participation rates, etc.

b. Required Elements:

i. number of children age 0-18 in population

ii. number and rate of children with referrals

iii. number and rate of first entries

c. Suggested Elements:

i. number and rate of children with substantiated referrals

ii. number and rate of children in care

Requirements for the Report

Summarize the required demographic elements listed above, plus any additional demographic information that may impact outcomes. Use tables or graphs as necessary to present the information efficiently. Briefly note any significant changes or trends in the demographics, and analyze their potential impact on county performance on the outcomes. Remember that further analysis might occur under particular outcomes, so an exhaustive analysis is unnecessary here.

C. Public Agency Characteristics

Description
This section provides information about the nature of the agencies providing CWS in the county and the overall structure of the county's CWS services. It should include any unique county resource issues.

Information and Considerations
Identify the county infrastructure in place for providing child welfare services. Consider the challenges the county faces in meeting child welfare needs.

1. Size and Structure of Agencies
   All applicable public agencies that provide CWS (e.g., juvenile probation, shelter care, adoption, licensing) should be included, as well as a brief description of their relationship to one another.

   a. County operated shelter(s)
      Include how the county structures shelter care, whether shelter care services are county-administered or community-based, and typical length of stay (i.e., 23-hour, 30 days, etc.)

   b. County licensing
      Briefly describe agency roles and responsibilities for licensing of foster family homes. For example, does the county have a Memorandum of Understanding (MOU) with CDSS to license foster family homes, or is home finding for foster homes and adoptive homes combined?

   c. County adoptions
      Describe whether the county is licensed to provide adoption services or whether a CDSS Adoptions District Office or another agency provides such services.

2. County Government Structure
   This item can be addressed with an attachment of the county's organizational chart.

   Identify issues in the areas listed below that impact the provision of CWS and the achievement of desired outcomes for children.

   a. Staffing characteristics/issues, including:

      i. Turnover

      ii. Private contractors

      iii. Worker Caseload size by service program

   b. Bargaining unit issues

c. Financial/material resources

Describe opportunities, interagency collaborations, and/or resources including CAPIT/CBCAP/PSSF funds, Children's Trust Fund, and other funding sources, and their impact on the ability to achieve positive outcomes for children and families.

d. Political jurisdictions

Counties relate to multiple different political jurisdictions, and the number and relationship that the county has with these governing entities impacts CWS. Information on the following should be included:

i. Tribes

ii. School districts/Local education agencies

iii. Law enforcement agencies

iv. Cities

Requirements for the Report

Include the descriptive information outlined above. County organizational charts or other illustrations may provide most of the necessary information. After the description, provide analysis of the impact of specific aspects of the county structure on county practices and outcomes for children and families. If changes have occurred in county structures, include analysis about how this might impact outcomes.

D. PQCR Summary

Description

This section provides a summary of the findings of the county's PQCR**.** These findings shall be incorporated into the CSA outcome discussion and improvement planning during the SIP process.

Requirements for the Report

Since the PQCR Report has already been submitted to CDSS, a brief summary of what was learned through the PQCR will suffice here. Counties should include the focus area for their PQCR, and what outcomes might be impacted by what was learned.

E. Outcomes

Description

This section is the heart of the process. It includes guided analysis (within the context of practice) of outcome data and process measures for child welfare, probation, prevention, and services, and provides an overview of the scope and adequacy of existing child and family social services. The county will provide a comprehensive analysis on each of the outcomes and process measures identified in Appendix A.

Information and Considerations

1. Data sources:
   The county quarterly data reports contain the data on those measures for which data is available. For well-being measures, qualitative information can be provided either as a result of the PQCR or after a similar review of county practice. It is important to use the most recent data available.

   Counties can access quarterly data reports via the CDSS website, http://www.childsworld.ca.gov/PG1358.htm. Additional data reports are available via the 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 AB 636 measures, based on the same analysis used by UCB 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.

Citation information must be provided for the data included in the CSA. When using the CDSS quarterly data reports, note the URL in parentheses following the data.

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

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

a. Definitions:

   i. Data indicator: Refers to the two safety measures and the four permanency composites for which national standards have been developed.

   ii. Composite: A data indicator that incorporates state performance on multiple permanency-related individual measures.

   iii. Component: A primary part of a composite that may include one or more measures.

   iv. Measure: A specific statement that addresses a desired outcome within a given composite (for example, the percentage of reunifications occurring in less than 12 months).

b. Guidance on analysis of outcomes:

   Analysis of the outcomes forms the heart of the CSA. It is vital that counties develop a process to carefully consider each outcome, critically examine what may underlie the county's performance and begin the task of selecting focus outcomes for the SIP.

   The description of county performance must include analysis of the factors that contribute to performance. Counties should use the most recent data available for each outcome to complete the analysis. A tightly facilitated, focused discussion of each outcome is strongly recommended in order to gather the necessary

information and perform the analysis. Be sure to consider both strengths and needs.

