**Annual Progress Report FY 13**

**Indianola DCAT Cluster**

**Des Moines Service Area**

**Madison, Marion and Warren Counties**

 Joe Burke, DCAT Coordinator, 515.314.3603

**KEY ACTIVITIES AND PROGRESS**

Summarize the project’s key activities and the progress toward reaching the project’s desired outcomes during the previous state fiscal year.

All Progress, Update, Reports and numbers are in **Bold Black** unless part of a Excel Format Type Report

1. A description of the community planning used in developing the annual plan:

Three local provider meetings are held each month (one in each county) that are comprised of 20-30 local providers including state and private social service agencies, Early Childhood, schools, police, community health, etc. Community planning and issues are on-going and discussed at each meeting. Members from each county group serve on the DCAT/CPPC Steering Committee who review DCAT proposed projects/issues and send recommendations to the DCAT Board approximately two-three times per year. Early Childhood, Community Health and other agencies do needs assessments and many of those individuals are members of the Steering Committee. In addition the DCAT Coordinator gives data to many of these programs to assist with the completion of their needs assessments and end of year reports. The DCAT Governance Board is comprised of three Board of Supervisors (one from each county) two JCS officers and a DHS liaison. The Board is also a resource for community needs and recent needs assessment conducted by their respective areas as mentioned above. The Board meets about Nine times per year.

Utilization of Decategorization resources is by identified the community and DHS, with an emphasis on projects/services that will defray traditional child welfare spending as well as reduce or insure non-duplication of services.

DHS priorities for FY 13 included: Parent Partners, Als Pals, CPPC, Community Based & DHS Family Team Meetings, DCAT Coordination.

Additionally when a need is identified many community partners invest multiple hours collaborating to provide input and feedback so as to provide the best service/product that can be purchased. This collaborative process has brought a collaborative perspective to the community and is well received; additionally providers/vendors find it beneficial to have involvement from community partners to assist with programmatic challenges.

**Update: Similar to last few years the three local provider group attendance in Madison, Marion and Warren Counties has stayed steady at 20 to 25 per meeting (some are even hitting 30). Sarah Hohanshelt has been the FT CPPC Coordinator for our counties for 2.5 years as of June of 2013. Sarah is from Winterset, had previous experience with DCAT/CPPC Programs in our three counties. The DCAT sponsored program ALS PALS have all reviews and supplies done by Sarah through DCAT/CPPC. Last year DCAT/CPPC sponsored a online training to our 20+ sites that needed it and 4 individuals in our three counties were certified by Wingspan to teach ALS PALS. Sarah has also taken a lead position as the Parent Partner Coordinator (over 50% of her time in FY 13). Sarah supervised one Lead Parent Partner and several regular Parent Partners. This program became independent of DCAT as of July 1, 2013. In addition to doing over two Community Based Family Team Meetings per month and over-seeing ALS PALS, Sarah is in charge of our CPPC website at:** [**www.cppconline.com**](http://www.cppconline.com)**. Sarah is updating the web site virtually every work day with info from the service area. The web site now boosts updates from all over the three counties (plus Polk County) from social service providers, etc. and is quickly becoming a center of info for training, local programs, jobs, events, etc. It also contains a monthly at-a-glance calendar that gives the events occurring throughout our counties. The counties still have County Directories and CPPC/DCAT funded the Warren Directories. All three directories are also on our web site. This will allow future directories be quickly updated and printed when needed. The job site not only includes local jobs in the counties but a job training sites (We Lift Job Training Program in Warren County that is a Virtual Access Point and uses Workforce Materials). It also contains links to major search engines such as DesMoinesHelpWanted.com, Career Builder, Monster, etc. so anyone in Iowa can go to one site for links to all the major job search engines. We also have been contacted by several DCATs/CPPCs from across the State for assistance with success in staring Community Based Family Team Meetings. This has included conference calls, materials and forms sent as well as emails. Sarah averages about 25-30 per year and we have several referral sources including local schools and agencies in each county.**

**As mentioned above the three major provider groups in our DCAT area have stayed very strong with about 20-25 people in attendance each month. These groups supply the members from each county for the DCAT/CPPC Steering Committee. The DCAT/CPPC Steering Committee gave positive recommendations to the DCAT Governance Board for continuation of the core six DCAT Programs (see DCAT programs below or FY 13 Plan) for approximately $235,000. In addition they reviewed proposals and sent recommendations to the DCAT Governance Board for two CBCAP programs valued at $16,000. There was no money available for DCAT Spring Projects for FY 13. The DCAT Governance Board passed all recommendations.**

**Madeline Adams took over as the Full-Time Family Team Meeting Coordinator for all three counties in November of 2012. She is also a Warren county employee similar to Sarah and Joe (see FTM report below). She reports virtually every month to the provider groups and to the DCAT/CPPC Steering Committee and numbers, cost, etc. for each county. This year Madeline did over 200 FTMs alone, not counting many handoffs, etc. Since Madeline has been working within DCAT Contracts over the last eight years she also provides a unique and valuable perspective as we discuss the direction of DCAT/CPPC each year within our many groups.**

**KEY ACTIVITIES, OUTCOMES, AND EXPENDITURES**

**Describe key activities, outcomes, and expenditures for programs and services that received funding from the governance board during the previous state fiscal year.**

2. A description of the decategorization project’s efforts to network and coordinate with other community planning initiatives affecting children and families within the boundaries of their project

1. Shared Decision Making

In the three counties the Community Partnership Shared Decision Making Leadership Group is made up of two shared decision making parts: (1) The DCAT Governance Board/DCAT Contract Monitor who write, oversee and have final approval for the CPPC State Contract (and all other DCAT or other contracts) Final Yearly Budgets, CPPC Coordinator employment, and are the only legal representatives for the contracts and any action taken that affects or changes the contracts/contract budgets. The Governance Board has final authority (if needed) over all Steering Committee actions. (2) The DCAT/CPPC Steering Committee and CPPC Coordinator make recommendations to the DCAT Board for the use of additional DCAT funds and can assist with budgets, plans, review of Request for DCAT funds, implements and set the course of action for extra money given down by DHS, set the CPPC Strategies approach with CPPC Coordinator, CBCAP proposals, etc. See “C. Steering Committee Roles/Purpose within the Indianola DCAT Cluster” below.

1. Steering Committee Contract Funding Examples

Below are examples over the last several years of programs recommended by the Steering Committee and approved by the DCAT Governance Board. These examples are virtually all extra funds given to the Indianola DCAT Cluster during that time and originated with the Steering Committee and its members.

99% of all programs recommended by the Steering Committee have been accepted and passed by the DCAT Governance Board in the form of contracts. The Steering Committee for the Indianola DCAT cluster has had the majority of all extra money in each yearly DCAT budget going to projects they recommended and proposed to the DCAT Board. The only programs that continued (but had no objections from the Steering Committee) were regular Core Programs ALS Pals - $13,157, Family Assistance $11,000 and Family Team Meeting $74,367, Community Support (for CPPC FT Position) $42,000, CPPC $20,000, DCAT Coordination $76,465, PSSFP funding was given to Polk County to Support Parent Partners Program for FY 13

FY 2007: Mom off Meth $63,000, Wee Care $2,000, We Lift $31,817(pilot program), Spring Projects $110,250 (all Spring Projects program proposals are reviewed by Steering Committee members with recommendations sent to the DCAT Board for final approval).

FY 2008: AmeriCorps $36,022 (includes additional $15,000 for Parent Partners and Parent Partners Training recommended by CPPC coordinator and Steering Committee to DCAT Governance Board), Mom off Meth $22,000, School Based Mental Health $108,011, Spring Projects, 121,091, CPPC part time Coordinator $20,000 (included $7,500 for projects in three counties decided by Steering Committee and PT coordinator position recommended by the Steering Committee to the DCAT Governance Board)

FY 2009: AmeriCorps (includes additional $15,000 for Parent Partners) $34,000, School Based Mental Health $65,000, Spring Projects $63,000, CPPC $20,000(PT coordinator with benefits).

FY 2010: AmeriCorps $51,000 (includes additional $15,000 for Parent Partners and $12,000 for county projects recommended by Steering Committee and approved by DCAT Board), School Based Mental Health $65,000, Spring Projects $63,00, Family Interaction Aging Out $26,00(Pilot program whose purpose, budget etc. decided at Steering Committee meeting with DHS Supervisor Kristen Walker present-program approved as recommended by Steering Committee by DCAT Board), CBCAP $7,500 (programs decided by Steering Committee with Madison County as fiscal agent, DCAT Board Approved), CPPC $3,000 extra money in CPPC budget with programs in each county determined by the Steering Committee.

FY2011: Parent Partner/Community Support $42,620 (includes money for Parent Partners $7,500 and community spring projects – Every 15 minutes at Winterset HS $2,583, Family Directions, Storks Nest Madison 5,000, and Partial Salary, Benefits, and general support for FT Community Partnership Coordinator $24,500. Other Spring Projects: Wee Care $9,450, We Lift $5,250, School Based Mental Health $16,000, ISU Extension After School $5,500, Public Health Child Screenings $3,000, Cowboy Up Wildwood Hills Horse Therapy with At Risk Youth $22,500. CBCAP: Marion County Health $4,000, Family Directions Madison County $4,000, Wee Care Warren County $4,000. CPPC: $20,000 partial Salary and Benefits for FT CPPC Coordinator Position

FY 2012: Parent Partner/Community Support $42,620 (Includes money for Parent Partners $6,000. Spring Projects – Every 15 minutes Carlisle High School (STAND) $2,583, We Lift Job Training Center $1,600 (with $3,200 match from Warren County), Family Team Meetings $6,000 and $1,000 to each county provider group for Spring Projects, (School Supplies, Resource Directories etc.) and partial Salary, benefits and general support for FT Community Partnership Coordinator $26,000. Other Spring Projects using additional DCAT dollars: Wee Care $13,000, Earlham High School Credit Recovery $4,736, Integrative Counseling (School Based Mental Health) $6,500, Visiting Nurse Services $5,000, Crisis Intervention Services $6,500, Cowboy Up $13,000

**FY 2013 There was $34,942 in Parent Partner expenses ($33,529 PSSFP Contract & $1,413 from Community Support Contract). This does not include approximately 50% wages, benefits, mileage from CPPC Coordinator and 20% time from DCAT Coordinator. $1,243 spent for Warren County Resource Directories, $1,000 spent for New Car and booster seats for the DHS loaner program for clients, $1,600 spent in additional support from the Community Support Contract for DHS Clients (Flex Funds shortage): Transports, Paternity Testing and Psych Evaluations, $200 spent on website upgrade. CBCAP awarded funding was approximately $16,000 for two projects.**

The Steering committee can also make adjustments on expenditures on approved contracts, adjust strategies as needed and insure the Partnership work is linked to relevant DCAT/CPPC/Community activities in the three counties. It also oversees (along with the DCAT Contract Monitor, DCAT Board and Warren County Board of Supervisors who supervise) the CPPC Coordinators Job duties and performance including the Parent Partner Program, ALS PALS, Community based Family Team Meetings and other CPPC related activities which are all funded under DCAT Contracts.

At the request of the DCAT Contract Manager (Darin Thompson) DCAT Contract Monitor (Joe Burke) and DCAT Governance Board, the Steering Committee along with the CPPC Coordinator will review new Request for DCAT funds and/or renewals of current contracts two or three times per year and give recommendations/comments to the Governance Board through a message to the DCAT Contract Monitor or attending a Board Meeting.

1. Steering Committee Roles/Purpose within the Indianola DCAT Cluster:
2. Submit recommendations with budgets to the DCAT Board for future contracts when there is extra Child Welfare Money given by DHS to the Indianola DCAT Cluster (see above examples)
3. Set CPPC budget with each fiscal year (final approval by DCAT Governance Board).
4. Submit recommendations to DCAT Board if Committee feels that one of the regular DCAT programs should no longer be funded (see above list).
5. Adjust budgets to approved DCAT contracts for distribution of extra DCAT funds available through- out the year (see above examples).
6. Perform job interviews and give hiring recommendations to DCAT Board for CPPC Position, AmeriCorps, etc.
7. Adjust Strategies, and submit to DCAT Board for their approval, for the more efficient use of limited amounts of funding. IE: FT CPPC Coordinator, Parent Partners, ALS PALS, CPPC Web Site and promote the strategies at every opportunity.
8. Oversee (but does not supervise) and help plan the CPPC Coordinator’s approach to the Indianola DCAT Cluster
9. Attend Monthly provider group meetings held in each county
10. Attend Monthly Steering Committee Meetings and give updates on important changes or new programming in their home counties.
11. Review proposals and submit CBCAP application (with one of the three counties as fiscal agent) for use of CBCAP funding available each year for the Cluster.
12. Attend/observe/participate in CPPC Strategies approaches approved by the Committee and CPPC Coordinator. IE: Parent Partner reviews, Drug Court, Community Family Team Meetings, Community Events, etc.
13. Elect Committee Chair and /or vice Chair.
14. Set policies for recruitment, participation, voting members, committee members applying for DCAT or other approved DCAT Indianola Cluster funding, etc.

