**Community Partnership Reporting / Evaluation Form**

Name of CPPC Site: Indianola DCAT Cluster County(ies): Madison, Marion and Warren

Reporting Period: July 1, 2021- June 30-2022 Coordinator(s): Sarah Gibson

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Check the Following: Proposed Plan [x]  Year-End[ ]

Community Partnership Reporting is based not only on the 4 strategies of Community Partnerships (Shared Decision Making, Neighborhood and Community Networking, Individualized Course of Action, and Policy and Practice Change) but also on the levels within each strategy. If you find yourself questioning how to complete this report, the CPPC Practice Guide should answer many of your questions both in planning and in capturing successes at year end.

CPPC funding runs on the state fiscal calendar July 1 - June 30. There will be two times reporting is due:

1. In the SPRING (May 15) where the yellow section will be completed to capture your proposed planning and projected goals for the upcoming fiscal year starting July 1. (Report with projected/future activities) The yellow section will be completed on a new report identifying your future goals.
2. In the SUMMER (August 15) where the green section will be completed to capture the goals achieved for the fiscal year that ended June 30. (Summary report with completed activities) The green section will be completed on a report that already has the yellow filled out and was submitted May 15 the prior year.

Starting on page 5, the blank columns entitled Ongoing, Proposed, Met need only be marked with an ‘x’, and the narrative should reflect any steps you are taking or have achieved. This is an active document utilized with your Shared Decision Making Team to give them investment/ownership in planning, allow them to share in the monitoring of progress, and recognize and celebrate successes. Whereas this report may appear long and prescriptive, it provides only a framework for growth and activity. This framework and reporting mechanism was developed with the input of many different coordinators from the start of CPPC in 2007. How you choose to grow and what activities you choose to promote growth have much flexibility.

The data from this report is captured in the Community Partnerships Brochures so communities may see how CPPC impacts the state in many ways. This data is also shared with the federal government and highlights the progressive nature of community initiatives in the state of Iowa. Thank you for your time and careful attention to this document.

Community Partnership Involvement Instructions & Definitions

Page 3 is to identify during planning and at year-end the composition and roles of individuals who are involved. Below are some helpful hints to assist you. Page 3 should be completed in planning and updated at year end.

* In the gray columns put the number of professional and the number of community members who are associated with the respective category.
* In the FTDM (ICA), Shared Decision-Making, Neighborhood Networking and Policy and Practice Change columns put a check mark if there are professionals and/or community members participating in these activities.
* Please do not duplicate numbers. Select one primary category for each person. The comment section may be useful to explain when more than one category applies to one person. If a person represents two or more categories, include the person in the number count of the primary role and check mark the gray column for the other categories and explain in the comment section.
* # of Community members involved – This number count is for those who are involved as volunteer community members and are associated with one of the categories listed. Examples: faith-based members can be volunteers if they are not being paid to attend, professional who volunteers but is not serving/participating as a representative in their official/professional capacity, substance abuse sponsor who is not being paid, volunteer advocate for domestic violence.
* # of Neighborhood/Community Members – these are individuals who are neighborhood/community residents or parents and are not associated with any of the other categories.
* FTDM (ICA) - those who are facilitators conducting FTDM defined by Iowa’s Standards.
* Shared Decision Making - those who are involved on the CPPC leadership committee(s).
* Practice Partners - includes social service agencies that do not fall under another category (i.e. in-home workers, early childhood programs, when applicable).
* Economic Supports - includes social service agencies that provide financial and basic-need supports (FaDSS's workers, Income Maintenance, Community Action Agency when applicable).
* Former Clients of DHS-anyone who has been involved in child protection services and is not a Parent Partner.
* Provide a total count and % for both the professional and community members involved.