Below are questions to consider during the discussion:

i. What data anomalies or data entry issues might affect the measure?

ii. How does the performance change over time? (Although it is important to note positive or negative changes in performance, some measures that stay the same might need further analysis. For example, if the county has implemented a large program change to improve performance, but it has not changed, this is significant information that should be included in the analysis. As other areas of practice and performance improve, the county may also need to focus on what areas are staying the same.)

iii. What external factors might have affected performance? (Examples might include an economic crisis, or closure of key programs that serve families and youth.)

iv. What internal agency factors might have affected performance?

v. What specific policies and/or practices might impact performance? (It is vital to critically review current interventions and strategies specific to this outcome measure. Are they working? Why or why not?)

vi. What other outcome measures might impact this measure? (Since the outcomes are often related, practice changes that lead to improvement in one measure may impact the county's performance on other measures.)

vii. Are there key differences between particular racial, geographic, or ethnic groups for this measure? What might explain this?

viii. What services funded by CAPIT/CBCAP/PSSF might impact the county's performance, and how?

ix. How have Child Welfare Services Outcomes Improvement Project (CWSOIP) funds impacted applicable outcomes?

<u>Requirements for the Report</u>

After conducting the analysis above, briefly summarize the most significant results for each outcome. If performance on an outcome is of particular concern for the county and will be considered for inclusion as a focus of the county SIP, this should be noted.

F. Systemic Factors

Description
This section analyzes the systemic factors that impact county performance and practice. The systemic factors for the CSA are the same as those included in the federal CFSR.

Information and Considerations
For appropriate factors, especially service array and case review system, the county should obtain input from its consumers using surveys and/or interviews, which may have been conducted during the PQCR process. In addition, input from community-based and prevention-focused programs should be included using appropriate evaluation mechanisms.

Information on all of the systemic factors to be included in the CSA is below.

1. Relevant Management Information Systems (MIS)

   Relevant Management Information Systems refers to the system used by county CWS agencies and Probation Departments in the delivery of CWS. This section briefly describes the technologies and systems used to facilitate the provision of CWS, and analyzes whether the use of technology enhances or hinders service delivery.

2. Case Review System
   The Case Review System refers to the methods that the county uses to do the following:

   a. Provide a written case plan that is developed jointly with the child's parents and includes provisions for:

      i. Placing the child in the least-restrictive, most family-like setting appropriate to his or her needs and in proximity to the parent's home (including implementation of the Family-to-Family Team Decision-Making initiative);

      ii. Visitation of the child by the case manager as required;

      iii. Documentation of the steps taken to make and finalize an adoption or other permanent plan.

   b. Provide for periodic review (court or administrative) at least every six months

   c. Ensure that each child in foster care has a Permanency Hearing within 12 months from the date the child entered foster care and at least every 12 months thereafter

   d. Provide for termination of parental rights (TPR) for children who have been in care for 15 of the last 22 months unless a compelling reason indicating why TPR is not in the child's best interest is documented in the case

e. Provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held for a child

3. Foster/Adoptive Parent Licensing, Recruitment, and Retention
   Foster/Adoptive Parent Licensing, Recruitment, and Retention refers to a system that does all of the following:

   a. Maintains standards for foster family homes, including relatives, which are applied to all homes receiving federal Title IV-E or IV-B funds.
   b. Complies with requirements for a criminal record clearance.
   c. Collaborates with local tribes for the placement of children in tribally approved homes.
   d. Implements an identifiable process for assuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the county for whom foster and adoptive homes are needed.
   e. Implements procedures for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

4. Quality Assurance System
   The Quality Assurance System refers to an identifiable system in the county that maintains standards to ensure that quality services are provided to children receiving services via Child Welfare, Probation and CBCAP/CAPIT/PSSF.

5. Service Array
   The Service Array systemic factor calls for an analysis of the services the county has in place.

6. Staff/Provider Training
   The Staff/Provider Training systemic factor refers to a staff training and development program.

7. Agency Collaborations
   The federal systemic factor is entitled, “Agency responsiveness to the community.” This factor includes:

   a. The extent each agency consults and coordinates with community partners in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved.

b. The extent to which the Family-to-Family Building Community Partnerships initiative has been implemented, if applicable.

c. The extent to which there is shared involvement in evaluating and reporting progress on the county's goals.

d. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving community and county stakeholders in county planning efforts and service provision

e. The extent to which the collaborations support positive outcomes for children, youth and families

f. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children

8. Local Systemic Factors
   This is a section where the county may identify and discuss any unique local systemic factors that were not addressed elsewhere.

<u>Requirements for the Report</u>
Separate guidance is provided for each systemic factor to assist counties to complete the written report.

1. Relevant Management Information Systems (MIS)
   Briefly describe the MIS, including both hardware and software that the county uses to facilitate the provision of CWS and achieve positive outcomes. Address how each system is used and how it enhances or creates barriers to service delivery. The county may include any planned improvements in this area and current reform efforts in MIS.

