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**Community Partnerships for Protecting Children**

Annual Proposed Site Plan/Year-End Reporting Form

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| **CPPC Site** |
| **Proposed Annual Plan  Year-End Report  (State Fiscal Year)** FY23  **Site Name:** Indianola DCAT Cluster |
| **County or Counties:** Madison, Marion and Warren County |
| **Contact Information** |
| **CPPC Coordinator Name:** Sarah Gibson |
| **CPPC Coordinator Email Address & Phone Number:** [sgibson2@dhs.state.ia.us/IndianolaClusterCPPC@gmail.com](mailto:sgibson2@dhs.state.ia.us/IndianolaClusterCPPC@gmail.com) 515-468-8181 |
| **Mailing Address:** 200 S Howard Street, Indianola, Iowa 50125 |
| **Secondary Contact Name (Decat Coordinator/Decat Board Chair, Service Area Community Liaison, or SDMT Chair):**  Phil Clifton, DCAT Board Chair |
| **Secondary Contact Email Address and Phone Number:**  Pclifton@madisoncounty.iowa.gov |
| **CPPC Statewide Program Manager / Staff Notes** |
| Click or tap here to enter text. |

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| Community Partnership Reporting is based on advancing the 4 strategies of Community Partnerships: Shared Decision Making, Neighborhood and Community Networking, Individualized Course of Action, and Policy and Practice Change.  CPPC funding runs on the state fiscal calendar July 1 - June 30. There will be two times reporting is due:   1. For annual planning (due May 15, extension to May 30, 2022, for FY23 plan), complete the sections below to capture your proposed planning and projected goals for the CPPC for the upcoming fiscal year starting July 1. (Report with projected/future activities) Proposed planning sections will be completed on a new document each year identifying the CPPC’s goals for the upcoming year. 2. For end of year reporting, (due August 15) complete the sections in the grey shaded areas as noted to capture the progress toward goals achieved for the fiscal year that ended June 30. (Summary report with completed activities) These sections will be completed in the document that already has the planning sections completed and was submitted in May the prior year.  CPPC Strategic Priority/Plan Overview |

**Annual Planning:**

Please describe up to 3 identified strategic priorities for the CPPC site for the upcoming year in the planning priorities section.

**End of Year Reporting:**

Describe overall progress on the identified priorities in year-end section for the fiscal year:

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|  | Planning Priorities | Year-End Progress |
| 1 | Parent/Youth Engagement | We invited AMP to present at our SDMT. We do not have a chapter in our counties so identifying individuals to serve on our SDMT that are invested/living in our counties was difficult with limited time from the CPPC Coordinator. We were able to engage parents and youth in other CPPC initiatives through resource connection, provider meetings, Parent Cafes, etc. While we had connections with HHS and Parent Partners, they are still developing. Our hope is that in the future they can help us identify youth and parents with lived experience to serve on our SDMT. |
| 2 | DHS/Parent Partner Engagement | The CPPC Coordinator was in regular contact with the Parent Partner Coordinator for resource connection and a few SDMT meetings, but we were unable to get consistent participation from Parent Partners. While we have struggled to have regular communication with HHS in the past, I believe it helped having the CPPC Coordinator also serve as the DCAT Coordinator in this aspect. More open lines of communication were opened due to her work with HHS on the DCAT side. Many social workers are on our mailing list-receiving our updates and meeting minutes. |
| 3 | SDMT Educational Component | CPPC Coordinator worked on developing a list of potential presenters at the SDMT through provider groups and other meetings. I was able to give a presentation/orientation on CPPC as well as have AMP present. Due to low attendance at the SDMT this year, I didn’t feel it would be fair to the presenters to ask them to spend their valuable time presenting to a handful of people. The AMP presenter came from over 45 minutes away and presented to 5 people. I’m still mulling over how we can increase SDMT numbers in FY24 with such a limited budget to get this goal up and going as I think it has value if we can get the people there. |

**CPPC Structure**

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| **Describe your Community Partnership Shared Decision-Making leadership group and oversight role in response to the following questions:**   1. **Describe the CPPC structure. Who coordinates the CPPC meetings? How frequently do meetings occur?**   Due to very low attendance, we combined with Warren County Cares in FY22. A subcommittee of voting members was formed to make recommendations to our DCAT Board as needed. The CPPC Coordinator coordinates the meetings and provides updates/minutes. The Warren County Cares group meets monthly throughout the year. The goal for FY23 is to begin holding our normal SDMT meetings again.   1. **Are there task teams or subcommittees?**   We have a subcommittee of voting members. They are responsible for reviewing funding requests and making recommendations to the DCAT Board, reviewing and making updates to the CPPC plans and year end reports and making programming recommendations based on community needs.   1. **How is CPPC linked to Decat? Explain decision making protocol between CPPC and the Decat board and how funding decisions are made.**   Decat manages all of the contracts and budgeting for CPPC. CPPC SDMT makes recommendations to our Decat board, but the board has the final say on all programming and funding decisions. Our Decat Board has agreed with the CPPC SDMT recommendation everytime in the 11 years I’ve been CPPC Coordinator.   1. **What is the connection between the CPPC and the local child abuse prevention council, ECI or other committees?**   CPPC works closely with the Child Abuse Prevention Council of Warren County and ECI. All three groups share information, events, etc. with each other and work together to better serve local families. CPPC Coordinator pushes out any information CAPC or ECI send her way. CPPC and/or Decat Coordinator also attend ECI meetings at least once a year to share updates in person. CPPC Coordinator has served on the CAPC Board in the past. |

