Community Partnership Reporting / Evaluation Form

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

Time Frame: July 1, 2014-June 30th, 2015 Check the Following: Propose Plan  Year-End

*(Please click inside of the box for desired answer).*

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

#### Community Partnership Involvement

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Partner (Categories) | **# of professionals involved** | FTDM (ICA)\* ✓ | Shared Decision Making \* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | **# of Comm. members involved\*** | FTDM (ICA) ✓ | Shard Decision-Making \* ✓ | Neighborhood Networking ✓ | Policy and Practice Change ✓ | Comments |
| DHS |  |  |  |  |  |  |  |  |  |  |  |
| Decat | 2 |  |  |  |  |  |  |  |  |  |  |
| Empowerment | 2 |  |  |  |  |  |  |  |  |  |  |
| Neighborhood/Comm. Members\* |  |  |  |  |  |  |  |  |  |  |  |
| Domestic Violence | 2 |  |  |  |  |  |  |  |  |  |  |
| Substance Abuse | 4 |  |  |  |  |  |  |  |  |  |  |
| Mental Health | 3 |  |  |  |  |  |  |  |  |  |  |
| Faith-base groups | 1 |  |  |  |  |  |  |  |  |  |  |
| Health Care | 1 |  |  |  |  |  |  |  |  |  |  |
| Education | 2 |  |  |  |  |  |  |  |  |  |  |
| Business |  |  |  |  |  |  |  |  |  |  |  |
| Legal System (Court) | 1 |  |  |  |  |  |  |  |  |  |  |
| Law Enforcement |  |  |  |  |  |  |  |  |  |  |  |
| Government(i.e. City, Co.) |  |  |  |  |  |  |  |  |  |  |  |
| Practice Partners\* | 6 |  |  |  |  |  |  |  |  |  | Job search center, CRISP, etc. |
| Economic Supports |  |  |  |  |  |  |  |  |  |  |  |
| Prevention Councils | 1 |  |  |  |  |  |  |  |  |  |  |
| Youth |  |  |  |  |  |  |  |  |  |  |  |
| Former Clients of DHS | 4 |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |
| Total | 29 |  | | | | 0 |  | | | |  |

**(To compile the TOTAL: highlight the number “0”, click the “Layout” tab and then click “Formula” [located to the upper right of the screen] and then click “OK”. This section can be manually calculated if needed.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total % of Professionals involved in the initiative** | 100% | Total % of Community Members Involved in the initiative | Select |

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 FTDM (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.

* FTDM (ICA) - those who are facilitators conducting FTDM defined by Iowa’s Standards
* Shared Decision Making- those who are involved on the CPPC leadership committee(s)
* Practice Partners- includes social service agencies that do not fall under another category (i.e. in-home workers, early childhood programs,

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

#### 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? (***Please click inside of the box for your desired answer*.)** Our shared decision-making (SDM) group is called the DCAT Steering Committee. The CPPC coordinator sends out agendas, records the minutes, and facilitates the meetings. The committee is designed to have four voting members per county, a total of 12 members. Currently, we have 2 members from Madison County, 2 members from Marion County, & 3 members from Warren County totaling 7 voting members. Guests are always encouraged to attend, but have no voting power. Each proposal that comes in for DCAT funds, first comes through the Steering Committee. The committee members give recommendations on how they would like to see the funding spent to the executive DCAT Board. Subcommittees are formed from the SDM team when necessary. | | |
| How often does this group meet? | Once per month on the first Tuesday. Usually taking the summer off. | |
| Attach meeting agendas. | *Are meeting agenda's attached?* | Yes:  No: |
| Identify Goal(s) for engaging new members: | 1. Fill voting slots for each county due to resignations. 2. Seek out potential voting members at local provider meetings. | |
| Was your goal met? If no, please explain. | Yes:  No: | |
| State Goal(s) for identifying, and/or planning and/or addressing an unmet need(s) | Incorporate community member input into SDM team process by filling all four voting slots in each county.  1. Identify, through SDM, the unmet needs of families in our communities.  Promote awareness of various programs/agencies through presentations at SDM team meetings. | |
| Was your goal met? If no, please explain. | Yes:  No: | |
| Have you identified the goal for the % of community membership on the SDM committee? | Yes:  No:  If yes, what %: 25% because community membership is on a completely voluntary basis, it has been difficult to engage community members to volunteer their time. | |
| Was your goal met? If no, please explain. | Yes:  No: | |
| Describe how your SDM group has diverse representation. |  | |
| Is there a community member in the leadership SDM role? | Yes:  No:  Please explain this leadership role.Click here to enter text. | |

# Based on your activities, select the level\* for Shared Decision-Making that best fits your site: 2

**Describe strategies to advance to the next level:** Engage diverse members according to unmet representation such as community members, domestic violence, youth & faith-based.

