

OCAP Annual Report FY 2013-14 (PSSF - Family Preservation Part 1)

1. Instructions

This survey is due at close of business on Friday, October 31, 2014. The survey will also close on this date.

- Please use the [BACK] and [NEXT] buttons at the bottom of each page to navigate the survey (rather than using your browser's "Back" and "Forward" buttons).
- Completion of all fields is required. No blanks are allowed in the survey. Enter zero (0) in place of blanks.
- Clicking [NEXT] advances you to the next page and is highly encouraged to save your work.
- Once your work is saved, you can close the survey by clicking [Exit this survey] on the top right side of the page. You can return later to complete or make any changes until the survey closes.
- You can return to your saved survey(s) by:
 - →using the same computer
 - →re-entering via <http://www.cdsscounties.ca.gov/OCAP/PG3162.htm>
 - →clicking the appropriate report link
 - →resuming work on your report with your last saved data appearing on the screen.
 - →returning to make changes anytime until survey closes; you can return even after clicking [Done].
- To print a hard copy of your survey for your records, print each page as you complete the survey. A final PDF copy of your submission will be emailed to you after the survey closes.

For technical support, [click here](#) to email us.

For program questions about the survey, [click here](#) and add your county's name on the Subject Line.

2. Introduction

This survey is designed to collect county Promoting Safe and Stable Families (PSSF) – Family Preservation information to meet state and federal reporting requirements. This information includes but is not limited to, participant data, service activity and outcomes that occurred during the reporting period (July 1, 2013 - June 30, 2014) for the PSSF program.

A copy of the survey can be downloaded ([click here](#)) to assist counties in collecting the data from their service providers prior to completing the survey. **Please collect and aggregate the data prior to accessing and completing the survey.**

3. Contact Information

1. Please select your county.

2. Please provide contact information below.

Name:

Title:

Agency Name:

Address:

City/Town:

ZIP:

Email Address:

Phone Number:

3. Are you [Q1] County's designated OCAP Liaison?

Yes

No

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4. PSSF – Family Preservation Service Participation

Enter an **unduplicated count** for direct services provided under PSSF - Family Preservation funding.

A participant is counted as EITHER an individual OR a family not both. **For participants who access multiple services at multiple times, count ONCE for each service provided.**

See "Service Categories" for definitions of service types. Always refer to funding fact sheets for allowable activities.

Note: Client counts are to be recorded under one of the five participant options ("children", "children with disabilities", "parents/caregivers", "parents/caregivers with disabilities", "families") for each of the services provided. Enter whole numbers. If None or Not Applicable, enter zero.

Service Type Inventory

* indicates new or modified category

4. # of Individual Children

Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare (temporary)*	<input type="text"/>
Differential Response*	<input type="text"/>
Domestic violence services*	<input type="text"/>
Early childhood services*	<input type="text"/>
Family Resource Center or other drop-in multi-service support center*	<input type="text"/>
Financial literacy education*	<input type="text"/>
Health services*	<input type="text"/>
Home visiting* (targeting parents with children ages 0-5)	<input type="text"/>
Housing services*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Team Decision Making*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other* (not defined above)	<input type="text"/>

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5. # of Individual Children with Disabilities

Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare (temporary)*	<input type="text"/>
Differential Response*	<input type="text"/>
Domestic violence services*	<input type="text"/>
Early childhood services*	<input type="text"/>
Family Resource Center or other drop-in multi-service support center*	<input type="text"/>
Financial literacy education*	<input type="text"/>
Health services*	<input type="text"/>
Home visiting* (targeting parents with children ages 0-5)	<input type="text"/>
Housing services*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Team Decision Making*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other* (not defined above)	<input type="text"/>

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6. # of Individual Parents/Caregivers

Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare (temporary)*	<input type="text"/>
Differential Response*	<input type="text"/>
Domestic violence services*	<input type="text"/>
Early childhood services*	<input type="text"/>
Family Resource Center or other drop-in multi-service support center*	<input type="text"/>
Financial literacy education*	<input type="text"/>
Health services*	<input type="text"/>
Home visiting* (targeting parents with children ages 0-5)	<input type="text"/>
Housing services*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Team Decision Making*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other* (not defined above)	<input type="text"/>

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7. # of Individual Parents/Caregivers with Disabilities

Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare (temporary)*	<input type="text"/>
Differential Response*	<input type="text"/>
Domestic violence services*	<input type="text"/>
Early childhood services*	<input type="text"/>
Family Resource Center or other drop-in multi-service support center*	<input type="text"/>
Financial literacy education*	<input type="text"/>
Health services*	<input type="text"/>
Home visiting* (targeting parents with children ages 0-5)	<input type="text"/>
Housing services*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Team Decision Making*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other* (not defined above)	<input type="text"/>

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8. # of Families

Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare (temporary)*	<input type="text"/>
Differential Response*	<input type="text"/>
Domestic violence services*	<input type="text"/>
Early childhood services*	<input type="text"/>
Family Resource Center or other drop-in multi-service support center*	<input type="text"/>
Financial literacy education*	<input type="text"/>
Health services*	<input type="text"/>
Home visiting* (targeting parents with children ages 0-5)	<input type="text"/>
Housing services*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Team Decision Making*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other* (not defined above)	<input type="text"/>

9. Compare your participation counts (above) to last year (2012-13); are there any unusual variances? If so, please briefly explain. (limit 1500 characters)

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5. Client Counts by Race/Ethnicity

Enter total client counts for each participate category according to race/ethnicity. A participant is counted as EITHER an individual OR a family—not both.

