



## Office of Child Abuse Prevention Strategic Plan 2020 – 2025

California Department of Social Services  
Children and Family Services Division  
[www.cdss.ca.gov/inforesources/ocap](http://www.cdss.ca.gov/inforesources/ocap)



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# Letter from OCAP Bureau Chief

Dear Partners and Constituents,

The Office of Child Abuse Prevention (OCAP) works collaboratively with partners at the federal, state, and county level and with community, tribal and parent partners. The purpose of this plan is to communicate to our partners and the residents of California the OCAP's vision and plan for preventing child abuse and neglect in California by promoting healthy families and communities.

The OCAP is part of the California Department of Social Services (CDSS). In preparing this plan, the OCAP gave careful consideration to the goals of the larger CDSS organization, the goals of the Governor and of the Health & Human Services Agency and gave careful consideration to a variety of stakeholder input. This plan anticipates a future where public systems and private citizens, businesses and communities work in unity to create a complete system of care for children and families. Key elements of the plan include:

- 1) Lifting through capacity building
- 2) Linking through a shared prevention agenda
- 3) Leveraging resources to build protective factors through community and natural supports

For many years, the OCAP has utilized a theme for Child Abuse Prevention Month, "Community in Unity Creates Child Well-Being." Ideally, a child grows up in a community surrounded by healthy adults and mentors. Similarly, families thrive in communities that provide the opportunity to connect, be supported, and be productive.

The core values of CDSS and the OCAP are outlined, along with the specific objectives and activities that will be implemented to achieve overarching goals. The OCAP will utilize this plan daily to direct program and funding activities over the next five years (2020-2025). It's a guidepost for our work, ensuring that we maintain our focus and our alignment with other systems and initiatives across the state to build effectively on the System of Care work occurring in all youth serving sectors in California.

Unity continues to be a focus in providing a Healthy California for All that will give our children a better tomorrow. Thank you for joining CDSS and the OCAP in this work.

In Partnership,

Angela Ponivas, Chief  
Office of Child Abuse Prevention  
California Department of Social Services



# The Office of Child Abuse Prevention

## The OCAP Bureau

The Office of Child Abuse Prevention (OCAP) is a bureau within the California Department of Social Services (CDSS). CDSS is the administrative structure that provides oversight to the California Child Welfare System. The system continually works to improve engagement and service provision that support the safety, permanence and well-being of children and their families. Though historically the child welfare system has focused on tertiary prevention efforts (see Appendices) for children who have already experienced abuse, the OCAP plays a valuable role in encouraging and supporting cross-sector collaboration in state-wide and community-wide efforts to support all children and families of California, creating a full system of care that includes primary and secondary prevention strategies.

Many systems and agencies have traditionally worked in silos. Within CDSS, there is an expanded interest in embedding prevention strategies through cross-sector collaboration. Current opportunities include:

- The State Opioid Crisis
- The Essentials for Childhood Initiative
- Screening for Adverse Childhood Experiences and Services of Support
- Family First Prevention Services Legislation
- The Implementation of AB 2083
- The advancement and implementation of California's Integrated Core Practice Model for Children, Youth and Families
- Increasing the Utilization of the Earned Income Tax Credit, CalWORKS, CalFresh, and Paid Family Leave
- Tribal Engagement



## OCAP Vision

An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children.



## OCAP Mission

To shape policy and practice to promote the safety and well-being of California's children and families.

*New statewide emerging prevention-focused partnerships include projects with philanthropic foundations such as Casey Family Programs, the S.H. Cowell Foundation, United Way and other state departments, such as the California Department of Public Health. Additionally, local child welfare agencies are seeking ways to collect and use prevention-focused data and embed prevention strategies as part of child welfare practices. More and more, public and private agencies are working together for collective impact. The OCAP strives to build this momentum.*

# Role of the OCAP

1

Promote a statewide plan and network to prevent child abuse and neglect.

As part of federal requirements, the OCAP is responsible for monitoring local prevention activities. In total, the OCAP provides oversight to approximately \$60 million dollars of funding a year. A majority of these funds go directly to counties so that they can choose how to best allocate funds for their communities. The OCAP facilitates and monitors the counties' prevention activities and the allocation of funds. Some OCAP funding is used to implement statewide

2

Monitor and facilitate effective use of prevention-focused funding, ensuring compliance with all governing legislation.

mandates and provide resources for a wide variety of enterprises, such as training and technical assistance, field experts, public awareness campaigns, and prevention-focused tools. To ensure good stewardship, return on investment strategies are used to include leveraging, resource pooling, and fiscal accountability.