**Based on your activities, circle the level\* for Shared Decision-Making that best fits your site:** Select

*To assist you with completing this section: please refer to the* ***“Level Document” (attached)*** *to determine the level for each strategy.*

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | | | |
| *\*Instructions:* Baseline=1st year at the beginning of year on proposed plan (Yellow). Previous Year=Previous year on progress report (Green). Current Year: Current year on progress report (Green) | *Baseline Year* 2010 | *Previous Year* Select | *Current Year* Select |
| Shared Decision Making Survey “1” disagree, "2" mildly disagree, "3" neutral "4"mildly agree "5" agree | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shared Decision Making | Description | Baseline Year: | Previous Year: | Current Year: |
| 1. Common Vision: | Members have a shared common vision. | 4.38 | Click here to enter text. | Click here to enter text. |
| 2. Understanding and Agreement Goals: | Members understand and agree on goals and proposed outcomes/objectives. | 4.13 | Click here to enter text. | Click here to enter text. |
| 3. Clear Roles & Responsibilities: | Roles & responsibilities of Members are clear. | 3.88 | Click here to enter text. | Click here to enter text. |
| 4. Shared Decision Making: | All members have a voice and are engaged in the decision making process. | 4.38 | Click here to enter text. | Click here to enter text. |
| 5. Conflict Management: | We are able to successfully manage conflict. | 4.25 | Click here to enter text. | Click here to enter text. |
| 6. Shared Leadership: | Leadership is effective and shared when appropriate. | 4.5 | Click here to enter text. | Click here to enter text. |
| 7. Well Developed Work Plans: | Work Plans are well developed and followed. | 4 | Click here to enter text. | Click here to enter text. |
| 8. Relationships/Trust | Members trust each other. | 2.88 | Click here to enter text. | Click here to enter text. |
| 9. Internal Communication: | Members communicate well with each other. | 3.88 | Click here to enter text. | Click here to enter text. |
| 10. External Communication: | Our external communication is open and timely within the broader community and partners. | 4 | Click here to enter text. | Click here to enter text. |
| 11. Evaluation: | We have built evaluation performance into our activities. | 2.5 | Click here to enter text. | Click here to enter text. |
| 12. Understanding of CPPC: | Members have a clear understanding of the Community Partnerships Four Strategies. | 3.13 | Click here to enter text. | Click here to enter text. |
| TOTAL: | (To compile the TOTAL highlight the number, click the “Layout” tab and then click “Formula” [located to the upper right of the screen] and then click “OK”) Total # of Participants: | 46 | 0 | 0 |

### Community / Neighborhood Networking

#### Community / Neighborhood Networking

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level # | Network Activity | Description (include what was goal, what was invested and what was done) | # of Participants | Outcome(s) |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total # of Activities: | Click here to enter text. | Total # of Participants: | 0 |  |

#### Community / Neighborhood Networking

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|  |  |
| --- | --- |
| ***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) 2. Participate in a local event 3. Gather input from users of services by attending community meetings |
| Was your goal met?  If yes, include this information in prior section.  If no, please explain. | Yes:  No: Click here to enter text. |
| Please list goal(s) for level **2** Neighborhood/ Community Networking Activities: | 1. Provide access to community service brochures 2. Maintain website (www.cppconline.com) 3. Provide resource information to providers through local presentations 4. Continue provide assistance in sending requests out to mailing lists for family needs. |
| Was your goal met?  If yes, include this information in prior section.  If no, please explain. | Yes:  No: Click here to enter text. |
| Please list goal(s) for level **3** Neighborhood/ Community Networking Activities: | 1. Continue to maintain website (www.cppconline.com) as a “hub” for local events, resources, job openings, etc. 2. Work with local mental health, domestic violence, etc. providers to establish a network of individuals to be called on if those supports are needed for a family (especially for a family team meeting) |
| Was your goal met?  If yes, include this information in prior section.  If no, please explain. | Yes:  No:  Click here to enter text. |
| Please list goal(s) for level **4** Neighborhood/ Community Networking Activities: | 1. Continue to utilize DHS involved Family Team meetings as well as Community Based Family Team meetings. 2. Continue to collaborate with mental health, domestic violence, substance abuse, etc. agencies to provide the best possible supports for families involved with DHS and/or the Family Team Meeting process. |
| Was your goal met?  If yes, include this information in prior section.  If no, please explain. | Yes:  No: |