Definitions.¹

a. White (non-Hispanic)	A person having origins in any of the original five European nations, the Middle East, or North Africa.
b. Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, Cuban, or other Spanish culture or origin, regardless of race.
c. Black or African American (non-Hispanic)	A person having origins in any of the black racial groups of Africa.
d. Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including China, India, Japan, Korea, Malaysia, Pakistan, and Vietnam.
e. American Indian or Alaska Native	A person having origins in any of the original peoples of North America (including Central America), and who maintains community attachment.
f. Native Hawaiian & Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
g. Two or more races	
h. Other	

¹ Office of Management and Budget, Revised (2000) Standards for the Classification of Federal Employees by Race and Ethnicity
http://m.whitehouse.gov/omb/fedreg_1997standards/

Note: Enter whole numbers. If None or Not Applicable, enter zero.

Race/Ethnicity

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10. # of Individual Children

White (non-Hispanic)	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>
Asian	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian & Other Pacific Islander	<input type="text"/>
Two or more races	<input type="text"/>
Other	<input type="text"/>

11. # of Individual Children with Disabilities

White (non-Hispanic)	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>
Asian	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian & Other Pacific Islander	<input type="text"/>
Two or more races	<input type="text"/>
Other	<input type="text"/>

12. # of Individual Parents/Caregivers

White (non-Hispanic)	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>
Asian	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian & Other Pacific Islander	<input type="text"/>
Two or more races	<input type="text"/>
Other	<input type="text"/>

13. # of Individual Parents/Caregivers with Disabilities

White (non-Hispanic)	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>
Asian	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian & Other Pacific Islander	<input type="text"/>
Two or more races	<input type="text"/>
Other	<input type="text"/>

14. # of Families

White (non-Hispanic)	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Black or African American (non-Hispanic)	<input type="text"/>
Asian	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>
Native Hawaiian & Other Pacific Islander	<input type="text"/>
Two or more races	<input type="text"/>
Other	<input type="text"/>

6. Outcomes Reporting – PSSF/Family Preservation

Outcomes Reporting – PSSF – Family Preservation (Report on one funded program.)

15. Service Provider Name:

16. Primary use of funds.

- | | |
|---|---|
| <input type="radio"/> Basic needs assistance | <input type="radio"/> Health services |
| <input type="radio"/> Behavior/mental health services | <input type="radio"/> Home visiting |
| <input type="radio"/> Case management | <input type="radio"/> Housing Services |
| <input type="radio"/> Child care (temporary) | <input type="radio"/> Parent education and/or support |
| <input type="radio"/> Differential Response | <input type="radio"/> Respite care |
| <input type="radio"/> Domestic violence services | <input type="radio"/> Substance abuse services |
| <input type="radio"/> Early childhood services | <input type="radio"/> Team Decision Making |
| <input type="radio"/> Family Resource Center (or other multi-service family support center) | <input type="radio"/> Youth programs |
| <input type="radio"/> Financial Literacy Education | |
| <input type="radio"/> Other, please describe below (limit 100 characters): | |

17. Who was the primary target population for this program?

- Non-CWS individuals or families
- CWS-involved individuals or families

18. Is this program (or approach) evidence-based or evidence-informed (EBP/EIP) for the target population served?

- No
- Yes. Enter below the name of this EBP/EIP program (or approach). Limit 100 characters.

19. In what languages was this program offered? Select ALL that apply.

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Farsi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian | |
- Other, please describe below (limit 100 characters):

20. Select the primary goal of this funded program.

- Safety
- Permanency
- Well-being

21. Indicate the primary outcome of this program. Outcomes are defined as changes in skills, behaviors, attitudes, conditions, etc.

- Children's social and emotional development needs are met
- Increased knowledge of parenting and child development
- Families have concrete support in times of need
- Increased parental resilience
- Increased social connections
- No recurrence of maltreatment (within 6 months)
- Children remain safely in their own home
- This program has no specified outcome(s)
- Other, please describe below (limit 100 characters):

22. How was your primary outcome measured? Select ALL that apply.

- CWS/CMS
- Family Development Matrix
- Pre- and/or post-survey developed in-house
- Protective Factors survey
- Validated assessment tool
- The outcome was not tracked and/or measured
- Other, please describe below (limit 100 characters):

7. Outcomes Reporting – PSSF/Family Preservation

23. Enter the name of the validated assessment tool here. (limit 100 characters) If not validated, enter "N/A".

24. PSSF – Family Preservation funding amount for this program:

Amount (\$)

25. Total number served in this program:

All unit types (individuals and families)

26. Cost per unit: (Amount of your PSSF – Family Preservation funding for this program divided by total number served)

Cost (\$) per Unit

27. Total number served achieving the primary outcome identified above. Insert a total count of all unit types (individuals and families). Enter zero (0) if outcomes were not measured.

