

OCAP Annual Report FY 2013-14 (CBCAP)

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 Community-Based Child Abuse Prevention (CBCAP) 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 CBCAP program.

A blank 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

4. CBCAP Direct Service Participation

Enter an **unduplicated count** for services provided under CBCAP. Direct services means that the services were provided to the individual or family and the planned duration of the service was more than a one-time event.

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

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4. # of Individual Children

Advocacy	<input type="text"/>
Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare/Daycare*	<input type="text"/>
Differential Response*	<input type="text"/>
Disability services	<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"/>
Legal services*	<input type="text"/>
Parent leadership training*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care / crisis nursery*	<input type="text"/>
Substance abuse services*	<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

Advocacy	<input type="text"/>
Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare/Daycare*	<input type="text"/>
Differential Response*	<input type="text"/>
Disability services	<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"/>
Legal services*	<input type="text"/>
Parent leadership training*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care / crisis nursery*	<input type="text"/>
Substance abuse services*	<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

Advocacy	<input type="text"/>
Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare/Daycare*	<input type="text"/>
Differential Response*	<input type="text"/>
Disability services	<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"/>
Legal services*	<input type="text"/>
Parent leadership training*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care / crisis nursery*	<input type="text"/>
Substance abuse services*	<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

Advocacy	<input type="text"/>
Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare/Daycare*	<input type="text"/>
Differential Response*	<input type="text"/>
Disability services	<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"/>
Legal services*	<input type="text"/>
Parent leadership training*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care / crisis nursery*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other (not defined above)	<input type="text"/>

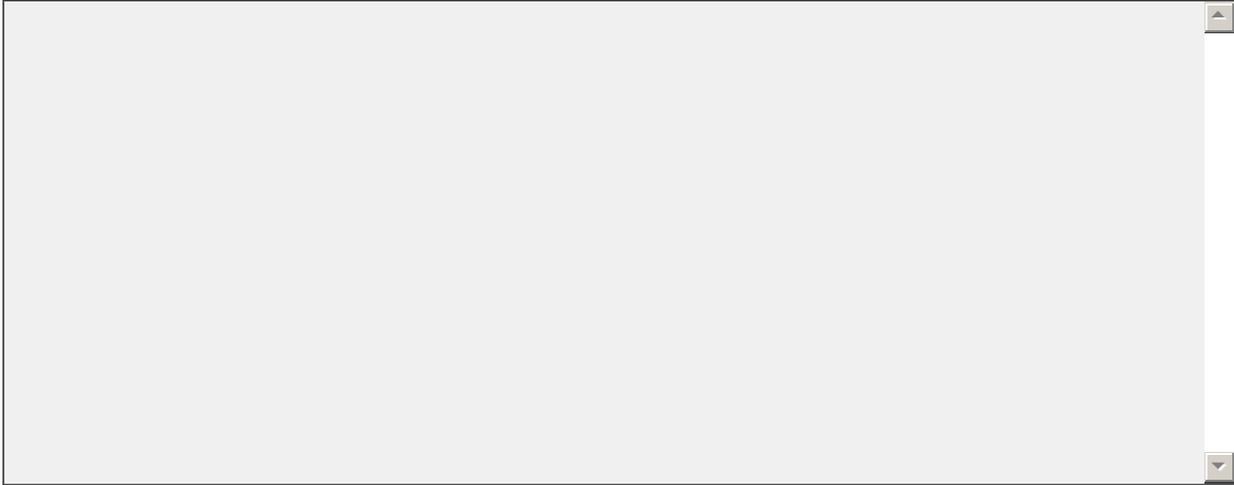
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8. # of Families

Advocacy	<input type="text"/>
Basic needs, concrete supports*	<input type="text"/>
Behavior health, mental health services*	<input type="text"/>
Case management*	<input type="text"/>
Childcare/Daycare*	<input type="text"/>
Differential Response*	<input type="text"/>
Disability services	<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"/>
Legal services*	<input type="text"/>
Parent leadership training*	<input type="text"/>
Parenting education*	<input type="text"/>
Peer support*	<input type="text"/>
Respite care / crisis nursery*	<input type="text"/>
Substance abuse services*	<input type="text"/>
Transportation*	<input type="text"/>
Youth programs*	<input type="text"/>
Other (not defined above)	<input type="text"/>

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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 according to race/ethnicity. A participant is counted as EITHER an individual OR family—not both.