The DCAT Coordinator also attends the local provider group meetings, early childhood meetings (or reads on-line copies of meeting minutes) as well as other meetings that focus on the needs of youth, Interns, Indianola Cluster Meetings, Family Team Meetings, DCAT Quarterly Review meetings with DHS and Family Team Meetings, DHS discussions, review or focus groups, Parent Partner Advisory Council, etc.).

Partnering Examples:

DCAT partners with preschools to fund ALS PALS programming in all three counties and CPPC now administers this program under our CPPC Coordinator ($13,157).

DCAT funds the Family Team Meetings with State Certified independent contractors who live the three counties ($47,000+) so CPPC money can be used for a Full-Time coordinator to advance CPPC Strategies and do Community Based Family Team Meetings.

DCAT funds a large portion of the Parent Partners to enhance CPPC in the counties and provides additional funds for the major CPPC program ($6,000+).

$243,000+ over the last five years.

**Spring 2013: the Indianola DCAT Cluster Parent Partner pilot project grew from on individual to several, working or training to become Parent Partners for DHS families. Parent partners were going to Family Team Meetings, Court Hearings, home visits, phone calls etc. in our three counties, helping those families that requested it with navigating the avenues to successfully getting their children returned. We had several Parent Partners (many from our own counties of Madison, Marion or Warren) working with 25+ families. Sarah Hohanshelt CPPC/Parent Partner Coordinator and Joe Burke DCAT Coordinator were part of many meetings assisting with the development of this program and its eventual independence from DCAT/CPPC as of July 1, 2013. They both served on Advisory Councils, Forms Committees, Process and Procedures groups, and Orientation. Control was divided between the local CPPC/DCAT and Polk County DHS. Sarah ran the monthly, local consultation meetings as well as the day to day supervision, expenses and reimbursements. Madeline and Joe also attend many meetings and Joe provided Professional Development Training for all in attendance each month. This included everything from how to shake hands, to presentation skills. This program by Joe was later expanded to involve all the Lead Parent Partners and regular Parent Partners in DCAT Area 5.**

DCAT has partnered with local schools over the last several years to provide school based mental health for all aged students in several school districts in the three counties (affecting about 13 schools). Two of the programs have received funding through a partnership with United Way in Des Moines (one in Warren and one in Marion).

**$249,000+ over the last seven years, have been provided by DCAT for these programs in the three counties. No money was available this year for these programs, but the programs continued to expand as a full program was begun in the Pella High School.**

Community Based Family Team Meetings – available upon request from schools, agencies, etc. to any family in the counties of Madison, Marion and Warren free of charge.

**Update: The partnerships for FY 13 continued to be excellent as in years past (see updates below under FY 13 Contracted Services - CPPC Report, ALS PALS, Family Team Meeting and Parent Partners. Attendance has remained steady over last year (about 75%). We still are looking for concerned citizens who want to serve their community through the Steering Committee and we added new voting members last year and lost two. CPPC reports for the Indianola DCAT Cluster are listed below toward the end of this documentation. Approximately 2-3 Community Based Family Team Meetings are done by the CPPC Coordinator each month and she receives most referrals from the schools.**

3. A description of any community needs assessment process (See #1 above)

4. A description of the project’s specific and quantifiable short term plans and desired results for the state fiscal year; as well as a description of how these short term plans align with the project’s longer term goals for improving outcomes for children and families.

Short term plans include implementing and monitoring the programs approved through the three county processes ending with the DCAT Board approval. These programs will accomplish the long term goals of DCAT: needs based, family focused, easily accessible, more intensive, less restrictive and cost effective programs for youth 0-18 years old.

**Update Similar to past years: The process above worked extremely well for our counties as we use the most current data available when needed, but additionally many of those who gather this needs data serve on our DCAT/CPPC Steering Committee, so, the latest needs are looked at when recommendations to the DCAT Board are given or Steering Committee projects are considered.**

5. A description of the project’s proposed plans to use funding available within their decategorization services funding pool during the fiscal year, including plans to use their available carryover funds- resulting from decategorization operations during the previous fiscal year- by the close of the current state fiscal year.

The Indianola DCAT Cluster will continue to fund programs already approved and in place. If Child Welfare money is available and able to be carried over for FY 13-14, DCAT will enhance the funding of the Priorities listed above. DCAT will approach the provider groups in each county (as has been done for the last four of the last five years) for Spring Projects that are needed and that end on June 30.

**Update: DCAT funded several regular programs (listed below). No new long term projects were funded due to funding constraints and satisfaction with the core programs in place. As usual all projects were reviewed by the DCAT/CPPC Steering Committee and recommendations to the DCAT Governance Board given. The Indianola DCAT Cluster also carried over approximately $109,000 from its FY 13 State Allocation for FY 14.**

6. A description of the project’s plans to track results and outcomes achieved by funded programs during the year.

Following State Contract requirements, each contract will be monitored quarterly by the DCAT Coordinator and bi-annually by the Governance Board by reviewing quarterly reports in comparison to the Scope of Service (outcomes/performance measures) of the contract. The quarterly reports are also made available to the DCAT Steering Committee, community partners, etc. The DCAT Coordinator will also conduct site reviews with the provider twice annually and anyone can attend DCAT Board meetings in which yearly reviews/reports are given by the providers. The DCAT Coordinator also reviews and approves all expenses and invoices.

**Update: Programs submitted regular quarterly reports. Various Mandatory Reports were made available to DCAT Governance Board, DCAT/CPPC Steering Committee, all three provider groups and the CPPC mail ID. Semi- annual reviews/reports were done in person by Sarah, Madeline and Joe at the DCAT Governance Board meetings in late winter and late summer for FY 13. The Annual Plan, Annual Progress Report Board notes, Budgets, etc. are now posted on the** [**www.cppconline.com**](http://www.cppconline.com) **website.**

7. A description of the project’s plans to monitor and maintain fiscal accountability during the year [fiscal accountability includes monitoring the performance and results of contractors receiving funding and monitoring expenditures for decategorization services during the year].

As per State of Iowa requirements, GAX sheets will be reviewed monthly (or per reimbursement request) to ensure correct program records, budgets, documentation etc. are being followed. Each program must have a line item budget which has three sections: total money approved for each line item, amount requested for current month for each line item and a running total of request for the year per line item. This insures that there are no budget issues on amounts remaining per line item as the year progresses. If there is a dispute GAX sheets will be held until the dispute is resolved and the contract process will be followed. Contractors must meet listed contract performance measures or payments could be decreased as per contract.

**Update:** **Over the past five years, the Indianola DCAT Cluster has had extremely high accuracy on all GAX sent in for reimbursement.** **The DCAT Coordinator reviewed vouchers monthly & tracked the information on an Excel budget spreadsheet. The info is also reviewed by the Warren County Budget Director before the DCAT Coordinator reviews it again before submitting to the State. The information was shared through Budget reports sent out the Steering Committee and Shared at DCAT Governance Board meetings several times throughout the year. The new Excel budget sheets have been very accurate (to the penny) and the DCAT Coordinator was compliant on all required trainings from the State.**

Below is a list of programs and/or services that were administered through the Decategorization Project for 2013 along with agency name, number, budgeted amount for program, and contract numbers.

**Eligibility for Programs Listed Below**

All programs listed below serve any family with youth (or the youth themselves) between the ages of 0-18. Each agency approves eligibility per the contract with DCAT Executive Board. DHS must approve all DCAT contracts. Each agency will accept referrals from all sources in every county except the following:

Time Limited Reunification Project- PSSFP –DHS Referral Only **(no contract this year money given to support State Parent Partner program)**

Family Assistance – DCAT5-11-009 - DHS Referral Only

Parent Education (ALS Pals). DCAT5-13-011 – Ages 0-8 years

**FY13 Contracted Services Indianola DCAT Cluster**

**Core Programs**

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|  ALS PALS Parent Education DCAT/CPPC Sarah Hohanshelt – 515.468-8181.Warren County Contract Holder. DCAT5- 13-011 Core Program # 1 $5,827 spent of $13,157  |
| This project is designed to integrate resiliency-based alcohol, tobacco, and other drug and violence prevention strategies into the child’s daily life and the first years of a child’s classroom experience. This is accomplished by strengthening the child’s communication, decision-making, copies, and problem-solving skills to help them learn to make healthy drug-free choices. Preschool and Kindergarten teachers and parents receive the training and technical assistance to help them strengthen children’s social competencies and promote attitudes favorable toward healthy lifestyles through the use of the famous ALS PALS puppets. Serves Madison, Marion & Warren Counties.**Update:****Input****July 1, 2012 to June 30, 2013****MMW DCAT funds****$2,550****($1,900: Supplies; $650: Training)****I Part-time Coordinator serving three counties****Also, $2,100 spent on Here now and down the road****Output****11 Preschools participating in Al’s Pals program** **3 Madison Co.** **2 Marion Co.** **6 Warren Co.****3 Elementary Schools participating in Al’s Pals Program** **2 Marion Co.** **1 Warren Co.****1 Respite Nursery and 1 Young Parents Nursery Participating in Al’s Pals program (Warren)****16 centers using Al’s Pals curriculum****1165 children participating in Al’s Pals program (ages 3-8)*****\*Numbers for Stepping Stones (Winterset), Young Explorers, Pleasantville Elementary and Carlisle Elementary were used from last year as they did not turn in their evaluation, though they were contacted several times. Numbers also do not include Stepping Stones (Norwalk) or Lil Hands Big Dreams as they have never turned in an evaluation (FY13 was their first year with Al’s Pals)*****16 Centers have received curriculum and materials needed for program implementation****44 Teachers/associates trained in Al’s Pals curriculum****Quality/Efficiency****Efficiency:****Cost per preschool: $231.82****Cost per school: $850****Cost per center: $159.38****Cost per Child: $2.18\*****Quality:****28% of Warren County children 0-5 (2897, according to US Census Population Estimate for 2011) are participating in Al’s Pals\*****12% of Marion County children 0-5 (2167, according to US Census Population Estimate for 2011) are participating in Al’s Pals\*****10% of Madison County****Children 0-5 (1088, according to US Census Population Estimate for 2011) are participating in Al’s Pals\*****Outcome****All centers either have received supplies all requested supplies for the 2012-2013 school year.****15 of 16 visits to the centers have been completed. Lil Hands, Big Dreams in Norwalk did not return phone calls or emails to set up an observation.** ***1.3 Scope of Work.*** **1.3.1 Deliverables.**The Contractor shall provide the following: 1. Children 0-5 will have Al’s Pals Curriculum delivered at their preschool, elementary school or Respite Nursery as an Alcohol/Violence Prevention Program. **All participating schools/child care centers are delivering the Al’s Pals Curriculum.**(b) Al’s Pals curriculum will be delivered with hand puppets by staffs who have received Al’s Pals online training. **All staff delivering the Al’s Pals Curriculum has been trained.**(c) Each of the Al’s Pals classrooms shall be required to undergo an annual monitoring session done by CPPC Coordinator using the Al’s Pals Curriculum Evaluation. **Completed all observations, except one at Lil Hands Big Dreams in Norwalk. Daycare would not return phone calls or emails. Will try to get in touch with them again in the fall of 2013.**