   Describe the MIS or process for gathering, storing, and disseminating program information as required by the CAPIT/CBCAP/PSSF programs.

   Data quality issues identified in the Outcomes Section should be summarized, including how the issue was identified as a data issue rather than a programmatic or performance issue.

2. Case Review System
   Briefly describe the case review system in the county. If applicable, include a discussion/analysis of any reform efforts in the areas below:

   a. Court structure/relationship

      i. The structure of the county juvenile court for dependency and probation cases

      ii. Any efforts in place to support or improve the working relationship between CWS and the Juvenile Court

iii. The effectiveness of the Juvenile Court/CWS agency work related to the following:

(a) Use of continuances

(b) Termination of parental rights

(c) Facilities available for parents and children

(d) Use of alternative dispute resolution

iv. Summary of findings from the Administrative Office of the Courts Administrative Review – if available

b. Process for timely notification of hearings

Consider the county's policies, procedures, and/or systems for notifying caregivers/tribes of hearings and soliciting caregiver/tribal input and for incorporating their input into decisions or recommendations.

c. Process for parent-child-youth participation in case planning

Points to consider:

i. The process and the extent to which the county engages each party (parents, children and youth, and, where applicable, tribes) in case planning activities

ii. The county's policies and practices that support such case planning

iii. How the county informs parents or guardians of rights and responsibilities regarding case planning

iv. How the county addresses the needs of care providers in the case plan

d. General case planning and review

3. Foster/Adoptive Parent Licensing, Recruitment and Retention
Briefly describe the Foster/Adoptive Parent Licensing, Recruitment, and Retention System in the county. Provide analysis on how this systemic factor impacts county performance and outcomes.

If applicable, include a discussion/analysis of current reform efforts in the areas below:

a. General licensing, recruitment, and retention

Points to consider:

i. The extent to which the Family-to-Family Initiative strategy to recruit, train, and support resource families has been implemented in the county

ii. Recruiting, training, and supporting resource families

iii. Building community partnerships—counties should specifically outline PSSF requirements to consult, collaborate, and align services between agencies and community based organizations

iv. The methods used to evaluate the results of the system

v. Support services and resources available to caregivers in the county

b. Placement resources

Consider the characteristics of children for whom placement resources are scarce, including older children, probation youth, sex offenders, and/ or children with special needs. Include any plans or efforts that the county has made to address these special populations.

4. Quality Assurance System
Describe the county's process for oversight and monitoring, including analysis of the following:

a. CAPIT/CBCAP/PSSF

i. Briefly describe how the designated county agency ensures effective fiscal and program accountability for the CAPIT, CBCAP, and PSSF vendor/contractor activities. This description must be specific to CAPIT, CBCAP, PSSF programs and not limited to a general description of current county policies. Some examples are methodology/processes that entail on-site review of the vendor, peer reviews, meetings with the vendor, case reviews, surveys, etc. Briefly describe how prevention programs are evaluated. Include the methodology used to assess client satisfaction. Describe how the county assesses the vendor's service delivery system to identify the strengths and needs. Describe the mechanisms used to report to the agency on the quality of services evaluated and needs for improvement. Include the methodology or the process for reporting information regarding the outcome of the evaluation and issues of non-compliance. Describe the methodology or process used to evaluate the vendor/contractor to determine if the corrective action was developed and implemented.

ii. Briefly describe and assess the system used to ensure service delivery for children who are at risk of abuse and neglect.

iii. Briefly describe and assess the system used to ensure children with special needs and their families receive effective services.

b. Probation

i. Detail the quality assurance system that Probation utilizes and evaluate the adequacy and quality of the system.

ii. Briefly describe and assess the system used to ensure children with special needs and their families receive the effective services.

c. Child Welfare

i. Describe the quality assurance system that Child Welfare utilizes and evaluate the adequacy and quality of the system.

ii. Outline the county's policies for evaluating achievement of positive outcomes including the performance measures identified in the Quarterly Data Report.

iii. Indicate the county policies for monitoring ICWA and MEPA compliance.

iv. Describe the county's policies for monitoring how mental health needs have been addressed and effectiveness of services provided. Assess the efficacy of the monitoring system.

v. Briefly describe and assess the system used to ensure children with special needs and their families receive effective services.

vi. Summarize the county's policies and procedures for documenting and monitoring compliance with child and family involvement in case planning process, including:

(a) Concurrent planning in every case receiving reunification services.

(b) Meeting TPR timelines and documentation of compelling reasons.

(c) Development of a Transitional Independent Living Plan for each child age 16 and over.

vii. Briefly describe the extent to which the county has implemented the Family to Family Self Evaluation initiative and assess the success of the implementation.