**\$60 Million Funding Per Year**

## OCAP Funding Streams

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Child Abuse Prevention and Treatment Act (CAPTA)

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Community-Based Child Abuse Prevention (CBCAP) Program

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Promoting Safe and Stable Families (PSSF) Program

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Child Abuse Prevention, Intervention and Treatment Act (CAPIT)

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State Children's Trust Fund (SCTF)

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*The OCAP is led by the OCAP Bureau Chief, with support from an administrative assistant, research data specialist II, as well as managers and staff from the Family and Community Support Services Unit and the Prevention Network Development Unit.*

# Strengthening Families to Prevent Child Maltreatment

## Child Maltreatment Rates

In the United States, approximately 672,000 children are victims of maltreatment each year<sup>1</sup>. Our youngest children are particularly vulnerable. Nearly 1/3 of children involved in the child welfare system are under 3 years of age. Furthermore, studies show that 35 to 68 percent of child welfare involved children of preschool-age demonstrate delays in cognitive development and early language skills, as well as challenging behaviors.<sup>2</sup>



672,000

Child maltreatment victims in the U.S.



1/3

Children in CWS under age 3



35% – 68%

Demonstrate cognitive delays



+ Negative Outcomes

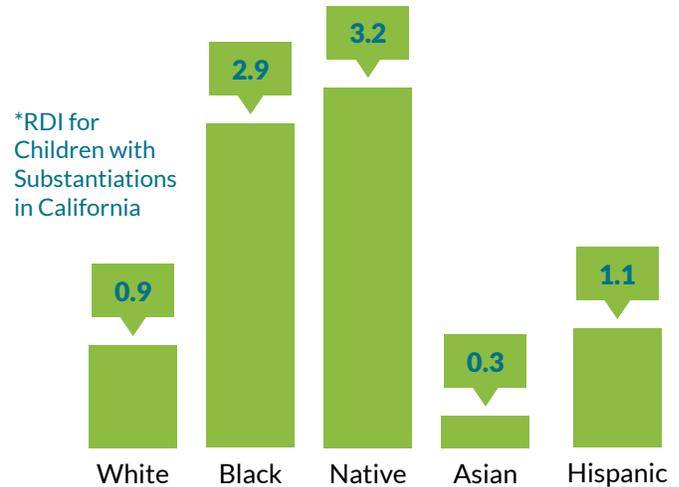
*Worse child welfare outcomes for under-represented populations*

A significant amount of research documents the national over-representation of certain racial and ethnic populations in the child welfare system<sup>3</sup>. **Racial disparities** occur throughout the child welfare continuum from referral through removal from the home<sup>4</sup>. Children from under-represented populations tend to experience worse child welfare outcomes to include longer stays in care, more placements in non-family settings, and fewer supports during transition to adulthood.

California child welfare rates are similar to the national averages. In 2019, California had 475,450 allegations of child abuse and neglect. The allegations were substantiated for 67,427 children. Approximately 35%, of children in the child welfare system are five years old or younger. Over three quarters of children in the California Child Welfare System

were substantiated for neglect, 6.9 percent were substantiated for physical abuse, and 4.9 percent were substantiated for sexual abuse. Furthermore, in 2019, 126 California children died as the result of abuse and/or neglect. Seventy to eighty percent of child fatalities occur before the age of five.

Also similar to national averages, the number of child welfare referrals and entries for California’s minority children is disproportionately large. African American and Native American children tend to be the largest disproportional races represented in the child welfare system. 2017 data from [OCAP’s Data Dashboard](#) is represented on the right.



*\*The Racial Disproportionality Index (RDI) is the ratio of the percentage of children by race in a specified population to their percentage in the general population. An RDI of 2 means that the racial/ethnic group represents in the specified population twice it does in the general population (over-representation). The level of the Index depends on the size of the racial/ethnic population; a very high level of RDI may be due to a very small percentage of racial/ethnic group in the county’s general population.*

Child maltreatment has profound and tragic long-term consequences both for the victim and for society. This impact is also economic. In a recent study, using updated economic analysis methods, the **financial cost of child maltreatment for the victim is \$831,000 over a lifetime**<sup>5</sup>. Studies reporting the US economic burden to address child maltreatment range from \$428 billion to \$2.0 trillion . A recent study by Safe & Sound, estimates the cost for California’s non-fatal and fatal cases of child abuse in 2017 to be \$19 billion over the

course of a lifetime. To put this in context, \$19 billion would pay for 185,000 students to receive a four-year college education, would provide a year of preschool to more than two million young children, fund 15% of the state operating budget or build 638 miles of new interstate. The economic burden of child abuse is said to rival every large public health issue .