Definitions.¹

a. White (non-Hispanic)	A person having origins in any of the original peoples of Europe, 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"/>

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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. Collaboration and Coordination

15. Who does [Q1] County collaborate with, coordinate and/or involve to prevent child abuse and neglect? Select *ALL* that apply regardless of funding source.

- Afterschool and/or child care programs
- Alcohol and other drug programs
- Behavior health, mental health
- Business and/or economic development
- Child Abuse Prevention Council
- Child Support Enforcement
- Court system
- Disability-focused organizations (includes regional centers, public or private agencies focused on services for disabled)
- Domestic violence programs
- Early childhood programs (e.g. Early Head Start, Head Start, pre-K, etc)
- Education (K-12, Higher education)
- Faith-based community
- Family resource centers or other family support programs
- First 5 Commission
- Healthcare sector (health systems, hospitals, clinics, private providers)
- Housing and/or community development
- Justice system
- Law enforcement
- Media
- Parents or kin (formal or informal groups)
- Private foundations
- Probation and/or parole (juvenile, adults)
- Public benefit agencies (e.g. CalFresh, CalWorks, Section 8, General Assistance, etc)
- Public health (includes Maternal Child Health, Child Health Disability Prevention, etc)
- Racial and/or ethnic minorities (formal or informal groups)
- Tribal-focused public and/or private organizations
- Youth (formal or informal groups)
- Other public or private entity, please explain below (Limit 300 characters):



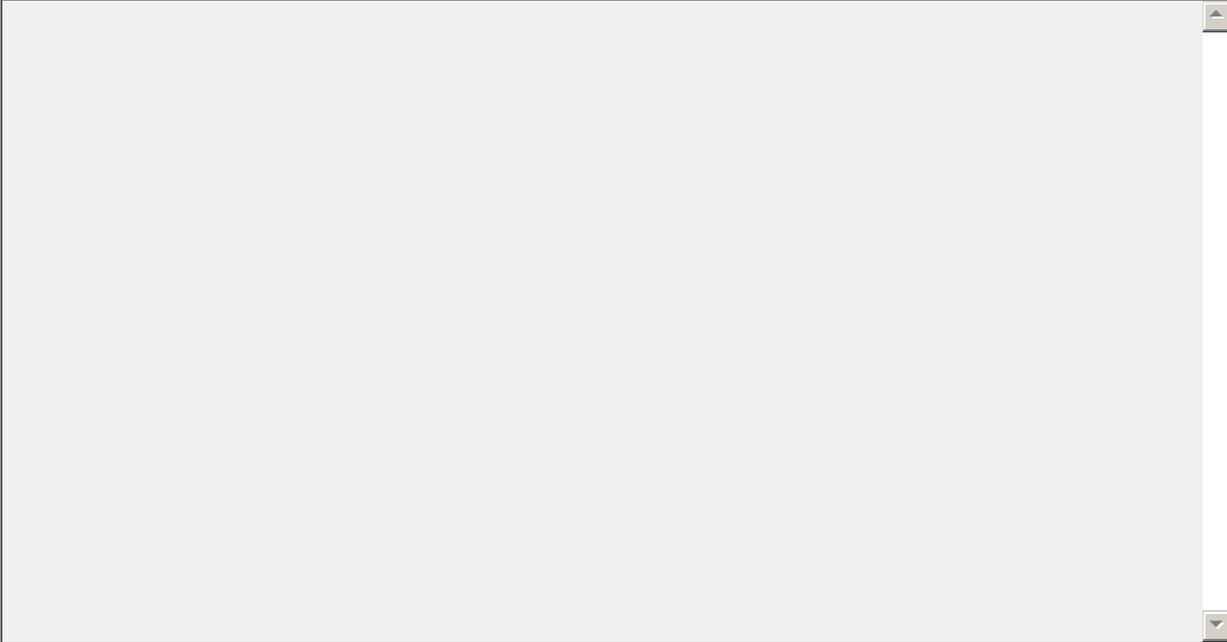
7. Special populations targeted and/or served with your county's CBCAP funds

16. Indicate the special populations that are targeted with some or all of your CBCAP-funded programs. Select *ALL* that apply.