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| **Community Partnership Involvement** |
| Partner (Categories) | **# of professionals involved\*** | FTDM (ICA)\*  | Shared Decision Making \*  | Neighborhood Networking \* | Policy and \* Practice Change\*✓ | **# of Comm. members involved\*** | FTDM (ICA) \* | Shared Decision-Making \*  | Neighborhood Networking \* | Policy and \* Practice Change  | Comments/Member Names |
| DHS | 5 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]   Kate Roy, Chad Hargin, Robert Smith, Angie McCann, Ashley McLaughlin |
| Decat | 2 |[x] [x] [x] [x]   |[ ] [ ] [ ] [ ]   Joe Burke, Teresa Burke |
| ECI | 1 |[ ] [x] [x] [ ]   |[ ] [ ] [ ] [ ]   Deb Schrader |
| Neighborhood/Comm. Members\* |  |[ ] [ ] [ ] [ ]  2 |[ ] [x] [x] [ ]   Chris Nolte (community member), Tisha Pleake (foster parent) |
| Domestic Violence | 3 |[ ] [x] [x] [ ]   |[ ] [ ] [ ] [ ]  Ashleah Hudek (CIAC), Katie Johnson & Sam Keith (Crisis Intervention Services) |
| Substance Abuse | 4 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Elizabeth Crimmins, Gabbie Rugggiero & Nikki Gunn (EFR), Jess Petter (Zion) |
| Mental Health | 3 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Betsy Stursma (CICS), Cheryl Garland & Denise Kalbus (Integrative Counseling Solutions) |
| Faith-based groups |  |[ ] [ ] [ ] [ ]  2 |[ ] [x] [x] [ ]  Liz Hensley (Bring Love Ministry), Scott OConner (Winterset Community Church) |
| Health Care | 6 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]   Chantelle Lorton & Jodie Sevier (Mercy), Jodene DeVault (Warren County Health Services), Rachel Garner (Marion County Public Health), Sharon Miller (Madison County Public Health), Veronica McVay (1st Five-Warren County Health Services) |
| Education | 17 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Justin Gross (Superintendent-Winterset Schools), Barb LaGrange (Winterset), Laura Brewer (Indianola), Jori Coghlan (Indianola), Crystal Hale (Earlham), Geoff Tessau (I-35), Leah Heidemann (Carlisle), Mary Ferden (Norwalk), Fran Isley (Southeast Warren), Jodi Clendenen (Southeast Warren), Ron Lorenz (Indianola), Sue Phillips (Pleasantville), Tammy Herold (Melcher-Dallas), Kevin Oswald (Winterset), Elizabeth Young (Drake Headstart), Bonnie Forsyth (PAT), Darcy Woodland (PAT) |
| Business |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]   |
| Legal System (Court) | 3 |[x] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Natalie Montross (JCSL), Linda Colby (JC), Kim Garrison (JC) |
| Law Enforcement |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]   |
| Government (i.e. City, Co.)  | 4 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Steve McCombs (Marion County Board of Supervisors), Phil Clifton (Madison County Board of Supervisors), Darren Heater (Warren County Board of Supervisors), Kristin Brekelmans (City of Indianola) |
| Practice Partners\* | 7 |[ ] [x] [x] [ ]   |[ ] [ ] [ ] [ ]  Amy Nolan (CRISP), Dylan DeClerck (Opportunity On Deck), Sue Wilson (Helping Hands), Julie Castillo (HIRTA), Marisue Hartung (ISU Extension), Nicole Navin (ISU Extension), Sheena Sullivan (The Short Years) |
| Economic Supports\* | 2 |[ ] [x] [x] [ ]   |[ ] [ ] [ ] [ ]  Roger Netsch (WeLift), Devon Leslie (Connect2Careers) |
| Prevention Councils | 1 |[ ] [x] [x] [x]   |[ ] [ ] [ ] [ ]  Val Cameron (Child Abuse Prevention Council of Warren County) |
| Youth |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]   |
| Former Clients of DHS\* |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]   |
| Parent Partners | 2 |[ ] [x] [x] [ ]   |[ ] [ ] [ ] [ ]  Adam Andre, Lacy Andre |
| Other |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]   |
| Total | 60 |  | 4 |  | 4 community members; 60 professionals |

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| **Total % of Professionals involved in the initiative** | 94 | Total % of Community members Involved in the initiative | 6 |

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| **Describe your community partnership shared decision-making leadership group and oversight role. Who coordinates? How is it structured? How is it linked to Decat? Are there task teams or subcommittees?** DCAT Governance BoardOur DCAT Governance Board provides oversite for our CPPC and our Shared Decision-Making Team. They have the final say in all funding, programming and contracting. Our board is made up of 3 county supervisors, 1 DHS liaison and 2 juvenile court officers; totaling 6 members. They meet about 6 times per year.Shared Decision-Making TeamOur shared decision-making (SDM) group is called the DCAT Steering Committee. The CPPC coordinator sends out agendas, records the minutes, and facilitates the meetings. The committee is designed to have four voting members per county, a total of 12 members. Currently, we have 3 members from Madison County, 3 members from Marion County, & 3 members from Warren County totaling 9 voting members. Guests are always encouraged to attend, but have no voting power. Each proposal that comes in for DCAT funds, first comes through the Steering Committee. The committee members complete consensus scoring and give recommendations on how they would like to see the funding spent to the DCAT Governance Board. Subcommittees are formed from the SDM team when necessary. They meet 9 times per year. |
| **How often does this group meet?**Our DCAT Governance Board meets about 6 times per year. Our Shared Decision-Making Team meets once per month on the 1st Tuesday. We usually do not meet in January, July and August. |

The remainder of the report includes the 3 blank columns:

* **No color-labeled ‘Ongoing’** - for things you have accomplished in the past and continue to do
* **Yellow color-labeled ‘Proposed (NEW)’** - for new goals you are working towards
* **Green color-labeled ‘Met’** - the year-end information on success and/or barriers faced

The 4th column allows for narrative on the columns described.