**\$19 Billion over a Lifetime**

CA non-fatal and fatal child abuse cases in 2017. The same \$ could...

**185,000+**  
Pay for 185K students to attend 4 year college

**2,000,000+**  
Send 2M kids to preschool for a year

**15%**  
Fund the State’s operating budget

The major drivers of child abuse include poverty, substance abuse, unaddressed mental health challenges and a history of child abuse. Though none of these drivers cause abuse, they are factors that can increase parental stress and reduce coping skills. For the purposes of prevention, we must seek to mitigate these risk factors and build the necessary protective factors for children and families to be strong, resilient and healthy.

## Social Determinants of Health

Findings from numerous studies concur that child abuse and neglect are often associated with a lack of access to important supports and services, which impedes parents and family’s abilities to keep children safe and protected<sup>6</sup>. *(Abuse and neglect are not associated with a lack of access to the social determinants of health. They’re associated with lack of access to care and services).*

The impact of poverty and disadvantaged access to resources that support the social determinants of health are particularly relevant for California’s children. One-quarter of young children in California live in poverty. Regionally, child poverty ranges from 20% in the Bay Area, Sacramento Area and Northern Region to nearly 30% in the Central Coast and Los Angeles County. The impact of safety net programs generally supplement earnings to help families avoid severe economic need. These programs – which include cash assistance, nutrition assistance, housing subsidies and low-income tax credits – make up 44% of poor families’ resources statewide and substantially mitigate the risk of poverty<sup>7</sup>.

### 1/4 of Young Children Live in Poverty



- Cash


- Nutrition


- Housing


- Tax Credits



**Safety net programs can make up 44% of poor families’ resources statewide and substantially mitigate the risk of poverty.**

In California’s 2020 state budget, Governor Gavin Newsom has demonstrated his priorities by investing in homelessness, early child care, education, healthcare, mental health and the expansion of Paid Family Leave. Governor Newsom and his wife, Jennifer Siebel Newsom, frequently say they’re pushing a “parents’ agenda” to make life easier on California families.

## Adverse Childhood Experiences

Governor Newsom has appointed California's first Surgeon General, Dr. Nadine Burke Harris. Dr. Harris has prioritized reducing Adverse Childhood Experiences (ACEs) by 50% within one lifetime. Dr. Harris has been a leader in recognizing the significant impact of ACEs on a child's development, health, and life trajectory. ACEs include all types of abuse and neglect as well as certain types of household dysfunction such as parental mental illness, substance use, incarceration, and domestic violence. Recent research reports that any exposure to ACEs is linked to an increase in risky behaviors and life-threatening diseases<sup>8</sup>.

Approximately 42% of California's children with child welfare involvement have experienced at least four ACEs<sup>9</sup>. As a comparison, only 17.6 percent of Californians, in general, report 4 or more ACEs. The Center for Disease Control reports that a child with four or more ACEs is nearly 13 times more likely to be removed from their home and placed in foster care. Adults with four or more ACEs are more likely to report poor physical and mental health and/or engage in binge drinking and substance abuse.

In a 2020 press release, Dr. Harris outlined a statewide approach to ameliorate adverse childhood conditions and events. In the publication, Governor Newsom notes, "*California is leading the way on addressing ACEs and toxic stress as a public health crisis because we recognize it as a key preventive measure to improve health and societal outcomes for our state's residents for generations to come*". Preventing ACEs is a primary endeavor of the OCAP.