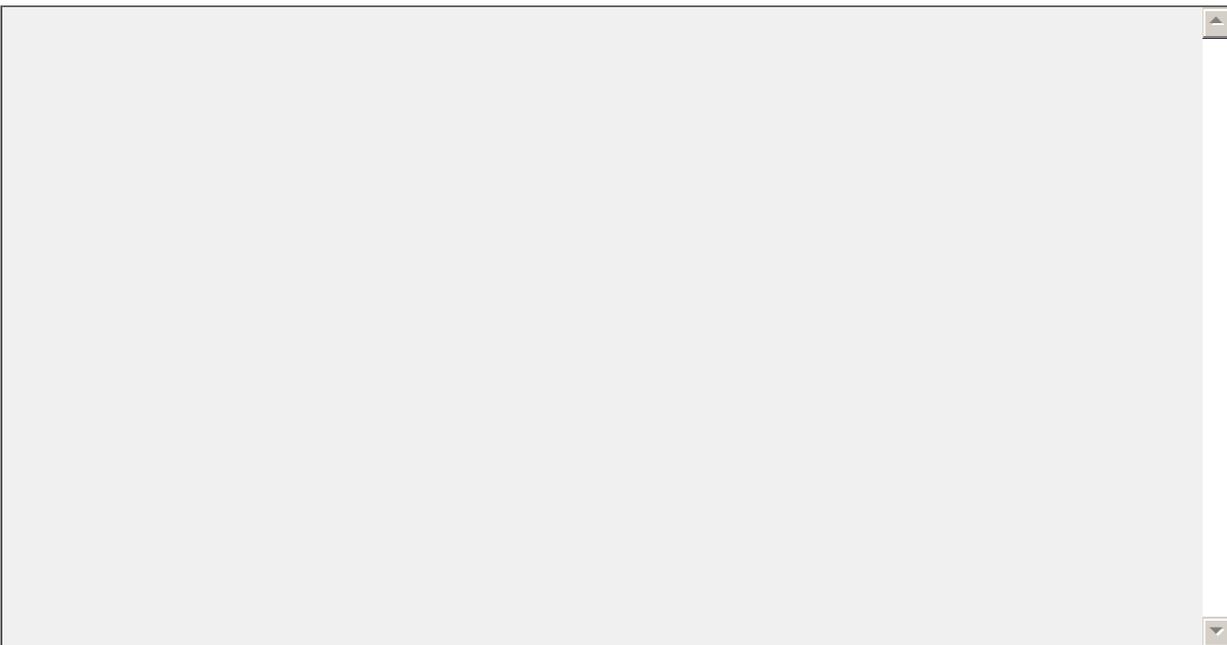
- Adult former victims of child maltreatment or domestic violence
- Children and/or adults with disabilities
- Fathers
- Homeless families or those at-risk of homelessness
- Military families / Veterans
- Pregnant or parenting teens
- Racial or ethnic minorities
- Single mothers
- Unaccompanied homeless youth
- Other, please describe below (Limit 300 characters):

8. Outreach activities to special populations

17. Provide one example of outreach to maximize the participation of parents, racial and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups. (limit 2000 characters)

A large, empty rectangular text input box with a light gray background and a thin black border. A vertical scrollbar is visible on the right side of the box.

18. Provide one example of outreach to promote culturally competent and culturally relevant programs and activities for funded programs. (limit 2000 characters)

A large, empty rectangular text input box with a light gray background and a thin black border. A vertical scrollbar is visible on the right side of the box.