*To assist you with completing this section: please refer to the* ***“Level Document”*** *to determine the level for each strategy.*

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

**Describe strategies to advance to the next level:** Click here to enter text.

**Based on your activities, circle the level\* for Community / Neighborhood Netwroking that best fits your site:** Select

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level # | Network Activity | Description (include what was goal, what was invested and what was done) | # of Participants | Outcome(s) |
| Click here to enter text. | Distributing Madison & Warren County Resource Directories | To distribute the Madison and Warren County Resource Directories. CPPC Coordinator networked with local businesses and agencies at provider meetings, local events, etc. to ensure each had enough resource directories throughout the year to meet their and their client’s needs. | 200+ | Directories were supplied to all those who indicated a need. |
| Click here to enter text. | Distributing CPPC brochure. | To distribute the CPPC brochure to local businesses, families and to providers. Brochure was handed out at local events and meetings. | 100+ | Brochures were given to participants in local events and meetings to educate on the purpose and goals of CPPC. |
| Click here to enter text. | CPPC Website Event Calendar | To provide one location for all community members to find events taking place in Madison, Marion and Warren Counties. CPPC Coordinator posted on and maintained the event calendar at www.cppconline.com. | 30+ \*\* this number includes those that submit information to be posted on the CPPC website by the CPPC Coordinator, NOT all those that view the website. | CPPC Events Calendar contains the most up-to-date, accurate information of events happening in our three county area. |
| Click here to enter text. | General needs met for Madison County families. | To meet the basic needs of Madison County families working with CRISP. CPPC Coordinator worked with CRISP Coordinator, Lynette Judd, and local providers to help families obtain needed supplies such as: dressers, beds, washing machines, etc. | 25+ | CPPC Coordinator worked with CRISP to send out needs lists to CPPC Coordinator’s mailing lists and coordinate donation and pick up of needed items. As a result, many Madison County families’ needs were met. |
| Click here to enter text. | Support of another CPPC site in setting up their own website. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Madison County Cares Secretary | To provide support to a local provider group. CPPC Coordinator created the meeting agendas and took meeting minutes for each meeting. CPPC Coordinator also sent reminders of each meeting to the group and emailed previous minutes and upcoming agendas prior to each meeting. | 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). |
|  | Maintained CPPC website | To increase awareness of CPPC and advertise local events and job postings. CPPC Coordinator updated the 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. |
|  | Madison County Cares |  |  |  |
|  | Warren County Providers |  |  |  |
|  | Marion County Providers |  |  |  |
|  | Child Abuse Prevention Committee Board Member |  |  |  |
|  | CPPC Steering Committee Meeting |  |  |  |
|  | CPPC Newsletter |  |  |  |
|  | Presentations at CPPC Steering Committee Meetings |  |  |  |
|  | Al’s Pals |  |  |  |  |
|  | Provide Here, Now and Down the Road curriculum in Madison, Marion and Warren Counties |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Click here to enter text. | SPRING PROJECTS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total # of Activities:0 |  |  | Total # of Participants:0 |  |