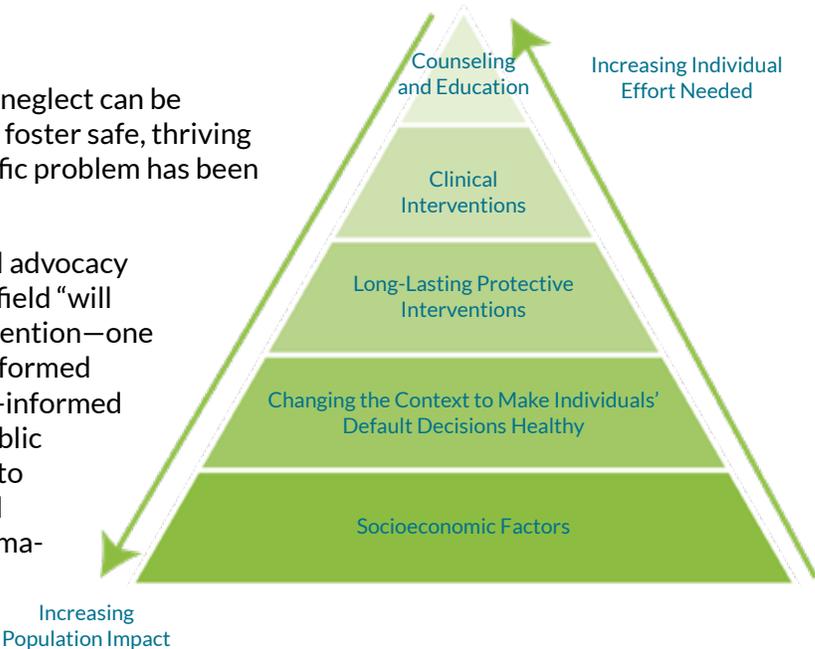


**The Center for Disease Control reports that a child with four or more ACEs is nearly 13 times more likely to be removed from their home and placed in foster care.**

# Prevention and Promotion

It is well supported that child abuse and neglect can be prevented by promoting conditions that foster safe, thriving families and communities before a specific problem has been identified.

Prevent Child Abuse America, a national advocacy organization, notes that the prevention field “will require a public health approach to prevention—one in which we don’t only call for trauma-informed services and responses, but also trauma-informed systems and contexts”. The following Public Health Pyramid is utilized by the OCAP to map their engagement in promotion and prevention from systems of care to trauma-informed interventions.



## Systems of Care



The pyramid’s foundational levels, socioeconomic factors and environmental context, focus on building community protective factors or increasing access to the resources that enhance the social determinants of health. Intervention at this level can encompass system level approaches to address poverty, equity, or other environmental ‘contexts’ that impact safety and wellness. In partnership, the OCAP works to launch and sustain prevention-focused systems of care.

## Strengthening Families



Long-lasting protective interventions, the middle pyramid level, includes building protective factors to strengthening families. The OCAP advocates the use of the research-informed Strengthening Families framework . This approach supports families to build protective factors such as attachment and nurturing, parental resiliency, concrete supports in times of need, knowledge of parenting and child development, social connections and child social and emotional competence.

## Trauma-Informed Approaches



The top two pyramid levels include traditional secondary and tertiary prevention approaches such as clinical interventions, counseling, and education, some of which is funded at the county level with Promoting Safe and Stable Families (PSSF) or Child Abuse Prevention Intervention and Treatment (CAPIT) dollars. The OCAP provides oversight to these funding streams and county program selections. In addition, the Bureau robustly promotes the use of trauma-informed care as a way to understand and address issues such as ACEs. The OCAP also sponsors projects that assist in the identification of high-quality, effective interventions to prevent and address abuse and neglect.

# Strategic Planning Method

The OCAP’s strategic planning process was facilitated by an independent consultant in close collaboration with the OCAP Bureau Chief. The OCAP leadership team and staff participated in both the development and vetting of key elements of the plan. The plan design analyzed a comprehensive dataset including outcomes for the OCAP 2015-2020 strategic plan, CDSS initiatives, other related policy initiatives, current prevention-focused research, prevention and promotion-focused best practices, and stakeholder feedback.

## Essentials for Childhood

The OCAP’s strategic plan supports and adopts the Essentials for Childhood approach, a public health initiative of the Center for Disease Control. This platform encourages policy makers, communities, leaders, and families to coalesce around a central tenant: creating safe, stable, nurturing relationships and environments for children. Essentials for Childhood assists to create a common language across all systems of care, and supports

the OCAP’s mission to shape policies and practice to promote the safety and well-being of California’s children and families. Correspondingly, the OCAP’s vision is to “create an integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children”.



## Theory of Change

The OCAP takes the position that 1) resilient families, with knowledge of parenting and access to resources that meet their basic needs are better equipped to address life’s challenges and adversities in ways that also protect children and 2) communities play a pivotal role in strengthening families, thereby preventing child maltreatment. This position informs the theory of change for this strategic plan.