5. Service Array

a. Analyze the efficacy and availability of current community-based and prevention-focused programs and activities provided by public agencies and private nonprofit organizations, including faith-based programs and how they fit in to an overall continuum of family-centered, holistic care.

b. Provide a brief description and analysis of services offered, including:

   i. Describe services available to meet the needs of ethnic/minority populations including an assessment of the availability of culturally appropriate services

   ii. Services that assess the strengths and needs of children and families assisted by the agency and are used to determine other service needs

   iii. Services that address the needs of the family, as well as the individual child, in order to create a safe home environment

   iv. Services and the delivery of services for children with disabilities and their families

   v. Services and the delivery of services targeted to children at risk for abuse or neglect

   vi. Services designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured

   vii. Services designed to help children achieve permanency by returning to families from which they have been removed, where appropriate, be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services

   viii. Services accessible to families and children in all geographical locations including isolated areas of the county

   ix. Services that can be individualized to meet the unique needs of children and families served by the agency

   x. Availability of services/current gaps in continuum of care

   xi. Services to Native American children

   xii. Availability of child abuse prevention education

   xiii. Availability of child and family health and well-being resources

   xiv. Existence of established networks of community services and resources, such as family resource centers or other comprehensive community service centers

c. Identify outreach activities that maximize participation of parents as well as racial and ethnic populations, children, and adults with disabilities, and members of other underserved or underrepresented groups.

d. Describe how underrepresented groups participated in the assessment process.

e. Indicate which services are funded by CBCAP, CAPIT, PSSF funds.

f. Discuss the county's current efforts on the development and implementation of Evidence-based and Evidence-informed prevention programs and practices (for more information go to: http://www.friendsnrc.org/CBCAP/PART/efficiencymeasure.htm).

6. Staff/Provider Training
   a. Briefly describe and analyze the county infrastructure to provide training to social workers, including capacity to:
      i. Ensure the completion of the Common Core training mandated within the first two years of employment
      ii. Provide ongoing training for all staff that provides family preservation and support services, child protective services, foster care services, adoption services, and independent living services that includes the skills and knowledge required for their position.
   b. Briefly describe and analyze the county infrastructure to provide training to Probation Officers, including the capacity to:
      i. Ensure the completion of the Core Placement Officer training
      ii. Provide initial ongoing training for all Officers that are hired to provide them with the skills and knowledge required for their position.
   c. Briefly describe and analyze the county infrastructure to provide training to providers, including the capacity to:
      i. Provide training and technical assistance to subcontractors
      ii. Allocate CAPIT/CBCAP/PSSF funds for county liaisons and parent consumers to attend required meetings, conferences, and training events.
   d. Describe additional training and technical assistance specifically for CAPIT/CBCAP/PSSF county liaisons, vendors/contractors, and parent liaisons/consumers.

7. Agency Collaborations
   a. Assess the county's engagement and ongoing consultation with a broad array of individuals and stakeholders representing agencies responsible for implementing CWS including:
      i. Tribal representatives
      ii. Consumers: community members, community-based organizations, Child Abuse Prevention Councils, faith- based communities, advocacy groups, community-based service

providers, domestic violence services, child abuse prevention services

iii. Caregivers

iv. Public agencies: County Probation Department, Juvenile Court, Court- Appointed Special Advocates,_Department of Education, Department of Alcohol & Drug Programs, Department of Mental Health, Department of Public Health, CDSS Adoption Office, etc.

b. Discuss how the county develops, in consultation with these or similar representatives, annual reports of progress and services.

c. Discuss the process used by the county to ensure that the agency's goals and objectives as well as the concerns of major stakeholders are taken in to account when developing services.

d. Discuss how the agency's services are coordinated with other services or benefits under federal, federally-assisted, state or state-assisted programs serving the same populations to achieve the goals and objectives of CWS.

e. Describe county/community partnerships that create a comprehensive response to the prevention of child maltreatment, and how such partnerships remove barriers thus improving child welfare outcomes and child and family well-being. Include the systems/organizations involved, and the extent of shared responsibility, risks, development of resources, supports, blending/braiding of multiple funding streams. Partners to consider include:

i. County interagency partners (CWS, Probation, CAPC, health, mental health, education, alcohol and drugs, law enforcement, WIC, etc.)

ii. Community-based organizations (such as CBCAP funded programs)

iii. County First Five Commissions

iv. Foundations

v. Community Development Corporations

vi. Public Housing Authorities

vii. Redevelopment Agencies

viii. Workforce Investment Boards, etc.

f. Describe the extent to which the county consults and coordinates with local tribes in child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources and enhancing the capacity of all involved.

i. The extent to which there is shared involvement in evaluating and reporting progress on the goals for Native children.

ii. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in involving local tribes in county planning efforts and service provision.

iii. The extent to which the collaborations support positive outcomes for children, youth and families.

iv. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children

g. Describe the extent of consultation and coordination between CWS and Probation agencies in the child welfare planning efforts including shared expectations, responsibilities, the exchange of information, aligning of activities, sharing of resources, and enhancing the capacity of all involved. This may include:

i. Any lessons learned during the CSA focus groups, interviews, and/or consultations with county partners and others about the county's effectiveness in working together to improve outcomes.

ii. The extent to which the collaboration supports positive outcomes for children, youth, and families.

