

TouchPoint - Blank TouchPoint



TouchPoint Name: Service Activity and Funding Stream

Name:

Date: ____/____/____

Completed by:

Completed on behalf of:

Identifier:

Service Activity Information

INSTRUCTIONS: This TouchPoint contains five different sections all related to ONE Service Activity -- meaning you must record one TouchPoint for each service offered. Sections include: 1) Service Activity 2) Funding Stream 3) Activity Outcome 4) Target Population and 5) CBCAP (only if CBCAP funding is noted), NOTE: If CBCAP funds are being used, you will need to record the Evidence Based/ Informed Checklist on the county dashboard in the Service Activity and Funding Stream TouchPoint.

The 2015-16 Annual Report Due Date: September 30, 2016 at 5 pm.

Please record this Touchpoint for each Service receiving OCAP Funding.

Report Prompts:

TouchPoint: Service Activity and Funding Stream

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State Fiscal Year

<input type="checkbox"/> 2013-14
<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
<input type="checkbox"/> 2019-20

DISABLED - Please be sure to select the correct reporting year. Do you want to continue?

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

DISABLED - Annual Report Deadline (Auto Populated by ETO)

___/___/___

Services Category

<input type="checkbox"/> Adoptive Parent Recruitment
<input type="checkbox"/> Live Scan
<input type="checkbox"/> Parent / Sibling Visitation
<input type="checkbox"/> Child Care
<input type="checkbox"/> Behavior Health, Mental Health
<input type="checkbox"/> Peer Support

Report Prompts:



<input type="checkbox"/> Respite Care
<input type="checkbox"/> Transportation
<input type="checkbox"/> Domestic Violence Services
<input type="checkbox"/> Substance Abuse Services
<input type="checkbox"/> Basic Needs, Concrete Supports
<input type="checkbox"/> Early Childhood Services
<input type="checkbox"/> Financial Literacy Education
<input type="checkbox"/> Health Services
<input type="checkbox"/> Parent Education
<input type="checkbox"/> Youth Programs
<input type="checkbox"/> Differential Response
<input type="checkbox"/> Home Visiting
<input type="checkbox"/> Housing Services
<input type="checkbox"/> Advocacy
<input type="checkbox"/> Disability Services
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Parent Leadership Training
<input type="checkbox"/> Team Decision Making
<input type="checkbox"/> Other
<input type="checkbox"/> Case Management
<input type="checkbox"/> Family Resource Center or other drop-in multi-service support center
<input type="checkbox"/> Information & Referral
<input type="checkbox"/> Network Development
<input type="checkbox"/> Public Education

Report Prompts:



Other (Please specify) (Limit 100 characters)

Program Name (Limit 500 Characters)

Is this an Evidence Based Practice or an Evidence Informed Practice?

<input type="checkbox"/> Evidence Based Practice
<input type="checkbox"/> Evidence Informed Practice
<input type="checkbox"/> Unknown
<input type="checkbox"/> No

If you do not know if your program is Evidence Based or Evidence Informed, you may search the California Evidence Based Clearinghouse for the rating of your program: <http://www.cebc4cw.org/> or call your County Consultant. **NOTE: Before you leave this page, be sure to choose "SAVE AS DRAFT" or you will lose your data!!**

Name of the evidence based practice (Limit 100 characters)

Report Prompts:



Name of the evidence informed practice (Limit 100 characters)

If this service was offered in a variety of curriculums, how many of the curriculums were considered evidence based or evidence informed?

Program Activity Description (Limit 8,000 characters)

Is this service provided by one or multiple provider(s)?

 One Multiple

Service Provider Name (Limit 100 characters)

Enter the number of estimated providers for this service.

Report Prompts:



DISABLED/DELETE - 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"/> Court system
<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

Report Prompts:



Funding Stream

DISABLED - How much of your allocation is being spent for this service?

\$

Please specify the funding stream(s) and amounts associated with this service.