**Theory of Change**

IF we shape policy and practice to promote the safety and well-being of California’s children and families,

**THEN**, California’s prevention partners and family strengthening agencies have the opportunity to

- Promote child and family safety and well-being by strengthening the capacity within communities to care for one another,
- Work effectively together as a network of support, and
- Leverage resources to enhance impact,

**SO THAT** an integrated state-wide system supports families to provide safe, stable, nurturing, relationships and environments for their children,

**THEREBY** preventing child abuse and neglect.

# Stakeholder Data Collection

Stakeholder feedback was collected September through December 2019. Two types of stakeholders were recruited:

## Internal CDSS Stakeholders

The participants represented nine units, branches or bureaus of the California Health and Human Services Agency, CDSS, and consultants for current CDSS statewide initiatives. The work of internal stakeholders were selected based on the work integrating or interacting with the OCAP Bureau.

## External Stakeholders

California’s child welfare system is state supervised and county administered. Each county designs and implements their own prevention services. In order to best capture stakeholder feedback throughout the state, representatives from each county were recruited to provide input about their communities.

# Stakeholder Feedback



The stakeholder feedback revealed several highly valued OCAP activities. Some activities were those in which the OCAP already has significant investment. Other recommended activities will be augmented during this strategic plan period.

## What Our Stakeholders Told Us

### Sustain our Stakeholders Activities

- Focus on prevention frameworks as useful practice models
- Support sustainable community coalitions that strengthen families
- Enhance the capacity of family service providers to work effectively
- Provide innovative trainings, technical assistance, and resources

### Increase Momentum

- Disseminate methods to collect and use prevention-focused data
- Provide strategies to embed prevention as part of child welfare practices
- Disseminate strategies to leverage prevention funding and priorities

*The Strategic Plan Stakeholder Feedback Survey was distributed to county and community leaders during September 2019. The seventy-three survey participants represented all regions of California. A similar survey was distributed to the OCAP liaison representatives. Thirty-eight county representatives completed surveys for a response rate of 65%.*

# Strategic Plan Framework

## Guiding Principles

The OCAP followed four guiding principles when establishing strategic objectives and activities; these guiding principles will also inform future funding priorities:

### Include family-centered strategies and perspectives in activities

Family-centered approaches are strongly supported within the child welfare system and throughout family-strengthening organizations. A family-centered approach encourages and empowers families to be their own champions. The OCAP will work in partnership with parent and youth leaders to improve the effectiveness and efficiency of both family practices and system policies.

### Promote equity and access to the resources that enhance the social determinants of health

Children impacted by poverty and those from American Indian/Alaska Native and African American backgrounds are over-represented in child welfare systems. Prevention and early intervention services and resources can strengthen families and decrease the number of children entering care. The OCAP will advocate and support prevention strategies that specifically increase equity and access to resources that enhance the social determinants of health, reaching under-served populations.

### Advance sustainable and effective prevention partnerships

Robust literature supports community collaboration as a way to build strong family-strengthening systems. The OCAP will invest in strengthening the capacity of local community

cross-system partnerships and statewide systems to address the safety and well-being of children and families.

### Practice and build accountability through Continuous Quality Improvement.

The OCAP utilizes a Continuous Quality Improvement (CQI) approach to evaluate the effectiveness of strategies and seek ways to maximize impact and cost/benefit. CQI strategies include incorporating evaluation data as part of funding mandates and building the capacity of prevention partners to collect and use data.

Accountability also includes transparency in the way the strategic plan will be implemented. The OCAP will employ lift, link, and leverage as ways of working when implementing the Strategic Plan.



**Lift** capacity of prevention partners to strengthen families.



**Link** and align prevention agendas and strategies.



**Leverage** resources for maximum impact.

# Strategic Objectives and Strategies

## Strategic Objective One

### Expand the capacity of prevention partners and family strengthening organizations to support the safety and well-being of children.

**Strategy 1a:** Disseminate culturally respectful and trauma-informed prevention and promotion resources and tools.

**Strategy 1b:** Empower parents and youth to provide meaningful contributions as system partners and advocates.

**Strategy 1c:** Strengthen the capacity of providers to build resiliency in families and effectively implement evidence-based and evidence-informed prevention programs and practices.