9. Leadership and involvement of parents

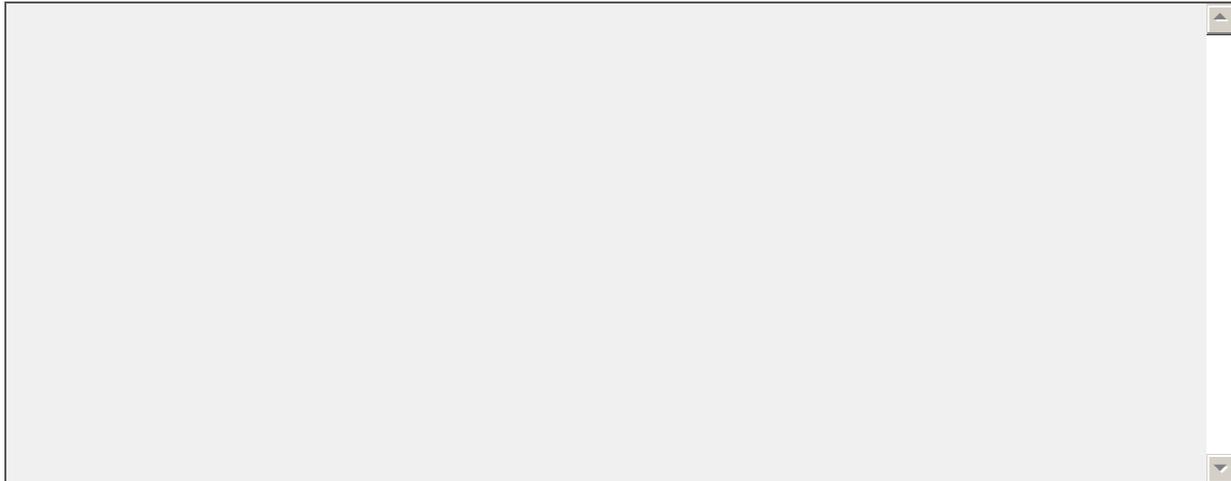
19. What opportunities were provided to engage parents in leadership roles in child abuse and neglect prevention activities in [Q1] County? Select ALL that apply.

- Child Abuse Prevention Council meetings
- Child Abuse Prevention Month planning and/or implementation
- Conference attendance (sponsorships)
- Fundraising
- Local advisory board, council, coalition, etc.
- Peer mentor, system navigator
- Program development, implementation and/or evaluation
- Public speaking
- Skill development, training
- Staff or volunteer recruitment and/or training
- State advisory board, council, coalition, etc.
- Systems change advocate, advisor, parent "voice"
- Other leadership role(s), please describe below (Limit 500 characters):

20. What kind of incentive, if any, did parents receive for participation in leadership opportunities? Select ALL that apply.

- Paid (cash/stipend)
- Paid (in-kind goods or services)
- Both (cash & in-kind)
- Both paid and unpaid opportunities
- No leadership activities were paid.
- There were no leadership opportunities for parents.

21. Provide a brief description of one parent leadership opportunity including the project, role and activities that the parent performed as a parent leader. (limit 1500 characters)



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10. Evidence-based / Evidence-informed Program Expenditures

Using the CBCAP decision tree (checklist) as your guide, indicate your county's expenditures according to the CBCAP Evidence-based / Evidence-informed Program Rating Scale.

Use the input boxes below this image to enter the data.

LEVEL	FY14 DOLLAR AMOUNT SPENT	PERCENTAGE OF ALLOCATIO
0	\$	%
1	\$	%
2	\$	%
3	\$	%
4	\$	%

22. Level 0

Amount (\$)

Percentage (%)

23. Level 1

Amount (\$)

Percentage (%)

24. Level 2

Amount (\$)

Percentage (%)

25. Level 3

Amount (\$)

Percentage (%)

26. Level 4

Amount (\$)

Percentage (%)

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27. What were the EBP/EIP CBCAP Level 0 funded- programs/services/activities/approaches provided in [Q1] County? Select ALL that apply.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Basic needs, concrete supports | <input type="checkbox"/> Home visiting |
| <input type="checkbox"/> Behavior/mental health services | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Parent leadership training |
| <input type="checkbox"/> Child care/Day care | <input type="checkbox"/> Parenting education |
| <input type="checkbox"/> Differential Response | <input type="checkbox"/> Peer support |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Early childhood services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Resource Center (or other multi-service family support center) | <input type="checkbox"/> Youth programs |
| <input type="checkbox"/> Financial literacy education | |
| <input type="checkbox"/> Other, please describe below (Limit 100 characters): | |