#### Individualized Course of Action/Family Team &Youth Transition (Dream Team)

#### 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. Our area has one full time Family Team Meeting Coordinator/Facilitator. She completes all DHS involved Family Team Meetings throughout the year. In addition, our CPPC Coordinator completes all Community-Based Family Team Meetings for clients who do not have an open DHS case as a prevention strategy. The CPPC Coordinator has completed the below mentioned trainings for this purpose. Referrals come from community agencies, schools, churches and private providers. Should the referrals become too numerous for the two to handle, we have back up facilitators who have completed 3 days of facilitator training and field application training with an approved facilitator. They have also passed the field application training in order to become a facilitator. DCAT funds the Family Team Meetings with a separate budget but is part of the CPPC process. The 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). 3. Continue to work with DHS to provide FTMs to all DHS involved families who would like one. 4. FTM Coordinator will continue to track and report FTM numbers monthly and quarterly to the DCAT Governance Board and the CPPC Steering Committee. | | |
| Was your goal met? If no, please explain. | Yes:  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. 2. Continue to administer the FTM Customer Evaluation. | | |
| Was your goal met? If no, please explain. | Yes:  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. 2. Continue with reporting, evaluations, networking, etc. to ensure quality assurance. | | |
| Was your goal met? If no, please explain. | Yes:  No: | | |
| Please list goal(s) for Level **4** Individualized Course of Action: | 1. Continue providing FTMs and CBFTMs as common practice in Madison, Marion and Warren Counties. 2. Complete FTM Coordinator and CPPC Coordinator’s field experience for Iowa Youth Dream Team facilitator’s number. | | |
| Was your goal met? If no, please explain. | Yes:  No: | | |
| # of FTM held annually for families **Not involved with child protection service** | Goal (# value) 12 | Current # of FTM: Click here to enter text. | Goal Met (Y/N): Choose an item. |
| # of FTM held annually for families **involved with child protection services** | Goal (# value) 200 | Current # of FTM: Click here to enter text. | Goal Met (Y/N): Choose an item. |
| # of YTDM(Dream Team) held annually for families **Not involved with child protection service** | Goal (# value) 1 | Current # YTDM: Click here to enter text. | Goal Met (Y/N): Choose an item. |
| # of YTDM(Dream Team) held annually for families **involved with child protection services** | Goal (# value) 1 | Current # YTDM: Click here to enter text. | Goal Met (Y/N): Choose an item. |

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

**Describe strategies to advance to the next level:** Complete field experience for CPPC Coordinator to be certified as a YTDM facilitator.

**Based on your activities, select the level\* for Individualized Course of Action that best fits your site:** Choose an item.

*To assist you with completing this section: please refer to the* ***“Level Document” (attached)*** *to determine the level for each strategy.*

#### Policy and Practice Changes

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|  |  |
| --- | --- |
| Please list goal(s) for Level **1** Policy and Practice Change: | 1. Work with families/agencies involved with 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:  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:  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:  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 2. Regularly evaluate surveys and feedback from families/community members. |
| 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 when appropriate. |
| List Trainings/Technical Assistance sponsored and/or attended that assisted in the development and/or implementation of CPPC and the four strategies | Click here to enter text. |
| Was your goal met? | Yes:  No: |

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

**Describe strategies to advance to the next level:** Maintain all current strategies for advancing policy and practice change in Madison, Marion and Warren

**Based on your activities, select the level\* for Policy and Practice that best fits your site:** Choose an item.

*To assist you with completing this section: please refer to the* ***“Level Document” (attached)*** *to determine the level for each strategy.*