**Strategy 1d:** Build the capacity of partners to work effectively with diverse populations, particularly children and families in poverty.

**Strategy 1e:** Build the sustainability of family strengthening organizations through the dissemination of organizational best practices and workforce development opportunities.

## Strategic Objective Two

### Unite advocates and partners around a child safety and well-being agenda.

**Strategy 2a:** Partner with communities, including tribes to strengthen prevention networks and build the leadership needed to sustain community efforts.

**Strategy 2b:** Advance the effective use of prevention data and performance measures.

**Strategy 2c:** Conduct research and evaluation that will inform the field on prevention strategies.

## Strategic Objective Three

### Leverage activities across systems to further local and statewide prevention agendas.

**Strategy 3a:** Using local System of Care Interagency Leadership, under AB 2083, advance partnerships to leverage funding and resources. Form multi-agency prevention teams to design, plan and monitor work.

**Strategy 3b:** Create a shared prevention language to embed prevention-focused priorities across systems.

**Strategy 3c:** Identify how interagency funding and revenue allocation can be leveraged within local systems to enhance or expand prevention efforts.

# Implementation Process

All OCAP personnel will have a defined role in implementing the strategic plan strategies and tracking outcomes. Each fiscal year, OCAP initiatives, projects, and funded programs will be mapped to each strategic objective and strategy to ensure all areas of the plan are adequately addressed. Oversight of the strategic plan implementation and outcomes will be the responsibility of the OCAP Bureau Chief.

The OCAP staff will carry out their duties in keeping with the OCAP Core Values. These values were identified by staff as desired practices that also guide the workplace culture. OCAP Core Values are compatible with Core Practice Model Behaviors used throughout CDSS (see Appendices).

## OCAP Core Values

### Cultural Respect

We maintain an internal culture and promote services that demonstrate respect for and build on the values, preferences, and identities of staff, families and their communities or tribes.

### Continuous Quality Improvement

We are data informed in decision-making and maintain an organizational culture that proactively supports continuous learning to improve outcomes.

### Innovation

We explore, embrace, and advocate for new ideas, new methods, and new measures that lead to better outcomes for children and families.

### Collaboration

We empower, engage, and promote parents and youth as partners in decision-making within systems and communities.

We work collaboratively across systems to address the social determinants of health and to build protective factors that promote the well-being of children, families and communities.

### Accountability

We model transparency and stewardship and have a commitment to focus on strengths and opportunities to address needs.

# Appendices

# OCAP Strategic Plan Framework

## Vision

An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children.

## Mission

To shape policies and practice to promote the safety and well-being of California’s children and families

## Guiding Principles

- Include family-centered strategies and perspectives in activities
- Promote equity and access to the resources that enhance the social determinants of health
- Advance sustainable and effective prevention partnerships
- Practice and build accountability through Continuous Quality Improvement

**Ways of Working**  **Lift** | Capacity  **Link** | Efforts  **Leverage** | Resource

## Strategic Objectives and Strategies

**Strategic Objective One:** Expand the capacity of prevention partners and family strengthening organizations to support the safety and well-being of children.

**Strategy 1a:** Disseminate culturally respectful and trauma-informed prevention and promotion resources and tools.

**Strategy 1b:** Empower parents and youth to provide meaningful contributions as system partners and advocates.

**Strategy 1c:** Strengthen the capacity of providers to build resiliency in families and effectively implement evidence-based and evidence-informed prevention programs and practices.

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**Strategy 1e:** Build the sustainability of family strengthening organizations through the dissemination of organizational best practices and workforce development opportunities.

**Strategic Objective Two:** Unite advocates and partners around a child safety and well-being agenda.

**Strategy 2a:** Partner with communities, including tribes to strengthen prevention networks and build the leadership needed to sustain community efforts.

**Strategy 2b:** Advance the effective use of prevention data and performance measures.

**Strategy 2c:** Conduct research and evaluation that will inform the field on prevention strategies.

**Strategic Objective Three:** Leverage activities across systems to further local and statewide prevention agendas.

**Strategy 3a:** Using local System of Care Interagency Leadership, under AB 2083, advance partnerships to leverage funding and resources. Form multi-agency prevention teams to design, plan and monitor work.

**Strategy 3b:** Create a shared prevention language to embed prevention-focused priorities across systems.

**Strategy 3c:** Identify how interagency funding and revenue allocation can be leveraged within local systems to enhance or expand prevention efforts.