(d) Provide all consumable supplies required for the Al’s Pals classrooms activities in the three counties. **Delivered all requested supplies.**(e) Contractor will provide quarterly reports that include updates on Deliverables and Performance Measures. **Completed in FY13.**1.3.2 Performance Measures. (a) 80% of participating centers in Madison, Marion and Warren County will deliver a minimum of 5 sessions of the Al’s Pals Alcohol/Violence Prevention Program to youth in their care ages 0-5. **Completed in FY13. See Al’s Pals Evaluations filled out by centers by contacting Sarah Hohanshelt.**(b) 100% of staff will have participated in Al’s Pals online training before they can deliver the Al’s Pals Curriculum with hand puppets. **Completed in FY13. Trainings were scheduled as needed. One training was held in FY13.**(c) 90% of Al’s Pals participating centers will average at least a 3 on their Al’s Pals annual Curriculum Evaluation Form (scale of 5). **Completed in FY13. See evaluations filled out by centers.**(d) 100% of all consumable supplies required for the Al’s Pals classrooms activities in the three counties will be provided by the CPPC Coordinator under this contract. **All needed materials were delivered in FY13.**(e) Quarterly reports by Contractor on Deliverables and Performance Measures will be due the 15th of the month following the end of a quarter. **Completed in FY13.**(f) 100% of payments shall be issued as directed to vendor(s) within 20 workdays from the date the contractor receives written notification from the authorized Coordinator. **Completed FY13.**(g) 100% of invoices submitted to the Department for reimbursement shall be accurate and timely. **Completed in FY13.**(h) All monthly expenditure reports shall be submitted to the DCAT Contract Monitor and approved before they are sent for reimbursement. **Completed in FY13.****Additional Performance measures averages over last several years for ALS PALS:****93% of children showing improvement in social and emotional competence (express feelings appropriately, use self-control, problem-solve, accept differences, care about others, make safe and healthy choices)****83% of children showing improvement in social withdrawal behaviors (peer interaction, response to affection, ability to make friends)****95% of children showing reductions in negative and/or aggressive behaviors ( physical aggression, bullying, name calling)****Two successful pilot sessions were run in the Indianola DCAT Cluster for the Parents of youth receiving ALS PALS at their centers. This program is called “Here Now and Down the Road.” These reports can be viewed at** [**www.cppconline.com**](http://www.cppconline.com) **under the "Yearly Reports, Plans and RFPs" tab which can be found by hovering over the "home" tab on the homepage.** |

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| Madeline Adams (Coordinator) – 515.468.1684Family Team Meeting Facilitation. DCAT5-11-011 Core Program #2 Spent $47,867 of $47,867 (plus an additional $2,978 for general expenses and $1,011 from Community Support contract for new computer and equipment. LAE covered expenses were about $12,000 for total budget of $63,000+) |
| The Department of Human Services (DHS) child welfare focus is on serving families with children at serious risk of harm from abuse and neglect. Building teams at the time of crisis to support families where there is a risk of serious harm to the child has been identified as a means to address the factors that threaten the child’s safety, establish permanency for the child, and promote well being – central expectations in the provision of child welfare services. Family Team Meetings (FTM) is used to enhance the core casework functions of family engagement, assessment, service planning, monitoring and coordination. When properly applied, FTMs support a trust-based relationship, facilitates family engagement, and sustains the family’s interest and involvement in a change process. FTMs promote unity of effort and provide an opportunity for all helping professionals to develop a shared understanding of the family’s situation – which are critical elements in attaining positive results. FTMs should be a proportional response to the needs of the child and family that is coordinated across systems involved with the family. The FTM Facilitator will provide Family Team Decision Making facilitation for the Department of Human Services, which includes:- Case load of 15-20 Family Team Meetings per month with priority given to (1) DHS founded child abuse cases with children 0-5 year old range, (2) DHS/Juvenile Court eligible cases and (3) Acceptance of local community referral cases on a time available basis.- Coordinate Family Team Meeting facilitator activities for all facilitators. Produce monthly/quarterly reports for DCAT Governance Board, DCAT Coordinator and DCAT/CPPC Steering Committee. Serves Madison, Marion & Warren Counties.**Update:****100% of parents and team members with consensus wrote plans at the meetings** **100% of children will remain in the least restrictive placement and the goals are that there will be a reduction in the number of out of home placements.****100% of successful FTMs developed a plan to establish permanency for the children.****100% of FTMs had the FTM plan disseminated to the DHS case manager within 10 workday days.****Referrals:****Madison: 21****Marion: 50****Warren: 75****Community Referrals (non DHS referrals): 12****YTDM: 2****Total: 160****FTM Preps**: 93**PRC’s:** 27 **Initial FTM’s**: 74**Hand-off FTMs:** 53**Follow Up FTM’s**: 83**Safe Case Closure:** 1**Community Based FTM’s**: 13**Total Hand-off + FTMs: 251****With Preparation Mtgs.: 344****Hand-offs:** **Madison 15; Marion 24; Warren 14.****FTMS:****Madison 24; Marion 46;****Warren 126; Clarke 1; Union 1**Hand-offs + FTMs# of Families: 222**# of Children: 478****# of Children 5 & Under: 212****# of Adults: 372****(Unduplicated Numbers thru Each Quarter)****Cost per child: $134.58****Cost per adult: $172.92****Cost per Hand-off+FTM: $256.28****Cost per meeting with family: $187.00****Parent Partner Referrals:****2 Madison County;****8 Marion County;****12 Warren County****# Families Serving: 238****# Children: 518****# Children 5 & Under: 211****# Adults: 390****Contract Obligations*****1.3 Scope of Work.*** **1.3.1 Deliverables**A. Contractor shall provide the following:a) Facilitators who are trained in FTDM and currently have a FTM approval number provided by theAgency. **All facilitators have been trained, mentored, and have received their FTM number in accordance with DHS requirements.**b) Accept all referrals from the Agency and JCS (Juvenile Court System). Any exceptions must beapproved in writing by SAM (Service Area Manager) or designee. **Accomplished for FY 13. All referrals accepted from DHS and JCS.**c) Community Resources and engaging the family and Family Team participants in seekingopportunities for support and collaboration. **Done for FY 13.**d). Initiate FTM planning with the family within 2 working days of the receipt of the fully completedreferral form. **Accomplished for FY 13.**e) Coordinate and conduct all preparatory work for the FTM. **Done for FY 13.**f) Contact the service worker for background information on the family, which would include thingssuch as the case plan, functional family assessment, and child abuse information. Engage the family and others to identify meeting participants and prepare them for the FTM. **Done FY 13.**g) Encourage and lead FTM's focusing on intermediary planning which includes placement changes,adoption, returning home, changes in visitation from supervised to unsupervised and preparation ofyouth for their transition from foster care to young adulthood. **Accomplished for FY 13.**h) Schedule the FTMs. (taking in consideration the needs of the formal and informal supports). **Accomplished for FY 13.**i) Hold the initial FTM within 30 days from receipt of referral unless extenuating circumstances occurand are approved by the Agency worker and are documented in the contractor’s file. **Accomplished for FY 13.**j. Arrange the FTM location.  **Accomplished for FY 13.**k) Send FTM invitation notices. **Accomplished for FY 13.**l) Establish the purpose of the FTM with the family as well as the service worker. (goals and non-negotiable items) **Accomplished for FY 13.**m) Provide snacks, refreshments or light meals appropriate to the time of day the FTM is scheduledand Lead/Facilitate FTM. **Accomplished for FY 13.**n) Provide mentoring of trained FTMF who are seeking their state approval number or those seekingadditional skills. This would include completing the required documentation and feedback asdescribed by the Agency. **Accomplished for FY 13.**o) Take notes. (To be used in completing the FTMF notes on form 470-4126) **Accomplished for FY 13.**p) Engage the meeting participants through development of the family plan using the form prescribedby the Agency. (Form 470-4126, FTM Facilitation Notes) **Accomplished for FY 13.**q) Disseminate the report to the identified parties within 10 business days of the FTM using form 470-4126, Family Team Meeting Facilitation Notes, and submit electronically to the Agency workerand Family Team Coordinator for use in developing the case plan. **Accomplished for FY 13.**r) Conduct all follow-up FTMs as needed or requested by the Agency case manager. **Accomplished for FY 13.**s) Administer a customer satisfaction survey on each FTM and tabulate the results for the Agency in areport format agreed upon by both parties. **Accomplished for FY 13.**The contractor will be responsible for all supplies, interpreters, equipment and any materials needed to conduct and facilitate an effective Family Team meeting. **Accomplished for FY 13.**t) The contractor will administer the Agency customer satisfaction survey and tabulate the results as prescribed by Agency. **Accomplished for FY 13.**u) The contractor will maintain client and program data as described below: i. Number of referrals received. **Accomplished. See Above Reports.** ii. Number of Family Team Meetings conducted. **Accomplished. See Above Reports.** iii Number of successful Family Team Meetings (Success is defined as: a FTM plan (470-4126) is completed or revised for the family.) **Accomplished. See Above Reports.** iv. Number of unsuccessful Family Team Meetings (Unsuccessful is defined as: a FTM that did not result in a completed or a revised plan (470-4126) for the family.) **Accomplished. See Above Reports.**v) The contractor will provide reports to the contract Monitor that include statistical and program information and quarterly reports. The statistical information this is expected to be reported on is identified in above listed as “program data”. For the purposes of this requirement, the quarters are July-September, October-December, January-March, April-June. Reports are due within fifteen (15) days after the end of each quarter. A cumulative report must be completed at the end of the contract period. **Done for FY 13.**w) The contractor will coach and mentor other facilitators as requested by Agency. **Done FY 13.**x) Transportation of clients is not provided for within this contract.  **1.3.1.1 Performance Measures** 1. 95% of all FTMs are successful as defined in section 1.3.1.A.u.iii. Accomplished for FY 13.
2. 95% of the FTMs will have a plan disseminated to the Agency case manager within 10 working days of the FTM. Accomplished for FY 13.
3. 80% of FTMs will have a Customer Satisfaction Survey completed by the participants. **Accomplished for FY 13.**
4. 95% of the time the contractor will contact the social worker and family within 2 working days of the receipt of the referral. Accomplished for FY 13.
5. 90% of the time the contractor will hold the FTM within 60 days of the receipt of the referral. Accomplished for FY 13.**1.3.1.2 Agency Responsibilities.**

Referring families with proper referral forms, so FTM may take place. **Accomplished for FY 13.** |

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| Department of Human ServicesFamily Assistance. DCAT5-11-009 Core Program #3 $11,004 spent of $11,025 |
| Family assistance is designed to prevent out of home placement, support to adoptive families, and provide assistance for family reunification. Goals include: maintain children in the home, maintain children in the least restrictive setting and transition children from a more restrictive to a less restrictive setting and meet the needs of the family which do not fit traditional categorical services. Serves Madison, Marion & Warren Counties.

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| **Items Include 5% Admin fee** |  |
|   |   |
| Gas Cards | 1,050.00 |
| Child Care | $90  |
| Interpreting  | $325  |
| Family Assistance | $83  |
| Psych Evals | $4,155  |
| \* Client Transport | $1,899\*  |
| Guardianships | $1,336.00  |
| Bus Passes | $819  |
| Scran Anklet | $270.00  |
| \*Paternity Testing | $451\*  |
| Traning | $37  |
| Room rent | $489  |
| **Sub Total**  | **$11,004** |

**Update: \*An additional $1,089 spent on client transports and $157 for paternity testing taken from DCAT Community Support contract. This program spent $12,250 in FY 13 which was about 75% increase from FY 11.**  |

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| Department of Human ServicesTime Limited Reunification Project. $33,529 |
| **The PSSF project money went to support the Parent Partner budget in Polk County. Parent Partners did work in our three counties and had supervisions provided by our CPPC Coordinator. The Indianola DCAT Cluster was the original pilot program for Parent Partners in FY 12 before it went State-Wide. Example below of partial report, full sets of reports can be viewed by Contacting the Parent Partner program.**Parent Partner Approach – Quarterly Activity Report