28. What were the EBP/EIP CBCAP Level 1 funded- programs/services/activities/approaches provided in [Q1] County? Select ALL that apply.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Basic needs, concrete supports | <input type="checkbox"/> Home visiting |
| <input type="checkbox"/> Behavior/mental health services | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Parent leadership training |
| <input type="checkbox"/> Child care/Day care | <input type="checkbox"/> Parenting education |
| <input type="checkbox"/> Differential Response | <input type="checkbox"/> Peer support |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Early childhood services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Resource Center (or other multi-service family support center) | <input type="checkbox"/> Youth programs |
| <input type="checkbox"/> Financial literacy education | |
| <input type="checkbox"/> Other, please describe below (Limit 100 characters): | |

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29. List the names(s) of the EBP/EIP CBCAP Level 1 curriculum, model or approach. (limit 500 characters)

30. What were the EBP/EIP CBCAP Level 2 funded- programs/services/activities/approaches provided in [Q1] County? Select ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Behavior/mental health services | <input type="checkbox"/> Financial literacy education |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Child care/Day care | <input type="checkbox"/> Home visiting |
| <input type="checkbox"/> Differential Response | <input type="checkbox"/> Parenting education |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Parent leadership training |
| <input type="checkbox"/> Early childhood services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Family Resource Center (or other multi-service family support center) | <input type="checkbox"/> Youth programs |

Other, please describe below (Limit 100 characters):

31. List the names(s) of the EBP/EIP CBCAP Level 2 curriculum, model or approach. (limit 500 characters)

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32. What were the EBP/EIP CBCAP Level 3 funded- programs/services/activities/approaches provided in [Q1] County? Select ALL that apply.

- | | |
|--|---|
| <input type="checkbox"/> Behavior/mental health services | <input type="checkbox"/> Financial literacy education |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Child care/Day care | <input type="checkbox"/> Home visiting |
| <input type="checkbox"/> Differential Response | <input type="checkbox"/> Parenting education |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Parent leadership training |
| <input type="checkbox"/> Early childhood services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Family Resource Center (or other multi-service family support center) | <input type="checkbox"/> Youth programs |

Other, please describe below (Limit 100 characters):

33. List the names(s) of the EBP/EIP CBCAP Level 3 curriculum, model or approach. (limit 500 characters)

34. What were the EBP/EIP CBCAP Level 4 funded- programs/services/activities/approaches provided in [Q1] County? Select ALL that apply.

- Behavior/mental health services
- Domestic violence services
- Home visiting
- Parenting education
- Substance abuse services
- Other, please describe below (Limit 100 characters):

35. List the names(s) of the EBP/EIP CBCAP Level 4 curriculum, model or approach. (limit 500 characters)

11. Client Satisfaction

36. How was client satisfaction measured for your CBCAP-funded programs? Select **ALL** that apply.

- Participant engagement rates (the number of participants who accept services compared to the number offered services)
- Participant retention rates/drop-out rates
- Participant average daily attendance rates
- Satisfaction survey (completed in-class, by phone, electronic, or mail)
- Participant observation
- Participant interviews
- Participant focus groups
- Client satisfaction was not measured.
- Other, please describe below (Limit 100 characters):

12. Child Abuse Prevention Month Activities

37. What types of activities were held in your county in recognition of Child Abuse Prevention Month in April? Select ALL that apply.

- Art or photo contests and/or displays
- Awareness campaigns
- Banner and/or pinwheel display
- Blue ribbon campaign
- Ceremony (e.g. flag, candlelight, etc)
- Community presentations and/or speaking engagements
- Conference, education or training sessions
- Event (breakfast, luncheon, dinner)
- Event (walk, run, march, parade)
- Fair (e.g. resource, health, safety, etc)
- Government proclamations, resolutions
- Op Ed letters
- Public service announcements
- Other, please describe below (Limit 100 characters):

38. Briefly describe one activity carried out in [Q1] County in recognition of Child Abuse Prevention Month in April. (limit 1500 characters)

39. Did any of your activities receive media attention?

- Yes (please [click here](#) to email any photos (jpeg), articles (pdf) or media links. We may include your submission(s) in our next report to the federal government.)
- No

13. CBCAP-funded Public Awareness/Public Education

Select the CBCAP-funded activities from the list below that were employed to provide information or awareness of the risks of child maltreatment, the protective factors that keep children safe and/or the services available for children and families. Also indicate the estimated number reached for each funded activity.