Note: The **Ongoing category** is to be briefly detailed in narrative in the 4th column to explain routine and/or steps taken to meet this goal ongoing. The coordinator must be able to explain Ongoing steps to the SDM team and state/federal entities if audited, and may use the narrative in this report to track current processes, plans, accomplished goals and implementation.

| Shared Decision Making-Level 1 |
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| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress. |
| 1-a | New CPPC Coordinator attends first available CPPC Immersion 101 and 201 within the 1st year |  |  | X | **Ongoing:****Proposed Plan:****Progress:** Attended CPPC Immersion 101 in 2011. Attended first available 201 (it didn’t exist when I started). |
| 1-b | Membership of Shared Decision Making Team must include Department of Human Services (DHS) Representative and Decategorization (Decat) Representative |  |  | X | **Ongoing:**P**roposed Plan:****Progress:** Our Shared Decision-Making Team includes two DHS Supervisors, one DHS Liaison and one DCAT Representative (see page 3).  |
| 1-c | Membership of Shared Decision Making Team must include local community and professional members |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** Our SDMT currently has 9 voting members (full capacity is 12) as well as many other attendees with diverse backgrounds, both personally and professionally. Our SDMT represent DHS, DCAT, Juvenile Court, Parent Partners, mental health, domestic violence, early childhood, community members, etc. (Refer to pages 3-4) |
| 1-d | Establish linkages and develop protocol for decision-making with Decat Boards |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** Refer to page 4 on structure. |
| 1-e | Implement the use of the Shared Decision-Making Survey | X |  |  | **Ongoing:** All attendees of the SDMT are given the opportunity to fill out the survey yearly. Our voting members are required to fill out the survey.**Proposed Plan:****Progress:**  |
| 1-f | Develop plan for Ongoing comprehensive understanding of the four strategies for individuals involved in Shared Decision Making process | X |  |  | **Ongoing:** CPPC Coordinator presents updates each month at the SDMT in a format that is broken down into the four strategies. This helps SDMT attendees understand how the work we are doing fits into the strategies. Additionally, all new members get new member orientation information detailing the four strategies and are encouraged to attend Immersion 101 and 201.**Proposed Plan:****Progress:**  |

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| 1-g | Establish and develop plan to meet membership recruitment goals for SDM, including diversity |  | X | X | Ongoing: Proposed Plan: CPPC Coordinator and SDMT will continue to reach out to potential voting members. We will focus specifically on the categories (page 3) that we are lacking and community members.Progress: CPPC Coordinator works with SDMT attendees to identify members to recruit (and what categories we have not filled). CPPC Coordinator also reaches out at local provider meetings to keep these goals in the forefront of community members’ and professionals’ thinking. |
| 1-h | Provide oversight for the planning and implementation of the four CPPC strategies  | X |  |  | **Ongoing:** CPPC Coordinator presents updates each month at the SDMT in a format that is broken down into the four strategies. This helps SDMT attendees understand how the work we are doing fits into the strategies. At SDMT meetings, attendees are encouraged to discuss new and different ideas for better implementing the four strategies as needs and programming change.**Proposed Plan:****Progress:**  |
| 1-i | Develop orientation plan for new members | X |  |  | **Ongoing:** CPPC Coordinator meets with new voting members after their first meeting and provides them with an orientation packet. An orientation packet was developed by CPPC Coordinator and DCAT Coordinator in FY16. Packet was updated in FY19.**Proposed Plan:****Progress:**  |