OCAP Funding Stream(s)

<input type="checkbox"/> PSSF- Adoption Promotion and Support
<input type="checkbox"/> PSSF- Time Limited Family Reunification
<input type="checkbox"/> PSSF- Family Support
<input type="checkbox"/> PSSF- Family Preservation
<input type="checkbox"/> CBCAP
<input type="checkbox"/> CAPIT

CBCAP Amount

\$

CAPIT Amount

\$

Report Prompts:



PSSF Time Limited Family Reunification Amount

\$

PSSF Family Preservation Amount

\$

PSSF Adoption Promotion and Support Amount

\$

PSSF Family Support Amount

\$

Total PSSF Funding that Supports this Activity

\$

Total OCAP Funding that Supports this Activity

\$

Report Prompts:



Other funding that supports this activity. Check ALL that apply.

<input type="checkbox"/> Corporate
<input type="checkbox"/> First 5
<input type="checkbox"/> Government
<input type="checkbox"/> Individual Donations
<input type="checkbox"/> Private Foundations
<input type="checkbox"/> Other Non-Listed Funder

Corporate Amount

\$

First Five Amount

\$

Government Amount

\$

Individual Donation Amount

\$

Report Prompts:



Private Foundations Amount

\$

Other Non-Listed Funding Amount

\$

Specify Other Funding that supports this activity (Limit 100 characters)

Total Other Funding that Supports this Activity

\$

DISABLED - Over/Under Allocation for this Service

\$

Is there a financial sustainability plan for this program beyond OCAP funds?

() Yes

() No

() Maybe

Report Prompts:

TouchPoint - Blank TouchPoint



Please explain (Limit 250 characters)

Would the County continue to invest in this program without OCAP funds?

Yes

No

Service Counts

Report Prompts:

TouchPoint: Service Activity and Funding Stream

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

<input type="checkbox"/> English
<input type="checkbox"/> Arabic
<input type="checkbox"/> Armenian
<input type="checkbox"/> Cambodian
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Farsi
<input type="checkbox"/> Hmong
<input type="checkbox"/> Korean
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Russian
<input type="checkbox"/> Spanish
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Sign Language
<input type="checkbox"/> Other language(s)
<input type="checkbox"/> Punjabi

Please describe other language(s) (Limit 100 characters)

--

Enter total client counts according to race/ethnicity. A participant is counted as EITHER an individual OR family -- not both.

Report Prompts:



For this service, do you record demographic data by individuals OR by families?

Individuals (children and parents/caregivers)

Families

Children Without Disabilities

White (Non-Hispanic) Children Served

#

Hispanic or Latino Children Served

#

Black or African American (Non-Hispanic) Children Served

#

Asian Children Served

#

Report Prompts:



American Indian or Alaska Native Children Served

#

Native Hawaiian or Other Pacific Islander Children Served

#

Two or More Race Children Served

#

Other Children Served

#

Total Number of Individual Children Without Disabilities Service Count

#

Children with Disabilities

White (Non-Hispanic) Children with Disabilities Served

#

Report Prompts:



Hispanic or Latino Children with Disabilities Served

#

Black or African American (Non-Hispanic) Children with Disabilities Served

#

Asian Children with Disabilities Served

#

American Indian or Alaska Native Children with Disabilities Served

#

Native Hawaiian or Other Pacific Islander Children with Disabilities Served

#

Two or More Race Children Served

#

Report Prompts:



Other Children with Disabilities Served

#

Total Number of Individual Children With Disabilities Service Count

#

Parents or Caregivers without Disabilities

White (Non-Hispanic) Parents Served

#

Hispanic or Latino Parents Served

#

Black or African American (Non-Hispanic) Parents Served

#

Asian Parents Served

#

Report Prompts:



American Indian or Alaska Native Parents Served

#

Native Hawaiian or Other Pacific Islander Parents Served

#

Two or More Race Parents Served

#

Other Parents Served

#

Total Parent or Caregiver without Disabilities Service Count

#

Parents or Caregivers with Disabilities

Report Prompts:



White (Non-Hispanic) Parents with Disabilities Served

#

Hispanic or Latino Parents with Disabilities Served

#

Black or African American (Non-Hispanic) Parents with Disabilities Served

#

Asian Parents with Disabilities Served

#

American Indian or Alaska Native Parents with Disabilities Served

#

Native Hawaiian or Other Pacific Islander Parents with Disabilities Served

#

Report Prompts:



Two or More Race Parents with Disabilities Served

#

Other Parents with Disabilities Served

#

Total Parent or Caregiver with Disabilities Service Count

#

TOTAL SERVICE COUNT

#

of Families

White (non-Hispanic) Families

#

Hispanic or Latino Families

#

Report Prompts:



Black or African American (non-Hispanic) Families

#

Asian Families

#

American Indian or Alaska Native Families

#

Native Hawaiian & Other Pacific Islander Families

#

Two or More Race Families

#

Other Families

#

Report Prompts:



TOTAL FAMILY COUNT

#

Please provide insight into any increase or decrease in service counts (compared to last year). (Limit 250 characters)

Activity Outcome

NOTE: If there are no "County Needs" showing from the drop down list below, please choose "Save as Draft" and record the County Need TouchPoint before continuing. Otherwise you will loose your data.

Service Addressed which County Identified Need

Report Prompts:



Desired Primary Outcome

<input type="checkbox"/> Children's social and emotional development needs are met
<input type="checkbox"/> Increased knowledge of parenting and child development
<input type="checkbox"/> Families have concrete support in times of need
<input type="checkbox"/> Increased parental resilience
<input type="checkbox"/> Increased social connections
<input type="checkbox"/> No specified outcome
<input type="checkbox"/> Other
<input type="checkbox"/> Nurturing and attachment

How many individuals achieved this outcome? (If none, enter zero)

#

How many parents/caregivers achieved this outcome? (If none, enter zero)

#

How many families achieved this outcome? (If none, enter zero)

#

How many children achieved this outcome? (If none, enter zero)

#

Report Prompts:



Other Primary Outcome (Limit 100 characters)

How was this outcome measured?

<input type="checkbox"/> Family Development Matrix
<input type="checkbox"/> Protective factors survey
<input type="checkbox"/> This outcome was not tracked and/or measured
<input type="checkbox"/> Other
<input type="checkbox"/> CWS/ CMS
<input type="checkbox"/> Pre- and post-survey developed in-house
<input type="checkbox"/> Validated assessment tool

Enter the name of the validated assessment tool here. (Limit 100 characters)

Enter the name of the other assessment tool here. (Limit 100 characters)

Report Prompts:



Did you experience any unexpected challenges with this activity?

Yes

No

Explain Challenges experienced with this activity (Limit 8,000 characters)

Did you experience any unexpected benefits with this activity?

Yes

No

Explain Unexpected Benefits (Limit 8,000 characters)

If you would like to share any photos, flyers, etc. (jpg), articles (pdf) or media links about the success of your program please upload or email attachments to OCAP-PND@dss.ca.gov. We may feature your County in our next OCAP Newsletter!

Please share one participant success story related to this program. Include client demographics, present issues, and the specific success the participant achieved as a result of this program. (Limit 8,000 characters)

Report Prompts:



Additional comments (Limit 2,000 characters)

Target Population

Child Welfare Category

<input type="checkbox"/> Families with Open CPS Cases
<input type="checkbox"/> Non-CWS Involved
<input type="checkbox"/> Both

What percentage was Non-CWS?