iii. Any outreach and/or action plan developed as a result of focus groups/interviews and client surveys to engage the broader community in sharing responsibility for the protection of children

8. Local Systemic Factors
Discuss any unique local systemic factors which were not discussed elsewhere.

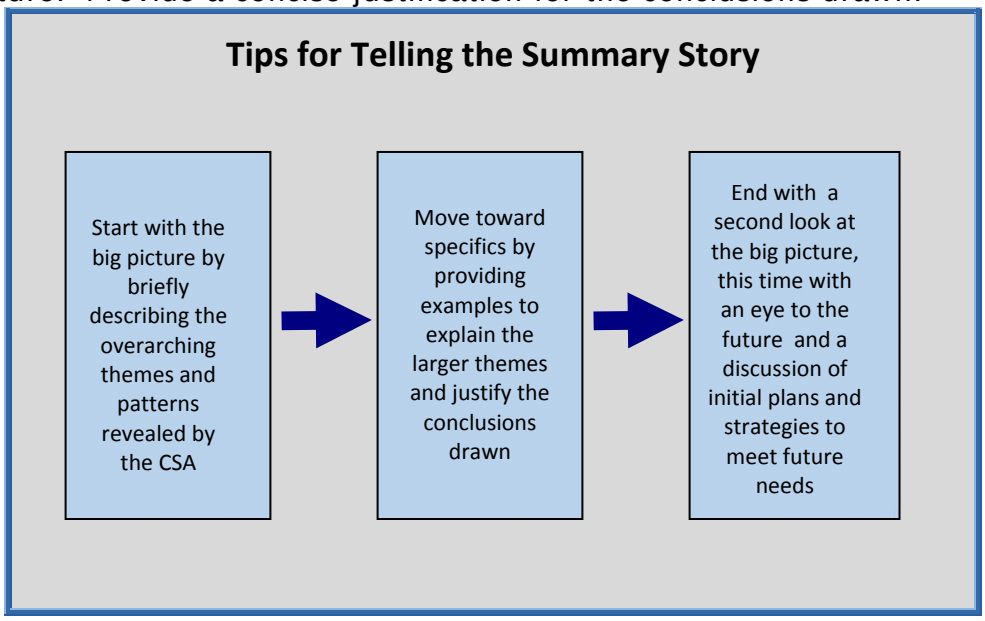
G. Summary Assessment

Description

This concise summary of your overall findings can be used as an executive summary of the overall self-assessment process.

Information and Considerations

This section is informed by the previous sections, but serves as a synthesis of the information rather than a repeat. Start the writing process with an outline of the key information from the previous sections. Organize the key pieces into overarching themes: Strengths, Needs, and Strategies for the Future. Provide a concise justification for the conclusions drawn.



Requirements for the Report

1. Discussion of System Strengths and Areas Needing Improvements
   Summarize the county's performance on each of the C-CFSR outcomes considering the analysis of its performance on the related outcome indicators as well as the impact of any systemic factors. Include discussion of any pertinent prevention efforts. Identify priority improvement outcomes. This section should be derived from the conclusions drawn in the previous sections.

2. Strategies for the Future
   Briefly describe initial strategies to build on identified strengths and address areas needing improvement. Include service challenges particularly how they align with outcomes that the county is working to improve. Further planning and development of initial strategies will take place in the development of the SIP.

VI. 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.
Child Abuse	CAPCs work in collaboration with representatives from

Term	Definition
Prevention Coordinating Councils (CAPCs) continued…	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 *(see also Differential Response)*	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	The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes: • 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	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 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

Term	Definition
	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.)
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. *See also Alternative Dispute Resolution (ADR).*

Term	Definition
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
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	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. 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 asses 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.
Safety	A primary outcome for CWS whereby all children are, first and foremost, protected from abuse and neglect.

Term	Definition
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 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	In general the term "time-limited family reunification services" means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care. The services and activities described for time-limited family reunification include the following: • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment services. • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)
Uniform Practice Framework	A fully articulated approach to all aspects of child welfare practice that:

Term	Definition
	• 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	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.
Workforce	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.

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VII. Appendices

A. Child Welfare Outcomes
B. CSA Cover Sheet
C. Fact Sheet for Child Abuse Prevention Council
D. Fact Sheet for County Children's Trust Fund
E. Fact Sheet for CAPIT
F. Fact Sheet for CBCAP
G. Fact Sheet for PSSF
H. CBCAP Efficiency Measure Glossary
I. 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
   Process Measures
      (1) 2C – Timely Social Worker/ Probation Officer Visits with Child
      (2) 8A – Children Transitioning to Self-sufficient Adulthood
   a) 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

   b) 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)

   c) 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)

d) 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 –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: CSA Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
County:	
Responsible County Child Welfare Agency:	
Period of Assessment:	
Period of Outcome Data:	
Date Submitted:	
County Contact Person for County Self-Assessment	
Name & title:	
Address:	
Phone:	
E-mail:	
CAPIT Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	
CBCAP Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	
County PSSF Liaison	
Name & title:	
Address:	
Phone:	
E-mail:	