| Shared Decision Making-Level 2 |
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| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress. |
| 2-a | **Must meet all of the Level 1 items and also** add additional members and 1 of those members needs to be one of the following: domestic violence, substance abuse, or mental health partner |  |  | X | **Ongoing:** **Proposed Plan:** **Progress:** Indianola DCAT Cluster SDMT has representation from domestic violence, substance abuse and mental health. |
| 2-b | Implement plan for Ongoing comprehensive understanding of all four strategies |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** CPPC Coordinator presents updates each month at the SDMT in a format that is broken down into the four strategies. This helps SDMT attendees understand how the work we are doing fits into the strategies. |
| 2-c | Implement orientation plan for all new members |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** An orientation packet was developed by CPPC Coordinator and DCAT Coordinator in FY16. All new voting members receive a packet and review the information with the CPPC Coordinator when necessary. The packet information is also available to all who are interested at: <http://www.cppconline1.com/new-member-orientation-information.html>. Packet was updated in FY19. |
| 2-d | Conduct Parent Partner orientation for all Shared Decision Making Team members |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** Annually, Parent Partners from our service area are given the opportunity to present at our SDMT meeting on Parent Partners and the services they offer. A Parent Partner Coordinator also regularly attends our SDMT meetings. |
| 2-e | Share information and progress of the local Parent Partner program regularly | X |  |  | **Ongoing:** If present, Parent Partner(s) share information and progress at monthly SDMT meetings. Parent Partner Coordinator(s) also give progress reports. Working with Parent Partner coordinator to ensure that a Parent Partner is present at SDMT meetings as much as possible to give an update.**Proposed Plan:****Progress:**  |
| 2-f | A Parent Partner is added to the membership of the SDM Team |  |  | X | **Ongoing:** **Proposed Plan:** **Progress:** A Parent Partner and Parent Partner Coordinator attend our SDMT meetings fairly regularly and provide valuable input. |
| 2-g | Membership recruitment plans that address diversity according to the demographics of your community | X |  |  | **Ongoing:** SDMT is continuing to work together to recruit members that address the diversity in our counties.**Proposed Plan:****Progress:**  |
| 2-h | Review and report on diversity and disparity in the community and within the local Child Welfare system |  | X | X | **Ongoing:** **Proposed Plan:** Data on child welfare diversity and disparity will be gathered in FY22.**Progress:** CPPC Coordinator gathered consensus data in FY 19. |
| 2-i | Host a CPPC Immersion 101 event in CPPC area at least once every three years |  | X | X | **Ongoing:** **Proposed Plan:** Will look at hosting Immersion 101 in FY22 depending on restrictions related to COVID.**Progress:** Immersion 101 will be hosted every 3 years. Hosted an Immersion 101 training in FY16 and FY19. |
| 2-j | Identify and meet goal for adding additional community members (this number can be reviewed and re-established each year) |  | X |  | **Ongoing:** **Proposed Plan:** Add one new community member to CPPC initiative efforts.**Progress:**  |

| Shared Decision Making-Level 3 |
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| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress. |
| 3-a | **Must meet all Level 1 and 2 items** and also have two of the following members: domestic violence, substance abuse and mental health partners |  |  | X | **Ongoing:** **Proposed Plan:** **Progress:** We have met all items in level 2. We do have two representatives from the domestic violence, substance abuse and/or mental health categories. |
| 3-b | Have a broad representative of at least five (5) of the following members: Faith-Based Groups, Health Care, Education, Business, Legal System (courts), Law Enforcement, Government (County or City), Economic Supports, Practice Partners and Prevention Councils (See CPPC reporting and evaluation form for definition) |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** Within our SDMT, we have members representing health care, education, legal system (courts), government, economic supports, practice partners and prevention councils. |
| 3-c | SDM develop avenue for youth voice (youth in foster care or foster care alumni) |  | X |  | **Ongoing:** **Proposed Plan:** CPPC Coordinator will continue reaching out to local foster care support groups and schools to attempt to get a youth voice involved in our SDMT. CPPC Coordinator will also work with Parent Partners to identify foster care alumni.**Progress:**  |
| 3-d | Develop linkages and partnerships with other groups into SDM team | X |  |  | **Ongoing:** CPPC Coordinator continuously works with local provider groups to pull in new members/voices and partnerships to the SDMT. **Proposed Plan:****Progress:**    |
| 3-e | SDM membership diversity is representative of the local population | X |  |  | **Ongoing:** CPPC Coordinator works with local provider groups and SDMT on a regular basis to work towards our SDMT being representative of the local population. Our SDMT works to ensure all four voting positions are filled for each of the three counties (if a spot is vacant, it is held for representation from that county verses filling it with someone from another county).**Proposed Plan:****Progress:**  |
| 3-f | Role of the SDM group expands to include identifying, and developing a plan to meet unmet needs within the community | X |  |  | **Ongoing:** Unmet needs in the community are discussed as needed at monthly SDMT meetings. Attendees are allowed a time for updates and open discussion during the meeting to discuss needs their clients are facing. The majority of the time, the SDMT is able to meet these needs. Additionally, we have developed a complex network of local providers, community members, etc. who, very frequently, email the CPPC Coordinator with needs within the community. The CPPC Coordinator then utilizes our mailing list to address the need. Virtually every time, the needs are able to be met by community members or professionals on that list.**Proposed Plan:****Progress:**  |
| 3-g | Develop and implement a plan to host a Race: Power of an Illusion in CPPC area (and/or related training opportunity, such as Understanding Implicit Racial Bias training or utilization of the Courageous Conversations Toolkit) |  | X | X | **Ongoing:** **Proposed Plan:** Host another RPI or related training this fiscal year. Since we were unable to do so in FY21 due to COVID.**Progress:** Indianola DCAT, in partnership with Boone, Dallas, Story DCAT, hosted Race: The Power of an Illusion in FY18. Indianola DCAT also hosted the follow up discussion. |
| 3-h | Shared decision making survey scores used as a tool to guide quality improvement of strategy implementation | X |  |  | **Ongoing:** Survey is completed yearly and used to guide quality improvement for that year.**Proposed Plan:****Progress:**  |
| 3-i | SDM goals for community members are met (see CPPC Community Involvement and Instructions for definition, page 2)  |  |  |  | **Ongoing:** **Proposed Plan:** We have had a goal of 10% for some time. We are currently 4% short on that goal. We are always looking for opportunities to add additional communities.**Progress:** |