#### Name: Sarah Hohanshelt Title: CPPC Coordinator

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

**Please return this completed form to both Sandy Lint *and* Melinda Tingle-Williams:**

Sandy Lint, DHS-CFS

1305 E Walnut

Des Moines, Iowa 50319-0114

**Email**: slint@dhs.state.ia.us

**Phone**: (515) 242-5319

**Fax**: (515) 281-4597

Melinda Tingle-Williams, DHS-CFS

1305 E Walnut

Des Moines, Iowa 50319-0114

**Email**: mtingle@dhs.state.ia.us

**Phone**: (515)281-0617

**Fax**: (515) 281-4597

|  |
| --- |
| **Strategy: Shared Decision Making** |
| **Community Partnerships for Protecting Children** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Level 1** | |  | **Level 2** | |  | **Level 3** | |  | **Level 4** | |  |
|  |  |  |  |  |  |  |  |  |  | **Levels 1, 2, & 3 PLUS: Group Representation**: At least one community representative who has experienced services from CPPC Neighbors and Parents (% based on local goal) | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Levels 1 & 2 PLUS: Group Representation**: **Two** of the following: Mental Health, Substance Abuse and Domestic Violence. | | |
|  |  |  |  |  |  |  |
|  |  |  |  | **Level 1 PLUS: Group Representation**: | | | **100% of**: Faith Based Groups, Health Care, Education, Business, Legal System, Law Enforcement, Government, Economic Supports, Practice Partners, Prevention Councils, Youth, Former DHS clients, Mental Health, Substance Abuse, Domestic Violence, Professionals, Community Members, Empowerment/Decat, DHS |  |  |
|  |  |  |  | **At least 75% of**: Former DHS clients, Faith Based Groups, Health Care, Education, Business, Legal System, Government, Law Enforcement, Economic Supports, Practice Partners, Prevention Councils, and Youth. |  |  | ***Examples:*** Advocate for CPPC’s goals with funders and policy-makers. Group implements plan and successfully addresses unmet needs in the community. | | |
|  | ***Group Representation:*** Professionals, Community Members, Empowerment/Decat, DHS  ***Examples:*** Establish linkages and develop protocol for decision making with Decat Board: | | | 4 additional members within at least one in: Mental Health or Substance Abuse or Domestic Violence |  |  |  | | |
|  | ***Examples:***  Complete Functional Assessment Survey annually.  Membership recruitment plans address diversity. | | |
|  | ***Examples:*** Membership diversity is representative of local populations.  Role of group expands to identify and develop a plan to meet unmet needs within the community. | | |  |  |  |
|  | Establish and meet membership recruitment goals. |  |  |  |  |  |
|  |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |
|  | Provide oversight for planning and implementation of 4 strategies. | | |  | | |  | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Strategy: Neighborhood/Community Networking** | | | | | | |  |  |  |
|  |  |  | **Community Partnerships for Protecting Children** | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Purpose:** Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services, and resources for families whose children are at risk of abuse and neglect. | | | | | | | | | | | | |
|
| \*The following are *examples* of activities/events. Each Partnership site is encouraged to develop activities to fit within their local strengths and needs | | | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Level 1** | |  | **Level 2** | |  | **Level 3** | |  | **Level 4** | |  |
|  |  |  |  |  |  |  |  |  |  | Continue with networking plan and community engagement/awareness activities | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Continue with community awareness and engagement activities in Levels 1 and 2 | | |
|  |  |  |  |  |  |  |
|  |  |  |  | Continue to promote community awareness /engagement | | |  |  |  |
|  |  |  |  |  |  |  | Implementation of at least 2 level 3 programs | | |
|  | Develop neighborhood/community networking plan which includes engagement strategies and activities | | |  |  |  | **Establish at least one of the following:** | | |
|  | Expand networking plan to include goals for linkages, collaborations, strategies, and planned activities | | |
|  | Group/network of community members and/or parents with prior DHS involvement and/or foster care youth | | |  |  |  |
|  |  |  |  |  |  |  |
|  | Identify potential network members | | | The use of informal supports is standard practice for families involved with DHS- including the use of family team meetings | | |
|  |  |  |  |  |  |  |  |  |  |
|  | Engage the community and build awareness about CPPC through community forums, events, and activities | | | Expand networking plan to increase lineages between informal and professional supports and resources | | | Plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse, and other child welfare partners | | |
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|  | Develop cadre of spokespersons to deliver CPPC information and training | | | Expand networking plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare partners | | |  |  |  |  |  |  |
|  | Develop "Hubbing" resources and activities that enhance the accessibility of services and supports | | |  |  |  |
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|  | Establish and evaluate outcome measures | | |  |  |  |
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|  |  | |  | | **Individualized Course of Action/Family Team & Youth Transition (Dream Team)** | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  |  | |  | | **Community Partnerships for Protecting Children** | | | | | | | | | | | | | | |  | |  | |  | |  | |