County Self-Assessment Cover Sheet (continued)

Submitted by each agency for the children under its care	
Submitted by:	**County Child Welfare Agency Director (Lead Agency)**
Name:	
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	
Signature:	

In Collaboration with:		
County & Community Partners	**Name(s)**	**Signature**
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds		
County Child Abuse Prevention Council		
Parent Representative		
As Applicable*	**Name(s)**	
California Youth Connection		
County Adoption Agency (or CDSS Adoptions District Office)		
Local Tribes		
Local Education Agency		

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

☐ Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

* **As applicable**, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

Appendix C: Child Abuse Prevention Councils (CAPCs)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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 D: County Children's Trust Fund (CCTF)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

COUNTY
CHILDREN'S TRUST FUND
(CCTF)

March 2009

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

I. Purpose

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

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

II. Fund Features

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

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

III. Funding

Revenue sources for the CCTF consist of:

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

IV. Fund Oversight

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

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

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

Administrative expenses are limited to 5 percent of the fund.

V. References

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

Health and Safety Code Section 103625

Penal Code Section 294

Vehicle Code section 5072

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

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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 F: Community-Based Child Abuse Prevention Program (CBCAP)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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 G: 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

IV. 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 H: 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

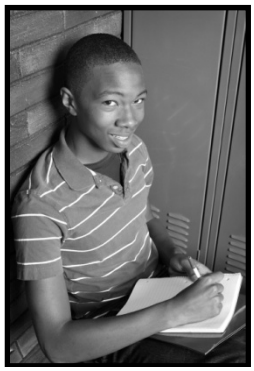
“effect” of interest (in other words, can the conclusions drawn be said to represent the causal effect of one thing on another).

Appendix I: Acronym Guide

Acronym	
AB 636	Assembly Bill 636
ACIN	All County Information Notice
ADR	Alternative Dispute Resolution
BOS	Board of Supervisors
CalSWEC	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
CSA	County Self Assessment
CSOAB	Children's Services Outcomes and Accountability Bureau
CSSR	Center for Social Services Research
CWDA	County Welfare Directors Association of California
DDS	Department Developmental Services

Acronym	
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

System Improvement Plan (SIP) Process Guide



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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.

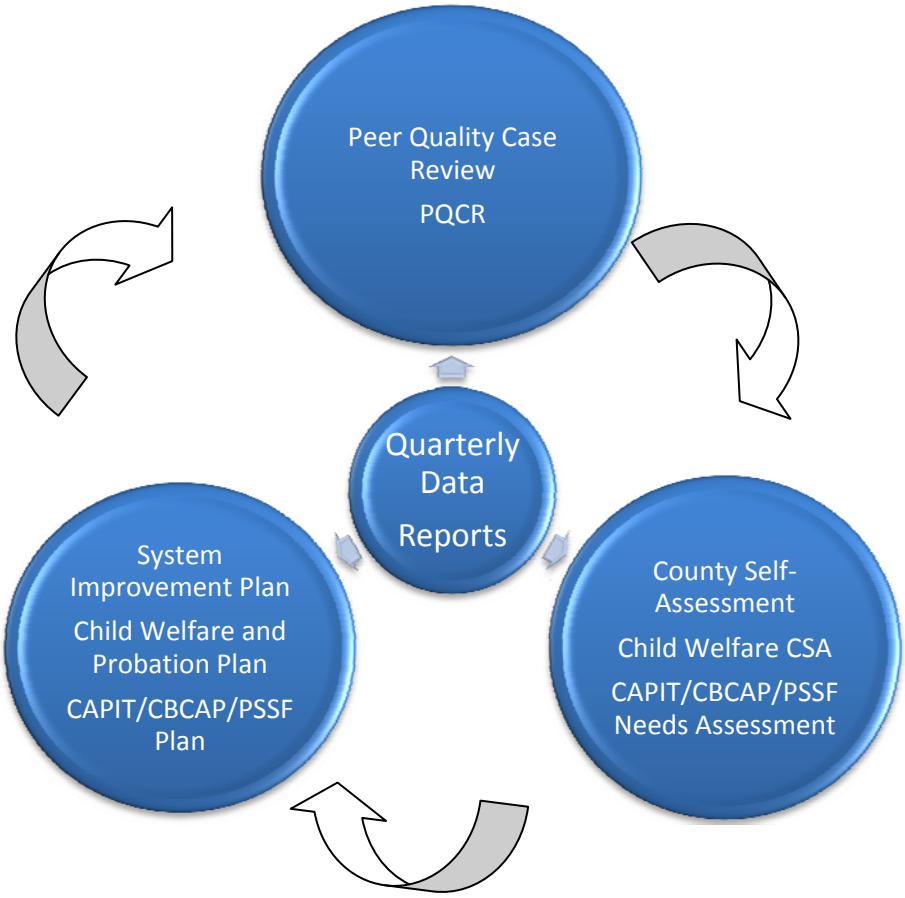
In January 2004, the implementation of Assembly Bill 636 brought a new Child Welfare Services Outcome and Accountability System to California. This new Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in 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 where 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/CalSWEC/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 (½) 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 *(see also Differential Response)*	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	The County Data Report is a compilation of data provided by CDSS and is the basis of the County Self-Assessment. The Report includes: • 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	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 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
	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.)
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. *See also Alternative Dispute Resolution (ADR).*
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	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. 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 asses 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.
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	In general the term "time-limited family reunification services" means the services and activities described below that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution. The services and activities are also provided to the parents or primary caregiver of such a child in order to facilitate the reunification of the child, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care. The services and activities described for time-limited family reunification include the following: • Individual, group, and family counseling. • Inpatient, residential, or outpatient substance abuse treatment services. • Mental health services. • Assistance to address domestic violence. • Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries. • Transportation to or from any of the services and activities described in this subparagraph. (42 U.S.C. 629a.)