**CPPC Strategy Implementation**

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| Shared Decision-Making  Provide leadership for collaborative efforts that promote community responsibility for the safety and well-being of children. | | |
| *Category Description* | **Current Activities/Planning - Instructions**  **Complete the sections below as prompted. Check Yes or No in the boxes below for the activities the CPPC Shared Decision Making-Team has currently implemented at the start of the planning year.**   * When ‘no’ is checked, include a corresponding item in the annual plan SDM section summary starting on page 9 to address planning, or provide explanation as to why a plan for the activity will not be implemented this year. * When “yes” is checked, no additional explanation is needed unless the CPPC has plans to change/bolster the activity. | |
| *Shared Decision-Making Team Representation* | **The CPPC site’s Shared Decision-Making Team (SDMT) has representation from**  **the following areas (check all that apply): Membership must include DHS, Decat, and**  **both local community and professional members:**   |  |  |  |  | | --- | --- | --- | --- | |  | Dept. of Human Services |  | Home Visitation Providers | |  | Decategorization (DECAT) |  | Parents/Youth with Lived Experience | |  | Early Childhood Iowa (ECI) |  | Foster Parents | |  | Domestic Violence |  | Relative/Kinship Caregivers | |  | Substance Use |  | Parent Partners | |  | Mental Health |  | Parents, Guardians, or Grandparents | |  | Health Care |  | Youth | |  | Education |  | Child Abuse Prevention Council | |  | Business |  | Volunteer or Unpaid Members | |  | Legal System |  | Government: | |  | Law Enforcement |  | Other: Click or tap here to enter text. | |  | Economic Support Providers |  | Other: Click or tap here to enter text. | |  | Family & Child Providers/Practice  Partners |  |  | | 38 **Total number of SDMT members (both voting**  **and non-voting)**  2 **Total number of**  **volunteers or unpaid members involved (include a**  **volunteer only once, even if they help with more than one activity)**  15 **Average number that attends meetings regularly (at least 50% of scheduled meetings)** |
| *Shared Decision-Making Survey/Team growth and development* | **The CPPC Shared Decision-Making Team plans to implement the following planning or actions to measure growth and development of the SDMT:**  **Yes No**   * Implement the use of the Shared Decision-Making Survey. * Utilize the survey as a tool to guide quality improvement of strategy implementation. * Utilize the survey to improve upon how the team is functioning. * Identifies plan(s) to grow the team in diversity, provide educational efforts, strategic planning, and team building needs.  1. **Describe any plans for growth and development of the Shared Decision-Making Team for the next year: (***Include how the Shared Decision-Making Team is utilizing the results of the SDMT survey***)**   FY23 will focus on getting our SDMT back on track. Our attendance plummeted the past two years due to the pandemic. With such low numbers we combined with another provider group. In doing that, we had to create a subcommittee for CPPC. | |
| *Four strategies Implemented in the Shared Decision-Making process* | **Is the Shared Decision-Making Team prepared to ensure the four strategies are implemented in the Decision-Making Process through the following actions?**  **Yes No**   * Develop and implement plan for ongoing comprehensive understanding of the four strategies for individuals involved in   Shared Decision-Making process. * Implement and regularly offer orientation plan for all new SDMT members. * Provide oversight for the planning and implementation of the four CPPC strategies. | |
| *Shared Decision-Making Team Membership and Recruitment* | **Indicate below whether the Shared Decision-Making Team (SDMT) has the following representation and recruitment plans:**  **Yes No**   * Membership on the SDMT is represented from domestic violence, substance use and mental health partners. * Membership recruitment plans and SDMT representation addresses racial, ethnic and cultural diversity. * The SDMT has identified a CPPC set goal for adding additional community members (this number can be reviewed and re-established each year). % **Goal** 5% **% Met** 5% * Community representatives take a leadership SDM role as defined by the CPPC site. * Membership includes broad representative of at least five (5) of the following members: Faith-Based Groups, Health Care, Education, Business, Legal System (courts), Law Enforcement, Government (County or City), Economic Supports, Practice Partners and Prevention Councils. * Role of the SDMT includes advocacy for CPPC’s goals with funders and policymakers (legislators, governor, boards of supervisors, city council members, mayor, etc.) * The CPPC Coordinator and/or member of SDM contributes to state and/or regional events/activities (I.e., serves on planning committees, assisting with logistics, presenting, etc.). | |
| *Community,*  *Family, and Youth*  *Representation in Shared Decision Making* | **Are Community Members, Family and Youth represented in Shared Decision Making of the CPPC through the following activities?**  **Yes No**   * Parent Partners facilitate annual orientation to the program for Shared Decision-Making Team members. * Information and progress of the local Parent Partner program is shared regularly. * A Parent Partner is added to the membership of the SDMT. * SDMT has developed, or plans to develop, an avenue for youth voice and engagement to the SDMT. * Plans to engage local families and/or youth who are disproportionately/disparately overrepresented in child welfare. * Identify a plan to engage community members with lived experience. * SDMT has identified member roles missing in the SDMT that is critical to sharing decision making to meet identified local  needs. * Plan to engage and include additional members whether through an area not currently represented, such as due to a change in staff or representation, identified community needs, etc.  1. **How will the SDMT engage with representatives/family leaders from culturally and racially diverse groups in the communities within the CPPC site?**   Our site plans to reach out to agencies that work with refugees and other racially and culturally diverse populations in Polk and/or Dallas County to learn more about the populations they are serving and their locations. Warren County especially utilize neighboring Polk County for resources so we feel we may be able to tap into groups living in our counties but receiving resources elsewhere. Additionally, we have an International Christian Church in Indianola which our CPPC Coordinator will reach out to in order to engage representatives within our site.   1. **Describe how the SDMT will seek involvement, input, and share decision-making with youth, parents, and community members with lived experience. Include one action step your SDMT plans to take:**   We recently developed a linkage with AMP through a member of our SDMT. In FY23 CPPC Coordinator will reach out to this contact and work to gain their involvement and input. Additionally, our DHS Liaison is beginning to work with us to develop a stronger, deeper connection with our local DHS workers. We will be developing plans in FY23 to meet with them to present information on CPPC and what we have to offer them. In the past we have had heavily involved Parent Partners, I think through some turnover and the pandemic, we have lost their involvement. CPPC Coordinator will work with our local Parent Partner Coordinators to bolster attendance of Parent Partners. We gained a lot from their previous input and look forward to getting back to that. | |
| *Utilization of Data in Shared* Decision Making | **Is data available and utilized in the CPPC Shared Decision-Making process?**  **Yes No**   * SDMT is able to access and plans to share local level data on areas such as child welfare, juvenile court services, child and family well-being, social determinants of health, and other community indicators from the national, state, and/or local level.   **Data will be utilized from the following sources in planning to address local gaps and needs (check all that apply):**  Child abuse/neglect; out of home care; permanency  Iowa DHS/Family First Dashboard  Kids Count – Annie Casey Foundation  Iowa Department of Public Heath  The Census Bureau  Iowa Youth Survey  Other: Community Needs Assessments from local public health  Other: Click or tap here to enter text.  **Does the Shared Decision-Making Team facilitate the following data review/collection activities?**  **Yes No**   * Periodically reviews diversity and disparity data (e.g., from the Iowa DHS Family First Dashboard, provided by local DHS,  county Equity team if applicable) of families involved within the local Child Welfare system. * Conducts, or will be a partner in conducting, a community need assessment; (or) * The CPPC site has access to data from a community needs assessment completed in the last 3 years.  1. **How will the CPPC utilize the information gathered through the above identified data collection activities in developing annual priorities and planning? *(****Describe an overview of community needs assessment methods utilized to inform planning, or, include any plans to utilize specific data to inform, planning, coordination and implementation of CPPC activities.)*   As stated, we have plans to better connect with our DHS. The goal is for this to open communication and the sharing of data. In addition to the data provided by local DHS we will be utilizing the Family First dashboard to check local trends to inform partners in planning for FY23. Informing our network will be done via our SDMT as well as our mail ID whenever relevant. | |
