

TouchPoint - Blank TouchPoint



TouchPoint Name: General Information

Name:

Date: ____/____/____

Completed by:

Completed on behalf of:

Identifier:

GENERAL INFORMATION

SIP Cycle Start Date

SIP Cycle End Date

COUNTY COLLABORATION

Report Prompts:

TouchPoint: General Information

Printed on: 7/14/15

Page 1 of 6



**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:

TouchPoint - Blank TouchPoint



Other Collaboration (Limit 100 characters)

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:

TouchPoint: General Information

Printed on: 7/14/15

Page 3 of 6



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)

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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)

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

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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

Report Prompts:



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

Yes

No

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

Yes

No

Additional comments (Limit 300 characters)

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