| Shared Decision Making-Level 4 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress. |
| 4-a | **Must meet all Level 1, 2 and 3 items and also** have all three of the following members: domestic violence, substance abuse and mental health partners | X |  |  | **Ongoing:** Have not met all level 3 items, but do have representation of all three of the outlined categories.**Proposed Plan:****Progress:** |
| 4-b | Have ongoing implementation of new member orientation | X |  |  | **Ongoing:** New member orientation (orientation packet and orientation session with coordinator-as needed) is utilized as new voting members join the SDMT.**Proposed Plan:** **Progress:**  |
| 4-c | SDM recruitment goal for Community Members must have been exceeded by 10% |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |
| 4-d | Have 100% of the representation identified in the list in Level 3 |  | X |  | **Ongoing:** **Proposed Plan:** CPPC Coordinator will reach out to networks as well as at community events to reach business, law enforcement and youth voices for representation through our SDMT. Information on CPPC, our website and the SDMT will be readily available at events, meetings, etc.**Progress:** |
| 4-e | Community representatives take a leadership SDM role as defined by the site |  |  |  | **Ongoing:** **Proposed Plan:****Progress:**  |
| 4-f | Role of SDM group expands to include advocacy for CPPC’s goals with funders and policy-makers (legislators, governor, boards of supervisors, city council members, mayor, etc.) |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |
| 4-g | SDM group implements plan and successfully addresses unmet needs within the community  | X |  |  | **Ongoing:** SDMT discusses unmet needs in the community at monthly meetings on an as needed basis. Plans are developed to address unmet needs as needed.**Proposed Plan:****Progress:**  |
| 4-h | Coordinator and/or member of SDM contributes to state and/or regional events/activities. (I.e. serve on planning committees, assisting with logistics, presenting, etc.)  | X |  |  | **Ongoing:** CPPC Coordinator and DCAT Coordinator regularly serve on the discussion panel at Immersion 201. CPPC Coordinator serves on planning committees for statewide meeting and has presented numerous times. DCAT Coordinator serves on Executive Committee. CPPC and DCAT Coordinator attend all state and regional meetings.**Proposed Plan:****Progress:**  |

**At the writing of this proposed report, select the level\* for Shared Decision Making that best fits your site: 3**

**Based on your completed activities, select the level\* for Shared Decision Making that best fits your site**:

**\*For more detailed information on the levels, please see the CPPC Practice Guide**

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| Please have each committee member on the leadership/steering committee fill out the Shared Decision-xsdwMaking form, compile the average response for each question, and report the average response below. |
| ***\*Instructions:***Baseline= 1st year at the beginning of year on proposed plan(Yellow). Previous Year= Previous year on progress report(Green). Current Year:= Current year on progress report (Green) |
| **Shared Decision-Making Survey 1=disagree, 2=mildly disagree, 3=neutral, 4=mildly agree, 5= agree** |