| *Planning/*  *Implementation to meet unmet needs within the community* | **Planning and implementation of activities to meet unmet needs within CPPC communities includes:**  **Yes No**   * Development of linkages and partnerships with other groups in the community to address and meet unmet needs. * SDMT is able to make decisions about priorities, determine the use of resources, analyze data, engage community around  abuse and neglect, and advocate for more services and funding when necessary. * Strategies address unmet needs of families in the community in order to increase the number of healthy, safe, stable   families who do not become involved in the child welfare system.   **The CPPC site has identified plans to increase engagement and collaboration in the following areas to meet unmet local needs (check all that apply):**  Economic Support  Child Welfare Professionals  Law Enforcement  Domestic Violence  Community Providers  Legal/Judicial  Mental Health  Foster Parents  Persons with Lived Experience  Substance Use  Kinship/Relative Caregivers  Racial and Cultural Equity to address Disparities  Parents  Youth  Other: Click or tap here to enter text.   1. **Provide an example(s) of planning approaches the CPPC will utilize to increase engagement, collaboration, and linkages with the above identified areas:**   Our site had many of these linkages within our SDMT prior to taking a short break during the end of the pandemic. We have worked to maintain these linkages through other avenues over the last couple of months. In August, we will “relaunch” our SDMT meetings. In reaching out to our mail ID to jumpstart our meetings, we will be making contact with each of these categories. Through that contact we hope to reenergize their involvement by highlighting the importance of their role in CPPC for local families as well as ways CPPC can help lighten their load as providers. Additionally, my goal is to follow up with attendees after meetings to ensure that they are getting what they need from the meetings and from me as their local coordinator. Our site has a great network of professionals and those interested in being involved with CPPC. Our plan moving forward is to utilize their knowledge and connections to further involve community members in our SDMT. Our mailing list has grown tremendeously over the years and it is often a first contact with CPPC for many individuals. Our weekly updates and SDMT minutes give those that might be hesitant about getting involved a closer look at what we do prior to diving in. We hope to continue to grow that list this year to increase community knowledge of CPPC but also to draw professionals and community members in to CPPC involvement by finding the value in what we provide our communities and families. | |
| *Immersion Training* | **Identify CPPC Immersion Training activities the CPPC has completed or needs to complete in this category:**  **Yes No**   * + New CPPC Coordinator attends first available CPPC Immersion 101 within the 1st year.   *Date of attendance***:** Click or tap here to enter text.   * + CPPC Coordinator will attend Immersion 201 when offered or has attended previously.   *Date of attendance:* Click or tap here to enter text.   * + CPPC site will host a CPPC Immersion 101 event in CPPC area at least once every three years.   *Date last hosted:* Click or tap here to enter text. | |
| *Shared Decision-Making Team requests the following resources, trainings, or other technical assistance for next year FY.* | **Check the following resources requested by the SDMT:**  CPPC Immersion 101 Training  CPPC Immersion 201 Training  Recruitment assistance to expand our SDMT.  Expanding SDMT team to increase diversity.  Training and education regarding cultural equity, diversity and inclusion.  Host: Race: The Power of an Illusion  Host: Understanding Implicit Racial Bias  Utilize Courageous Conversations Toolkit  Print or electronic materials to for SDMT/ materials for community and/or families.  Technical Assistance from CPPC State Staff  Connection with other CPPC sites for resources, materials, consultation.  How to involve youth, young adults, parents/caregivers in SDM Process.  Training around identified areas of growth as identified through the Shared Decision-Making Survey.  Other:  Other:     1. **Please expand on or provide additional information on any items checked above if needed:**   Growing our team in diversity and training/education regarding cultural equity, diversity and inclusion are not in the forefront of our plan as we will be working this year to rebuild our SDMT as we get back to regular meetings and building participation again post pandemic. However, educational opportunities for our SDMT within our meetings will be embraced. | |
| *Annual Planning Summary* | **Shared Decision-Making Strategy/Summary of Annual Planning**   1. **Describe any additional proposed plans for bolstering the Shared Decision-Making Strategy for the upcoming year:**   As previously stated, we will be “relaunching” our SDMT in August. We will be offering more educational presentation opportunities within our meetings with the goal of making our meetings dual purpose. Attendees will have the opportunity to share information as network as well as learn things they can add to their toolbox in their daily work with families. Feedback also showed that meeting monthly was overwhelming for attendees so we will be piloting meeting every other month this fiscal year.   1. **Provide a summary response to any questions/items answered “no” in the Shared Decision-Making sections answered above.** **Indicate whether these items are planned to be addressed in the upcoming year, or if they are not planned to be addressed, and detail the reasons why.**   Because we are rebuilding, the CPPC Coordinator will continue to serve in the leadership role for our SDMT. As we look forward in the year this year to our DCAT Coordinator’s retirement, this may have to change, but there are no plans to do so. Currently we do not have consistent sharing of information and progress of the Parent Partner program. CPPC Coordinator will be contacting our local coordinators to get Parent Partners back in attendance regularly and sharing information. | |
| *End of Year Summary* | **Shared Decision-Making Strategy/End of Year Progress Summary:**   1. **Provide an overview of the activities completed within the Shared Decision-Making Strategy this year.** **Identify the planning, coordination, and implementation that was completed**   FY23 was a rebuilding year for our SDMT. Due to the pandemic our participation numbers had been very low. We were able to survey attendees and discover that bi-monthly meetings with an educational piece better suited their schedules. Each of our meetings also allows for networking which has helped us to discuss barriers and help develop solutions for individual families. Even with these adjustments, numbers have continued to be low. Our August 2023 meeting will be held virtually (at the request of attendees). CPPC Coordinator has also been in touch with local provider groups about combining to lesson the number of meetings being attended.   1. **Describe what resources have been allocated towards completing progress of activities (funding, time, staff, volunteers). Include numerical data as applicable.**   CPPC/DCAT Coordinator’s time to coordinate meetings and relay information the the DCAT Governance Board.CPPC/ DCAT Coordinator is employed full time. Funding allocated to the CPPC/DCAT Coordinator comes from the CPPC Contract ($20,000) as well as the DCAT Coordination Contract.   1. **In what ways did the SDMT increase representation and voice in Shared Decision-Making over the last year? What were successes, and what challenges did the SDMT experience?**   We were able to increase the number of receipients on our Mail ID for the SDMT. This meant more people were getting the meeting information and minutes. Additionally, we changed the meeting frequency and added an educational component after receiving feedback from participants.  Challenges included maintaining consistent Parent Partner involvement, youth involvement, pre pandemic attendance numbers, Sarah transitioning from CPPC Coordinator to both CPPC and DCAT Coordinator and lack of funding for mini grants, hiring of a new CPPC Coordinator, etc.   1. **Were any changes or adaptations to the annual proposed plan made? Please describe.**     We had to scale back on a lot of what we had planned this year due to the CPPC Coordinator taking on a new role as DCAT Coordinator. Additionally, we do not have the funding to hire another CPPC Coordinator so she has been fulfilling two full time jobs. Because of this, we have done a few things like bringing AMP to our SDMT, continuing to grow our mailing list, adjusting our meeting times, but were not able to dedicate the time it takes to rebuild our SDMT.   1. **What are key outcomes from activities completed through Shared Decision-Making? What was the impact of the SDM strategy on children, youth, families and communities within the CPPC site?**   Key outcomes this year include adjusting meeting times to try to accommodate attendees/rebuild attendance, the CPPC Coordinator learning to navigate what were previously two full time roles, so many resource connections and networking with providers. Networking with other providers helps us cut down on duplication of services and better serve families, children and the community by encompassing them with resources tailored to current needs. | |