|  |  |
| --- | --- |
| Site:Madison, Marion and Warren Counties | Reporting Period:Jan-Mar 2013 |
| **1. Parent Partner Program Participants** Be sure to check last quarter’s numbers to avoid duplication. |
| 1a. # **Parent Partners** in the program (on last day of the quarter) (count all Parent Partners eligible to mentor whether they are matched or not) | 2# PP(Does not include Mindy who is originally from Polk) |
| 1b. **Parent Partners** # **new** **and** **# who left the program**  (reflects activity in this category during the quarter) | NEW:0 | LEFT:0 |
| 1c. # **Parent Partners In Training** in the program (on last day of the quarter) | 2#PP in Trg |
| 1d. **Parent Partners In Training # new and # who left the program** **or became PP**  (reflects activity in this category during the quarter) | NEW:0 | LEFT:0 |
| 1e. # **Program Aides** in the program (on last day of the quarter)  | 0#PP Aides |
| 1f.  **Program Aides # new and # who left the program** or changed to another role (reflects activity in this category during the quarter) | NEW:0 | LEFT:0 |
| 1g. # **Program Allies** in the program (on last day of the quarter)  | 27 (This our SDMT)#PP Allies |
| 1h. **Program Allies # new and # who left the program** or changed to another role (reflects activity in this category during the quarter) | NEW:0 | LEFT:0 |
| **2. Parent Partner Activities** |
| Column [1] indicate the **# of families who were helped with the identified activities** by a Parent Partner Column [2] indicate the total **# of times Parent Partners engaged in the activity** Example: in 2a, if 5 families each had 1 Parent Partner present at 2 FTMs, then [1] is 5 and [2] is 10Column [1[ should not be greater than Column [2]. Column [1] should not be greater than number in 3a. |
|  | [1] # families who had a Parent Partner help with **this** **activity**  | [2] total # times Parent  Partners participated  |
| 2a. Attended PRC | 1 | 1 |
| 2b. Attended FTM | 12 | 12 |
| 2c. Supported family at court | 18 | 19 |
| 2d. Attended other child welfare meeting related to the family | 2 | 2 |
| 2e. Went to counseling session with a parent | 0 | 0 |
| 2f. Helped a parent access needed services | 20 | 41 |
| 2g. Supported parent before/after family interaction (visitation) | 5 | 6 |
| 2h. Had face-to-face contact with a family (other than contacts listed above) | 20 | 92 |
| 2i. Had phone conversation with a family related to the case | 20 | 214 |
| 2j. Had text or e-mail conversation with a family related to the case | 20 | 137 |
| **3. Family Results** |
| 3a. # Families active in the program / # Children in those families | Families: 20 Children: 37 |
| 3b. # ***New*** families enrolled in the program  | NEW: 6 |
| 3c. # Families whose Parent Partner cases ***closed***  | CLOSED: 4 |
| * # reunification from out of home placement (even if DHS case is still open)
 |  |
| * # in-home child protection case closed (by DHS worker)
 |  |
| * # mutual agreement that services are no longer needed
 |  |
| * # family declined Parent Partner referral and services
 |  |
| * # family accepted referral but declined services
 | 2 |
| * # other situation at closing (explain)
 |  |
| **4. Parent Partner Program Activities** |
| Indicate the total # of times Parent Partner Program participants and/or coordinator were involved in each activity **and** list details below for each section (add lines as needed) # times # people |
| 4a. Committees related to child welfare  | 3 | 2 |
| 4b. Child Welfare DHS New Worker orientation | 0 | 0 |
| 4c. Community Partnerships for Protecting Children (CPPC) | 0 | 0 |
| 4d. Speaking engagements and program awareness  | 0 | 0 |
| 4e. Other meetings, trainings and activities  | 8 | 4 |
| **Activity** | **Date** | **State or Local?** | **# PP involved** | **Describe Participation or Role in Activity** |
| 4a. Committees related to child welfare  |
| Child Abuse Prevention Council of Warren County | 1/152/193/26 |  | x | 111 | Parent Partner Coordinator and Lead Parent Partner are board members. They attend meetings, provide support for Young Parents Program, Wee Care Respite Nursery and Sexual Abuse Education Program. They also help to plan Child Abuse Prevention Month events. |
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| 4b. Child Welfare DHS New Worker orientation |
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| 4c. Community Partnerships for Protecting Children (CPPC) |
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| 4d. Speaking engagements and program awareness  |
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| 4e. Other meetings, trainings and activities  |
| Marion County Providers | 1/72/43/4 |  | X | 101 | Parent Partners attend this meeting to gather information and resources from other providers as well as give information on how well the Parent Partner Approach is working in Marion County. |
| Madison County Cares | 1/222/263/26 |  | X | 1Cancelled0 | Parent Partners attend this meeting to gather information and resources from other providers as well as give information on how well the Parent Partner Approach is working in Madison County. |
| Warren County Providers | 1/82/123/12 |  | X | 010 | Parent Partners attend this meeting to gather information and resources from other providers as well as give information on how well the Parent Partner Approach is working in Warren County. |
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| Joe Burke – 515.314.3603DCAT Coordination. DCAT6-10-013 Core Program #4 $73,994 Spent of $76,465 |
| Contracted coordination services to administer the DCAT project as well as to coordinate and facilitate the planning/collaborative efforts undertaken to effect change. The overall objective is to reduce duplication of services, improve communication and enhance collaboration. Serves Madison, Marion & Warren Counties.**Update: The DCAT Coordinator traveled to local monthly local service provider meetings, interagency, County Supervisor meetings, parent partners, State CPPC Advisory Group, Community Partnerships for Protecting Children regular monthly meetings, yearly meetings and some quarterly regional meetings were also attended. The DCAT Coordinator has also participated (as mentioned above) in numerous meetings in regards to the Parent Partner Program for the Indianola DCAT Cluster for FY 13. Some weeks up to 25% of his time was working on issues surrounding Parent Partner’s. He also supervises the CPPC Coordinator and Family Team Meeting Facilitator. Completed his State required DCAT Coordinator classes and finished his online training to keep FTM number current. The DCAT Coordinator provided monitoring, budgets & oversight on over 10 DCAT contracts, sub contracts, CBCAP or other projects for a total of over $344,000. Approximately $12,000 in CBCAP money was also monitored. All, budgets, reimbursement request/reviews, reports, Board updates, amendments, renewals, new contracts, etc. are done by the DCAT Coordinator as the monitor of all DCAT activity in the cluster. New for FY 13 was the addition of a Family Assistance monthly monitoring sheet. FY 13 saw the third year of “100% accuracy” on State GAX Reimbursements Request for the Cluster. DCAT coordinator also spent over $1,000 from his budgets to upgrade the loaner car seats/booster seats for Warren and Marion County and $500 for additional gas cards. Joe also did Professional Development Training for all of Service Area 5. He also conducted a Confrontation Work Shop for the Parent Partner Yearly Summit.** |

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| Sarah Hohanshelt Core Program #5&6Community Partnership for Protecting Children and Parent Partner Contract. DCAT5-13-012 CPPC $20,000 DCAT2 12-020 Community Support Contract (additional support for CPPC) $43,810  |
| Community Partnership for Protecting Children (CPPC) is an initiative rolled-out across the state of Iowa. The four strategies include Shared Decision-Making Team, Policy & Practice Change, Neighborhood Networking & Individualized Course of Action (Family Team Meetings). CPPC is dedicated to identifying issues, resources and creative solutions by networking and collaborating with community partners. Activities have included Madison County Family Fun Day, Marion Co. Family Challenge, Tri County Collaborative Conference, participation with local child abuse prevention Councils and domestic violence coalitions. Serves Madison, Marion & Warren Counties. **Spent 100% of CPPC Funds****Spent $39,560 of $43,810 allocated for Community Support**  |
| **See CPPC End Of Year Report Starting on Page 27 Below**  |
| **CBCAP****CBCAP $15,000 Program #1**

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| County: Madison, Marion, Warren**Contract #: ACFS13-###****Parenting Way, Inc.** | **🞏 Quarter 1 🞏 Quarter 2**Due January 15, 2013 Due April 15, 2013(10/1/12 – 12/31/12) (10/1/12 – 3/2013)**🞏 Quarter 3 × Quarter 4**Due July 15, 2013 Due October 15, 2013(10/1/12 – 6/30/13) (10/1/21 – 9/30/13) |
| **Completed by (include person’s name and phone number):** | Sue Renfrow – 515-255-9490 Michelle Yoder – 515-255-9490**Jenni Lewis – 515-255-9490** |

**PART ONE:** Due the 15th of the following month or the first business day after the 15th.

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|  | Please provide the following information for your CBCAPP-funded Parent Development Program beginning 10/1/12\*. | **IN-HOME****SESSIONS** | **GROUP****SESSIONS** |
| 1. | **Year-to-date** total **unduplicated** families  |  | **33** |
| 2. | **Year-to-date** total **unduplicated** parents  |  | **45** |
|  2a. | Total number of parents served |  | **45** |
|  2b.  | Number of parents with disabilities served |  | **13** |
| 3. | **Year-to-date** total **unduplicated** children  |  | **53** |
|  3a. | Total number of children served |  | **58**  |
|  3b. | Number of children with disabilities served |  | **19** |
| 4. | Number of **NEW** participants - **this quarter only:** |  |  |
| 4a. | New families |  | **3** |
| 4b. | New parents |  | **5** |
| 4c. | New children |  | **3** |
| 5. | Number of participants **RETURNING to the program**– **this quarter only:** |  |  |
| 5a. | Families |  | **0** |
| 5b. | Parents |  | **0** |
| 5c. | Children |  | **0** |
| 6. | **Year-to-date** total **number of SESSIONS** provided to parents |  | **58** |

\*If CBCAP funds less than 20% of your parent development program, please contact PCA Iowa to discuss the numbers to report.**PART TWO:** If no services have been provided for the quarter and yet you will be requesting funds, please provide a brief description of your activities. **PART THREE:** Only complete the following narrative questions quarterly, with reports due Jan. 15, April 15, and July 15, Oct. 15.9. Please briefly describe the progress made on your project this quarter and any challenges or delays experienced.**The Parenting Way** Parent Education course serves families and parents in Warren County including outlying areas in the county. During this quarter of services there were three new families, five new parents and three new children. There continues to be an increase in the number of families with youth and children ages 11 to 14. The new program location at the Community Church of Christ in Indianola has allowed the Youth and Children’s program staff the opportunity to divide programs up into under 5 and 6 and up groups. This has allowed the staff with older kids to follow the structured youth program more effectively and focus on empathy building and sharing. Simpson College students facilitate the Parents Anonymous Youth and Children programs. ***Thirty participants*** have completed all ten weeks of The Parenting Way Course, receiving four completed Session certificates and one successful Course Completion Certification. Five current participants are attempting to arrange transportation to West Des Moines to finish their course work, as the Indianola class will not be funded after 9/30/2013.**Parents Anonymous®** community-based family support serviced families either at completion of their parenting classes or in addition. Parents participating in both programs received group instruction followed by weekly learning and support to address new parenting techniques and measure outcomes to reflect gained skills in parenting and especially in communication, nurturing and bonding targeting beyond infant to 5 years. The **Parents Anonymous®** Parent Leader will remain involved and participatory in Iowa Parent Leadership activities. **10. Please share a story about a participant in your program, if available.**Parents and families with special needs children share that limited support opportunities exist in their community. They have been able to utilize Parents Anonymous at the community based level to address concerns related to stress and feelings of hopelessness in being able to provide their disabled children with vital services needed. Parents Anonymous families will not be able to access transportation to other community programs after their program ends on 9/30/13, but were given other possible resources in their community by the staff facilitators.SUBMISSION INSTRUCTIONS* Each project needs to submit a quarterly report even if there was no activity for the month.
* Please submit by the 15th of the following month or the first business day after the 15th.
* You can submit reports by: ***Email*** to pcaia@pcaiowa.org or jdalrymple@pcaiowa.org.

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| County: Warren **Contract #: ACFS 13-218** | **🞏 Quarter 1** **🞏 Quarter 2**Due January 15, 2013 Due April 15, 2013(10/1/12 – 12/31/12) (10/1/12 – 3/2013)**🞏 Quarter 3 🞏XX Quarter 4**Due July 15, 2013 Due October 15, 2013(10/1/12 – 6/30/13) (10/1/21 – 9/30/13) |
| **Completed by (include person’s name and phone number):** | Colleen Reisener (515) 962-9171 |

**PART ONE:** Due the 15th of the following month or the first business day after the 15th.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please provide the following information for your CBCAPP-funded Parent Development Program beginning 10/1/12\*. | **IN-HOME****SESSIONS** | **GROUP****SESSIONS** |
| 1. | **Year-to-date** total **unduplicated** families  |  | 22 |
| 2. | **Year-to-date** total **unduplicated** parents  |  |  |
|  2a. | Total number of parents served |  | 35 |
|  2b.  | Number of parents with disabilities served |  | 8 |
| 3. | **Year-to-date** total **unduplicated** children  |  |  |
|  3a. | Total number of children served |  | 15 |
|  3b. | Number of children with disabilities served |  | 1 |
| 4. | Number of **NEW** participants - **this quarter only:** |  |  |
| 4a. | New families |  | 3 |
| 4b. | New parents |  | 5 |
| 4c. | New children |  | 3 |
| 5. | Number of participants **RETURNING to the program**– **this quarter only:** |  |  |
| 5a. | Families |  | 9 |
| 5b. | Parents |  | 15 |
| 5c. | Children |  | 8 |
| 6. | **Year-to-date** total **number of SESSIONS** provided to parents |  | 46 |