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| **Category** | **Description** | **Baseline Year\* 2011** | **Previous Year\*****2021** | **Current Year\*****2022** |
| 1. Common Vision: | Members have a shared common vision. | 4.38 | 4.33 |  |
| 2. Understanding and Agreement Goals: | Members understand and agree on goals and proposed outcomes/objectives. | 4.13 | 3.93 |  |
| 3. Clear Roles & Responsibilities: | Roles & responsibilities of members are clear. | 3.88 | 3.93 |  |
| 4. Shared Decision Making: | All members have a voice and are engaged in the decision-making process. | 4.38 | 3.93 |  |
| 5. Conflict Management: | We are able to successfully manage conflict. | 4.25 | 4.4 |  |
| 6. Shared Leadership: | Leadership is effective and shared when appropriate. | 4.5 | 4.13 |  |
| 7. Well Developed Work Plans: | Work Plans are well developed and followed. | 4 | 4.06 |  |
| 8. Relationships/Trust: | Members trust each other. | 2.88 | 4.2 |  |
| 9. Internal Communication: | Members communicate well with each other. | 3.88 | 4.13 |  |
| 10. External Communication: | Our external communication is open and timely within the broader community and partners. | 4 | 4.27 |  |
| 11. Evaluation: | We have built evaluation performance into our activities. | 2.5 | 3.67 |  |
| 12. Understanding of CPPC: | Members have a clear understanding of the Community Partnerships Four Strategies. | 3.13 | 3.93 |  |
| **Average Response Score:**  | This is an average score for all of the responses, the number should be between 1-5 | **3.83** | **4.08** |  |

| Community/Neighborhood Networking-Level 1 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 1-a | Develop Neighborhood/Community Networking plan that includes goals for engagement strategies and planned activities that identifies potential network members to whom strategies will be directed | X |  |  | **Ongoing:** Plan was developed in FY12. Its strategies are reviewed and adapted yearly. CPPC Coordinator began utilizing local provider groups and community activities to engage members.**Proposed Plan:****Progress:**  |
| 1-b | Engage the community and build awareness about Community Partnerships for the Protection of Children’s four strategies through community forums, events and activities | X |  |  | **Ongoing:** CPPC Coordinator is continuously working to build awareness about CPPC and the four strategies in our three counties. Coordinator regularly participates in community meetings, events and activities.**Proposed Plan:****Progress:**  |
| 1-c | Develop (select and educate) a cadre of spokespersons who are able to deliver CPPC information, such as the “CPPC 101” information | X |  |  | **Ongoing**: Our SDMT voting members serve as this cadre of spokespersons. As voting members change, CPPC Coordinator works to educate new voting members to become spokespersons.**Proposed Plan:****Progress:**  |
| 1-d | Establish performance and outcome measures and evaluate these to ensure the goals (from the planning stage) are obtained | X |  |  | **Ongoing:** New network members are constantly being identified. Outcome measures are identified by meeting each of the categories for representation outlined at the beginning of this form. Participants in local trainings and events provide feedback via evaluations.**Proposed Plan:****Progress:**  |

| Community/Neighborhood Networking-Level 2 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 2-a | Continue to promote community awareness/engagement listed in level 1 | X |  |  | **Ongoing:**  CPPC Coordinator continuously promotes CPPC at all meetings, activities and events. Additionally, CPPC Coordinator gives presentations at local meetings and events to raise awareness and potentially engage new members.**Proposed Plan:****Progress:**  |
| 2-b | Develop Neighborhood/Community Networking Plan that includes goals for linkages, collaborations, strategies and planned activities | X |  |  | **Ongoing:**  We have been able to build a strong network at our site. However, the CPPC Coordinator continues to work to develop more and deeper linkages, collaborations, etc. in all areas of work through local meetings, events, family team meetings, etc.**Proposed Plan:****Progress:**  |
| 2-c | Develop/promote a plan to increase linkages between informal and professional supports and resources | X |  |  | **Ongoing:**  SDMT and CPPC Coordinator have worked with professionals to create a mailing list that links informal and professional supports to meet community needs. This set up has been highly successful in meeting needs in our area.**Proposed Plan:****Progress:**  |
| 2-d | Develop a plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners | X |  |  | **Ongoing:**  By getting each of these categories around the table at SDMT meetings, networking has naturally taken place. From there, partners have been able to reach out to each other for various needs and resources. In addition, our website and email distribution list have provided opportunities for collaboration on trainings, events, resources, employment opportunities, etc. between professionals and community members. New resources, trainings, etc. are discussed at SDMT meetings and added to our website.**Proposed Plan:****Progress:** |
| 2-e | Involve Parent Partners in collaborative programs in the community | X |  |  | **Ongoing:**  Parent Partners are made aware of local meetings, activities and events through the CPPC Coordinator and/or the SDMT.**Proposed Plan:** **Progress:**  |