Term	Definition
Uniform Practice Framework	A fully articulated approach to all aspects of child welfare practice that: • 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	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.
Workforce	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.

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:	**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 PROGRAM 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 check 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

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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	**Line No.** No entry is required as a line number has been entered. Use only one line number per Program/Practice.
B	**Title of Program/Practice*** 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	**SIP Strategy No., if applicable** 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	**Name of Service Provider, if available** If available, enter the name of the service provider (subcontractor) of the Program/Practice. If not available, enter "N/A"

Column	Item
E	**CAPIT: Dollar amount that will be spent on CAPIT direct services** Enter the dollar amount that will be spent on CAPIT direct services for the Program/Practice listed.
F1	**CBCAP: Dollar that will be spent on CBCAP direct services** Enter the dollar amount that will be spent on CBCAP direct services for the Program/Practice listed.
F2	**CBCAP: Dollar amount that will be spent on CBCAP Infrastructure** Enter the dollar that will be spent on CBCAP infrastructure cost for the Program/Practice listed.
F3	**CBCAP: Dollar amount that will be spent on CBCAP public awareness, brief information or referral activities** Enter the dollar amount that will be spent on CBCAP public awareness, brief information or referral activities for the Program/Practice listed.
F4	**CBCAP: Total Dollar amount that will be spent on all CBCAP activities** No entry is required. The sum automatically calculates from columns F1 through F3.
G1	**PSSF: Total Dollar amount that will be spent on PSSF activities** No entry is required. The sum automatically calculates after columns G2 through G5 are completed.
G2	**PSSF: Dollar amount that will be spent on Family Preservation** Enter the dollar amount that will be spent on Family Preservation Services for the Program/Practice listed.
G3	**PSSF: Dollar amount that will be spent on Family Support** Enter the dollar amount that will be spent on Family Support Services for the Program/Practice listed.
G4	**PSSF: Dollar amount that will be spent on Time-Limited Reunification** Enter the dollar amount that will be spent on Time-Limited Reunification Services for the Program/Practice listed.
G5	**PSSF: Dollar amount that will be spent on Adoption Promotion and Support** Enter the dollar amount that will be spent on Adoption Promotion and Support Services for the Program/Practice listed.
H1	**Other: Dollar amount that comes from other sources** Enter the dollar amount that is not CAPIT, CBCAP or PSSF funding that will be spent on the Program/Practice listed.
H2	**Name of Other: List names of other funding sources** 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	**TOTAL: Total dollar amount to be spent on this Program/Practice** 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	**Line No.** Enter the line number as identified in **Worksheet 1** for the Program/Practice for CAPIT.
B	**Title of Program/Practice** Enter the title of the Program/Practice as identified in **Worksheet 1,** column B.
C	**Unmet Need** 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	**CAPIT Direct Service Activity** CAPIT Direct Service Activities are listed vertically in Columns D1-D14: • Place an "X" under each activity to be offered by the CAPIT funded Program and/or SIP Strategy. Multiple boxes may be selected. *Please refer to Welfare and Institutions Code Sections 18961 for further information regarding the listed activities.*
E	**Other Direct Service Activity (Provide Title)** 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	**Goal** Click on the drop-down menu that lists the following Pathway goals, select the goal that correlates with the Program/Practice: • 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 If other is selected, provide the line number, title of the Program/Practice, and a brief description of the goal within the program description. Refer to the "Pathway to the Prevention of Child Abuse and Neglect" (www.PathwaysToOutcomes.org) for further information regarding the goal options.