Activity

40. Estimate Number of Individuals Reached. For activities that do not apply, enter zero.

Door-to-door outreach	<input type="text"/>
Events (school, community, fairs, etc)	<input type="text"/>
Information and referral	<input type="text"/>
News media (stories in print, TV, radio, etc)	<input type="text"/>
Newsletters (print or electronic)	<input type="text"/>
Paid advertisements (print, billboards, movie theater ads, etc)	<input type="text"/>
Publications, print materials, giveaway items, DVDs, etc.	<input type="text"/>
Social media (Facebook, Twitter, Instagram, etc)	<input type="text"/>
Trainings, education sessions, one-time workshops	<input type="text"/>
Other	<input type="text"/>

41. Briefly describe one public awareness activity carried out in [Q1] County (include target population, type of activity, purpose, number reached and accomplishments). You may include links to YouTube, web-postings, etc. (limit 1500 characters)

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If you have photos (jpeg) or other materials (PDF) you would like to share, please [click here](#) to email it. We may include your submission(s) in our next report to the federal government.

14. Outcomes Reporting – CBCAP

Outcomes Reporting – CBCAP (Report on one funded program.)

42. Service Provider Name:

43. Primary use of funds. (Select one.)

- | | |
|--|--|
| <input type="radio"/> Advocacy | <input type="radio"/> Financial literacy education |
| <input type="radio"/> Basic needs, concrete supports | <input type="radio"/> Health services |
| <input type="radio"/> Behavior health, mental health services | <input type="radio"/> Home visiting |
| <input type="radio"/> Case management | <input type="radio"/> Housing services |
| <input type="radio"/> Child care/Day care | <input type="radio"/> Parent leadership training |
| <input type="radio"/> Differential Response | <input type="radio"/> Parenting education |
| <input type="radio"/> Disability services | <input type="radio"/> Peer support |
| <input type="radio"/> Domestic violence services | <input type="radio"/> Respite care |
| <input type="radio"/> Early childhood services | <input type="radio"/> Substance abuse services |
| <input type="radio"/> Family Resource Center or other drop-in multi-service support center | <input type="radio"/> Youth programs |

- Other, please describe below (Limit 100 characters):

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

- Children
- Parents
- Families

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

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

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

- English
 - Arabic
 - Armenian
 - Cambodian
 - Cantonese
 - Farsi
 - Hmong
 - Korean
 - Mandarin
 - Russian
 - Spanish
 - Tagalog
 - Vietnamese
 - Sign Language
- Other language(s), please describe below (Limit 100 characters):

47. Using the Strengthening Families Framework, 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
- This program has no specified outcome(s).
- Other, please describe below (Limit 100 characters):

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

- 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):

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

15. Outcomes Reporting – CBCAP

50. CBCAP funding amount for this program:

Amount (\$)

51. Total number served in this program:

All unit types (individuals and families)

52. Cost per unit: (Amount of your CBCAP funding for this program divided by total number served)

Cost (\$) per Unit

53. 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)

54. Enter the percentage of participants in this program that achieved the primary program outcome. (Divide the number reported above in Question 48 by the number reported in Question 46.) Choose one range for your answer.

- | | |
|-------------------------------------|--|
| <input type="radio"/> Less than 50% | <input type="radio"/> 81-90% |
| <input type="radio"/> 51-60% | <input type="radio"/> 91-100% |
| <input type="radio"/> 61-70% | <input type="radio"/> The outcome was not tracked and/or measured. |
| <input type="radio"/> 71-80% | |

55. How was client satisfaction measured? Select ALL that apply.

- Participant engagement rates (the number of participants who accept services compared to the number offered services)
- Participant retention rates/drop-out rates
- Participant average daily attendance rates
- Satisfaction survey (completed in-class, by phone, electronic, or mail)
- Participant observation
- Participant interviews
- Participant focus groups
- Client satisfaction was not measured
- Other, please describe below (Limit 100 characters)

56. 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.

16. Outcomes Reporting – CBCAP

57. In addition to CBCAP, what other funding source(s) supported this program? Select ALL that apply.

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

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

Dollar amount

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

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

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

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

61. Is there a financial sustainability plan for this program beyond CBCAP funds?

- Yes
- No

62. Would [Q1] County continue to invest in this program without CBCAP funds?

- Yes
- No

63. 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)

64. 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.

17. 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.