\*If CBCAP funds less than 20% of your parent development program, please contact PCA Iowa to discuss the numbers to report.**PART TWO:** If no services have been provided for the quarter and yet you will be requesting funds, please provide a brief description of your activities. N/A**PART THREE:** Only complete the following narrative questions quarterly, with reports due Jan. 15, April 15, and July 15, Oct. 15.9. Please briefly describe the progress made on your project this quarter and any challenges or delays experienced. The program has operated as projected serving 35 unduplicated young parents including 15 dads in FFY 13. This represented 22 Warren County families. Local restaurants, along with the Indianola Rotary Club, donated meals for the parent meetings on a rotating basis so the first part of each weekly meeting is spent eating dinner and visiting informally with the other moms and dads. The male and female facilitators worked one-on-one with the parents over dinner to assist them with individual issues they were facing and connected them with community resources. The remainder of each meeting was devoted to group parent education. This included quarterly presentations from the Council's Prevention Coordinator on the sexual abuse prevention curriculum: *Nurturing Healthy Sexual Development* and *Care for Kids.* The local Parents as Teachers program provided a Parent Educator to provide instruction at one meeting per month on the *Here Now and Down the Road: Tips for Loving Parents* curriculum*,* the parent companion to the SAMSHA Model curriculum *Al's Pals: Kids Making Healthy Choices* which is used weekly in the program nursery. The *Al's Pals* program is administered locally by Decat/CPPC. Young Parents also continued to incorporate expertise from many community resources. This included the Lutheran Services in Iowa Healthy Families America home visitation program, Family Violence Center, a local Mental Health Therapist, Simpson College Early Childhood professor - all whom present on a quarterly basis. Other local resource people come to the group once per year or as needed to share information and connect families with services.  Free onsite childcare is provided in the nursery for children through six years of age. A balanced dinner is served to the children each week and activities are conducted using research-based curriculum including *Al's Pals* and *Care for Kids* .  Parents have been asked to complete the Iowa Family Survey when they enter the program with a follow-up survey collected after approximately six months of service. In FFY 14, all parents will be asked to complete a follow-up survey once per year.  Eighteen parents completed the written, retrospective program service evaluation in FY 13 . Ninety-four percent of those parents reported improved self confidence in their own parenting ability after participating and also reported improved family interactions. All of the parents reported feeling more connected to other parents in the community with 94% reporting an improved family support system after participating in Young Parents. All of the parents reported increased knowledge about child development and parenting.  10. Please share a story about a participant in your program, if available.  One couple we have been working with are both people I knew as a teacher at Indianola High School a few years ago. The male would be described as developmentally disabled. He does have a job but needs support from several other programs- SSI, Chapter 8 Housing, Voc. Rehab to name a few. The female had several mental/emotional issues when she was in school. He did finish school, she did not. Somehow, after high school, they found each other. They began coming to Young Parents because she was pregnant. After a few weeks, she did have a miscarriage. They told me that they were trying to get her pregnant again. While they were attending Young Parents, we spent several sessions talking about what being a parent really means and how being ready to be a parent is more than just being able to conceive a child, it also means being able to meet their needs physically and emotionally. They observed and talked with other parents in class in various stages of parenting. This was probably one of the single, best things they did in class. We will continue to have these conversations and, I’m guessing, will need to nurture this couple and other parents as they grow as people and mature into adulthood.  *Story Submitted by: Roger Netsch, Facilitator* *Warren County Young Parents Program*SUBMISSION INSTRUCTIONS* Each project needs to submit a quarterly report even if there was no activity for the month.
* Please submit by the 15th of the following month or the first business day after the 15th.
* You can submit reports by: ***Email*** to pcaia@pcaiowa.org or jdalrymple@pcaiowa.org.
 |

**LESSONS LEARNED/PLANNING ADJUSTMENTS**

**Describe any lessons learned and planning adjustments made by the governance board during the previous state fiscal year.**

**1. Lesson Learned – We learned we had to make our core DCAT/CPPC programs more meaningful to the providers, parents, etc. in the area due the fact we did not receive any spring project money for FY 13. We always used it to further current programs of excellence in our area or occasionally start a new one. But we learned you can still have more of a positive impact even if you do not receive additional money but just by adjusting your approach.**

**Adjustment – through promotion at all meetings we attended, we pushed the free web site as the location for all info in the three counties much more than in previous years. The result was the CPPC coordinator spending about 12 hours per week from about 6-7 hours on the web site and the site became the center of information for the three counties (including a monthly events calendar for the three counties and Polk). We even had people get jobs through our all-inclusive job tab on the web site. See weekly update example below.**

**We increase our ALS PALS program to include a Parent component pilot program for 2 of the three counties, we expanded our presence at community fairs, buying promotional bags, with info about DCAT, CPPC and the involvement we had in the area and program available and coordination we provide in the county. It really worked well.**

**We assisted in the coordination, through our web site and email groups to assist families that were in need of common items such as rent assistance, furniture, clothing, etc., in our three counties.**

**Example of typical message that now goes out to our huge mail DCAT/CPPC ID list on a weekly basis (this does not include the many updates that are done each week) these are only the weekly highlights, there are many, many more updates that go on the web site each week:**

Good Morning!

Here is this week's update from [www.cppconline.com](http://www.cppconline.com):

1. CRISP is putting together a Madison County Community Project called **Christmas4KIDS.** Children in need of gifts this holiday season can be signed up through CRISP. Deadline to sign children up is November 22nd! More information is scrolling across the homepage or can be found under the "blog" tab.

2. MATURA is offering assistance with a **Thanksgiving meal** for families in need. They will also be doing **Operation Santa Claus** for those who need help providing gifts for their child(ren) this holiday season. More information is scrolling on the homepage or can also be found under the "blog" tab.

3. The Winterset Stage has a lot of great events coming up! They are as follows: **Little Shop of Horrors** (November 1st @ 7pm; November 2nd @ 2pm & 7pm), **The Haunted House at Skatin' Station with The Winterset Stage** (October 25, 26 & 31 from 7-10pm), **Play in a Day** (November 23rd from 9am-3pm), and **The** **Winterset Stage's Grand Opening** (November 23rd from 7-9pm). More information on location and prices can be found scrolling across the homepage or under the "blog" tab.

Additionally, The Winterset Stage is in need of furniture, tools, a carpenter, paint, a microwave, a filing cabinet, shelving and any other items for their new theatre. If you have something you'd like to donate (tax deductible) or would like to lend your talents, please contact Cindy Stanbro.

For more information on all programming, please go to [www.thewintersetstage.org](http://www.thewintersetstage.org) or contact Cindy Stanbro at 515.556.4297 or info@thewintersetstage.org.

 4. CRISP **WinterWear4KIDS** will be collecting new or gently used, clean winter coats, boots and snow pants for Madison County children. For more information on when and where to make a donation or how to access these items for children in need, check out the posting scrolling across the homepage or under the "blog" tab.

 5. REMINDER: A **Stewards of Children** sexual abuse prevention training will be held October 29th from 5:30-8pm at 105 W Clinton Avenue in Indianola. Stewards of Children is a prevention training program that teaches adults how to prevent, recognize, and react responsibly to child sexual abuse.  Contact Emmalee Bowlin at ebowlin@co.warren.ia.us to register. Child care is NOT provided. (Flyer is attached.)

As always, send me any events, job postings, etc. you'd like to have posted on the website. I can usually have them posted within a couple of hours and all new events go out in this weekly update. Have a great week!-

Sarah Hohanshelt

CPPC Coordinator/CBFTM

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[www.cppconline.com](http://www.cppconline.com)

Community Partnership Reporting / Evaluation Form

Name of CPPC Site: \_\_Indianola Decat Cluster\_\_County(ies): \_\_Madison, Marion and Warren\_\_\_\_\_\_\_\_\_

Time Frame: July 1, 2012 – June 30, 2013 Check the Following: Propose Plan Year-End \_\_X\_\_

Highlighted areas should be filled out at the beginning of the year. Dark Highlighted areas should be filled out at the end of the year.

#### Community Partnership Involvement

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Partner (Categories) | **# of professionals involved** | FTM (ICA)\* ✓  | Shared Decision Making \* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | **# of Comm. members involved\*** | FTM (ICA) ✓ | Shard Decision-Making \* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | Comments  |
| DHS |  |  |  |  |  |  |  |  |  |  |  |
| Decat | 1 |  |  | x | x |  |  |  |  |  |  |
| Empowerment | 1 |  | x |  |  |  |  |  |  |  |  |
| Neighborhood/Comm. Members\* |  |  |  |  |  |  |  |  |  |  |  |
| Domestic Violence | 2 |  |  |  |  |  |  |  |  |  |  |
| Substance Abuse | 4 |  | x | x | X |  |  |  |  |  |  |
| Mental Health | 2 | X | x | x | X |  |  |  |  |  |  |
| Faith-base groups |  |  |  |  |  |  |  |  |  |  |  |
| Health Care | 1 |  |  |  |  |  |  |  |  |  |  |
| Education | 2 |  | x | x | X |  |  |  |  |  | They are part of the Parents as Teachers program. |
| Business |  |  |  |  |  |  |  |  |  |  |  |
| Legal System (Court) | 3 | X | x | X | x |  |  |  |  |  | They are Juvenile Court Liasions for their respective schools so they could also represent education. |
| Law Enforcement |  |  |  |  |  |  |  |  |  |  |  |
| Government(i.e. City, Co.)  |  |  |  |  |  |  |  |  |  |  |  |
| Practice Partners\* | 5 | X | x | x | X |  |  |  |  |  |  |
| Partner (Categories) | **# of professionals** **involved** | **FTM (ICA)** \* ✓  | Shared Decision Making \* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | **# of Comm. members involved\*** | FTM (ICA) ✓  | Shared Decision Making\* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | Comments |
| Economic Supports |  |  |  |  |  |  |  |  |  |  |  |
| Prevention Councils | 1 |  | x | x | X |  |  |  |  |  |  |
| Youth |  |  |  |  |  |  |  |  |  |  |  |
| Former Clients of DHS | 5 | X |  | x | X |  |  |  |  |  |  |
| Other | 2 |  |  | x |  |  |  |  |  |  | ISU extension |
| Total | 29 |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total % of Professionals involved in the initiative** |  100 % | Total % of Community Members Involved in the initiative |  \_0\_% |

Instructions & Definitions

* In the gray columns put the number of professional and the number of community members who are associated with the respective category.
* In the FTM (ICA), Shared Decision-Making, Neighborhood Networking and Policy & Practice column 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.

* Provide a total count and % for both the professional and community members involved.

\* # of Community Members – This number count is for those who are involved as volunteer community members and are associated with one of the categories

 listed. Examples: faith-base members can be volunteers if they are not being paid to attend, professional who is 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.

\* FTM (ICA) - those who are facilitators conducting FTM 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,

 Community Action Agency 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)

#### Shared Decision-Making

|  |  |
| --- | --- |
|  |  |
| Describe your community partnership shared decision-making leadership group and oversight role. Who coordinates? How it is structured? How it is linked to Decat? Are there task teams or subcommittees? Our shared decision-making (SDM) group is called the Decat 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 1 member from Madison County, 3 members from Marion County, & 4 members from Warren County totaling 8 voting members. Guests are always encouraged to attend, but have no voting power. Each proposal that comes in for Decat funds, first comes through the Steering Committee. The committee members give recommendations on how they would like to see the funding spent to the executive Decat Board. Subcommittees are formed from the SDM team when necessary. |
| How often does this group meet? | The first Tuesday of each month. |
| Attach meeting agendas.  | *Are meeting agenda's attached?* | Yes X No  |
| Identify Goal(s) for engaging new members: | 1. Fill voting slots for each county due to resignations.
2. Conduct presentations at local community/provider meetings.
 |
| Was your goal met? If no, please explain. | Yes [ ]  No [x]  I was able to give information on CPPC at each meeting, but we were unable to keep all of the voting slots filled as several voting members left their jobs for a new one and were unable to continue serving on the CPPC Steering Committee (SDMT).  |
| State Goal(s) for identifying, and/or planning and/or addressing an unmet need(s) | Incorporate community member input into SDM team process by inviting a community member from each county with full voting rights.1. Identify, through SDM, the needs they are unable to meet in programs.
2. Promote awareness of various programs/agencies through presentations at SDM team meetings.
 |
| Was your goal met? If no, please explain. | Yes [x]  No [ ]   |
| Have you identified the goal for the % of community membership on the SDM committee? | Yes [x]  No [ ]  If yes, what % \_\_\_25\_\_\_\_  |
| Was your goal met? If no, please explain. | Yes [ ]  No [x]  As in years passed, we are still struggling to get community members to attend our SDMT meetings. We have had several inquire, but cannot get anyone to commit. |
| Describe how your SDM group has diverse representation.  | We have representation from many of the categories listed above. Several members could represent more than one category as well. |
| Is there a community member in the leadership SDM role? | Yes [ ]  No [x]  We do not have any community members at this time. Also, it is in the CPPC coordinator’s contract to facilitate the meeting and take the minutes. |

# Based on your activities, circle the level\* for Shared Decision-Making: 1 2 3 4

**Describe strategies to advance to the next level:**

Engage diverse members according to unmet representation such as community members, health care & faith-based.

**Based on your activities, circle the level\* for Shared Decision-Making: 1 2 3 4**

**\*See Level Document for 08 on the CPPC website,** [**http://www.dhs.state.ia.us/cppc/**](http://www.dhs.state.ia.us/cppc/)

|  |
| --- |
| Please have each committee member on the leadership/steering committee fill out the Shared Decision Making form, compile the average response for each question, and report the average response below.  |
| “1” disagree, "2" mildly disagree, "3" neutral "4"mildly agree "5" agree | *Baseline* FY10 | **FY12** | **FY13** |
| Shared Decision Making Survey |
| Common VisionMembers have a shared common vision | *4.38* | **4.375** | **4.71** |
| Understanding and Agreement on GoalsMembers understand and agree on goals and proposed outcomes/objectivesComments: | *4.13* | **4.5** | **4.86** |
|  |
| Clear Roles and ResponsibilitiesRoles and responsibilities of Members are clear  | *3.88* | **4.25** | **4.86** |
| **Comments:** |
| Shared Decision MakingAll members have a voice and are engaged in the decision making process | *4.38* | **4.625** | **5** |
| Comments: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Baseline*  |  |  |
| Conflict ManagementWe are able to successfully manage conflict | *4.25* | **4.5** | **4.71** |
| **Comments:** |
| Shared LeadershipLeadership is effective and shared when appropriate | *4.5* | **4.75** | **5** |
| **Comments:** |
| Well Developed Work PlansWork Plans are well developed and followed | *4* | **4.625** | **4.86** |
| Comments: |
| Relationships/TrustMembers trust each other**Comments:** | *2.88* | **4.375** | **5** |
|  |
| Internal CommunicationMembers communicate well with each other | *3.88* | **4.375** | **5** |
| **Comments:** |
| External CommunicationOur external communication is open and timelywithin the broader community and partners | *4* | **4.75** | **5** |
| Comments: |
| EvaluationWe have built evaluation performance into our activities | *2.5* | **4.125** | **4.43** |
| **Comments:** |
| Understanding of CPPCMembers have a clear understanding of the Community Partnerships four strategies | *3.13* | **4.25** | **4.57** |
| **Comments:** |
| **Total**  | **45.91** | **53.5** | **58** |

#### Community / Neighborhood Networking

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level # | Network Activity | Description(include what was goal, what was invested and what was done) | # of Participants | Outcome(s) |
| 4 | Reprinting & Distributing Warren County Resource Directories | To update and print the Warren County Resource Directory.CPPC Coordinator networked with local providers to ensure that all information was up to date and accurate. CPPC Coordinator then updated and formatted the directory before getting it printed and distributing it. | 100+\*CPPC Coordinator made all updates and completed formatting which was reviewed by the Steering Committee. Also distributed by CPPC Coordinator, DHS, FTM Coordinator, General Assistance, Community Members, etc. | Warren County Resource Directory was updated and reprinted. |
| 3 | Print and distribute CPPC brochure | To design, print and distribute a new CPPC brochure.CPPC Coordinator designed, edited and printed the brochure. It was then distributed at local events, to families and at provider meetings. | 1\*CPPC Coordinator printed and distributed the brochure to all provider groups, FTM participants and some community members. | CPPC brochure was created, printed and distributed at community meetings and events. |
| 2 | HIRTA Transportation for DHS Clients | To partner with HIRTA Public Transportation to transport DHS clients to doctor/therapy appointments.CPPC Coordinator, FTM Coordinator and DCAT Coordinator met with HIRTA representatives to discuss some sort of voucher program to help DHS clients get to appointments. By doing this, we would be able to greatly reduce the number of gas cards that are given out, thus, saving funds. | 4 | CPPC Coordinator, FTM Coordinator, DCAT Coordinator and HIRTA Representative will continue to brainstorm ideas on how to bring HIRTA Transportation to DHS clients. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | Event Calendar on website | To provide a central location for all CPPC website users to find events taking place in a particular day, week or month. CPPC Coordinator created, posted and maintained an event calendar at www.cppconline.com. | 20+\*This number includes those that submit information, events, job postings, etc. to the CPPC Coordinator for the website. | Event Calendar was added to the CPPC website under the “What’s Happening?” tab and contains all current events listed on www.cppconline.com. |
| 3 | Appliances for several Madison County families | To provide several Madison County families with needed appliances.CPPC Coordinator worked with CRISP and local providers to find individuals who were willing to donate appliances to CRISP families in need. | 20+ | CPPC networked with CRISP to send out needed items to mailing lists and coordinate donation and pick up of needed items. As a result, several Madison County families’ needs were fulfilled. |
| 3 | School Supplies for Madison County family | To provide a Madison County family with needed school supplies.CPPC Coordinator networked with local providers to provide school supplies to an aunt who had just gained temporary custody of her nieces and nephews. | 10+ | Madison County family of 6 was able to receive all needed school supplies. CPPC networked with community partners to fulfill all needs and arrange to have the supplies delivered to the children’s school for pick up by the guardian. |
| 2 | Conference Call for CBFTMs | To assist Sioux City area in determining how best they can start Community Based Family Team Meetings (CBFTMs) in their area.CPPC Coordinator and DCAT Coordinator discussed the introduction, growth, successes and barriers of CBFTMs in the Indianola cluster with the Sioux City cluster representatives. | 4 | CPPC Coordinator and DCAT Coordinator supported Sioux City cluster by answering any questions they had and working through any concerns they had regarding CBFTMs in their area. As a result, the Sioux City cluster was able to move forward with planning to implement CBFTMs in their area. |
| 2 | Warren County Health and Safety Fair | To distribute information on CPPC programs and Parent Partners to Health and Safety Fair attendees.CPPC Coordinator distributed information to Warren County residents and providers who attended the resource fair. Coordinator also answered any questions that arose. | 100+ | Over 100 individuals received information on CPPC and community resources. CPPC Coordinator was also able to direct several families towards other agencies for specific services such as mental health, child care, etc. |
| 3 | Parent Partner Supplemental Supervisory Training Planning Committee | To aide in developing and implementing a supplemental training to more specifically address Parent Partner Supervisor issues in supervising.CPPC Coordinator participated in several conference calls and provided input in developing the training curriculum. | 15 | The team developed a curriculum over the course of several meetings which was later used to train Parent Partner Supervisors. |
| 3 | Integrative Counseling Solutions Luncheon | To discuss CPPC programming and initiatives with Integrative Counseling Solutions staff to inform them of the services that may be appropriate for their clients.CPPC Coordinator and DCAT Coordinator met with Integrative Counseling Solutions staff to discuss CPPC programs and initiatives. | 10 | The Integrative Counseling Solutions staff was able to learn more about CPPC and DCAT while the CPPC and DCAT Coordinators were able to learn more about what Integrative Counseling Solutions does and has to offer potential clients. |
| 3 | Parent Partner Transition | To transition the Parent Partner Program to a statewide program, serving all 99 counties.CPPC Coordinator attended several trainings and meetings to prepare for this transition which required networking with many agencies and individuals. | 100+ | The Parent Partner program successfully transferred to Children and Families of Iowa and will, over the next 3 years, become a statewide program serving all 99 counties. |
| 3 | Meet and Greet with Warren and Madison DHS | To introduce the social workers, Parent Partners and Parent Partner Coordinators.CPPC Coordinator, DMSA Parent Partner Coordinator and Parent Partners met with the social workers on two different occasions (one in each county) to meet face to face, discuss what is going well, what is not going well and to network as a way to better serve families. | 22 | DHS staff was able to express their concerns and successes with the Parent Partner Program. Parent Partners and DHS staff were also able to get to know each other better. As a result, a better working relationship was developed. |
| 2 | Young Parents Christmas Party | To interact with the children whose parents utilize the Young Parents Program.CPPC Coordinator and Lead Parent Partner purchased supplies and made Christmas themed crafts with the Young Parents Nursery children. | 10+ | Young Parents Nursery attendees were able to make holiday themed crafts to take home and share with their families. |
| 3 | Parent Partner Summit Planning Committee | To plan the 2013 Parent Partner Summit.CPPC Coordinator participated in multiple conference calls to aide in planning the 2013 Parent Partner Summit. CPPC Coordinator assisted in the following: identifying and contacting speakers, choosing promotional items, choosing break out session topics, setting up the day of the Summit, etc. | 15+ | The outcome was a successful 2013 Parent Partner Summit. Summit participants were able to interact and network with other sites as well as out of town guests. In addition, attendees were able to learn more about working with Parent Partners, coping with stress, effectively managing a confrontation, etc. |
| 2 | Polk County CPPC Presentation | To educate the Polk County Shared Decision Making Team on the Al’s Pals curriculum being used in Madison, Marion and Warren Counties.CPPC and DCAT Coordinators discussed what Al’s Pals was, who utilizes Al’s Pals, the budget for Al’s Pals and how the program is implemented in the Indianola Cluster due to some interest by the Polk County SDMT to implement the program in Polk County. | 20+ | The Polk County CPPC Steering Committee was able to gain information on: 1. What Al’s Pals is; 2. How it is run in Madison, Marion and Warren (MMW); 3. The budget for Al’s Pals in MMW. They were also able to ask questions of the CPPC and DCAT Coordinators to better get a grasp on how the program could run in their area. As a result, the Polk CPPC Steering Committee was able to move forward in their discussion of whether or not to start an Al’s Pals Program in Polk County. |
| 3 | Parent Partner Trainings | To provide all necessary trainings for each Parent Partner to be “fully trained” prior to the July 1st transition to statewide.CPPC Coordinator set up the following needed trainings for Parent Partners: Domestic Violence, Cultural Competency, Family Team Meeting Overview, Substance Abuse, Boundaries and Safety Issues, Mental Health and Family Interaction Overview. | 14 | All 5 Parent Partners were able to complete all required trainings to become “fully trained” before the end of the fiscal year, which was a request of the State Parent Partner Coordinator. |
| 2 | CPPC Immersion Panel Participant | To discuss the introduction and implementation of CBFTMs in other service sites.CPPC Coordinator participated in this panel and gave information to Immersion participants on how CBFTMs were started, budgeted for and implemented in the Indianola Cluster. The coordinator also answered several questions about CBFTMs which were specific to barriers certain areas have faced which are similar to those the Indianola cluster has faced in the past. | 30+ | CPPC Coordinator shared information with Immersion participants on the introduction and implementation of CBFTMs into CPPC sites. Participants were able to ask site specific questions and gained knowledge to take back to their Shared Decision Making Teams. |
| 2 | CPPC Statewide Meeting Panel Participant | To discuss and answer questions pertaining to CBFTMs across the state.CPPC Coordinator participated in the panel with 4 other panelists. Specific questions about the budget, implementation, etc. was asked of each panelist in regards to their specific cluster. | 75+ | CPPC Coordinator answered panel as well as participant questions about implementing CBFTMs. Participants were able to take information home to their CPPC site to stir up discussion about introducing or “bulking up” CBFTMs in their area. |
| 4 | Parent Partner Reunification Picnic Planning Committee | To plan the 2013 Reunification Picnic.CPPC Coordinator participated in planning meetings, designed and ordered picnic flyers and organized an activity (face painting) for the Indianola Cluster Parent Partners to provide to families at the picnic. | 8 | A successful 2013 Parent Partner Reunification Picnic was held. Families, Parent Partners, DHS staff and community members were able to enjoy a lunch and many fun activities together to celebrate families being reunified. |
| 2 | Carlisle Resource Fair | To provide helpful information and resources to Carlisle parents.CPPC Coordinator and FTM Coordinator had a booth at the fair and distributed bags filled with useful Warren County Resources to each family. | 200+ | Over 80 children were able to make a spin art Frisbee while their parents were handed CPPC reusable grocery sacks full of information on community resources, CPPC, FTMs, etc. |
| 2 | Child Abuse Prevention Month Activities | To increase awareness about child abuse prevention through projects and activities during the month of April.CPPC Coordinator provided space on the CPPC website to advertise for Child Abuse Prevention Month activities, emailed out updates regarding the month’s activities and delivered needed supplies to Indianola Schools. | 15+\*Thousands of community members saw this message, the 15 people represent the number of Board members who planned and carried out the activities. | CPPC Coordinator, in collaboration with the Child Abuse Prevention Board, posted information about Child Abuse Prevention Month on the CPPC website, delivered materials to all Indianola Elementary Schools and emailed requested information to all mailing lists. CPPC Coordinator also aided in the planning of all other activities such as scrolling marquee messages, library activities, blue ribbon distribution, flyers, etc. as a council board member. |
| 3 | Madison County Cares Secretary | To provide support to a local provider group.CPPC Coordinator created the meeting agendas and took the meeting minutes for each meeting. CPPC Coordinator also reminded the group of each meeting and emailed previous minutes and upcoming agendas to the group. | 1 | CPPC Coordinator continued her role as the Madison County Cares (MCC) secretary in FY13. CPPC Coordinator created all agendas, wrote all minutes, and distributed them to the appropriate mailing list. Agenda ideas were generated in collaboration with meeting attendees and the MCC Executive Team (President, Vice President and Secretary). |
| 4 | Maintained website | Increase awareness of CPPC and advertise local events and jobs.CPPC Coordinator updated website daily to maintain accurate and up-to-date information. | 1 | CPPC Coordinator networked with local providers, community members and agencies to receive up to date information on events, job openings, etc. which are necessary for the upkeep and purpose of the CPPC website. CPPC Coordinator also promoted the website and discussed its usefulness at each of the three county provider groups. |
| 3 | Madison County Cares | To inform local providers of resources in Madison County as well as provide several events to the county including: Madison County Family Fun Day, Health, Wellness and Safety Fair, Drug Drop, and Every 15 Minutes Program.CPPC Coordinator assisted in the planning of each of the above listed programs and served as the secretary. CPPC Coordinator also took information about local resources to each meeting. | 50+ | Each of the events was planned and implemented by the MCC group, which included the CPPC Coordinator. In addition, the CPPC Coordinator promoted CPPC, upcoming events, the website, FTMs, available funding, new resources, etc. at each meeting. As a result, many members would directly call or email the CPPC Coordinator to learn more about any events or resources they had heard of or to get assistance in generating ideas for resources for a particular situation. |
| 3 | Warren County Providers | To share information among local providers and school staff in Warren County.CPPC Coordinator attended each monthly meeting and distributed information about CPPC. | 25+ | CPPC Coordinator networked with local providers to share information new resources, upcoming events, CPPC/PP/FTM/DCAT news, etc. |
| 3 | Marion County Providers | To share information and resources among local providers in Marion County.CPPC Coordinator attended monthly meetings and distributed information about CPPC as well as local events.  | 25+ | CPPC Coordinator networked with local providers to share information new resources, upcoming events, CPPC/PP/FTM/DCAT news, etc. |
| 4 | Child Abuse Prevention Committee Board Member | To make decisions in regards to the Young Parents program, Wee Care Respite Nursery and Sexual Abuse Education programming in Warren county. The group also organizes several fundraisers and launches a county wide Child Abuse Prevention campaign each year.CPPC Coordinator sits as a board member on the Child Abuse Prevention Council of Warren County. CPPC Coordinator volunteers at fundraisers and campaign events. Coordinator also posts Child Abuse Prevention Month information and events on CPPC website. | 1 | CPPC Coordinator worked with other board members and staff to make decision to help guide the Young Parents Program, Wee Care Respite Nursery and Sexual Abuse Education programming to another successful year in FY13. CPPC Coordinator also worked with board and community members to put on the FY13 county wide Child Abuse Prevention campaign. |
| 4 | CPPC Steering Committee Meeting | To facilitate the monthly CPPC Steering Committee meeting and allow participants to network and learn of new services available to families in Madison, Marion and Warren counties.CPPC Coordinator facilitated each meeting, wrote the minutes, sent reminders and allowed networking time built into each meeting. | 25+ | CPPC Coordinator facilitated all meetings, wrote all minutes and built all agendas. Time was allowed at each meeting to learn of new resources through sharing and networking with meeting attendees. Through this, the CPPC Coordinator was able to learn of more information, resources and events to add to the CPPC website. |
| 3 | CPPC Newsletter | To inform the communities in Madison, Marion and Warren Counties of CPPC and its initiatives.The CPPC Coordinator writes and distributes a quarterly newsletter. The newsletter contains information on events in the three counties as well as updates from CPPC and DCAT. | 1\*Distributed to several mailing lists, but is put together by CPPC Coordinator | CPPC Coordinator wrote and distributed a quarterly newsletter to each of the three counties. The newsletters contained information on CPPC, FTMs. DCAT, healthy activities to do with your family, the three provider groups, etc. |
| 2 | Presentations at CPPC Steering Committee Meetings | To bring information to Steering Committee members about services in the communities that we serve.The CPPC Coordinator lined up presentations from such agencies as Visiting Nurse Services, Integrative Counseling Solutions, Community-Based Child Abuse Prevention (CBCAP), Employee Family Resources (EFR) and the Health Insurance Premium Payment program (HIPP) to bring information to the Steering Committee on community needs and resources. | 25+ | CPPC Coordinator collaborated with Steering Committee members to learn of interests and need for resources. CPPC Coordinator then worked with local agencies that could address the need and interest in certain services and topics of interest. Those agencies then presented information to the Steering Committee. |
| 3 | Al’s Pals | To provide a research-based curriculum for children ages 3-8 in Madison, Marion and Warren counties in order to help children make healthy choices, problem solve, etc.CPPC Coordinator provided all necessary materials and training to all interested schools, daycares, and preschools in Madison, Marion and Warren counties. CPPC Coordinator also completed a yearly observation of a lesson at each school, daycare and preschool that utilized the curriculum in each county. | 1,000+(16 centers, over 1,000 children and over 40 teachers) | More than 1,000 children participated in the Al’s Pals curriculum. All received evaluations from centers provided positive feedback on the curriculum’s effectiveness.CPPC Coordinator and Indianola DCAT Cluster provided and delivered all needed materials to participating centers.CPPC Coordinator completed observations. |
| 2 | Madison County Fair Booth | To distribute information on CPPC and DCAT projects to fair goers.CPPC Coordinator distributed information on CPPC and DCAT programs and initiatives for a few hours at the fair. | 20+ | CPPC Coordinator distributed information and had meaningful conversations regarding CPPC with more than 20 fair goers. As a result, participants had a better understanding of CPPC and its initiatives. |
| 2 | 4R Kids Presentation | To give information to those who attend the meeting about what CPPC and DCAT are, how they function and what projects they support.CPPC Coordinator, DCAT Coordinator and Parent Partner gave information on each initiative/program, answered questions and distributed information. | 25+ | More than 25 people learned more about CPPC, local CPPC programs and projects and were able to ask questions regarding programming, funding/budgeting and DCAT RFP options. |
| 1 | Credit Recovery Program at Earlham High School | To provide Earlham High School students with the opportunity to recover lost credits in order to graduate on time.CPPC Steering Committee and DCAT Board recommended funding for this Spring Project in FY12. Earlham High School implemented the program in the spring/summer of FY12. | 5+ | Several students were able to regain credits as a result of this program. One student was able to graduate that same year with his/her peers.As a result of this program being started up by DCAT, in FY13 the Earlham School Board voted to fund this program themselves. |
|  | Provide Here, Now and Down the Road curriculum to parents | To provide Here, Now and Down the Road to parents whose children participate in Al’s Pals (one class in each county).Indianola DCAT Cluster partnered with Partners in Family Development to provide this service. Indianola DCAT paid $1,000 per county for Partners in Family Development to facilitate the classes. | 20+ | Approximately 15 parents were able to learn skills to help their children succeed socially and emotionally.The Here, Now and Down the Road curriculum was offered at one center in each county. |
|  | Total # of Activities:\_35\_\_\_ |  |  Total # of Participants:\_2,013+\_\_\_\_\_\_  |  |

|  |  |
| --- | --- |
| Activities may overlap and meet several goals, or one activity may meet only one goal. | ***Goals*** |
| Please list goal(s) for level **1** Neighborhood/ Community Networking Activities:  | 1. Maintain website ([www.cppconline.com](http://www.cppconline.com))
2. Participate in a local event
3. Gather input from users of services by attending community meetings
4. Distribute CPPC materials (notepads, magnets, etc.) at community meetings, a local event, etc.
5. Finalize and print 3-fold brochure
 |
| Was your goal met? If yes, include this information in prior section. If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for level **2** Neighborhood/ Community Networking Activities:  | 1. Provide access to community service brochures
2. Maintain website ([www.cppconline.com](http://www.cppconline.com))
3. Provide resource information to providers through local presentations
4. Continue to distribute Madison and Warren county resource directories
 |
| Was your goal met? If yes, include this information in prior section.If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for level **3** Neighborhood/ Community Networking Activities:  | 1. Continue with the recruitment, training and support of Parent Partners
2. Set up training for Steering Committee and other community members
3. Partner with Lead Parent Partner to provide office space for local Parent Partners
 |
| Was your goal met?If yes, include this information in prior section.If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for level **4** Neighborhood/ Community Networking Activities:  | No goal is established at this time. |
| Was your goal met? If yes, include this information in prior section.If no, please explain. | Yes [ ]  No [ ]   |

# Based on your activities, circle the level\* for Neighborhood/Community Networking that best fits your site: 1 2 3 4

**Describe strategies to advance to the next level:**

Continue to work with Lead Parent Partner to educate potential Parent Partners on the approach. Gather information from community members and Steering Committee members to determine a training that would be of interest/value to those who would attend.

**Based on your activities, circle the level\* for Neighborhood/Community Networking that best fits your site: 1 2 3 4**

**\*See Level Document for 08 on the CPPC website,** [**http://www.dhs.state.ia.us/cppc/**](http://www.dhs.state.ia.us/cppc/)

#### Individualized Course of Action

|  |
| --- |
|  Please describe how Family Team Meetings are implemented in your area. Who facilitates? How are referrals made? What funding is used? Family Team Meetings are referred by the Department of Human Services for DHS clients. We have facilitators who have completed 3 days of facilitator training and field application training with an approved facilitator. They must pass the field application training in order to become a facilitator. Decat funds the Family Team Meetings with a separate budget but is part of the CPPC process. Community-Based Family Team Meetings are also provided to clients who do not have an open DHS case as a prevention strategy. The local CPPC Coordinator has completed the previously mentioned trainings for this purpose. Referrals come from community agencies, schools, churches and private providers. |
| Please list goal(s) for Level **1** Individualized Course of Action:   | 1. Continue current efforts of training, monitoring, tracking for quality assurance and effectiveness.
2. Promote community-based FTM’s through schools, provider meetings, churches and daycares (who we will be working with through Al’s Pals).
 |
| Was your goal met? If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for Level **2** Individualized Course of Action:  | 1. Continue current efforts of training, monitoring, tracking for quality assurance and effectiveness.
 |
| Was your goal met? If no, please explain. | Yes **[x]**  No [ ]   |
| Please list goal(s) for Level **3** Individualized Course of Action:  | 1. Continue providing education for facilitators on various topics relating to family dynamics.
 |
| Was your goal met? If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for Level **4** Individualized Course of Action:  | 1. Provide modified training to service providers, schools and churches to be used internally.
 |
| Was your goal met? If no, please explain. | Yes [x]  No [ ]   |
| # of FTM held annually for families **Not involved with child protection service**  |

|  |  |  |
| --- | --- | --- |
| Goal (# value) 12 | Current # of FTM 13 | Goal Met (Y/N)Y |

 |
| # of FTM held annually for families **involved with child protection services** |

|  |  |  |
| --- | --- | --- |
| Goal (# value)120 | Current # of FTM238 | Goal Met (Y/N)Y |

 |

#  Based on your activities, circle the level\* for Individualized Course of Action that best fits your site: 1 2 3 4

 **Describe strategies to advance to the next level:**

 **Based on your activities, circle the level\* for Individualized Course of Action that best fits your site: 1 2 3 4**

#### Policy and Practice Changes

|  |  |
| --- | --- |
| Please list goal(s) for Level **1** Policy and Practice Change:   | 1. Work with families/agencies involved with the Parent Partner Program, Al’s Pals and SDM team to determine needs relating to policy and practice change.
2. Attend local and regional meetings to learn of needs
3. Engage SDM team in discussions that identify needs
4. Create and utilize informal surveys to gather data from parents and youth impacted by policy and practice change to investigate needs
 |
| Was your goal met? If no, please explain. | Yes [x]  No [ ]   |
| Please list goal(s) for Level **2** Policy and Practice Change:   | 1. Establish a plan with objectives and dates for completion once a need is identified
2. Identify partners to engage to accomplish change
 |
| Was your goal met? If no, please explain. | **Yes [x]  No [ ]**  |
| Please list goal(s) for Level **3** Policy and Practice Change:   | 1. Carry out and monitor plan developed in level 2 for completion and effectiveness
2. Evaluate effectiveness based upon end-user input
 |
| Was your goal met? | Yes [x]  No [ ]   |
| Please list goal(s) for Level **4** Policy and Practice Change:   | 1. Ensure that SDM team and other service providers are aware that needs for policy and practice change is a priority of CPPC- invite and encourage participation at monthly CPPC steering committee meetings
 |