# Core Values Aligned with Core Practice Model

The OCAP Core Values identify expectations that guide the Bureau’s work. Core Practice Model Behaviors guide the activities of the CDSS and the California Child Welfare System. The OCAP Core Values will be implemented using Core Practice Model Behaviors.

## Cultural Respect

We maintain an internal culture and promote services that demonstrate respect for and build on the values, preferences, and identities of staff, families and their communities or tribes.

## Foundation

- Be open, honest, clear, and respectful in your communications.
- Be accountable.

## Continuous Quality Improvement

We are data informed in decision-making and maintain an organizational culture that proactively supports continuous learning to improve outcomes.

## Engagement

- Create a learning environment.
- Engage staff in implementation and system improvement.
- Show you care.
- Recognize staff strengths and successes.

## Innovation

We explore, embrace, and advocate for new ideas, new methods, and new measures that lead to better outcomes for children and families.

## Inquiry/Exploration

- Seek feedback.

## Advocacy

- Promote advocacy.
- Advocate for resources.

## Collaboration

We empower, engage, and promote parents and youth as partners in decision-making within systems and communities.

We work collaboratively across systems to address the social determinants of health and to build protective factors that promote the well-being of children, families and communities.

## Teaming

- Build partnerships.
- Work with partners.
- Model teaming.

## Accountability

We model transparency and stewardship and have a commitment to focus on strengths and opportunities to address needs.

## Accountability

- Listen and provide feedback.
- Hold each other accountable.
- Monitor organization effectiveness.
- Monitor practice effectiveness.

# A Framework for Preventing Child Abuse by Promoting Healthy Families & Communities

## Vision

The vision of the Office of Child Abuse Prevention is to develop an integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children. To achieve this vision, we have adapted the healthcare model for prevention, seeking to build protective factors through community and natural supports while mitigating risk factors.



## Levels & Strategies for the Prevention of Child Abuse & the Promotion of Healthy Families and Communities

### PRIMARY

These activities are directed at the general population to strengthen communities and improve child well-being by focusing on the social determinants of health, defined as the conditions into which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

#### Primary strategies may include:

- ▶ Reducing poverty and drug use
- ▶ Improving economic stability, transportation and access to supports
- ▶ Increasing social connections within the community
- ▶ Improving health and access to healthcare
- ▶ Improving school readiness, neighborhood safety and play areas for children
- ▶ Increasing communication and public awareness strategies for education, engagement, and outreach



### SECONDARY

These activities are offered to populations that have one or more risk factors associated with compromised well-being or child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, exposure to violence, and parental or child disabilities. Programs seek to build protective factors and mitigate the risk factors.

#### Secondary strategies may include:

- ▶ Increasing accessibility to family resource centers that offer information and referral services to families living in low income areas
- ▶ Offering parent education programs in strategic locations
- ▶ Providing home visiting programs that provide support and assistance to expecting and new mothers
- ▶ Providing respite care for families that have children with special needs
- ▶ Increasing access to family-centered substance abuse treatment services
- ▶ Connecting families to public assistance programs such as CalWORKS and CalFresh

### TERTIARY

These activities focus on families where child maltreatment has occurred, seeking to mitigate its trauma and reduce the negative consequences of the maltreatment and to prevent its recurrence.



#### Tertiary strategies may include:

- ▶ Providing family reunification services
- ▶ Providing permanency planning
- ▶ Offering parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes
- ▶ Providing mental health services for children and families affected by maltreatment
- ▶ Providing parent mentoring programs to families in crisis

## OCAP Expenditure Plan Year One (2020)

 <b>LIFT</b> capacity of prevention partners to strengthen families.								
Project/Activity	CAPTA	CBCAP	SCTF	Child Welfare Training Funds	CAPIT	SFP	PSSF	Total Funds
211 LA Safely Surrender Baby Hotline	50,000							50,000
California Evidence Based Clearinghouse (CEBC)	624,146							624,149
Celebrating Families	34,081							34,081
Children’s Law Center (Trafficking Unit)	80,000							80,000
Citizen Review Panels Contract	135,000	90,000						225,000
Economic Empowerment – Chinatown Service Center	7,500	5,000						12,500
Economic Empowerment – Folsom Cordova Community Partnership	7,500	5,000						12,500
Economic Empowerment – Redwood Community Action Agency	7,500	2,060						9,560
Economic Empowerment – Kern County		71,149						71,149
Economic Empowerment – Orange County		53,680						53,680
Economic Empowerment – San Luis Obispo County	7,500	4,701						12,201
Economic Empowerment – Santa Barbara County	7,500	5,000						12,500