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| 2-f | Involve Foster Parents in collaborative programs in the community | X |  |  | Ongoing: We currently have several foster parents on our mailing lists which receive information on community events and programs.Proposed Plan: Progress:  |

| Community/Neighborhood Networking-Level 3 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 3-a | Continue with Neighborhood/Community Networking levels 1 and 2 |  |  | X | **Ongoing:** **Proposed Plan:****Progress:** Met all areas of level 1 and 2. |
| 3-b | At least one of the following is established (mark the X and detail narrative next to the appropriate category listed below) |  |  |  |  |
|  | * **Organize** groups/networks of community members and/or parents with prior CPS involvement and/or foster care youth - these groups focus on leadership and providing informal supports
 | X |  |  | **Ongoing:** Our site has been able to build a network of community members that serve as a great network of informal supports and leadership in meeting family needs. The group, led by a local church, seeks out household items and stores them in a local storage unit until they are needed. Community members also volunteer time to deliver needed items to families.**Proposed Plan:****Progress:** |
|  | * **Implement** plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners
 | X |  |  | **Ongoing:** Our site works to partner agencies together to meet needs through our mailing list, trainings, website, local provider meetings, etc.**Proposed Plan:****Progress:** |
|  | * The development of **hubbing** resources and activities that enhance the accessibility of services and supports
 | X |  |  | **Ongoing:** CPPC Coordinator is able to “hub” resources, events, trainings and job postings through our website ([www.cppconline1.com](http://www.cppconline1.com)) and our mailing lists. We also create and print hard copies of resource directories for each county every couple of years, as funding is available.**Proposed Plan:****Progress:** |
|  | * Increase awareness and develop plans to address **diversity** and disparity locally
 |  |  |  | **Ongoing:** **Proposed Plan:** **Progress:** |
| Community/Neighborhood Networking-Level 4 |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 4-a | **Must meet all Levels 1, 2 and 3 items and also** the implementation of at least 2 or more level 3 type programs |  |  |  | **Ongoing:** **Proposed Plan:** **Progress:** |
| 4-b | The use of informal supports is standard practice for families involved with DHS (including involvement with family team meetings) | X |  |  | **Ongoing:** Informal supports are a part of our email distribution list which help identify and meet needs of families including DHS clients.**Proposed Plan:****Progress:**  |
| 4-c | Implementation of all programs and activities consistently address Diversity and Disparity issues |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level # | Network Activity | Descriptiongoal and what was invested | # of Participants | Outcome(s) |
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|  |  |  |  |  |
|  | Total # of Activities:  |  | Total # of Participants: |  |

# At the writing of this proposed report, select the level\* for Community/Neighborhood Networking that best fits your site: 3

**Based on your completed activities, select the level\* for Community/Neighborhood Networking that best fits your site**:

**\*For more detailed information on the levels, please see the CPPC Practice Guide**

| Individualized Course of Action CB FTDM/CB YTDM |
| --- |
| Description: The ICA strategy will not require CPPC site level identification for the SFY 2022 planning and reporting year. Please see the ICA Addendum Worksheet provided to include activities your CPPC site is interested in implementing under the ICA Strategy. | Describe current goal in your proposed plan and progress.  |
| Do you plan to implement Community Based (CB) FTDMs and/or Community Based (CB) YTDMS within your CPPC site this year? Yes \_\_\_\_\_ No \_\_X\_\_\_\_ (place an X to answer)* If yes, proceed to complete the below Section 1 for CB FTDMs, and if applicable, the below section 2 for CB YTDM.
* If no, please briefly note reasons your CPPC site is not planning to implement CB FTDMs and/or CB YTDMs in the box to the right:
 | Due to the state no longer overseeing CBFTMs, our board has concerns about liability for those facilitating the meetings. |
| Section 1:Implement plan for CBFTDM-Community-Based Family Team Decision Making | **Ongoing:** **Proposed Plan:****Progress:** |
| Number of CBFTDM held | **Ongoing:** **Proposed Plan:****Progress:** |

| Individualized Course of Action CBFTDM/CBYTDM |
| --- |
| Section 2:Implement plan for CBYTDM-Community-Based Youth Transition Decision Making |  |  |  | **Ongoing:** **Proposed Plan:** **Progress:** |
| Number of CBYTDM held |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |

| Policy and Practice Change-Level 1 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 1-a | **Identify need(s)** for policy and practice change:discussion about policy and practices with various agencies |  |  |  | **Ongoing:** Our site is constantly doing this as new agencies and individuals are consistently being added to our local network. Policy and Practice Change is part of our monthly SDMT minutes and is discussed as changes arise in our area. Additionally, at SDMT meetings we often discuss the services that are needed, but difficult to obtain for families. Low income housing and transportation tend to be reoccurring needs.**Proposed Plan:** **Progress:**  |
| 1-b | Identify youth and/or parents who have been involved in the child welfare system and ask for their input about what works and what does not, from their perspective |  | X |  | **Ongoing:** **Proposed Plan:** Work with Parent Partners to identify families that may want to participate in our SDMT and share their input. Work with Parent Partners to gather their input on the successes and needs of families. Open discussion with SDMT of avenues to pursue in acquiring a youth voice within our CPPC.**Progress:**  |

| Policy and Practice Change-Level 2 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 2-a | **Must meet all Level 1 items** | X | X |  | **Ongoing:** CPPC Coordinator is still working to get input from those formerly involved in the child welfare system.**Proposed Plan:** See 1-b.**Progress:** |
| 2-b | **Develop a plan** to address identified needs:* **Gather** data about policy and practice changes-needs/gaps in services
* **Document** information gathered (using sources such as APSR, surveys, focus groups) to prioritize practices and/or procedures needing to be changed or improved
* **Ensure** that frontline staff from child protection system and partner agencies are included in development and implementation of practice change planning
* Within the planning process **identify** cultural disproportionality and disparity issues related it policy and practice change
 | X |  |  | **Ongoing:** Needs and gaps in services are identified through our SDMT and DCAT Board. Plans are developed as needed to address the identified needs and gaps. The format outlined is followed.**Proposed Plan:** **Progress:**  |

| Policy and Practice Change-Level 3 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress.  |
| 3-a | **Must meet all Level 1 and 2 items** |  | X |  | **Ongoing:** CPPC Coordinator is still working to get input from those formerly involved in the child welfare system**Proposed Plan:** See 1-b.**Progress:** |
| 3-b | **Implement plan** for changes and re-evaluate using Plan Do Study Act (PDSA) or similar process* Develop communication strategies for implementing the change
* Develop and implement monitoring to ensure change is successful
* Develop specific methods for ensuring quality changes are maintained
 |  |  |  | **Ongoing:** Plans are implemented as they are developed based on the needs and gaps in services. Our site follows this outline.**Proposed Plan:****Progress:**  |

| Policy and Practice Change-Level 4 |
| --- |
| No. | Description | Ongoing | Proposed (NEW) | Met | Describe current goal in your proposed plan and progress. |
| 4-a | **Must meet all Level 1, 2, and 3 items** and add the implementation of 2 or more policy and practice changes |  |  |  | **Ongoing:** **Proposed Plan:** See 1-b.**Progress:** |
| 4-b | Community agencies routinely involve SDM in developing and reviewing policies and practices | X |  |  | **Ongoing:** CPPC Coordinator is involved with community provider groups, which include several SDMT members. These groups often discuss agency policies and practices and ask for input from meeting attendees.**Proposed Plan:****Progress:**  |
| 4-c | Agencies involved in CPPC routinely survey consumers and partners about their programs and make changes in response to feedback including diversity and disparity issues | X |  |  | **Ongoing:** Agencies involved in CPPC have developed their own way to survey consumers/partners regarding their services. Based on the results of the survey, they are making changes and responding to feedback as needed.**Proposed Plan:****Progress:** |
| 4-d | SDM group solicits ongoing feedback from families and community members and makes changes in response to feedback | X |  |  | **Ongoing:** Agencies described in 4c such as ECI and county health departments, utilize various community needs assessments. Many of these agencies are involved in our SDMT and report out to that group. SDMT then takes that information and makes changes on an as needed basis.**Proposed Plan:****Progress:** |
| 4-e | Ensure that all neighborhood network members and DHS-contracted agencies require specific “best practice” standards for delivering human services |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |
| 4-f | Ensure that the SDM group, agency administrators and service recipients evaluate service delivery on a regular basis |  |  |  | **Ongoing:** **Proposed Plan:****Progress:** |
| 4-g | Implement recommendations of various state and federal reviews |  |  |  | **Ongoing:** **Proposed Plan:****Progress**: |

#  At the writing of this proposed report, select the level\* for Policy and Practice Change that best fits your site: 2

# Based on your completed activities, select the level\* for Policy and Practice Change that best fits your site:

# \*For more detailed information on the levels, please see the CPPC Practice Guide

#### Name: Sarah Gibson Title: CPPC Coordinator

## *Site: Indianola DCAT Cluster Address: 200 S Howard Street, Indianola 50125 Phone: 515.468.8181*

**Please return this completed form:**

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