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| **Purpose:** Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families succeed. | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Level 1** | | | |  | | **Level 2** | | | |  | | **Level 3** | | | |  | | **Level 4** | | | | |  | |  | |
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|  |  | |  | |  | |  | |  | |  | |  | |  | |  | | **Levels 1, 2 & 3 Plus:** | | | | | | |  | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | | Implement Quality Assurance Sustainability Plan | | | | | | |  | |
|  |  | |  | |  | |  | |  | |  | | **Levels 1 & 2 Plus:** | | | | | |  | |
|  |  | |  | |  | |  | |  | |  | | Develop a plan for Quality Assurance Sustainability | | | | | |  | |
|  |  | |  | |  | | **Level 1 Plus:** | | | | | | Family Team Decision Making is common practice and organizations and agencies ensure that their staff use strengths-based engagement/assessment skills in implementation of FTM's | | | | | | |  | |
|  |  | |  | |  | | FTM's are available and accessible to families involved in DHS and other child welfare partners | | | | | |  | |
|  | Educate the community about strengths-based engagement/assessment and the family team meeting process | | | | | | Provide continuing education for FTM facilitators including: domestic violence, mental health, substance abuse, Parent Partners, and other available resources | | | | | |  | |
|  |  | |
|  |  | |
|  | The number of FTM's is tracked and data shared | | | | | |  | |
|  | Train/access FTM facilitators that meet Iowa minimum standards: Access Building Trust-Based Relationships and FTM trainings | | | | | |  | |
|  |  | |
|  | Administer FTM Customer Evaluation to all families who attend FTM | | | | | | Expand strengths-based engagement/assessment practice to partners involved with DHS | | | | | |  | | |  | |  | |  | |
|  | Through Quality Assurance process, outcomes reflect families being engaged, empowered, respected, and included in the planning process- plans are family driven and individualized | | | | | | |  | |
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|  | Offer FTM for families involved with DHS | | | | | |  | |
|  | Establish and maintain on-going best practice groups for facilitators | | | | | | Expand FTM best practice groups to include other child welfare partners | | | | | |  | |
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|  | Develop a plan to track the number of FTM's | | | | | |  | |
|  | Learn about child protection system's quality assurance practices | | | | | |  | |
|  | Promote the use of FTM Customer Evaluation | | | | | | Begin to provide Iowa Youth Dream Team process for youth transitioning out of foster care with local, trained facilitators and youth advocates | | | | | | Iowa Youth Dream Team process is common practice for all youth transitioning out of foster care into adulthood | | | | | | |  | |
|  |  | |
|  | Introduce Iowa Youth Dream Team process to CPPC leadership- develop plan to train facilitators | | | | | |  | |
|  | Promote collaboration between FTM facilitators and organizations that serve families | | | | | |  | |
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|  | |  | |  | | **Strategy: Policy and Practice Change** | | | | | | | | | | | | | | |  | |  | |  | |
|  | |  | |  | | **Community Partnerships for Protecting Children** | | | | | | | | | | | | | | |  | |  | |  | |
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| **Purpose**: Improve policies and practices to reduce barriers and increase accessibility and relevance of services that lead to positive family outcomes. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Level 1** | | | |  | | **Level 2** | | | |  | | **Level 3** | | | |  | | | **Level 4** | | | |  | |
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|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | **Level 1, 2 & 3 PLUS:** | | | | | |
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|  | |  | |  | |  | |  | |  | |  | | **Level 1 & 2 PLUS:** | | | | | | |  | |  | |  | |
|  | |  | |  | |  | |  | |  | |  | | Routine review of policies and practices | | | | | |
|  | |  | |  | |  | |  | |  | |  | | Implement plan | | | | | | |
|  | |  | |  | |  | | **Level 1 PLUS:** | | | | | |  | |  | |  | | |  | |  | |  | |
|  | |  | |  | |  | | Develop communications strategy for implementing change | | | | | | | Survey consumers | | | | | |
|  | | Identify and assess needs for policy and practice change | | | | | |  | |  | |  | |
|  | | Gather data about needs/gaps in services and prioritize needs | | | | | |  | |  | |  | |
|  | | Solicit feedback from families and community members | | | | | |
|  | | Involve various agencies | | | | | | Monitor to ensure change is effective | | | | | | |
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|  | | Develop a plan based on best practice research, input from parents and youth, DHS, and partnering agencies | | | | | | Evaluate service delivery | | | | | |
|  | | Receive input from youth and/or parents who have been impacted by the policy or practice | | | | | | Develop methods to ensure quality changes are maintained | | | | | | |
|  | | Implement Quality Service Review (QSR) recommendations | | | | | |
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|  | | Re-evaluate plan at various stages of implementation | | | | | | |
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