**Shared Decision-Making Survey Results**

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| 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. The survey can be administered by paper or online, depending on the preference of the coordinator and/or SDMT. Copies of the responses should be kept in a confidential file and ready to be accessed if the State requests the data. |
| ***\*Instructions:*** Include Previous year survey results in the Previous Year column. Include the Current Year survey results in the year end progress report (grey column) |
| **Shared Decision-Making Survey 1=disagree, 2=mildly disagree, 3=neutral, 4=mildly agree, 5= agree** |

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| **Category** | **Description** | **Previous Year\*** | **Current Year\*** |
| 1. Common Vision: | Members have a shared common vision. | 4.33 | 4.25 |
| 2. Understanding and Agreement Goals: | Members understand and agree on goals and proposed outcomes/objectives. | 3.93 | 4.75 |
| 3. Clear Roles & Responsibilities: | Roles & responsibilities of members are clear. | 3.93 | 4.25 |
| 4. Shared Decision Making: | All members have a voice and are engaged in the decision-making process. | 3.93 | 4.5 |
| 5. Conflict Management: | We are able to successfully manage conflict. | 4.4 | 4.75 |
| 6. Shared Leadership: | Leadership is effective and shared when appropriate. | 4.13 | 4.75 |
| 7. Well Developed Work Plans: | Work Plans are well developed and followed. | 4.06 | 4.5 |
| 8. Relationships/Trust: | Members trust each other. | 4.2 | 4.75 |
| 9. Internal Communication: | Members communicate well with each other. | 4.13 | 4.75 |
| 10. External Communication: | Our external communication is open and timely within the broader community and partners. | 4.27 | 4.5 |
| 11. Evaluation: | We have built evaluation performance into our activities. | 3.67 | 4.5 |
| 12. Understanding of CPPC: | Members have a clear understanding of the Community Partnerships Four Strategies. | 3.93 | 4.25 |
| **Average Response Score:** | This is an average score for all of the responses, the number should be between 1-5 | 4.08 | 4.54 |

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| Community/Neighborhood Networking  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. | |
| Category Description | **Planned Activities**  **Describe the proposed goals and planning for C/NN through response to each of the prompts below.** |
| *Collaboration/Rep-presentation* | **Check the categories the CPPC site plans to gain input, insight, and collaboration from *(note: this could be through surveys,***  ***inviting speakers, Neighborhood Networking Efforts, C/NN meetings, etc.)*:**   |  |  |  |  | | --- | --- | --- | --- | |  | Dept. of Human Services |  | Home Visitation Providers | |  | Decategorization (DECAT) |  | Parents/Youth with Lived Experience | |  | Early Childhood Iowa (ECI) |  | Foster Parents | |  | Domestic Violence |  | Relative/Kinship Caregivers | |  | Substance Use |  | Parent Partners | |  | Mental Health |  | Parents, Guardians, or Grandparents | |  | Health Care |  | Youth | |  | Education |  | Child Abuse Prevention Council | |  | Business |  | Volunteer or Unpaid Members | |  | Legal System |  | Government: | |  | Law Enforcement |  | Other: Click or tap here to enter text. | |  | Economic Support Providers |  | Other: Click or tap here to enter text. | |  | Family & Child Providers- Practice Partners |  |  | |
| *Develop Neighborhood/*  *Community Networking plan that includes goals for engagement and planned activities* | **Respond to the questions below regarding networking, collaboration, and engagement:**   1. **Describe planned activities for Community and Neighborhood Networking:** **Include the network and community members to whom planned activities will be directed:**   CPPC Coordinator and/or SDMT voting members will attend local provider meetings in each of the three counties. The goal of attendance is to connect professionals with the mission of CPPC, how we can help them better serve families as well as learn of the services they provide in our communities.   We will continue to promote our website and all that it has to offer to both formal and informal supports to families. Our website boasts a large amount of resources, which we will continue to update and grow in FY23 to be utilized by professionals and community members.  Like anywhere else in the state, we are not immune to turnover. Because of this, the CPPC Coordinator makes a conscious effort to meet with new employees serving our area with agencies that we network with. This gives us an opportunity to share information and educate them on CPPC as well as learn about what services they will be offering in our counties and how we can support them.  Our hope in FY23, is to create a deeper, more effective network with DHS in our area. DCAT is connected with DHS through Flex Funding and have maintained a vast network. Last year, CPPC and DHS worked together to provide as many physical items to families in need as possible, thus reserving our Flex Funding for more difficult funding needs. This year, the hope is to continue to partner with social workers to see how our site can better serve them. Our DHS Liaison has offered to set up a meeting with our social workers and supervisors. We plan to take advantage of that this year.  Our community storage shed has continued to be successful and well utilized. This year, we will continue to partner with the managers to help get items in the hands of families in need. We will do this through our mailing lists and connections with professionals working one on one with families.   1. **How will the CPPC increase collaboration among economic supports, domestic violence, mental health, substance use and other child welfare professional partners?**   For the last 8+ years we have had established collaboration among these groups. I think in large part attending providers groups and the SDMT together as well as the website/mail ID has made these connections and collaborations naturally happen. Moving forward our site plans to make more of an effort to invite new providers to our provider groups and the SDMT. Personalized “welcome” emails with details of meetings as well as follow up emails will be sent. Additionally, continuing to plug individuals in with the website and mail ID will be a high priority for encouraging collaboration and connectedness.   1. **In what ways will the CPPC develop and/or increase linkages between informal and professional supports and resources?**   Our website has been a great source for developing and increasing these linkages. Many community members that are part of our website/mail ID provide informal supports to families in many ways. Those who receive our emails range from retirees to faith organizations to mental health providers to teachers and everything in between. It has created a great network of supports from all walks of life to assist families and individuals in our communities.  Our community storage unit in Madison County has also bridged the gap between informal and professional supports on many, many occasions. Once we learn of a family’s need, we are able to work directly with the family, professionals involved in that family’s story as well as informal supports to help locate and deliver needed items to the family. This project has been really exciting as it really does involve all sectors of our community. Due to CPPC’s involvement, this group has also been known to help families in neighboring counties that we serve!   1. **Explain how the CPPC will involve parents, youth, foster parents, kinship and relative caregivers in collaborative programs in**   **the community:**  Our Al’s Pals program has a parent component which helps carry over the skills children learn through the lessons in class to home. Materials are sent home with students to their parents/guardians. The idea is to spark conversation and to provide parents with tools to help their child carry over those social-emotional skills to home as well.  Our SDMT is very fortunate to have the involvement of several foster parents as well as many parents who are willing to “plug-in” to anything we ask them to be involved in. We’ve also had the opportunity to have youth involvement from Winterset High School the past year. One of our voting members has made an effort to get youth involvement. Our hope as we move into FY23 is to maintain that youth involvement as well as encourage them to share their perspectives and ideas.  Again, our community storage unit does a great job of involving all types of parents and guardians as both recipients of services and those that donate, arrange delivery, etc.   1. **What performance and outcome measures for planned activities will the CPPC utilize to evaluate activities to ensure the goals (from the planning stage) are met (e.g., use of surveys, tracking progress on action steps, analyze program data to determine changes, review local statistics annually to uncover changes in child abuse/neglect, requesting feedback information from partner and community stakeholders to evaluate trends).**   CPPC Coordinator visits each Al’s Pals site and completes and evaluation form to be submitted to our DCAT board. We also send each of the sites a year end survey which gages how the program is going from the teachers’ perspective. The two documents help us capture the success or needs of the program.  The success of our SDMT is seen largely by the completion of our year-end report. Throughout the year, we have discussions at our meetings to glean information and feedback to better serve families in our counties. From those discussions, programs have been funded, the way we present information to communities has changed, etc.  Connecting individuals and families to resources hasn’t been something I’ve tracked in the past. In FY23, we will work to develop a tracking system for items fulfilled through the mail ID, for DHS families and through the community storage unit. I’m not sure we will be able to track ALL uses of the storage unit, but definitely the ones that came through CPPC. |
| *Engage the community and build awareness about CPPC’s four strategies through community forums, events and activities* | **Respond to the narrative questions below regarding building CPPC awareness:**   1. **Describe any planned activities for the year to build community awareness around the CPPC Four Strategies:**   We take a little bit different approach to this. As a new coordinator, I focused on educating communities on the definition of the four strategies and how they provide the structure for CPPC. Honestly, I didn’t see a lot of engagement or results from doing this. Instead, I switched gears and provided that information on our website for those that were interested, but shifted gears and restructured our SDMT minutes to be broken down into each of the four strategies. By doing this, those involved in our CPPC can see what we are doing and how those items fit within the four strategies. We’ve seen understanding of the four strategies flourish as a result. In addition, shifting from trying to educate providers and community members on CPPC to asking them what CPPC can do for them has opened doors to showcase what we have to offer and how it fits within our strategies in a more effective way.   1. **Is a cadre of people identified who are able to deliver CPPC information to the community? Please describe:**   Yes and no, our voting members are very well versed in what CPPC has to offer. I, however, do not expect them to be experts and follow a “script” of information to share with communities. Our group is made up of direct service providers. They do a fantastic job of recognizing areas CPPC can be plugged in to community events, serving families, resource connection, etc. |
| *Education & Awareness* | **The CPPC plans to offer training and education in the community around the following topic areas:**  Family centered programming  Understanding/Analyzing Data  Racial Disparities and Disproportionality  Family and youth engagement  Protective Factors  Child welfare/Family First Legislation  ACEs/Trauma Informed  Child Abuse Prevention  Other: Click or tap here to enter text.  Child & family well-being  Diversity, Equity and Inclusion  Other: Click or tap here to enter text.   1. **Identify the planning, coordination, and implementation that will be completed. How will training opportunities be evaluated for effectiveness in advancing the CPPC planning and priorities?**   Keeping these topics, and current information related to them, in front of our SDMT will be a priority this year. The plan is to provide education opportunities on these topics at our bi-monthly meetings. By doing so the hope is that discussions will be sparked and the information we learn will be compared to data from our area to help create change and improvement in the advancement of CPPC priorities and our planning process. CPPC Coordinator will reach out to our network to ask who they’d like to hear from and make connections for those individuals/agencies to present. CPPC Coordinator will develop a brief survey to evaluate participants thoughts on each presentation’s effectiveness in advancing CPPC priorities and planning. |
| *The CPPC site has established one or more of the following C/NN activities:* | **Check all of the below activities the CPPC site has currently or plans to implement regarding Community/Neighborhood Networking:**   * Organize groups/networks of community members and/or parents/or youth with prior child welfare involvement to focus on  leadership activities and providing informal supports. * The development of hubbing resources and activities that enhance the accessibility of services and supports for families and  youth. * Increase cultural responsiveness and develop plans to address disproportionality and disparity locally. * Implementation of programs and activities to consistently address Diversity and Disparity issues. * Aligned efforts with an existing county Equity team or similar group to address disproportionality and disparity in child  welfare. * Clear partnership with DHS to show ownership of CPPC solutions and approach. * The use of informal supports is standard practice for families facing challenges and for families who are involved with DHS.  1. **How will the CPPC site implement, support, and evaluate the above identified activities?**   Hubbing of resources in our area is accomplished by our website (www.cppconline1.com). Agencies/providers send us updated contact information at least yearly to ensure our website is accurate. We are able to, and do, track the number of hits on our website.  On of our goals this year is to establish a clearer partnership with DHS. Our DHS Liaison has offered to help facilitate this through a meeting with our local social workers which will take place in FY23. Moving past that, our goal is to further involve DHS in our SDMT and open more frequent communication with workers to better support them. Evaluation of the success will be based on SDMT attendance/input and the number of families we are able to connect to needed resources.  Informal supports are becoming more and more of a standard practice at our site. With the implementation of Parent Cafes, our community storage unit and our mail ID, we have begun to connect families with informal supports to help them meet their needs. We will continue this in FY23. |
| *Summary of Annual Planning* | **Community and Neighborhood Networking Strategy/Summary of Annual Planning**  **1. Provide a summary overview of proposed plans and activities for the CPPC site for Community and Neighborhood Networking strategy for the upcoming year:**  Our CPPC will focus our activities to reflect our three priorities: Parent/Youth Engagement, DHS/Parent Partner Engagement and a SDMT Educational Component this year. We will be utilizing our connection with our DHS Liaison to meet with social workers to learn how we can better support one another. Additionally, the CPPC Coordinator will be reaching out to Parent Partner Coordinators to discuss re-engaging Parent Partners in our SDMT.  Rebuilding our SDMT is a top priority this year. In launching a start up, we will be providing food and a “get to know CPPC” session. Our hope from this is to re-engage past participants as well as attract new members, particularly youth and parents. We will be following up with those who have shown interest to help learn where best to plug them into our CPPC.Our SDMT will also be focusing on educational presentations at our meetings that will help bolster our network by learning what other agencies have to offer the families we serve.This could also be an opportunity for DHS to share data and for Parent Partners to provide orientation.  Constant communication will be key this year. Fortunately, we have a very solid foundation by which we will accomplish this. Our website is widely utilized and our mail ID boasts hundreds of recipients. Through these two avenues we plan to share updates and opportunities in our area. |

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| *End of Year Progress Summary* | Community Neighborhood Networking/End of Year Progress Summary   1. Provide an overview of the Community/Neighborhood Networking activities completed for the fiscal year. Identify the planning, coordination, and implementation that was completed.   CPPC Coordinator attended monthly provider meetings to share information and updates from CPPC, maintained our CPPC website (www.cppconline1.com) which often required daily updates, met with new employees of agencies we have networked with to establish a continued working relationship and help educate about CPPC, deepened our connection with HHS through our DCAT and HHS liaison and continued to promote and coordinate donations to the community storage shed through the St. Paul Lutheran Church.   1. What overall resources were allocated towards completing Community/Neighborhood Networking activities and tasks? Include funding, time, staff or volunteers, or in-kind donations which were contributed by the CPPC site toward activities, and if any outside resources were contributed.   Our biggest allocated resource is our full time CPPC/DCAT Coordinator’s time to network and partner with other agencies. Additionally we fund our website at about $175 a year and provide Al’s Pals supplies to the participating local schools (12 classrooms).   1. In what ways did the CPPC increase engagement and collaboration with partners, stakeholders, parents, youth, and community members within the Community and Neighborhood Networking strategy? What were successes, and what challenges did the CPPC experience?   We have spent the last 13+ years developing a dense network of partners from all areas of our community. I think that was tested a lot this year due to our CPPC Coordinator taking on two roles. As she was in trainings and learning a completely different role, she was not as accessible as she has been in the past. While that accessibility is bouncing back, it was also very evident the type of collaboration and engagement we have in our communities. The CPPC Coordinator was still reached out to a lot for participation in various events (everything from meetings/committees to community events) which shows the need and value placed on CPPC and what we offer.  Challenges obviously included trying to balance what was once two full time jobs which are now one job. This made it difficult to accomplish everything we wanted to accomplish this year. Honestly, we were also a bit unprepared for this transition so having a game plan for accomplishing most of the things in this plan with one person wasn’t in the cards. Up until we did not receive a HHS transfer this year, we had planned to immediately hire a new CPPC Coordinator. When that transfer didn’t happen, we had to think on our feet and do the best we could with what we had.   1. Were any changes or adaptations made from the CPPC annual proposed plan regarding the C/NN strategy? If so, please describe.   We touched on most of the items outlined in our plan just not at the depth we had hoped again due to time limitations.   1. What are key outcomes from the C/NN activities completed? Approximately what percent of proposed activities and tasks did the CPPC site complete?   Key outcomes are that the vast network we have created over years of work was able to pull together over the last 10 or so months that the CPPC Coordinator was learning her new role to still accomplish things and serve our communities until things got back on track. We were able to more deeply connect with HHS through resource sharing and improved communication. We continued to network with new providers and maintain relationships through provider groups with established ones. Our website update receipients list grew by more than 25 people which is saying a lot since many agencies have been on that list for a long time. We had more outreach this year than maybe ever before from individuals/families/agencies representing individuals or families who had worked with us on resource connection in the past but had relocated and needed to be connected with CPPC in their new area. Overall while we didn’t get deep into all of our plans this year, we still accomplished a lot with the time we had.  We completed approximately 2/3 (66%) of what we planned to do. |

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| **Community/Neighborhood Networking Activity Outcome(s)/Year End Reporting**  Complete this chart with year-end summary reporting regarding activities completed for C/NN for the year. | | | | | |
| **Activity**  **Description** | **Numbers** | **CPPC Contributions** | **CPPC Priorities** | **Outcomes** | **Impact** |
| *(Program/Event/*  *Training)* | *(Number of attendees,*  *participants*  *or community*  *members*  *reached)* | *(Was this a CPPC planned*  *activity or was CPPC funding*  *provided? i.e., number of*  *volunteers/staff, donations,*  *CPPC funds expended)* | *(How did it fit*  *with the CPPC Site*  *identified priorities*  *on the priority chart*  *on page 2)* | *(What was successful and*  *how was it measured?*  *i.e.- Using data from reports, surveys, program outcome measures,*  *etc.)* | *(What was the impact on families, youth and community? How was quality of the activity assessed? Was it effective? If not effective, how can you assess it next time?)* |
| CPPC Website | 300 (plus 1,000 unduplicated montly visitors) | Our website is a planned activity that requires our CPPC Coordinator’s time to insure all requested items are posted, all expired items are deleted, all resources are up to date and that each weekly update email is sent timely. CPPC funds are used to support CPPC Coordinator’s position. DCAT pays for the website maintenance (domain name and website fee) of about $175/year. | Engaging parents, youth, HHS staff and Parent Partners fits within this activity as we have representation from all on our mailing list. Additionally we make individuals, families, agencies, Parent Partners and HHS staff aware of our website and what it has to offer through provider meetings, mailing lists, etc. | Success looks like more people knowing about and utilizing our website and mailing list. We average over 1,000 different individuals visiting our website each month. Our site tracks “unique” visitors meaning unduplicated visitors. | The community (including families and youth) had access to resources, community events and job postings 24/7. Our website continues to be successful with events being posted weekly. The website was effective based on the number of people utilizing it. |
| Al’s Pals | 330 | Al’s Pals requires the CPPC Coordinator’s time and some funding from DCAT to provide materials. We did not have to spend funds on materials this year as what was needed we had on hand. | Al’s Pals has a student component as well as an at home component. Each child participates in the lessons in the classroom and then takes home parent letters to further discussion at home contributing to family and youth engagement. | Success is measured by over 300 children receiving evidence based programming at no cost to the schools. | The impact on families and children include access to evidence based programming for no cost. Al’s Pals teaches healthy habits, resiliency, social emotional learning, etc. On a larger scale, the impact on the community cannot be measured as these children continue to grow in our communties. Quality is addressed by the classroom teachers being trained, delivering the curriculum from the outlines provided and by the DCAT Coordinator’s yearly visit to observe a lesson. Al’s Pals has been well received and effective in our area for years. |
| Basic Need Fulfillment for Families | 11 | This was a planned activity for our CPPC. The CPPC Coordinator’s salary is partially funded through CPPC. Her time was needed to connect individuals and families with resources. We were able to work with community members to donate items of need. | This initiative engages families and youth with resources in the community. We’ve also engaged Parent Partners and HHS by providing this service to them when requested. | Success is families/individuals being connected with what they need through community engagement. | Families, youth and our communities are impacted by families/youth receiving resources that they need and our community meeting those needs. This has saved DCAT/CPPC funds as the community has been able to donate needed items.This system has been effective in our area for many years. |
| School Supplies 4KIDS | 230+ (estimate) | CPPC often partners with CRISP for their events. We do not provide any monetary support but we do discuss the event, how to get signed up, how to donate, etc. at community meetings and on our website. We’ve also helped families get connected with CRISP for this service. | This event engages families and youth in our communities both as recipients of this event but also as donors. Additionally, by making HHS aware of this event, HHS involved families are able to receive school supplies. | Success is measured by the number of children in need of school supplies served by this event. In FY23, just over 230 children received a free backpack and supplies. | The impact on Madison County families was that children were able to receive the supplies needed to have a successful school year that they might not have otherwise received. |
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| Marion County Providers | 20 | Attending Marion County Providers is a planned CPPC activity which requires CPPC Coordinator’s time to attend. CPPC funds support coordinator’s salary. | Attending provider meetings creates connections with potential educational presenters for the SDMT as well as resources to connect families, individuals and professionals with as needed. | Success in this group looks like connecting with community members, leaders and professionals to better, more efficiently serve Marion County families. Success is measured by meeting attendance and sharing out information for the minutes. | CPPC Coordinator was able to attend two meetings this year on 7/11 and 9/12. Impact would have have been more effective with higher attendance. Transitioning from CPPC Coordinator to CPPC and DCAT Coordinator made it difficult to take 4+ hours out of the day for travel and this meeting. Hoping for more presence in FY24. |
| Warren County Cares Coalition | 40 | Attending Warren County Cares Coalition is a planned CPPC activity which requires CPPC Coordinator’s time to attend. CPPC funds support coordinator’s salary. | Attending provider meetings creates connections with potential educational presenters for the SDMT as well as resources to connect families, individuals and professionals with as needed. | Success in this group looks like connecting with community members, leaders and professionals to better, more efficiently serve Warren County families. Success is measured by meeting attendance and sharing out information for the minutes. | CPPC Coordinator attended 8 meetings in FY23. She shared out updates (included in the mintues) at each meeting, networked with providers and helped with resource connection where needed. |
| Madison County Cares | 30 | Attending Madison County Cares is a planned CPPC activity which requires CPPC Coordinator’s time to attend. CPPC funds support coordinator’s salary. | Attending provider meetings creates connections with potential educational presenters for the SDMT as well as resources to connect families, individuals and professionals with as needed. | Success in this group looks like connecting with community members, leaders and professionals to better, more efficiently serve Madison County families. Success is measured by meeting attendance and sharing out information for the minutes. | CPPC Coordinator attended 8 meetings in FY23. She shared out updates, assisted in events planned for the year (such as Madison County Fair information booth), networked with providers and provided resources when needed. |
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| **Total number of individuals reached through CPPC activities:** 931 | | | | | |
| **Total number of events, programs, and activities held or supported through the CPPC:** 7 | | | | | |

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| Family and Youth Centered Engagement  Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families and youth succeed. | |
| *Category*  *Description* | **Planned Activities**  **Describe the proposed goals and planning for Family and Youth Centered Engagement in response to each of the prompts below.** |
| *Promote Protective Factors and Equitable Child/Family Well-Being* | 1. **Describe plans the CPPC has identified for innovative activities to promote Protective Factors and/or increase equitable child and family well-being for families at increased risk:**     Pre-pandemic we trained several individuals to facilitate Parent Cafes which they had been doing up until the pandemic. Our focus this year will be to get those sites back up and running as well as start several new sites. In FY22, we trained three individuals from our site.  We’ve also been offering what we are calling resource meetings to professionals in our area as CBFTMs are no longer offered. Most often, a provider has been working very closely with a family and is able to discuss with them their needs, barriers to meeting those needs, strengths, etc. as well as what they would like to get out of the meeting. From there, the CPPC Coordinator (previously trained in FTDMs) holds a FTDM style meeting with providers hand selected to help meet some of those needs and bridge gaps for the family. The provider who is closely working with the family then takes the meeting notes to that family to be utilized to meet their needs. The family can provide input and feedback to that provider. Unsure of the legalities of continuing to host CBFTMs without DHS’s backing, we have found that this is the next best option for our area.  Our network/mail ID has been utilized to serve individual family needs for years. It’s both an effective and fast option for meeting needs. Providers working with specific families send the CPPC Coordinator requesting items or inquiring about a resource to meet a need. The CPPC Coordinator is then able to reach hundreds of people with one email requesting assistance. Typically within the hour we have met that family’s need and, if it’s an item, have a plan to get it delivered to them. |
| *Authentic Youth and Family Engagement* | 1. **How will the CPPC implement and support activities which facilitate authentic family and youth engagement? (e.g., provide opportunities, develop youth-adult partnerships, parent or youth led committees, intentionally share power and decision-making, co-design of community activities, etc.)**   The CPPC supports many activities and programs for family and youth engagement by promoting them on our website and encouraging providers to refer families. Everything from PAT activities and events to support groups to volunteer opportunities are promoted on the website and in weekly email updates.  Our SDMT provides a great opportunity for growth in this area. I think future goals will include opportunities for parents/youth to take leadership roles in this group. As for this year, we hope to provide avenues for more voices of parents with lived experience and youth. Through the above mentioned partnership with DHS and potentially AMP, the hope is that more doors will be opened for parent and youth involvement.  Our site has individuals trained in Parent Cafes (at least one per county). DCAT is prepared to help with some start up costs for new sites. CPPC will be promoting scheduled cafes at provider meetings, on the website and in the weekly updates. |
| *Community Resource Coordination* | 1. **Describe plans to develop and/or implement community resource coordination activities to support and meet family/youth individual needs.**   Again, our website and mail ID are huge components of this portion of CPPC. Our website boasts hundreds of resources that are easily accessed by both families and providers. In addition, our mail ID is used to reach out for other resources for families when needed. Both are highly successful in our area.  We also have hard copies of resource directories providers can distribute to families who do not have consistent internet access.  Yearly, the CPPC Coordinator asks that providers check their agency’s listing on the website and share any updates that need to be made. This helps ensure the information we are providing is accurate and useful to families and providers.  Our local provider meetings also serve as an excellent opportunity to coordinate community resources. Attendees are able to share resources and ask for resources for families they are serving. What would have taken several emails or phone calls back and forth can often be solved in one meeting. Being timely with resource connection is often so important. |
| *Family and Youth Centered Engagement Activities* | 1. **Implement a plan for one or more of the following activities:**  * CB YTDMS (Community-Based Youth Transition Decision Making) * Circles of Support * Parent Cafes (identify Café model: Be Strong, Common Sense, Community Cafes) Click or tap here to enter text. * Youth and/parent centered/led and co-designed meetings, planning and activities * Activities directed to building trust and connection with youth and families within marginalized, over-represented or under- served communities. * Other (such as CB-FTDMS): Click or tap here to enter text. * Other: Click or tap here to enter text. |
| *Summary of Annual Planning* | **Family and Youth Centered Engagement/Summary of Annual Planning**  **1. Describe any additional proposed plans for Family and Youth Centered Engagement Strategy for the upcoming year:**  Our goal in FY23 is to continue to grow Parent Cafes across our three counties as well as start up old cafes post pandemic.  Continuing to promote and support youth and parent engagement at our SDMT and provider groups will be a priority this year.  Increasing awareness of resource meetings and how to refer to the program will also be in the forefront of our efforts this year. |
| *End of Year Progress Reporting* | **Family and Youth Centered Engagement Strategy/End of Year Progress Reporting**   1. **Describe progress to proposed plans and activity implementation for the Family and Youth Centered Engagement Strategy.**   Our area hosted various Parent Cafes and utilized our website and mailing lists for individual family needs to be met. We also tapped into our website and mailing lists to help other agencies promote opportunities for youth and family engagement. Additionally, we post resources and resource directories on our website for those in need to connect with resources. Our resource directories are also printed for distribution to families. Al’s Pals has an at-home component which provides families with materials that work with the materials covered in class to continue learning, resilience and relationship building at home.   1. **Describe what resources were put towards completing progress (funding, time, staff, volunteers). Include any numerical data when possible.**   CPPC/DCAT Coordinator is full time and dedicates her time to completing CNN activities. We also provide Al’s Pals materials to our 12 classrooms. In the past, we have ordered $1,000+ in materials to provide our teachers with materials needed to implement this evidence based program. Due to less funding from HHS this year, we utilized what we had and were not able to hand out some of the materials.   1. **In what ways did the CPPC increase engagement and collaboration with parents, youth, and community members within the FYCE strategy? What were successes, and what challenges did the CPPC experience?**   By training our first school district (2 staff) in Parent Cafes we were able to reach a new population of parents for participation, their children and community members to help support the cafes. We successfully connected many families with materials needed for their home, their children’s well-being, etc.We also had an AMP representative present at our SDMT to learn how we can specifically support foster care youth and those with lived experience. Challenges included having no one utilize the resource meetings we offered, losing our lived experience voice on our SDMT to graduation and not having the funding to grow Parent Cafes. Resource meetings likely didn’t go over because of our dense network. Providers know that they can get the right resource connection from CPPC (by coordinator’s knowledge or her reaching out to the right people to find the answer) so it’s not necessary to get a group of providers together to brainstorm. The lived experience voice wasn’t a priority to get back this year due to our low numbers on the SDMT. We’ve got to rebuild our group for it to be impactful for youth with lived experience. With a limited budget, we did not have the funds to provide another Parent Café training or start up materials for those trainees.   1. **Were any changes or adaptations to the plans for the year? Please describe.**   The challenges outlined above caused the plans in those areas to change, otherwise, I think we were pretty similar to the plan.   1. **Summarize any key outcomes from the Family and Youth Centered Engagement Strategy activities completed this year. What was the impact of the Family and Youth Engagement strategy on children, youth, families and communities within the CPPC site?**   Key outcomes included: 1. Starting Parent Cafes in our first school district (Winterset Community School District) 2. Connecting families and/or professionals with resources to address a specific family’s/individual’s needs. 3. Al’s Pals continues to be successful in our area and allows children and families access to an evidence based program at no cost. The program focuses on healthy choices and the five protective factors and has a component that is sent home for families to utilize as discussion points. |

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| Policy and Practice Change  Improve policies and practices to reduce barriers and increase accessibility and relevance of services that lead to positive family and youth outcomes. | |
| *Category*  *Description* | **Planned Activities**  Describe the proposed goals and planning for Policy and Practice Change in response to each of the prompts and/or questions below. |
| *Key collaborators regarding policy and practice change* | **Identify key collaborators the CPPC site plans to seek input and feedback from regarding Policy and Practice Change:**   |  |  |  | | --- | --- | --- | | Dept. of Human Services |  | Home Visitation Providers | | Decategorization (DECAT) |  | Parents/Youth with Lived Experience | | Early Childhood Iowa (ECI) |  | Foster Parents | | Domestic Violence |  | Relative/Kinship Caregivers | | Substance Use |  | Parent Partners | | Mental Health |  | Parents, Guardians, or Grandparents | | Health Care |  | Youth | | Education |  | Child Abuse Prevention Council | | Business |  | Volunteer or Unpaid Members | | Legal System |  | Other: Click or tap here to enter text. | | Law Enforcement |  | Other: Click or tap here to enter text. | | Economic Support Providers |  | Other: Click or tap here to enter text. | | Family & Child Providers- Practice Partners |  |  |  1. **Describe how the CPPC site plans to seeks input and feedback regarding needs and gaps for proposed policy and practice changes:**   As previously mentioned, we have a plan in place to further engage DHS. Part of that partnership would be to share information regarding needs and gaps. Our SDMT has a wide and diverse knowledge base which will be utilized to gain information on gaps they are seeing in their work with families in our counties. Similarly, the three provider groups (one in each county) has professionals and community members that can also provide valuable feedback to help create change. Data specific from our area can help to start some of those conversations with providers. Community needs assessments, the Iowa Youth Survey and the Family First dashboard are all good places to get a read on what’s happening in our community and what direction we need to head in next.   1. **What policy and practice change needs have been identified through soliciting feedback from collaborators?**   Reoccuring identifiable needs include housing and transportation in our counties. While section 8 housing opportunities have grown in our area, we still do not have enough to meet the need. Over the years we have been able to work with private landlords to accept section 8 or work with tenants to provide housing at a lower cost. We will continue doing so in FY23. Transportation is an area we have made great strides in. DCAT can provide gas vouchers through Family Flex dollars to DHS clients in need (approved by their social worker). We’ve also worked with other resources and opportunities in our community to meet the needs. We’ve piloted a program with HIRTA for families to get free vouchers to travel on the HIRTA buses. While this program was not successful (families did not use it), we learned why they didn’t want to use it and the stigma surrounding it. We are now charged with learning new avenues that allow families to use their own vehicles. One of the ways we’d like to do that is to work with families to meet other needs, thus freeing funds for gas. Connecting them with food and utility resources, for example, can help lighten their monthly bill load and allow them the funds for transportation. Household items such as beds, appliances, furniture, towels, etc. continue to be a big need. While we have a great system set up in Madison County, I’d like to stretch beyond that to help our other two counties support themselves in this area. Our mail ID will always be used to ask for donations, but how items can be delivered, set up, etc. could be streamlined. Closer networking with agencies in those counties related specifically to this topic would be helpful in accomplishing this task.   1. **How will the CPPC site authentically engage with youth and/or parents who have been involved in the child welfare system and ask for their input about what works and what does not, from their perspective?**     One of our voting members has a contact for AMP. CPPC Coordinator will reach out to that contact in FY23 to gain involvement.  As mentioned before, we have goals to reconnect with and grow deeper connection with existing Parent Partners in our area. From this, the hope is that they will be able to identify parents with prior involvement to get involved with our CPPC.  Also mentioned before, we have a few foster parents involved in our SDMT. Tapping into their knowledge, experience and ideas for improvement will be crutial when providing and sharing information with DHS. |
| *Identified Policy and Practice Changes* | **Identify areas listed below the CPPC plans to address as Policy and Practice Changes. Please check all that apply:**  Building community and/or informal supports to prevent abuse or re-abuse.  Promoting authentic family and youth engagement.  Strengthening communication between DHS and the community.  Process for evaluation and feedback of current practices among child welfare and partner agencies.  Ensure frontline child welfare staff and partner agencies are included in development and implementation of practice  changes.  Reducing racial disproportionality and disparity in the child welfare system.  Improving cultural competency and responsiveness in the community.  Establishing partnerships with intersecting local systems (such as law enforcement, schools, employers/businesses) to  influence practice changes.  Implement youth centered Dream Teams or youth centered transition planning in the community for non-system involved  youth at increased risk.  Parent Partners Program provides input to gaps and needs for parents involved in child welfare in the community  Plan to increase access to services to meet needs for community members regarding mental health, substance use and  domestic violence.  Other identified Policy and Practice Changes: Click or tap here to enter text.  **Plan to address access to concrete needs and socioeconomic factors such as:**  Transportation barriers  Food Security  Other (Please Describe): household items, beds, etc.  Housing needs  Employment  Other (Please Describe): Click or tap here to enter text.  Childcare |
| *CPPC plans to address Policy and Practice change needs:* | 1. **What information is utilized by the CPPC in planning to prioritize practices or procedures which need to be changed or improved on? (This may include data, surveys, focus groups, input from parents, youth, community members and partners.)**     We will be developing a short survey for our SDMT to get their feedback after educational presentations at the meetings. The hope is that the educational pieces will get our SDMT to reflect on services in our area and what we might be missing.  Community feedback at provider meetings is also crucial in knowing what is needed and what needs to be improved upon. These providers are working one on one with families. They know what works, they know what doesn’t and they know how families feel about it. Maintaining strong connections with the provider groups will help us learn what needs to be changed or adjusted.  Again, data collected from areas such as the Community Needs Assessments, Family First database, etc. helps us align what the community is saying with data. By combining the two, typically those high need areas are on repeat which makes it easy for us to identify and move forward to the planning phase of addressing them.   1. **Describe any equity, disproportionality, or disparity issues related to the policy and practice changes the CPPC site plans to address:**   Issues are unknown at this time. Prior to further engaging DHS as stated above, it’s hard to say what, if any, equity, disproportionality or disparity issues related to policy and practice changes are happening in our area.     1. **How will the CPPC create changes or address the policies and practices identified above?**   Not sure which policies and practices are being referred to. If related to #2, refer to that response. If related to the check boxes above, refer to question #1. |
| *Implementation plan for changes, monitoring, and evaluation* | **Describe how the CPPC site will communicate, monitor and evaluate changes: (for example, the Plan Do Study Act (PDSA) method provides a useful template for testing and evaluating a practice change)**   1. **How will the CPPC communicate the policy and practice changes to community members, stakeholders, and partners?**   Again, our mail ID is a great way to meet hundreds of people very quickly. It’s most effective because we are able to share a lot of information in an organized way that recipients can refer back to as needed. It also allows individuals to respond to the email with specific questions or need for clarification.  Additionally, the CPPC Coordinator attends provider group meetings each month and will distribute information and updates that way.   1. **Describe if there are plans for monitoring and evaluation of activities the CPPC will utilize to ensure change is successful:**   Yes, there will be plans for monitoring and evaluation, however each plan will look different depending on what is being done and who is involved. Requirements for monitoring will vary depending on these variables.   1. **Are there specific methods identified for ensuring quality changes are maintained?**   No, again methods will vary. What does work no matter what is happening or who is involved, is to follow up with those involved in change and allow them to provide feedback. The vast majority of the time, whatever changes that occur need fine tuning in order to be maintained over time. Feedback to aid in the fine tuning is so important to policy and practice change success. |
| *Policy and Practice Changes Implementation* | **Mark all of the following Policy and Practice activities that apply to the CPPC site:**  Community agencies routinely involve SDM in developing and reviewing policies and practices  Agencies involved in CPPC routinely survey consumers and partners about their programs and make changes in response to  feedback including diversity and disparity issues  SDM group solicits ongoing feedback from families and community members and makes changes in response to feedback  Ensure that all neighborhood network members and DHS-contracted agencies require specific “best practice” standards for  delivering human services  Ensure that the SDM group, agency administrators and service recipients evaluate service delivery on a regular basis  Implement recommendations of various state and federal reviews.   1. **Describe if there are any additional innovative policy and practice activities not listed above the CPPC site has plans to implement:**   N/A   1. **How will the CPPC implement, support, and evaluate the above identified activities?**   We have diverse representation on our SDMT as far as categories of providers. Over the years we have developed a strong network with open communication. Changes in policies and practices are openly discussed at our SDMT meetings as well as provider groups.  Many agencies involved with CPPC currently survey and monitor consumers about their programs and make changes in response to that feedback. In FY23, CPPC Coordinator will touch base with our partners to ensure all are surveying and making changes based on that feedback. If they are not currently, CPPC Coordinator will offer coordination and assistance to move forward with surveying to gain feedback for positive change.  While we don’t directly solicit feedback from families and community members, we do utilize data other agencies have collected such as the Iowa Youth Survey, Community Needs Assessments, etc.  The assumption is that all members and DHS contracted agencies associated with our CPPC are implementing “best practice” standards. In FY23, our goal is to learn more about their “best practice” requirements and learn how our CPPC can support them in continuing to promote and implement them. |
| *Summary of Annual Planning* | **Policy and Practice Change Strategy/Summary of Annual Planning**   1. **Provide a summary overview of proposed plans for the CPPC site to address Policy and Practices Changes for the upcoming year:**   In FY23, we anticipate our connectedness with our network will, as it has in the past, show opportuntiies for supporting policy and practice change in our communities. Combining feedback and data will give us a good picture of the direction we need to go when beginning to plan for needed changes.  CPPC Coordinator’s time is divided up to allow for policy and practice change coordination. |
| *End of Year Progress Summary* | **Policy and Practice Change Strategy/End of Year Progress Summary**   1. **Provide an overview of the activities completed within the Policy and Practice Change Strategy this year:**   This year we focused on building a strong foundation with HHS and were able to accomplish that. Through this relationship we will continue to identify needs and gaps. We also began utilizing the Family First dashboard to collect data specific to our counties. CPPC Coordinator was able to make connection with an AMP representative who presented at our SDMT. We will be working towards getting AMP participation at our SDMT in FY24. Though there is not a chapter in our area, we are hopeful we can identify someone from our counties that is part of the Des Moines Chapter and is willing to participate.   1. **Describe what resources were put towards completing progress of activities (funding, time, staff, volunteers). Include any numerical data when possible.**   CPPC Coordinator is full time and spent her time developing PPC this year. Many emails were exchanged with HHS and AMP and CPPC Coordinator gathered Family First data to present to providers and SDMT.   1. **In what ways did the CPPC increase engagement and collaboration with partners, stakeholders, community members within the Policy and Practice strategy? What were successes, and what challenges did the CPPC experience?**   CPPC Coordinator reached out to the Parent Partner Coordinator and exchanged several communications related to resources, but was unable to get participation from Parent Partners in our SDMT. We had very little attendance this year at our SDMT which made it hard to do larger PPC activities. CPPC Coordinator made attempts such as inviting the AMP Coordinator to give a presentation and we had around 5 people show up. In FY24 the CPPC Coordinator is looking to combine with other community groups for SDM to cut down on the number of meetings with similar people in attendance. Lack of funding was also a challenge as a lot of the time change requires funds, which we just didn’t have.   1. **Were any changes or adaptations to the plans for the year? Please describe.**   We didn’t really make any changes; we just weren’t able to have the impact we hoped to have due to low SDMT attendance, low funds and our CPPC Coordinator transitioning to the DCAT role and having less time.   1. **Summarize any key outcomes from Policy and Practice Change activities completed this year.** **Approximately what percent of proposed policy and practice activities did the CPPC site complete? What was the impact of the Policy and Practice Change strategy on children, youth, families and communities within the CPPC site?**   I think the outcome that will have the most impact as it continues to develop over the years is our relationship with our local HHS offices. Developing the trust that we can help address family needs will be very beneficial to families and our communities. We completed somewhere around 1/3 (33%) of what we planned to this year. |

**Narrative Section for Highlights and Challenges:**

**Please use this section to describe activities, successes, challenges and important highlights for the CPPC not otherwise reflected in the above reporting for the four strategies**

Click or tap here to enter text.

#### Name of Person Completing Report: Sarah Gibson Title: CPPC/DCAT Coordinator

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