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| --- | --- | --- | --- |
| How Much Was Invested?**(Input Measures)** | How Much Was Done or Produced?**(Output Measures)** | How Well Did We Do It?**(Quality/****Efficiency Measures)** | What Was the Change In Conditions for Those We Served? **(Outcome Measures)** |
| Level 1 |  |  |  |
| CPPC Coordinator attendance at neighborhood networking in 3 counties served. | CPPC Coordinator attended monthly meetings in all 3 counties served. | CPPC representation in all 3 counties at monthly meetings. | CPPC input and collaboration in decision making process in all 3 counties served. Coordinator encouraged community involvement in each county. |
| CPPC, FTM and DCAT Coordinators attendance at several conversations with HIRTA personnel. | CPPC, FTM and DCAT Coordinators participated in approximately 3 conversations with HIRTA. | CPPC, FTM and DCAT representation at each meeting. | Conversations will be continued into FY14. The hope is that DCAT/CPPC can partner with HIRTA to provide some kind of a voucher system for DHS clients to ride the HIRTA buses for appointments instead of being provided with a gas card by DCAT. It is believed that this will be much more cost effective. |
| Level 2 |  |  |  |
| CPPC and FTM Coordinator’s time for a one-day training. | CPPC and FTM Coordinators attended the Youth Decision Making Team (YDMT) training (formerly Iowa Youth Dream Team). | CPPC and FTM Coordinators completed the training and received their certificate of completion.  | After completing the required observation and facilitation at a satisfactory level, the FTM and CPPC Coordinators will receive their facilitator’s number. At that point, they will be able to offer YDMT meetings in Madison, Marion and Warren counties, which has not been done in the past. |
| CPPC Coordinator’s time to edit and format the directory as well as time to meet with General Assistance and the Record Herald. | CPPC Coordinator met with representatives from General Assistance and the Record Herald to discuss ways to reduce or eliminate the cost of printing Warren County Resource Directories. | The CPPC Coordinator, General Assistance representative and Record Herald representative all took duties such as contacting sponsors, making necessary updates to the directory and getting quotes for printing. | Once these directories are able to be printed, many more families and service providers will be able to get the number of needed copies instead of a limited number of copies. |
| Level 3 |  |  |  |
| CPPC Coordinator's time to fill in, update and post the event calendar to the CPPC website (www.cppconline.com). | CPPC Coordinator spends approximately 1-2 hours per week updating the event calendar on the website. | CPPC Coordinator maintains an up to date calendar on the CPPC website. | The CPPC website now has an "Event Calendar" which displays all activities happening within a particular day, week, or month which have been submitted to CPPC Coordinator for posting on the website by local community partners. |
| CPPC Coordinator’s attendance on several calls and in a couple of meetings. Meetings and calls were made in an effort to decide who would enter what information into MCWIC in order to be most efficient. | CPPC Coordinator spends approximately 1 hour a week updating MCWIC information assigned to her such as intakes, entries and exits. Polk County enters all invoices. | CPPC Coordinator maintains accurate and up to date MCWIC surveys on the MCWIC site. | Lead Parent Partners, coordinators, administrative staff and MCWIC data analysts now have accurate, up to date information to pull as necessary. |
| DCAT, CPPC and FTM Coordinator’s time to participate in continuing education. | DCAT, CPPC and FTM Coordinators participated in an online webinar to complete the new guidelines for continuing education required to maintain your FTM facilitator’s number. | DCAT, CPPC and FTM Coordinators completed the required continuing education for FTMs. In the coming months, they will facilitate 3 or more FTMs to maintain their facilitator’s number and complete all requirements to do so. | By completing the required continuing education, we are ensuring in Madison Marion and Warren counties that quality, uniform FTMs are being facilitated. |
| CPPC Coordinator’s time to attend and complete the Parent Partner Supervisor training class and supplemental trainings. | CPPC Coordinator completed the University of Iowa’s Family Support Worker (Parent Partner) Supervisor training as well as the required Supplemental Parent Partner Supervisor training. | CPPC Coordinator developed the skills necessary to properly supervise Parent Partners through the transition to a statewide program and meet the requirements to be a Parent Partner coordinator according to the new contract with Children and Families of Iowa. | All Parent Partner Coordinators will now be required to complete the U of I course and supplemental training. By doing this, we are ensuring consistency in supervision across the state as we move towards a statewide program. |
| CPPC Coordinator’s time to attend and participate in the Parent Partner Supplemental Supervisory Training Committee. | CPPC Coordinator attended all meetings to aide in the planning of the supplemental training as required by the new statewide RFP. | CPPC Coordinator attended and provided input/feedback at all meetings. | All Parent Partner Coordinators completed the supplemental training designed/discussed by the Parent Partner Supplemental Supervisory Training Committee to better prepare them for the transition to a statewide program. |
| CPPC Coordinator and Parent Partner’s time to attend all necessary trainings. | CPPC Coordinator and Parent Partners attended each needed training. | All Parent Partners received necessary trainings to be “fully trained” according to the new guidelines in preparation for the statewide transition. | All Parent Partners are trained and prepared for the statewide transition according to the RFP. |
| CPPC Coordinator and Parent Partner’s time to discuss needed changes in paperwork procedures. | CPPC Coordinator and Parent Partners created more effective ways to turn in paperwork. | Parent Partners were able to turn paperwork in in a more timely and organized manner in order to make the CPPC Coordinator’s task of entering information into the MCWIC database more timely and accurate which allowed the Parent Partner Approach to better serve families. | CPPC and DMSA Coordinators were better able to track families’ needs and progress while allowing them to get the maximum benefit from the Parent Partner Approach. |
| CPPC Coordinator, DMSA Coordinator, DHS staff and Parent Partners’ time for the meeting. | CPPC Coordinator, DMSA Coordinator, DHS staff and Parent Partners completed meeting. | CPPC Coordinator, DMSA Coordinator, DHS staff and Parent Partners came up with a plan for better communication among Parent Partners and DHS staff to be implemented immediately. | Parent Partners and DHS staff were better able to communicate about families’ progress and needs in order to better serve them. |
| DMSA CPPC Coordinators, DCAT Coordinators, Service Area Coordinator, Parent Partners, Community Members, etc. met to plan for the Parent Partner Transition. | A series of many meetings were held with various combinations of attendees to help plan for the transition to a statewide approach. | The Parent Partner Approach was successfully transferred to a statewide approach on July 1, 2013. | Families are able to now receive services with much less limitations in services due to budget restraints. No lapse in services occurred due to the transition. |
|  |  |  |  |
| Level 4 |  |  |  |
| CPPC, DCAT Coordinator and Parent Partner's time to implement Professional Development into Parent Partner Consultations. | CPPC Coordinator and DCAT Coordinator communicated regularly to discuss topics, current issues needing attention, etc. DCAT Coordinator gave mini trainings to the Parent Partners on such things as: professional dress, professional introductions, elevator speeches, etc. | Most Parent Partners were able to maintain boundaries and serve DHS clients in a way that was professional. | Most Parent Partners were able to maintain boundaries and serve DHS clients in a way that was professional. Local coordinators and community partners gave input on the change they see in the Parent Partners since participating in these trainings. |
| Those on CPPC Coordinator’s mailing list gave input on whether or not a weekly website update would be helpful.  | CPPC Coordinator and CPPC Steering Committee (SDMT) developed a plan to send weekly “email blasts” to those who choose to be on the website mailing list detailing “what’s new” on www.cppconline.com. | Weekly email update is sent out to those who wish to be on the mailing list. CPPC Coordinator mentions the weekly updates at each provider group and ask for those who would like to be on the mailing list to contact her. | According to feedback from users, the website updates are very helpful in knowing what new events are happening in Madison, Marion and Warren county, as opposed to constantly checking the website without knowing if any of the many events are of interest to them before searching through each individual event. They are able to save time by going directly an event they are interested in (which is described in each update sent). |
| CPPC and DCAT Coordinators continued to support and assist in implementing a School Based Mental Health (SBMH) Program in Pella Schools. | Integrative Counseling Solutions was successfully able to start offering SBMH services at the Pella Community School District. | SBMH services are offered to all students referred by school staff and found to be in need by Integrative Counseling Solutions and/or other qualified personnel. Integrative Counseling Solutions is constantly receiving feedback from the school(s). | Students attending the Pella Community School District now receive mental health services in their school, during school hours which reduces the amount of time they have to spend outside of the classroom to ensure that their mental health needs are met. |
| DCAT and CPPC Coordinator’s time to discuss ways to potentially be able to pay Parent Partners for their participation in community events and meetings. | DCAT and CPPC Coordinators met with Parent Partners to discuss payment for attending Community Events. Forms were produced and protocol for payment was established. | Parent Partners are now paid for community events out of DCAT funds as the Parent Partner budget did not allow for attendance at such meetings and events. | Parent Partners are able to attend important community events and meetings to learn of needs and resources that may be available to the families they serve. This has allowed for the Parent Partners to be more knowledgeable of the services available in the communities in which they work. |
| DCAT and CPPC Coordinator, CPPC Steering Committee (SDMT) and DCAT Governance Board invested time in discussing the best and most cost effective way(s) to deliver FTM services in Madison, Marion and Warren counties. | A Family Team Meeting (FTM) facilitator/coordinator was hired full time to serve Madison, Marion and Warren counties by facilitating all DHS involved FTMs. | The full time FTM now completes an average of 1 FTM per day, completes all of the notes, sets up each meeting, etc. | All service providers, DHS staff, school personnel, etc. are able to contact one person for all of their FTM needs and can expect the same person they have been in contact with to facilitate their meetings. The FTM budget has been greatly reduced, allowing us to offer the same number of FTMs (if not more) as before at a reduced cost to DCAT/CPPC. |
| CPPC Coordinator’s time to attend monthly Parent Partner Coordinator meetings. | CPPC Coordinator attended and participated in monthly Parent Partner Coordinator meetings. | CPPC Coordinator attended all meetings to discuss what the transition from local to statewide will look like and how to address resulting issues, PP concerns, etc. within the Parent Partner Program. | Parent Partner Coordinators and Parent Partners are better prepared for the transition as a result of working as a team to discuss transferring files, standardizing paperwork, training Parent Partners, etc. |
| Earlham High School personnel put together a proposal which was then reviewed and approved by the CPPC Steering Committee and DCAT Governance Board. | Earlham High School received funding as a result of the CPPC Steering Committee and DCAT Governance Board votes. | Provided Earlham High School students with the opportunity to recover lost credits in order to graduate on time.Earlham High School implemented the program in the spring/summer of FY12. | Several students were able to regain lost credits with one student, who would not otherwise have graduated, graduating that summer with the rest of his class. |
| Collaboration of several Departments including DCAT, JCS, DHS, Social Worker Supervisors, SWAs and the State through several meetings to develop new DCAT Funding Request/Invoice. | Several monthly meetings in order to develop a new form. | DCAT Funding Request/Invoice Developed and Implemented in January 2013 for all DHS Claims for Flex Funds for Area 5. | A more functional and easy to use form to ensure timely payment of JCS, DHS, etc. expenditures which help support the needs of their clients. |

|  |  |
| --- | --- |
| Training | ***Goals*** |
| How Much Was Invested?**(Input Measures)** | How Much Was Done or Produced?**(Output Measures)** | How Well Did We Do It?**(Quality/****Efficiency Measures)** | What Was the Change In Conditions for Those We Served? **(Outcome Measures)** |
|  |  |  |  |
| Identify training/technical assistance goal(s) that will assist in the development and/or implementation of CPPC and the four strategies: The CPPC Coordinator will continue to attend trainings on various topics relating to family safety, assessment, and prevention. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List Trainings/Technical Assistance that assisted in the development and/or implementation of CPPC and the four strategies: | Goal Met Y/N  | Date Goal Met |  |  |  | Goal Met (y/n) Date Met |
| See Below. | Y | Throughout FY. |  |  |  |  |

 |
| List Trainings/Technical Assistance sponsored and/or attended that assisted in the development and/or implementation of CPPC and the four strategies | NAMI Mental Health Training, Family Support Supervisor Training, Parent Partner Substance Abuse Training, DHS 101 and Family Interaction Training, Family Team Meeting Overview Training, Domestic Violence Training, Iowa Youth Dream Team Training, Statewide Parent Partner Conversations, Statewide and Regional CPPC meetings and Supplemental Parent Partner Supervisory training. |
| Was your goal met? | Yes [x]  No [ ]   |

# Based on your activities, circle the level\* for Policy and Practice that best fits your site: 1 2 3 4

**Describe strategies to advance to the next level:**

**Based on your activities, circle the level\* for Policy and Practice that best fits your site: 1 2 3 4**

#### Name: Sarah Hohanshelt Title: CPPC Coordinator/Parent Partner Coordinator

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Please return this completed form to: Sandy Lint, DHS-CFS, 1305 E Walnut, Des Moines, Iowa 50319-0114

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**\*See Level Document for 08 on the CPPC website,** [**http://www.dhs.state.ia.us/cppc/**](http://www.dhs.state.ia.us/cppc/)