All unit types (individuals and families)

28. Enter the percentage of participants in this program that achieved the primary program outcome. (Divide the number reported above in Question 27 by the number reported in Question 25.) Choose one range for your answer.

- Less than 50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- The outcome was not tracked and/or measured.

29. What percentage of participants reported satisfaction with this funded program?

- Less than 50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Client satisfaction was not measured.

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30. In addition to PSSF – Family Preservation, what other funding source(s) supported this program? Select ALL that apply.

- Corporate
- First 5
- Government
- Other, please describe below (limit 100 characters):
- Individual donations
- Private foundation
- No other funds supported this project.

31. Insert the dollar amount of other funding that supports this program. If none, enter "0".

Dollar amount

32. Did you experience any unexpected challenges with this program?

- No
- Yes. Please describe below your unexpected challenges with this program and how you overcame them (limit 1200 characters):

33. Did you experience any unexpected benefits with this program?

- No
- Yes. Please describe below the unexpected benefits of this program (limit 1200 characters):

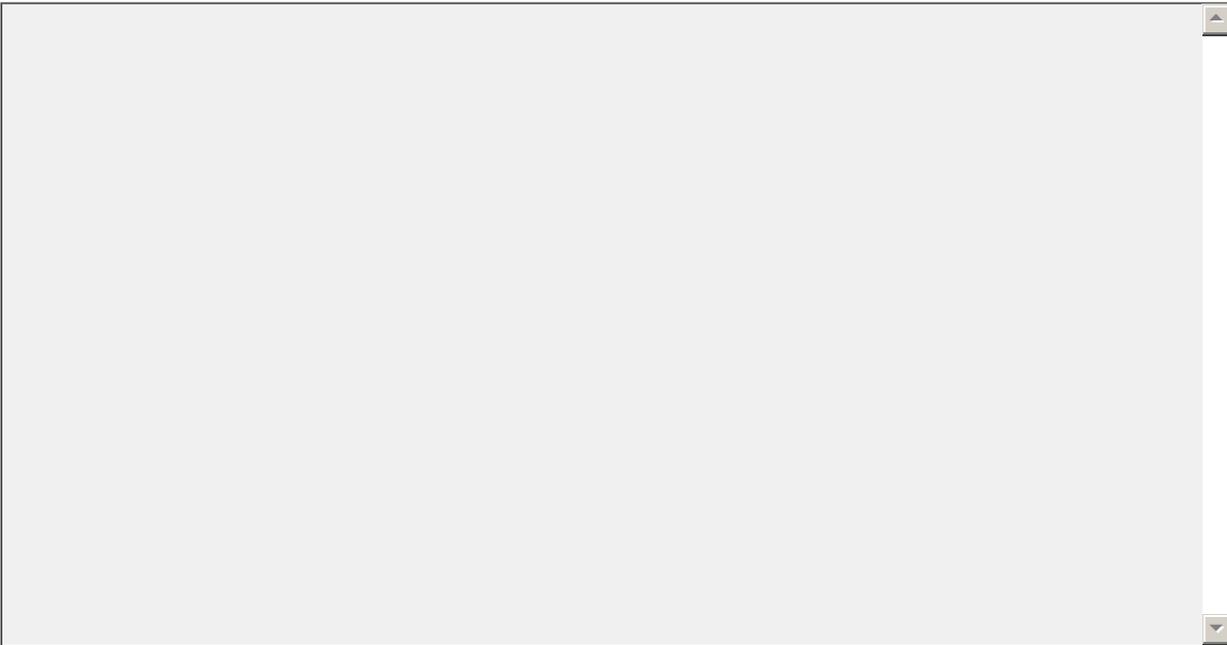
34. Is there a financial sustainability plan for this program beyond PSSF – Family Preservation funds?

- Yes
- No

35. Would [Q1] County continue to invest in this program without PSSF – Family Preservation funds?

- Yes
- No

36. Please share one participant success story related to this program (include client demographics, presenting issues, and the specific success the participant achieved as a result of this program). (limit 2000 characters)



37. Additional comments. (limit 2000 characters)

A large, empty text input field with a vertical scrollbar on the right side, intended for additional comments. The field is rectangular and occupies most of the upper half of the page. The scrollbar is located on the right edge of the text area.

8. End of survey

Thank you for completing the survey.

You may return to the survey to make edits or changes until close of business on the due date, FRIDAY, OCTOBER 31, 2014.