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	**Line No.** Enter the line number as identified in **Worksheet 1** for the Program/Practice for CBCAP.
B	**Title of Program** Enter the title of the Program/Practice as identified in **Worksheet 1,** column B.
C	**Unmet Need** 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	**Public Awareness, Brief Information or Information Referral** Place an "X" under this activity if it will be offered by the CBCAP funded Program and/or SIP Strategy.
E1-E7	**CBCAP Direct Service Activity** CBCAP Direct Service Activities are listed vertically in Columns E1-E7: • Place an "X" under each activity to be offered by the CBCAP funded Program and/or SIP Strategy. Multiple boxes may be selected. *Please refer to 42 U.S.C. 5101 et seq.; 42 U.S.C. 5116 et seq. for further information regarding the listed activities.*
F	**Other Direct Service Activity** 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	**Logic Model Exist** 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/ There is no need to submit a copy of the program's logic model; however the logic model should be made available upon request. 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.
G2	**Logic Model Will be Developed** Place an "X" under this option if a logic model will be developed for the program/practice listed.
H1-H5	**Evidence Based\Evidence Informed (Identify level)** 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. If the Program/Practice is an EBP/EIP, enter the appropriate level. Place N/A if this column does not apply.
I	**County has documentation on file to support level selected** Place an "X" if the county has documentation on file to support level selected.

Column	Item
J	**Goals** Click on the drop-down menu that lists the following Pathway goals, select the goal that correlates with the Program and/or SIP Strategy: • 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 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. Refer to the "Pathway to the Prevention of Child Abuse and Neglect" (www.PathwaysToOutcomes.org) for further information regarding the goal options.

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	**Line No.** Enter the line number as identified in **Worksheet 1** for the Program/Practice for PSSF.
B	**Title of Program** Enter the title of the Program as identified in **Worksheet 1,** column B.
C	**Unmet Need** 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	**PSSF: Family Preservation, Family Support Services, Time Limited Family Reunification Services, & Adoption Promotion and Support Services** PSSF Direct Service Activities are listed vertically in Columns D1-G5 and are categorized under the following headings: • 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]* Place an "x" under each activity to be offered by the Program/Practice. Multiple boxes may be selected. 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. *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*.

Column	Item
D1	**PSSF Family Preservation: Pre-Placement Preventative Services** 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	**PSSF Family Preservation: Services Designed for Child's Return to their Home** 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	**PSSF Family Preservation: After Care** Includes services programs designed to provide follow-up care to families to whom a child has been returned after a foster placement
D4	**PSSF Family Preservation: Respite Care** Includes respite care of children to provide temporary relief for parents and other caregivers, including foster parents
D5	**PSSF Family Preservation: Parenting Education & Support** 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	**PSSF Family Preservation: Case Management** Includes services designed to stabilize families in crisis such as transportation, assistance with housing and utility payments, and access to adequate health care
D7	**PSSF Family Preservation: Other Direct Service*** 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	**PSSF Family Support Services: Home Visitation** Includes in-home visits designed to improve parenting skills
E2	**PSSF Family Support Services: Drop-In Center** Includes drop-in centers to afford families opportunities for informal interaction with other families and with program staff
E3	**PSSF Family Support Services: Parent Education** 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	**PSSF Family Support Services: Respite Care** Includes respite care of children to provide temporary relief for parents and other caregivers
E5	**PSSF Family Support Services: Early Development Screening** Includes early development screening of children to assess the needs of such children and assistance in securing specific services to meet these needs
E6	**PSSF Family Support Services: Transportation**

Column	Item
	Includes transportation to afford families access to other community services
E7	**PSSF Family Support Services: Information and Referral** 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	**PSSF Family Support Services: Other Direct Service*** 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	**Time Limited Family Reunification Services: Counseling** Includes individual, group and family counseling
F2	**Time Limited Family Reunification Services: Substance Abuse Treatment** Includes inpatient, residential or outpatient substance abuse treatment services
F3	**Time Limited Family Reunification Services: Mental Health**
F4	**Time Limited Family Reunification Services: Domestic Violence** Includes assistance to address domestic violence
F5	**Time Limited Family Reunification Services: Temporary Child Care/Crisis Nurseries** Includes services designed to provide temporary child care and therapeutic services for families, including crisis nurseries
F6	**Time Limited Family Reunification Services: Transportation to/from Services/Activities** Includes transportation to or from any of the services and activities listed under Time Limited Family Reunification Services
F7	**Time Limited Family Reunification Services: Other Direct Service*** 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	**Adoption Promotion & Support Services: Pre-Adoptive Services**
G2	**Adoption Promotion & Support Services: Post-Adoptive Services**
G3	**Adoption Promotion & Support Services: Activities to Expedite Adoption Process**
G4	**Adoption Promotion & Support Services: Activities to Support Adoption Process**
G5	**Adoption Promotion & Support Services: Other Direct Service** 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	**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.
I	**Goals** From the drop-down menu that lists the following Pathway goals, select the goal for the Program/Practice: • 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 If other is selected, provide the line number, title of the Program/Practice, and a brief description of the goal within the program description. Refer to the "Pathway to the Prevention of Child Abuse and Neglect" (www.PathwaysToOutcomes.org) for further information regarding the goal options.

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 INFORMED[1] 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	
☐	☐	The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
☐	☐	The program may have a book, manual, other available writings, training materials, OR may be working on documents that specifies the components of the practice protocol and describes how to administer it.
☐	☐	The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

[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)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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)

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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
CalSWEC	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