Report Prompts:



Target Population

<input type="checkbox"/> At Risk Children
<input type="checkbox"/> At Risk Parents
<input type="checkbox"/> At Risk Families
<input type="checkbox"/> Providers
<input type="checkbox"/> Community At-Large
<input type="checkbox"/> Special Populations (Please Specify)
<input type="checkbox"/> Other (Please Specify)
<input type="checkbox"/> Children
<input type="checkbox"/> Families

Specify Special Population(s) (Limit 100 characters)

Specify Other Population(s) (Limit 100 characters)

CBCAP Only

Report Prompts:



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

<input type="checkbox"/> Evidence Based Practice (EBP)
<input type="checkbox"/> Evidence Informed Practice (EIP)
<input type="checkbox"/> Unknown
<input type="checkbox"/> No

If you do not know if your program is Evidence Based or Evidence Informed, you may search the California Evidence Based Clearinghouse for the rating of your program: <http://www.cebc4cw.org/> or call your County Consultant. NOTE: Before you leave this page, be sure to choose "SAVE AS DRAFT" or you will lose your data!! CLICK "YES" TO INDICATE YOU HAVE READ THIS MESSAGE.

<input type="checkbox"/> Yes, I have searched the CEBC website and contacted my County Consultant and d

How many individuals were served with either an EBP or an EIP?

#

Name of EBP/EIP Program or Approach

--

Report Prompts:



CBCAP ONLY: How was client satisfaction measured? Check ALL that apply.

<input type="checkbox"/> Participant engagement rates (the number of participants who accept services comp
<input type="checkbox"/> Participation rates/drop-out rates
<input type="checkbox"/> Participant average daily attendance rates
<input type="checkbox"/> Satisfaction survey (completed in-class, by phone, electronic, or mail)
<input type="checkbox"/> Participant observation
<input type="checkbox"/> Participant interviews
<input type="checkbox"/> Participant focus groups
<input type="checkbox"/> Client satisfaction was not measured
<input type="checkbox"/> Other

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

<input type="checkbox"/> Adult former victims of child maltreatment or domestic violence
<input type="checkbox"/> Children and/or adults with disabilities
<input type="checkbox"/> Homeless families or those at-risk of homelessness
<input type="checkbox"/> Military families / Veterans
<input type="checkbox"/> Pregnant or parenting teens
<input type="checkbox"/> Racial or ethnic minorities
<input type="checkbox"/> Unaccompanied homeless youth
<input type="checkbox"/> Other
<input type="checkbox"/> Fathers
<input type="checkbox"/> Single Mothers

Report Prompts:



Other Special Populations (Limit 100 characters)

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 2,000 characters)

Provide one example of outreach to promote culturally competent and culturally relevant programs and activities for funded programs. (Limit 2,000 characters)

Report Prompts:



What opportunities were provided to engage parents in leadership roles in child abuse and neglect prevention activities? Select all that apply.

<input type="checkbox"/> Child Abuse Prevention Council meetings
<input type="checkbox"/> Child Abuse Prevention Month planning and/or implementation
<input type="checkbox"/> Conference attendance (sponsorships)
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Local advisory board, council, coalition, etc.
<input type="checkbox"/> Peer mentor, system navigator
<input type="checkbox"/> Program development, implementation and/or evaluation
<input type="checkbox"/> Public speaking
<input type="checkbox"/> Skill development, training
<input type="checkbox"/> Staff or volunteer recruitment and/or training
<input type="checkbox"/> State advisory board, council, coalition, etc.
<input type="checkbox"/> Systems change advocate, advisor, parent "voice"
<input type="checkbox"/> Other leadership role(s)

Specify other leadership role(s) (Limit 250 characters)

--

Report Prompts:



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

<input type="checkbox"/> Paid (cash/stipend)
<input type="checkbox"/> Paid (in-kind goods or services)
<input type="checkbox"/> Both (cash & in-kind)
<input type="checkbox"/> Both paid and unpaid opportunities
<input type="checkbox"/> No leadership activities were paid
<input type="checkbox"/> There were no leadership opportunities for parents

REMINDER! Since you have selected CBCAP as one of the funds for this service, you must fill out the EBP/EIP check sheet. (Located under the Service Activity and Funding Stream TouchPoint on your dashboard).

Provide a brief description of one parent leadership opportunity including the project, role, and activities that the parent performed as a parent leader. (Limit 1,500 characters)

Follow-Up Date

___/___/___

Evidence Based Practice or Evidence Informed Practice Checklist

Report Prompts: