

# TouchPoint - Blank TouchPoint



TouchPoint Name: General Information

Name:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by:

Completed on behalf of:

Identifier:

## GENERAL INFORMATION

**INSTRUCTIONS:** The General Information TouchPoint addresses who the county partners with in order to help prevent child abuse and neglect, the start and end date of the SIP cycle, as well as identifying risk factors, and other General Information.

**SIP Cycle Start Date**

**SIP Cycle End Date**

**County Collaboration**

**Report Prompts:**

TouchPoint: General Information

Printed on: 7/14/16

Page 1 of 8



## State Fiscal Year

<input type="checkbox"/> 2014-15
<input type="checkbox"/> 2015-16
<input type="checkbox"/> 2016-17
<input type="checkbox"/> 2017-18
<input type="checkbox"/> 2018-19

### Report Prompts:

TouchPoint: General Information

Printed on: 7/14/16

Page 2 of 8



**Who does County collaborate with, coordinate and/or involve to prevent child abuse and neglect?  
Check ALL that apply.**

<input type="checkbox"/> Afterschool and/or child care programs
<input type="checkbox"/> Alcohol and other drug programs
<input type="checkbox"/> Behavior health, mental health
<input type="checkbox"/> Child Abuse Prevention Council
<input type="checkbox"/> Disability-focused organizations (includes regional centers, public or private agencies)
<input type="checkbox"/> Domestic violence organization
<input type="checkbox"/> Early childhood programs (e.g. Early Head Start, Head Start, Pre-K, etc.)
<input type="checkbox"/> Education (K-12, higher education)
<input type="checkbox"/> Faith-based community
<input type="checkbox"/> Family support organization
<input type="checkbox"/> First 5 Commission
<input type="checkbox"/> Healthcare sector (health systems, hospitals, clinics, private providers)
<input type="checkbox"/> Justice system, law enforcement
<input type="checkbox"/> Parents or kin (formal or informal groups)
<input type="checkbox"/> Private foundations
<input type="checkbox"/> Probation and/or parole (juvenile, adults)
<input type="checkbox"/> Public benefit agencies (e.g. CalFresh, CalWorks, Section 8, General Assistance, etc.)
<input type="checkbox"/> Public health (includes Maternal Child Health, Child Health Disability Prevention, etc.)
<input type="checkbox"/> Tribal-focused public and/or private organizations
<input type="checkbox"/> Youth (formal or informal groups)
<input type="checkbox"/> Other
<input type="checkbox"/> Court system

**Report Prompts:**



**Other Collaboration (Limit 100 characters)**

**INSTRUCTIONS:** From your selection above please list your counties' top 3 collaborations, describe how those collaborations impacted child abuse and neglect prevention efforts in the community, what the collaboration looks like, and how often the community partners meet.

**Enter your top 3 collaborations and descriptions here.**

## Parent Involvement

**Please describe how you involve parents/caregivers in service planning and/or delivery. (Limit 250 characters)**

**What challenge or barrier do you face in engaging parents at the system level? (Limit 250 characters)**

## Risk Factors

**Report Prompts:**



**What is the most frequent risk factor that is driving children into your County's child welfare system?**

<input type="checkbox"/> Childhood Trauma
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Family Structure
<input type="checkbox"/> History of Previous Abuse
<input type="checkbox"/> Lack of Community Resources/Services
<input type="checkbox"/> Lack of Parenting Knowledge and Education
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Poverty
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Commercial Exploitation

**Other Risk Factor (Limit 100 characters)**

--

**Report Prompts:**



**What is the most frequent type of child abuse substantiations in your County?**

<input type="checkbox"/> Caretaker Absence/Incapacity
<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Exploitation
<input type="checkbox"/> General Neglect
<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Severe Neglect
<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Other (Please specify)

**Other type of child abuse substantiations (Limit 100 characters)**

**Describe one example of work toward systems change happening in your County. (Limit 300 characters)**

**Differential Response/Funding**

**Report Prompts:**



Whether or not supported with OCAP funds, does your County utilize a 3-Path Differential Response model? Only answer "Yes" if your County uses all 3 three paths.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Whether or not supported with OCAP funds, does your county utilize an alternative response model?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does your County anticipate any changes to CAPIT/CBCAP/PSSF expenditures in the current fiscal year?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Are there any rollover CBCAP funds into next year?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How much of CBCAP funds will be rolled over into next year?

\$
----

**Report Prompts:**

## TouchPoint - Blank TouchPoint



Additional comments (Limit 300 characters)

**Report Prompts:**

TouchPoint: General Information

Printed on: 7/14/16

Page 8 of 8