Project/Activity	CAPTA	CBCAP	SCTF	Child Welfare Training Funds	CAPIT	SFP	PSSF	Fund Amount
Economic Empowerment – Sonoma County		50,000						50,000
Economic Empowerment – SAY San Diego		80,276						80,276
Mandated Reporter Maintenance Contract	25,000							25,000
Mandated Reporter Train the Trainer				10,000				10,000
Parent Leadership – Family Hui	107,997	107,997						215,994
Rady’s ACT Contract				217,500				217,500
Road to Resilience (CAPTA Grants)	6,026,145							6,026,145
Strategies TA	900,000	300,000	300,000					1,500,000
<b>TOTAL</b>								<b>9,322,232</b>

 **LINK** and align prevention agendas and strategies.

Project/Activity	CAPTA	CBCAP	SCTF	Child Welfare Training Funds	CAPIT	SFP	PSSF	Total Funds
ETO Reporting and Evaluation System		200,000						200,000
Resource Center (0-3 population) (EPIC Unit)	100,000							100,000
Safe and Sound Economics of Child Abuse	10,155							10,155
<b>TOTAL</b>								<b>310,155</b>

 **LEVERAGE** and partnerships across systems to promote and integrate statewide and local prevention agendas.

Project/Activity	CAPTA	CBCAP	SCTF	CW Training Funds	CAPIT	SFP	PSSF	Total Funds
Innovative Partnerships (CAPC Coalition Support)		175,000						175,000
On the Verge (SH Cowell Partnership)	250,000							250,000
Kids Plate Marketing			50,000					50,000
Prevention Public Awareness Campaigns (SSB, Safe to Sleep, CSEC, General Prevention)	75,000							75,000
Internal Technology (i.e. ,SalesForce)	47,000							47,000
SCTF Online Donation			5,000					5,000
<b>TOTAL</b>								<b>602,000</b>

 **County Allocations**

Fund	CAPTA	CBCAP	SCTF	CW Training	CAPIT	SFP	PSSF	Total Funds
CAPIT (Realigned – These are expenditures based on previously available year; 16/17)					13,395,000			13,395,000
CBCAP		1,967,453						1,967,563
PSSF							29,659,889	29,659,889
SFP (Realigned – These expenditure estimated based on previously available year; 16/17)						3,092,403		3,092,403
<b>TOTAL</b>								<b>48,114,745</b>

**Totals**

Fund	CAPTA	CBCAP	SCTF	CW Training	CAPIT	SFP	PSSF	Total Funds
Total OCAP Anticipated	8,502,024	3,117,316	355,000	227,500	13,395,000	3,092,403	29,659,889	58,349,132
State Support	260,000	300,000					2,965,989	3,525,989
<b>Total Local Assistance Budget</b>	<b>8,762,024</b>	<b>3,417,316</b>	<b>355,000</b>	<b>227,500</b>	<b>13,395,000</b>	<b>3,092,403</b>	<b>32,625,878</b>	<b>61,875,121</b>

# Resources

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- 3 Child Welfare Information Gateway (2016). Racial disproportionality and disparity in child welfare. Washington, D.C.: U.S. Department of Health and Human Services, Children’s Bureau. Retrieved from [https://www.childwelfare.gov/pubPDFs/racial\\_disproportionality.pdf](https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf). Accessed 15 Nov 2017
- 4 Putnam-Hornstein, Emily. Child Welfare in California: Ethnic/Racial Disproportionality and Disparity. Berkeley, 2008
- 5 Peterson, C., Curtis, F., & Klevens, J. The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 12/2015, 178-183. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0145213418303867?via%3Dihub>
- 6 Child Welfare Information Gateway. (2016). Family engagement: Partnering with families to improve child welfare outcomes. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.
- 7 [Public Policy Institute of California](#)
- 8 Centers for Disease Control and Prevention. (2016). About the CDC-Kaiser ACE study: Major findings. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>
- 9 ACEs in young children involved in the child welfare system. Retrieved from <http://www.flcourts.org/core/fileparse.php/517/urlt/ACEsInYoungChildrenInvolvedInTheChildWelfareSystem.pdf>

