

# TouchPoint - Blank TouchPoint



TouchPoint Name: Service Activity and Funding Stream

Name:

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

Completed by:

Completed on behalf of:

Identifier:

## Service Activity Information

Please record this Touchpoint for each Service receiving OCAP Funding.

### State Fiscal Year

<input type="checkbox"/> 2012-13
<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

### Services Category

<input type="checkbox"/> Adoptive Parent Recruitment
<input type="checkbox"/> Live Scan

### Report Prompts:

TouchPoint: Service Activity and Funding Stream

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

**Report Prompts:**

Network Development

Public Education

**Other (Please specify) (Limit 100 characters)**

**Program Name (Limit 500 Characters)**

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

Evidence Based Practice

Evidence Informed Practice

Unknown

**Name of the evidence based practice (Limit 100 characters)**

**Name of the evidence informed practice (Limit 100 characters)**

**Report Prompts:**



**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.**

#

**Funding Stream**

**Report Prompts:**



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)

PSSF- Adoption Promotion and Support

PSSF- Time Limited Family Reunification

PSSF- Family Support

PSSF- Family Preservation

CBCAP

CAPIT

SFP

SCTF

### 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**

\$

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

(  ) Yes

(  ) No

(  ) Maybe

**Please explain (Limit 250 characters)**

**Report Prompts:**



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

Yes

No

**Service Counts**

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

English

Arabic

Armenian

Cambodian

Cantonese

Farsi

Hmong

Korean

Mandarin

Russian

Spanish

Tagalog

Vietnamese

Sign Language

Other language(s)

Punjabi

**Report Prompts:**



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

Do you record demographic data by families OR by children and parents/caregivers?

 Families Children and Parents/Caregivers

Number of Participants Receiving Service

Children Without Disabilities

White (Non-Hispanic) Children Served

Hispanic or Latino Children Served

**Report Prompts:**



## Black or African American (Non-Hispanic) Children Served

#

## Asian Children Served

#

## American Indian or Alaska Native Children Served

#

## Native Hawaiian or Other Pacific Islander Children Served

#

## Two or More Race Children Served

#

## Other Children Served

#

### Report Prompts:



**Total Number of Individual Children Without Disabilities Service Count**

#

**Children with Disabilities**

**White (Non-Hispanic) Children with Disabilities Served**

#

**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**

#

**Report Prompts:**

**Native Hawaiian or Other Pacific Islander Children with Disabilities Served**

#

**Two or More Race Children Served**

#

**Other Children with Disabilities Served**

#

**Total Number of Individual Children With Disabilities Service Count**

#

**Parents or Caregivers without Disabilities**

**White (Non-Hispanic) Parents Served**

#

**Report Prompts:**



## Hispanic or Latino Parents Served

#

## Black or African American (Non-Hispanic) Parents Served

#

## Asian Parents Served

#

## American Indian or Alaska Native Parents Served

#

## Native Hawaiian or Other Pacific Islander Parents Served

#

## Two or More Race Parents Served

#

### **Report Prompts:**



**Other Parents Served**

#

**Total Parent or Caregiver without Disabilities Service Count**

#

**Parents or Caregivers with Disabilities**

**Hispanic or Latino Parents with Disabilities Served**

#

**White (Non-Hispanic) Parents with Disabilities Served**

#

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

#

**Asian Parents with Disabilities Served**

#

**Report Prompts:**



**American Indian or Alaska Native Parents with Disabilities Served**

#

**Native Hawaiian or Other Pacific Islander Parents with Disabilities Served**

#

**Two or More Race Parents with Disabilities Served**

#

**Other Parents with Disabilities Served**

#

**Total Parent or Caregiver with Disabilities Service Count**

#

**TOTAL SERVICE COUNT**

#

**Report Prompts:**



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

## Activity Outcome

## Service Addressed which County Identified Need

If no County Identified Need is showing in the question above, please Save this touchpoint and record the County Need touchpoint

## 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

### 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/or 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)**

**Did you experience any unexpected challenges with this activity?**

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

**Report Prompts:**



**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)**

**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 8,000 characters)**

**Additional comments (Limit 2,000 characters)**

**CBCAP ONLY: Please describe other measure of client satisfaction (Limit 100 characters)**

**Report Prompts:**



**Target Population**

**Child Welfare Category**

<input type="checkbox"/> Child Welfare Involved CWS Families
<input type="checkbox"/> Non-CWS Involved
<input type="checkbox"/> Both

**What percentage was Non-CWS?**

%
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**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

**Report Prompts:**



**Specify Special Population(s) (Limit 100 characters)**

**Specify Other Population(s) (Limit 100 characters)**

**CBCAP Only**

**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

**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, Fathers
<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, Single mothers
<input type="checkbox"/>	Unaccompanied homeless youth
<input type="checkbox"/>	Other

**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)**

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**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 CBACP 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)

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Follow-Up Date

____/____/____
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**Report Prompts:**