**Annual Progress Report FY 14**

**Indianola DCAT Cluster**

**Des Moines Service Area**

**Madison, Marion and Warren Counties**

Joe Burke, DCAT Coordinator, 515.314.3603

**KEY ACTIVITIES AND PROGRESS**

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

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

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

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

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

**DHS/DCAT/CPPC priorities for FY 14 included: Transports, Paternity Testing and Transportation Assistance for DHS clients, The CPPC website:** [**www.cppconline1.com**](http://www.cppconline1.com)**. , Recertification of 13 Als Pals programs, Parent’s (of Als Pals students) training in the adult version of ALS PALS (Here Now and Down the Road) for each county, CPPC, Community Based & DHS Family Team Meetings, Family Team Meeting Facilitator Recertification, DCAT Coordination.**

Also, as is now common place in the Indianola DCAT Cluster, when a need is identified many community partners invest multiple hours collaborating to provide input and feedback so as to provide the best service/product that can be purchased. This collaborative process has brought a collaborative perspective to the community and is well received; additionally providers/vendors find it beneficial to have involvement from community partners to assist with programmatic challenges. DCAT/CPPC is now looked at as the “hub” of communication and assistance coordination for the three counties through its web site and CPPC and DCAT Coordinators. Sarah and Joe have presented at the last two CPPC State Meetings and will do so again in FY 15.

**Update: Similar to last few years the three local provider group attendance in Madison, Marion and Warren Counties has stayed steady at 20 to 25 per meeting (some are even hitting 30). Sarah Hohanshelt has been the FT CPPC Coordinator for our counties for 3.5 years as of June of 2014. Sarah is a native Winterset where she makes her home and had previous experience with DCAT/CPPC Programs in our three counties with her work with Prevention Concepts. The DCAT sponsored program ALS PALS have all reviews and supplies done by Sarah through DCAT/CPPC. Last year DCAT/CPPC sponsored an online training to 13+ sites. As a result, several individuals in our three counties were certified by Wingspan to teach ALS PALS. In addition to doing at least 12 Community Based Family Team Meetings per year and over-seeing ALS PALS, Sarah is in charge of our CPPC website at:** [**www.cppconline1.com**](http://www.cppconline1.com)**. Sarah is updating the web site virtually every work day with info from the service area. The web site now boosts updates from all over the three counties (plus Polk County) from social service providers to companies looking for employees, etc. and is the center of info for training, local programs, jobs, events, etc. It also contains a monthly at-a-glance calendar that gives the events occurring throughout our counties. The counties still have County Directories and CPPC/DCAT will fund the Warren Directories as the other sites developed their own funding sources this year. All three directories continually updated on our web site and this will allow future directories be quickly updated and printed when needed. The job site not only includes local jobs in the counties but a job training sites (We Lift Job Training Program in Warren County that is a Virtual Access Point and uses Workforce Materials). It also contains links to major search engines such as DesMoinesHelpWanted.com, Career Builder, Monster, etc. so anyone in Iowa can go to one site for links to all the major job search engines. Again, this year we have been contacted by several DCATs/CPPCs from across the State for assistance with success in staring Community Based Family Team Meetings, the general set up of our CPPC/DCAT and the website. This has included conference calls, materials and forms sent as well as emails. We have several referral sources including local schools and agencies.**

**As mentioned above the three major provider groups in our DCAT area have stayed very strong with about 20-25 people in attendance each month. These groups supply the members from each county for the DCAT/CPPC Steering Committee. The DCAT/CPPC Steering Committee gave positive recommendations to the DCAT Governance Board for continuation of the core 7 DCAT Programs (see DCAT programs below or FY 14 Plan) for approximately $235,000. In addition they reviewed proposals and sent recommendations to the DCAT Governance Board for two CBCAP programs valued at $11,000+ that will run for two years (see our FY 15 DCAT Plan). There was no money available for Mini grants for FY 14 but $104,000 has been put into nine Mini grants that will run in FY 15 (see our FY 15 DCAT Plan on our site** [**www.cppconline1.com**](http://www.cppconline1.com)**). The DCAT Governance Board use a scoring system for the first time that was modified from the one used in Polk County by DCAT Coordinator Teresa Burke. Madeline Adams took over as the Full-Time Family Team Meeting Coordinator for all three counties in November of 2012. She is also a Warren county employee similar to Sarah and Joe (see FTM report below). She reports virtually every month to the provider groups and to the DCAT/CPPC Steering Committee and numbers, cost, etc. for each county. This year once, again, Madeline had about 200+ FTMs, not counting many handoffs, etc. Since Madeline has been working within DCAT Contracts over the last eight years she also provides a unique and valuable perspective as we discuss the direction of DCAT/CPPC each year within our many groups.**

**KEY ACTIVITIES, OUTCOMES, AND EXPENDITURES**

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

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

1. Shared Decision Making

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

1. Steering Committee Contract Funding Examples

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

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

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

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

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

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

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

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

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

**FY 2014. $12,000 in PSSFP Funds were used for Family Team Meetings, CBCAP awards were approximately $11,000 for two projects. There was $3,000 used for Here Now and Down the Road (ALS PALS for Parents of ALS PALS Students) for all three counties under the ALS PALS contract. Steering Committee Voting Members used point scoring system for the first time to rate all proposals that were submitted for Request for DCAT Funds for FY 15. You can view them under the Special Projects and Parenting Programming and Support Contracts listed in the FY 15 Plan at** [**www.cppconline1.com**](http://www.cppconline1.com)**.**

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

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

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

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

Partnering Examples:

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

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

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

$243,000+ over the last five years.

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

**$249,000+ over the last eight years, have been provided by DCAT for these programs in the three counties. No money was available the last two years for these programs, but the programs continued to expand as a full programs have been added at Carlisle and Norwalk. This leaves just a few school systems in Madison, Marion and Warren County that are without a school based mental health program.**

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

**Update: The partnerships for FY 14 continued to be excellent as in years past (see updates below under FY 14 Contracted Services - CPPC Report, ALS PALS and Family Team Meetings. Attendance has remained steady over last year and we now have 12 voting members on our Steering Committee (4 from each county). As always we still are looking for concerned citizens who want to serve their community through the Steering Committee and we added 4 new voting members last year and lost two. CPPC reports for the Indianola DCAT Cluster are listed below toward the end of this documentation. Approximately 1 Community Based Family Team Meetings are done by the CPPC Coordinator each month and others are done by the FTM Coordinator. Most referrals come from the schools.**

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

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

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

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

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

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

**Update: DCAT funded several regular programs (listed below). No new long term projects were funded for FY 14 due to funding constraints and satisfaction with the core programs in place. As usual all projects were reviewed by the DCAT/CPPC Steering Committee and recommendations to the DCAT Governance Board given. The $11,000 in CBCAP programs (see below) run from October to September each year. We also carried over approximately $397,000 from our FY 13 and 14 allocations for FY 15. In addition to our six regular core programs, there was approximately $104,000 in long term projects approved in FY 14 for FY 15 (see FY 15 DCAT Plan at** [**www.cppconline1.com**](http://www.cppconline1.com)**).**

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

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

**Update: As always, programs submitted regular quarterly reports. Various Mandatory Reports were made available to DCAT Governance Board, DCAT/CPPC Steering Committee, all three provider groups and the CPPC mail ID. Semi- annual reviews/reports were done in person by Sarah, Madeline and Joe at the DCAT Governance Board meetings in late winter and late summer for FY 14. The Annual Plan, Annual Progress Report Board notes, Budgets, etc. are now posted on the** [**www.cppconline1.com**](http://www.cppconline1.com) **website.**

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

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

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

Below is a list of programs and/or services that were administered through the Decategorization Project for 2014 along with agency name, number, budgeted amount for program, and contract numbers.

**Eligibility for Programs Listed Below**

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

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

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

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

**FY14 Contracted Services Indianola DCAT Cluster**

**Core Programs**

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| ALS PALS Parent Education DCAT/CPPC Sarah Hohanshelt – 515.468-8181.Warren County Contract Holder. DCAT5- 13-011 Core Program # 1 $13,157 spent of $13,157 |
| This project is designed to integrate resiliency-based alcohol, tobacco, and other drug and violence prevention strategies into the child’s daily life and the first years of a child’s classroom experience. This is accomplished by strengthening the child’s communication, decision-making, copies, and problem-solving skills to help them learn to make healthy drug-free choices. Preschool and Kindergarten teachers and parents receive the training and technical assistance to help them strengthen children’s social competencies and promote attitudes favorable toward healthy lifestyles through the use of the famous ALS PALS puppets. Serves Madison, Marion & Warren Counties.  **Update**  **Output**  **9 Preschools participating in Al’s Pals program**  **2 Madison Co.**  **1 Marion Co.**  **6 Warren Co.**  **2 Elementary Schools participating in Al’s Pals Program**  **0 Madison Co.**  **1 Marion Co.**  **1 Warren Co.**  **1 Respite Nursery and 1 Young Parents Nursery Participating in Al’s Pals program (Warren)**  **13 centers using Al’s Pals curriculum**  ***\*Two centers were dropped in FY14 due to non-compliance.***  ***\*\*This does not include Indianola Preschool and I-35 schools who became DCAT Al’s Pals schools at the end of the school year.***  **1015 children participating in Al’s Pals program (ages 3-8)**  ***\*This does not include Indianola Preschool and I-35 schools who became DCAT Al’s Pals schools at the end of the school year.***  **13 Centers have received curriculum and materials needed for program implementation**  **39 Teachers/associates trained in Al’s Pals curriculum**  **\*Seven additional teachers will be trained in FY15**  **Efficiency:**  **Cost per preschool: $932.08**  **Cost per school: $904.67**  **Cost per center: $927.87**  **Cost per Child: $11.88 *\*This does not include Indianola Preschool and I-35 schools who became DCAT Al’s Pals schools at the end of the school year.***  **Quality:**  **26% of Warren County children 0-5 (2897, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  ***\*This does not include the students in the new Al’s Pals Center- Indianola Preschool***  **8% of Marion County children 0-5 (2167, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  **8% of Madison County**  **Children 0-5 (1088, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  ***\*This does not include the students in the new Al’s Pals Center- I-35 Schools***  **The centers have received all requested supplies for the 2013-2014 school year.**  **All observations have been completed for FY14 totaling 16 observations for the 13 participating schools/centers**  ***1.3 Scope of Work.***  **1.3.1 Deliverables.**  The Contractor shall provide the following:   1. Children 0-5 will have Al’s Pals Curriculum delivered at their preschool, elementary school or Respite Nursery as an Alcohol/Violence Prevention Program. **All participating schools/child care centers are delivering the Al’s Pals Curriculum.**  (b) Al’s Pals curriculum will be delivered with hand puppets by staffs who have received Al’s Pals online training. **All staff delivering the Al’s Pals Curriculum has been trained. The two staff members in a Warren County preschool noted in the FY14 2nd Quarter report completed their training and received certification. Seven additional staff will be taking the training in FY15.**  (c) Each of the Al’s Pals classrooms shall be required to undergo an annual monitoring session done by CPPC Coordinator using the Al’s Pals Curriculum Evaluation. **Completed 16 monitoring sessions at the 13 participating schools/centers in FY14.**   (d) Provide all consumable supplies required for the Al’s Pals classrooms activities in the three counties. **CPPC Coordinator has delivered all requested supplies for FY14.**  (e) Contractor will provide quarterly reports that include updates on Deliverables and Performance Measures. **Completed in FY14.**  1.3.2 Performance Measures.  (a) 80% of participating centers in Madison, Marion and Warren County will deliver a minimum of 5 sessions of the Al’s Pals Alcohol/Violence Prevention Program to youth in their care ages 0-5. **100% of centers delivered at least 5 sessions.**  (b) 100% of staff will have participated in Al’s Pals online training before they can deliver the Al’s Pals Curriculum with hand puppets. **Completed FY14.**  (c) 90% of Al’s Pals participating centers will average at least a 3 on their Al’s Pals annual Curriculum Evaluation Form (scale of 5). **100% averaged at least a 3 on their Al’s Pals Evaluation. Evaluations are available upon request (filed at the CPPC office).**  (d) 100% of all consumable supplies required for the Al’s Pals classrooms activities in the three counties will be provided by the CPPC Coordinator under this contract. **All needed materials were delivered in FY14 by the CPPC Coordinator.**  (e) Quarterly reports by Contractor on Deliverables and Performance Measures will be due the 15th of the month following the end of a quarter. **Completed for FY14.**  (f) 100% of payments shall be issued as directed to vendor(s) within 20 workdays from the date the contractor receives written notification from the authorized Coordinator. **Completed in FY14.**  (g) 100% of invoices submitted to the Department for reimbursement shall be accurate and timely. **Completed in FY14.**  (h) All monthly expenditure reports shall be submitted to the DCAT Contract Monitor and approved before they are sent for reimbursement. **Completed in FY14.**  **Additional Performance measures reported over last several years for ALS PALS:**  **93% of children showing improvement in social and emotional competence (express feelings appropriately, use self-control, problem-solve, accept differences, care about others, make safe and healthy choices)**  **83% of children showing improvement in social withdrawal behaviors (peer interaction, response to affection, ability to make friends)**  **95% of children showing reductions in negative and/or aggressive behaviors ( physical aggression, bullying, name calling)**  **Three more successful sessions were run in the Indianola DCAT Cluster for the Parents of youth receiving ALS PALS at their centers. This program is called “Here Now and Down the Road.” These reports can be viewed at** [**www.cppconline1.com**](http://www.cppconline1.com)**.** |

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| Madeline Adams (Coordinator) – 515.468.1684  Family Team Meeting Facilitation. DCAT5-11-011 Core Program #2 DCAT Funds Spent $35,477 of $47,867  LAE general expenses $15,556  $63,000+ PSSFP $12,000 |
| The Department of Human Services (DHS) child welfare focus is on serving families with children at serious risk of harm from abuse and neglect. Building teams at the time of crisis to support families where there is a risk of serious harm to the child has been identified as a means to address the factors that threaten the child’s safety, establish permanency for the child, and promote well- being – central expectations in the provision of child welfare services.  Family Team Meetings (FTM) is used to enhance the core casework functions of family engagement, assessment, service planning, monitoring and coordination. When properly applied, FTMs support a trust-based relationship, facilitates family engagement, and sustains the family’s interest and involvement in a change process. FTMs promote unity of effort and provide an opportunity for all helping professionals to develop a shared understanding of the family’s situation – which are critical elements in attaining positive results. FTMs should be a proportional response to the needs of the child and family that is coordinated across systems involved with the family.  The FTM Facilitator will provide Family Team Decision Making facilitation for the Department of Human Services, which includes:  - Case load of 15-20 Family Team Meetings per month with priority given to (1) DHS founded child abuse cases with children 0-5 year old range, (2) DHS/Juvenile Court eligible cases and (3) Acceptance of local community referral cases on a time available basis.  - Coordinate Family Team Meeting facilitator activities for all facilitators. Produce monthly/quarterly reports for DCAT Governance Board, DCAT Coordinator and DCAT/CPPC Steering Committee. Serves Madison, Marion & Warren Counties.  **FY 14**  **July - Referrals: Madison 2; Marion 3; Warren 2, CPPC, 1. The PRC indicated in Warren was a Polk PRC. Meetings: 21 total.**  **August - Referrals: Madison 3; Marion 5; Warren 7; CPPC 2. Meetings 20 Total.**  **September - Referrals: Madison 1; Marion 10; Warren 6; CPPC, 3. Meetings: 23 Total including one CBFTM, Marion Co. Could not attend one handoff due to PRC/schedule.**  **October - Referrals: Madison 3; Marion 4; Warren 11. FTMs: 28.**  **November - Referrals: Madison 0; Marion 1; Warren 3; Polk, 1. FTMs: 18. 5 FTMs were cancelled or rescheduled. SH facilitated 1 out of 2 CBFTMs.**  **December - Referrals: Madison, 3; Marion, 1; Warren, 3; Total 7. FTMS: Madison, 1; Marion, 6; Warren, 11; the 1 YTDM indicated in Warren is Polk Co.; 1 Follow-up is a CBFTM in Madison; led by SH; 1 FTM Cancelled by Attorney Illness.**  **January - Referrals: Madison 2; Marion 5; Warren 3. CBFTM 1; Safe Case Closure, 1 .**  **February - Referrals: Madison 0; Marion 3; Warren 3. 10 Total FTMs. 7 FTMs were cancelled/rescheduled by parents or weather. Facilitator took one week vacation.**  **March - Referrals: Madison 2; Marion 2; Warren 6; total 13. FTMs total 16. 5-FTMs cancelled/rescheduled - 2 by parents; 3 by SW.**  **April - Referrals: Madison 2 CBFTM; Marion, 2 Polk, 1 YTDM. FTMs total 18, please note the YTDM is a Polk Co. case.**  **May - Referrals: Madison 0; Marion 3; Warren 5, including 2 CBFTM & 1-YTDM for a total of 8. 16 total FTMs. Sarah facilitated 1 CBFTM.**  **June - Referrals: Madison 0; Marion 6; Warren 6. Total FTMs 17 -- 1 PRC was cancelled by attorney.**  **Total FTMs for FY 14 = 228**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Children 5 & Under | Madison | Marion | Warren | Other Co. | Total | | July '13 | 0 | 9 | 9 | 1 | 19 | | August '13 | 0 | 10 | 11 | 0 | 21 | | September '13 | 1 | 11 | 7 | 0 | 19 | | October '13 | 6 | 9 | 11 | 0 | 26 | | November '13 | 3 | 4 | 8 | 0 | 15 | | December '13 | 0 | 8 | 3 | 0 | 11 | | January '14 | 3 | 8 | 2 | 0 | 13 | | February '14 | 0 | 9 | 2 | 0 | 11 | | March '14 | 1 | 5 | 10 | 0 | 16 | | April '14 | 1 | 1 | 11 | 0 | 13 | | May '14 | 0 | 8 | 6 | 0 | 14 | | June '14 | 0 | 7 | 7 | 0 | 14 | | Total | 15 | 89 | 87 | 1 | 193 |   **Family Team Meeting Final Report FY 2014**  **DCAT/CPPC/Warren County Board of Supervisors**  **Contract Start Date: July 1, 2013**  ***1.3 Scope of Work.***  **1.3.1 Deliverables**  A. Contractor shall provide the following:  a)Facilitators who are trained and complete State Requirements Comm. 439 and Comm. 440 for FTM Certification, Recertification and current/active approval number provided by the Agency. The Contractor and facilitator will perform their duties and provide services in accordance with standards and guidelines as prescribed by DHS and outlined in the documents referenced in Section 1.1, Special Terms and Definitions. The referenced documents may be found at <http://servicetraining.hs.iastate.edu/mod/folder/view.php?id=3483>.  The most current versions of these documents must always be used.  **All facilitators have been trained, mentored, and have received their FTM number in accordance with DHS requirements.**  b) Accept all referrals from the Agency and JCS (Juvenile Court System). Any exceptions must be approved in writing by SAM (Service Area Manager) or designee. **Accomplished for FY 14. All referrals accepted from DHS and JCS.**  c) Community Resources and engaging the family and Family Team participants in seeking opportunities for support and collaboration. **Done for FY 14.**  d). Initiate FTM planning with the family within 2 working days of the receipt of the fully completed referral form. **Accomplished for FY 14**  e) Coordinate and conduct all preparatory work for the FTM. **Done for FY 14.**  f) Contact the service worker for background information on the family, which would include things such as the case plan, functional family assessment, and child abuse information. Engage the family and others to identify meeting participants and prepare them for the FTM. **Done for FY 14.**  g) Encourage and lead FTM's focusing on intermediary planning which includes placement changes, adoption, returning home, changes in visitation from supervised to unsupervised and preparation of youth for their transition from foster care to young adulthood. **Accomplished for FY 14.**  h) Schedule the FTMs. (taking in consideration the needs of the formal and informal supports). **Accomplished for FY 14.**  i) Hold the initial FTM within 30 days from receipt of referral unless extenuating circumstances occur and are approved by the Agency worker and are documented in the contractor’s file. **Accomplished for FY 14.**  j. Arrange the FTM location.  **Accomplished for FY 14.**  k) Send FTM invitation notices. **Accomplished for FY 14.**  l) Establish the purpose of the FTM with the family as well as the service worker. (goals and non-negotiable items) **Accomplished for FY 14.**  m) Provide snacks, refreshments or light meals appropriate to the time of day the FTM is scheduled and Lead/Facilitate FTM. **Accomplished FY 14.**  n) Provide mentoring of trained FTMF who are seeking their state approval number or those seeking additional skills. This would include completing the required documentation and feedback as described by the Agency. **Accomplished for FY 14.**  o) Take notes following the format provided in form 470-4126, “Family Team Decision-Making (FTDM) Meeting Notes” or its Spanish translation (form 470-4126S), form 470-5161, “Youth Transition Decision-Making (YTDM) Meeting Notes”, and/or form 470-5176, “Youth Transition Decision-Making (YTDM) Youth’s Dream Path, as applicable. **Accomplished for FY 14.**  p)Engage the meeting participants through development of the family plan using the form prescribed by the Agency. (Forms 470-4126 and 470-4126S, 470-5161, or 470-5176 as applicable) **Accomplished for FY 14.**  q) Disseminate the report to the identified parties within 10 business days of the FTM 7 days of the YTDM using form, 470-4126 and 470-4126S, 470-5161, or 470-5176 as applicable for the Family Team Meeting Facilitation Notes, and submit electronically to the Agency worker and Family Team Coordinator for use in developing the case plan. **Accomplished for FY 14.**  r) Conduct all follow-up FTMs as needed or requested by the Agency case manager. **Accomplished for FY 14.**  s) Administer a customer satisfaction survey on each FTM and tabulate the results for the Agency in a report format agreed upon by both parties. **Accomplished for FY 14.**  The contractor will be responsible for all supplies, interpreters, equipment and any materials needed to conduct and facilitate an effective Family Team meeting. **Accomplished for FY 14.**  t) The contractor will administer the Agency customer satisfaction survey and tabulate the results as prescribed by Agency. **Accomplished for FY 14.**  u) The contractor will maintain client and program data as described below:  i. Number of referrals received. **Accomplished. See above reports.**  ii. Number of Family Team Meetings conducted. **Accomplished. See above reports.**  iii Number of successful Family Team Meetings (Success is defined as: a FTM plan (470-4126 and 470-4126S, 470-5161, or 470-5176 as applicable) is completed or revised for the family.) **Accomplished. See above reports.**  iv. Number of unsuccessful Family Team Meetings (Unsuccessful is defined as: a FTM that did not result in a completed or a revised plan (470-4126 and 470-4126S, 470-5161, or 470-5176 as applicable) **Accomplished. See above reports.**  v) The contractor will provide reports to the contract Monitor that include statistical and program information and quarterly reports. The statistical information this is expected to be reported on is identified in above listed as “program data”. For the purposes of this requirement, the quarters are July-September, October-December, January-March, April-June. Reports are due within fifteen (15) days after the end of each quarter. A cumulative report must be completed at the end of the contract period. **Done and ongoing for FY 14.**    w) The contractor will coach and mentor other facilitators as requested by Agency. **Done and ongoing for FY 14.**  x) Transportation of clients is not provided for within this contract.  **1.3.1.1 Performance Measures**   1. 95% of all FTMs are successful as defined in section 1.3.1.A.u.iii. Accomplished for FY 14. 2. 95% of the FTMs will have a plan disseminated to the Agency case manager within 10 working days of the FTM. Accomplished for FY 14. 3. 80% of FTMs will have a Customer Satisfaction Survey completed by the participants. **Accomplished for FY 14.** 4. 95% of the time the contractor will contact the social worker and family within 2 working days of the receipt of the referral. Accomplished for FY 14. 5. 90% of the time the contractor will hold the FTM within 60 days of the receipt of the referral. Accomplished for FY 14.  **1.3.1.2 Agency Responsibilities.**   Referring families with proper referral forms, so FTM may take place. **Accomplished for FY 14** |

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| Department of Human Services  Family Assistance. DCAT5-11-009 Core Program #3 $18,107 spent of $54,260 |
| Family assistance is designed to prevent out of home placement, support to adoptive families, and provide assistance for family reunification. Goals include: maintain children in the home, maintain children in the least restrictive setting and transition children from a more restrictive to a less restrictive setting and meet the needs of the family which do not fit traditional categorical services. Serves Madison, Marion & Warren Counties.  Family Assistance Flex Funds Breakdown FY 14  Total Amount for year = 17,244 (plus 5% Admin Fee of $863)  \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Walker = $11,852 Chappelle = $5,392  Warren County = $8,124 Madison = $5,392 Marion County = $3,728 ($2,230 Psych Evaluations)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transports = $7,927 Chappelle 15 for 4,985 Walker 5 for $2,942  Psych Evaluations = $3,205 Walker 6 for $3,080 Chappelle 1 for $125  Gas Cards = $2,500 Walker  Paternity Test = $990 Walker 12 for $858 Chappell 1 for $132  Clothing = $839 Walker (for three families)  Cameras = $627 Walker  Attorney = $500 Walker  Pest Control = $387 Walker  Day Care = $150 Chappelle  Interpreting = $119 Walker  **Update: This program spent $18,107 in FY 14 which was about 33% increase from FY 13.** |

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| **CBCAP FY 14**  Lynette Judd, Community Resources in Service to People (CRISP) Parents as Teachers (PAT)- 515.462.9400  Colleen Reisener, Warren County Child Abuse Prevention Council, Young Parents- 515.962.9171  Contact for CBCAP Reports: Sarah Hohanshelt, Indianola DCAT Cluster CPPC Coordinator – 515.468.8181  Contact for CBCAP Budgets: Joe Burke, Indianola DCAT Cluster DCAT Coordinator- 515.314.3603  Parents As Teachers: $8,016.12 Contract Number ACFS-14-222 **Spent $8,008.00** Young Parents: $3,495.50 Contract Number ACFS-14-223 **Spent $3,471.00** |
| **CBCAP FY 14 Final Report PAT**  Parents as Teachers (PAT): PAT is an evidenced-based home visiting model with proven results. PAT equips families with the information and tools necessary to provide a healthy and safe home using five protective factors to strengthen families: parental resilience; social connections, knowledge of parenting and child development, concrete support in times of need, and children’s social and emotional development. Program services include personal visits, typically in the home; parent group connections; developmental screening and, resource and referral linkages. Services are offered twelve months of the year. A family will receive between 10 and 24 visits per year and will typically stay in the program for two-three years. All families residing in Madison County, with children throughout pregnancy until kindergarten entry are eligible to participate in the PAT program.  Serves Madison County.   |  |  | | --- | --- | | County: Madison **Contract #: ACFS 14-222 FY14** | **🞏 Quarter 1 🞏 Quarter 2**  Due January 10, 2014 Due April 10, 2014  (10/1/13 – 12/31/14) (10/1/13 – 3/30/2014)  **🞏 Quarter 3 🞪 Quarter 4**  Due July 10, 2014 Due October 10, 2014  (10/1/13 – 6/30/14) (10/1/13 – 9/30/14) | | **Completed by (include person’s name and phone number):** | Lynette Judd 515.661.3211 or 462.9400 |   **PART ONE:** Due the 10th of the following month or the first business day after the 10th.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Please provide the following information for your CBCAP-funded Parent Development Program beginning 10/1/13\*. | | | **IN-HOME**  **SESSIONS** | **GROUP**  **SESSIONS** | | 1. | **Year-to-date** total **unduplicated** families | | | 4 | 0 | | 2. | **Year-to-date** total **unduplicated** parents | | |  |  | | 2a. | | | Total number of parents served | 6 | 0 | | 2b. | | | Number of parents with disabilities served | 0 | 0 | | 3. | **Year-to-date** total **unduplicated** children | | |  |  | | 3a. | | | Total number of children served | 5 | 0 | | 3b. | | | Number of children with disabilities served | 0 | 0 | | 4. | Number of **NEW** participants - **this quarter only:** | | |  |  | | 4a. | | | New families | 2 | 0 | | 4b. | | | New parents | 3 | 0 | | 4c. | | | New children | 0 | 0 | | 5. | | Number of participants **RETURNING to the program**– **this quarter only:** | |  |  | | 5a. | | | Families | 2 | 0 | | 5b. | | | Parents | 3 | 0 | | 5c. | | | Children | 5 | 0 | | 6. | **Year-to-date** total **number of SESSIONS** provided to parents | | | 29 | 0 |   **We were extremely fortunate to add two more families to our CBCAP roster. The reason I say fortunate is that these two added families were actually an extension from one of our existing CBCAP families...a single mom who was awarded supervised visitation with her 3 year old son, a victim of physical and sexual abuse. After learning the heartbreaking dynamics of this family situation, my hope was to eventually be able to provide PAT support to the remaining adults who hold a place in this little boy's heart. One of the casualties of this arrangement was that each adult was using a different parenting technique with the little boy, adding additional stress to an already critical situation. That hope came to fruition and over the course of this fourth quarter I have been meeting**  **separately with this little boy's mom, dad and the grandparents who held temporary custody. The visits with Mom and Dad were held separately and always included their son and a professional from FSRP to provide legal supervision. The visits with the grandparents always included their young grandson.**  2. Please share a story about a participant in your program, if available.  **The participant I am writing about is the young boy I introduced you to in Question 1. I am going to refer to him as “Z”.**  **Z has every reason to dislike our PAT office. All key adults chose to meet at our office rather than in their homes. So three times a week he walks up our sidewalk, two of those times being escorted by his FSRP worker in order to 'meet' his mom or dad, for an hour of “play”...as Z simply calls it. Our visits are one of the few times he gets to see his parents. I am always in the mix. He never sees them all by himself. When his grandparents attend, Z walks in with them...and always anticipating a playtime...with me in attendance. Yet, Z always enters our room with a greeting and sometimes a small smile. He has a memory like an Apple computer and quickly reminds me of the toy from last time that he wants to play with again...and to see if I remembered. Recently, the pattern was reduced. Z's dad was sent back to prison so his opportunity to spend time with him is gone. In the near future, a judge will be announcing his decision on permanent custody of Z. In all likelihood Z's visits with Mom will also disappear. That leaves Z with his grandparents who have cared for him for about the past 18 months. And now, unknown to Z at this time, his world of those he can trust to always be there for him is about to be reduced to one. At last week's visit, Grandma tearfully shared that Grandpa is divorcing her...and in a way Z as well. Grandpa has decided “he is not interested in raising another kid.” So, Grandma is moving forward in attaining sole custody of Z. Grandma understands that raising Z will not be easy. He struggles with his feelings, erupts into uncontrolled rages when he feels he is not in control. Both Grandma and Z have begun play therapy to help chip away the effects of his abuse. So each day that Z enters our office to play, I hope that he feels he is in a safe place, a place where everybody uses their words to talk about how they feel, a place where he knows he won't get yelled at or worse, a place where for sixty minutes he can forget about all the weights in his life and just feel like the little 3 year old boy that he is.**  **Successes:** Choose one or more program objective that you feel was successfully achieved this year. Describe how children and families were positively impacted.  **The objective I would like to share with you deals with Z's grandmother and the life she is attempting to heal through her grandson Z. Nurturing, stable relationships have not had much of a presence in Grandma's life. Her own marriage has been scarred with moments of both physical and emotional abuse. Her son, Z's father, has a pattern of being both physically and emotionally abusive towards her as well. In talking with Grandma, it is crystal clear that she wants to break this male cycle in her family. She understands that in order to do so, she must reach out to professionals who can assess and guide her as she begins to raise her young grandson. My hope is that through this counseling, Grandma herself discovers a sense of support and validation...something I sense she has been denied over the course of her life.**  **It is through my efforts with the PAT Program that I plan on continuing that needed support and validation with Grandma. Strengthening Grandma's confidence as she raises Z, supporting her as she implements difficult yet necessary boundaries, sharing developmentally matched learning to help her prepare Z for school and providing a listening ear for Grandma...all of these are positive works in progress with this family.**  **Over the course of my first year as a Parent Educator, the one assumption I began with has been proven true, time after time after time: no matter the income, no matter the location...parents want so very much to have someone to listen to them. They are filled to the brim with needs, bills, work, worry, debt, social pressures, guilt, child -raising and family issues. They value the chance to hear themselves think. To look over at someone who is there to hear them. Often times they even answer their own question or dilemma. It is the opportunity to do so that matters most. This, I believe, is the beauty of our program. We validate and uplift the children through the parent.**  **Program Learning:** Summarize the learning of your program over the past year and how you will incorporate this into the coming year. What were your successes, and how did you build upon them? What were your challenges, and how did you address them? Describe any modifications you made to the program throughout the year.  **We believe that, in spite of a slow beginning in recruiting families, we had a successful first year. Ultimately the caregivers and the children we were able to serve with CBCAP funds were a good fit for the PAT and CBCAP program. Our work with the family described above is an excellent example of coordination and collaboration. In order to provide comprehensive services to a family and a child with multiple risk factors and ACES, it took a partnership between multiple agencies and stakeholders. Our PAT Educator was a central point and provided continuity and stability for the child described in the story above. In the coming year, it will be our intention to seek to replicate the process of coordination we worked to achieve this year. The CBCAP funds will allow us to better and more intensely serve more vulnerable families.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CBCAP FY 14 Final Report Young Parents**  Young Parents: This is a free, weekly information/support program designed to improve parenting skills, help parents become more confident in their own parenting ability, ultimately better equipped to manage stress and care for their child & family for Warren County parents up to 24 years of age. Free, onsite childcare & dinner is provided in the nursery. Local restaurants donate meals on a rotating basis so dinner is also provided for the parents. The first part of each 2-hr session is spent visiting informally with other moms/dads to develop a positive peer support system. Male and female program facilitators provide support to assist parents with individual issues. Information/group parent education is provided at each meeting using research-based curriculum and local resource people to connect families with concrete community supports.  Serves Warren County. |
| |  |  | | --- | --- | | County: Warren **Contract #: ACFS 14-223** | **🞏 Quarter 1 🞏 Quarter 2**  Due January 15, 2014 Due April 15, 2014  (10/1/13 – 12/31/14) (10/1/13 – 3/30/2014)  **🞏 Quarter 3 XX🞏 Quarter 4**  Due July 15, 2014 Due October 15, 2014  (10/1/13 – 6/30/14) (10/1/13 – 9/30/14) | | **Completed by (include person’s name and phone number):** | Colleen Reisener **(515) 962-9171** |   **PART ONE:** Due the 15th of the following month or the first business day after the 15th.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Please provide the following information for your CBCAP-funded Parent Development Program beginning 10/1/13\*. | | | **IN-HOME**  **SESSIONS** | **GROUP**  **SESSIONS** | | 1. | **Year-to-date** total **unduplicated** families | | |  | 19 | | 2. | **Year-to-date** total **unduplicated** parents | | |  |  | | 2a. | | | Total number of parents served |  | 29 | | 2b. | | | Number of parents with disabilities served |  | 7 | | 3. | **Year-to-date** total **unduplicated** children | | |  |  | | 3a. | | | Total number of children served |  | 13 | | 3b. | | | Number of children with disabilities served |  | 2 | | 4. | Number of **NEW** participants - **this quarter only:** | | |  |  | | 4a. | | | New families |  | 2 | | 4b. | | | New parents |  | 3 | | 4c. | | | New children |  | 2 | | 5. | | Number of participants **RETURNING to the program**– **this quarter only:** | |  |  | | 5a. | | | Families |  | 9 | | 5b. | | | Parents |  | 12 | | 5c. | | | Children |  | 5 | | 6. | **Year-to-date** total **number of SESSIONS** provided to parents | | |  | 47 |   1. Please briefly describe the progress made on your project this quarter and any challenges or delays experienced.  **The Young Parents Program served 19 Warren County young families in FFY 2014. Twenty-nine parents, including 13 dads, participated in the program. Thirteen young children were served in the free, onsite nursery. Forty-seven sessions were conducted.**  **Parents and their children received free dinner at each meeting with parent meals donated by area restaurants and the Indianola Rotary Club. Male and female facilitators worked one-on-one with the young moms and dads to assist them with issues they were dealing with. The Protective Factors were reinforced at all sessions. Group parent education was provided at each meeting with various curricula including *Here, Now and Down the Road: Tips for Loving Parents, Nurturing Healthy Sexual Development, Care for Kids,* and *Stewards of Children.* A two-part Shaken Baby Syndrome Prevention series was conducted. Community resource people came into Young Parents each week to share information and expertise to directly connect families with local resources. This included but was not limited to Parents as Teachers, The Lutheran Services in Iowa New Parent Program, the Family Violence Center and Warren County Health Services. A local Mental Health Therapist provided two presentations to educate parents about ACEs, resiliency, and the importance of protecting children from adverse childhood experiences.*.***  **In the nursery*,* staff used the Decat/CPPC-funded *Al's Pals: Kids Making Healthy Choices* and *Care for Kids* curriculum on a weekly basis.**  **Approximately 85 unduplicated volunteers provided 151.5 hours of time to the program this year.**  **Parents entering the program were asked to complete an Iowa Family Survey and follow-up surveys were collected throughout the year. All data was reported in a timely manner**  **The ONLY real challenge was in the overall numbers of parents served which was less than projected. Staff, board members and community partners worked hard to promote the program and refer young moms and dads. We reached out to every school, medical clinic, church, and library in the spring and also shared information on websites, with community partners at meetings, posted and distributed program flyers throughout the county. Efforts to recruit new parents will continue to be a priority in the new fiscal year. Although the numbers have been smaller this year, the number of parents attending consistently has been better than ever. Sessions are designed to "stand alone" (since parents come into the program throughout the year),but we know that those parents who attend regularly gain the most knowledge and support.**    2. Please share a story about a participant in your program, if available.  **"Allie" heard about the Young Parents Program from the WIC/Maternal Child Health program in early fall 2011. At that time, she was 20 years old, unmarried, and 22 weeks pregnant. She remembers feeling very scared about becoming a mom. Having been abused herself as a child,**  **"Allie" was fearful about becoming a parent and even considered adoption. Looking for support and advice from other moms, "Allie" started attending the weekly Young Parent meetings in Indianola. There, she found support, friendship and guidance. Once "Ethan" was born in November, "Allie" continued to attend the meetings regularly and brought the baby to the free, onsite nursery. "Allie" says this service was a big help to her because she didn't have to try to make childcare arrangements in order to attend the meetings.**  **"Allie" has been a regular at the Young Parent meetings since that time. She married "Ethan's" father in March 2013. She is now working part-time and is expecting a second child in a few months. For a long time, she attended the meetings on her own but now Dad also attends regularly. Staff has seen "Allie" grow in self- confidence as a person and as a mother. She openly shares her struggles with parenting and is open to suggestions and new approaches. She says the program has helped her so much over the years. Any problem or concern, whether it was about parenting or other things happening in her life, the staff gave her advice and connected her with resources. Through her participation, she has developed strong friendships with other parents her age who are going through the same thing. "Allie" says one of the other moms has become her best friend and she often calls her outside the meetings to talk about their children. Now she feels she**  **has a good support system and she has expressed her appreciation for all the support and information she has gotten from the Young Parents Program.**  *Story submitted by: Colleen Reisener, Council Coordinator*  *Warren County Child Abuse Prevention Council*    **Successes:** Choose one or more program objective that you feel was successfully achieved this year. Describe how children and families were positively impacted.  **Each parent was asked to complete a written program service evaluation at the end of the year. Seventeen evaluations were collected representing 59% of the parents served in the program. Of those parents, 94% reported increased self- confidence on their own parenting ability after participating and all of the parents reported improved family interactions. Ninety-four percent of those parents reported feeling more connected to other parents in the community and all reported having a better support system. All parents reported increased knowledge about parenting and child development. Ninety-four to 100% of parents reported increased knowledge in such areas as stress management, behavior management, effective parent-child communication, establishing safe family relationships, and realistic expectations for their child.**  **Anecdotal comments from parents about what they liked about the program included: "Learning better ways of parenting", "Talking with other young parents", and "How we talk about real life situations." Other parents reported "Fellowship and learning" and "All the knowledge I have gained" and "Very supportive." The anecdotal comments from parents tell our "story" from a very personal perspective even better than any data. These comments show how services made a difference for the parents and families served in the program.**  **Program Learning:** Summarize the learning of your program over the past year and how you will incorporate this into the coming year. What were your successes, and how did you build upon them? What were your challenges, and how did you address them? Describe any modifications you made to the program throughout the year.  **The Young Parents Program provided an ongoing, positive peer support system and group parent education for 29 young moms and dads in FY 2014. The written evaluations, feedback from parents and observations of staff clearly show that the program made a difference in the lives of the young families served. The engagement of the community shows the local investment in the program. Speakers coming in to present, restaurants and civic groups donating food for parent meetings as well as money and supplies donated to support program operations shows the ongoing community support for the program.**  **We will continue to reach out in the community to engage current and expectant parents in the program numbers of pregnant or parenting moms at the local high school were down this year and this is one place where we have typically drawn a lot of participants. Although a positive trend for the community, this had an impact on the Young Parents Program. Also, two of the three Young Parent Program facilitators were**  **teachers at the high school. One of these, who worked as the Student Services Coordinator, retired from teaching, and now is the director of the We Lift Job Search Center in Indianola. Many referrals to Young Parents from the high school came through this staff person. We have added a high school guidance counselor to the Child Abuse Prevention Council in an effort to ensure that referrals will continue as appropriate. We continue to seek out new referral sources such as DMACC South, the Community Care staff and area churches and have an ad published in the weekly newspaper to promote the program.**  **In terms of learning, we found that our parents responded favorably to incentives. We offered incentives to encourage parents to complete follow-up Iowa Family Surveys and program service evaluations and this seemed to be help increase the return rate as our parents often balk at the "paperwork". The incentives included earning additional points for the Necessity Pantry (local "nest program") and a drawing for $10.00 (donated) Wal-Mart gift cards if parents complete both forms. In FFY 2015, we will also be offering some additional incentives to get parents to attend meetings on a regular basis. We will do a drawing each month for a $10.00 Wal-Mart gift card (donated to the program). Every time a parent attends a meeting, their name will be added to a drawing but they must be present to "win" when the drawing occurs.** |
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|  |
| Joe Burke – 515.314.3603  DCAT Coordination. DCAT5-15-012 Core Program #4 $72,536 Spent of $76,480 |
| Contracted coordination services to administer the DCAT project as well as to coordinate and facilitate the planning/collaborative efforts undertaken to effect change. The overall objective is to reduce duplication of services, improve communication and enhance collaboration. Serves Madison, Marion & Warren Counties.  **Update: The DCAT Coordinator traveled to local monthly local service provider meetings, interagency, County Supervisor meetings, parent partners, State CPPC Advisory Group, Community Partnerships for Protecting Children regular monthly meetings, yearly meetings and some quarterly regional meetings were also attended. The DCAT Coordinator has also participated (as mentioned above) in numerous meetings in regards to the Parent Partner Program for the Indianola DCAT Cluster for FY 13. Some weeks up to 25% of his time was working on issues surrounding Parent Partner’s. He also supervises the CPPC Coordinator and Family Team Meeting Facilitator. Completed his State required DCAT Coordinator classes and finished his online training to keep FTM number current. The DCAT Coordinator provided monitoring, budgets & oversight on over 10 DCAT contracts, sub contracts, CBCAP or other projects for a total of over $344,000. Approximately $11,000 in CBCAP money was also monitored. All, budgets, reimbursement request/reviews, reports, Board updates, amendments, renewals, new contracts, etc. are done by the DCAT Coordinator as the monitor of all DCAT activity in the cluster. New for FY 14 was the addition of a Family Assistance monthly monitoring sheet. FY 14 saw the third year of “100% accuracy” on State GAX Reimbursements Request for the Cluster. DCAT coordinator also spent over $1,000 from his budgets to upgrade the loaner car seats/booster seats for Warren and Marion County and $500 for additional gas cards. Joe also did Professional Development Training for all of Service Area 5. He also conducted a Confrontation Work Shop for the Parent Partner Yearly Summit and a Mind Mapping workshop for CPPC.** |

|  |
| --- |
| Sarah Hohanshelt Core Program #5&6  Community Partnership for Protecting Children and Parent Partner Contract.  DCAT5-13-012 CPPC $20,000 **Spent $20,000**  DCAT2 12-020 Community Support Contract (additional support CPPC)  $43,810 **Spent $38,907** |
| Community Partnership for Protecting Children (CPPC) is an initiative rolled-out across the state of Iowa. The four strategies include Shared Decision-Making Team, Policy & Practice Change, Neighborhood Networking & Individualized Course of Action (Family Team Meetings). CPPC is dedicated to identifying issues, resources and creative solutions by networking and collaborating with community partners. Activities have included Madison County Family Fun Day, Marion Co. Family Challenge, Tri County Collaborative Conference, participation with local child abuse prevention Councils and domestic violence coalitions. Serves Madison, Marion & Warren Counties.  **Spent 100% of CPPC Funds**  **Spent $39,560 of $43,810 allocated for Community Support** |
| **See CPPC End Of Year Report Starting on Page 27 Below** |
|  |

**LESSONS LEARNED/PLANNING ADJUSTMENTS**

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

**Lesson Learned – Using a scoring document for Mine Grant Proposals is very helpful to the DCAT Board, CPPC Steering Committee and the agencies that submit proposals. Letting those who submit proposals see the scoring document results in higher quality proposals.**

**Adjustment – This year our greatest adjustment was the use of a scoring document for the FY 15 Mini Grant Proposals and the use of averages, yes/no to funding recommendations and comments by the CPPC Steering Committee Voting Members to the DCAT Governance Board. This not only made it much easier for the Board to sift through and decide upon the 12 proposals but also allowed for additional money to be added to our original $50,000+ to over $104,000+ for FY 15. 8 of 12 proposals were fully funded as well as Concrete Support money for Community Based Family Team Meetings.**

**Lesson Learned – Keeping a web site updated daily and weekly updates on the web site leads to high reliance of our counties for CPPC/DCAT Coordination, Planning and Implementation.**

**Adjustment – This year more than ever the Counties of Madison, Marion and Warren rely on our CPPC website as the “hub” of information, assistance and activities going on in our counties. The coordination is so well done that there was not a single request for assistance for families/youth, coordinated through the web site in FY 14 that was not answered. CPPC/DCAT gave no money for these request but the communities themselves answer the call for assistance for the families, with our coordination.**

**Lesson Learned – ALS PALS evaluations must take place for each Center in our Counties.**

**Adjustment – for the first time ever we had to let two sites know that because of non-compliance with the required once per year ALS PALS evaluations during FY 14 for FY 15, they would no longer be considered a Indianola DCAT Cluster site and could receive no assistance from us for FY 15. These two sites have already set up evaluations during this fiscal and will be added back to our numbers in FY 16**

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

**Subject:** Website Update November 3, 2014

Good Morning!

Below are this week's website updates from [www.cppconline1.com](http://www.cppconline1.com). Please let me know if you have anything you'd like to have posted! Have a fantastic week!

1. **Community Cares & Consulting of Iowa, Inc.** is a new agency with hopes to provide such things as: art therapy, transportation to the Wildwood Hills Ranch Equine Assisted Therapy Program, substance abuse therapy, Veterans' Services, community activities, teen groups, parent groups, etc. in Madison and Warren Counties. Contact information is now listed under our Resources tab. I will continue to add information as it becomes available.

2. Community Cares & Consulting of Iowa, Inc. will be holding it's **grand opening and a fundraiser** on November 15th. More information is under the What's Happening? tab.

3. Wells Fargo has two openings (one Full Time and one Part Time) for **Inbound Sales Specialists** at their Bell Avenue location. More information is under the Jobs tab.

4. Indianola High School will be hosting a **Transition Times Workshop** this Thursday, November 6th. Deadline to register is the end of the day TODAY! More information is under the What's Happening? tab.

5. The **Warren County Necessity Pantry** will be holding an Open House on Tuesday, December 9th. More information can be found under the What's Happening? tab.

6. Genesis Development in Winterset is looking for a **part-time Vocational Trainer**. More information can be found under the Jobs tab.

7. CRISP is in need of all sizes of new or gently used **winter boots**. More information can be found under the What's Happening? tab.

8. Genesis Development will be offering an **Adult Career Exploration (ACE)** program starting the beginning of December. More information can be found under the What's Happening? tab.

9. REMINDERS

* The Marion County Providers Group meets TODAY at 9:30am at 2003 N Lincoln Street in Knoxville.
* Immersion 201 is TOMORROW in Pleasant Hill.
* The Statewide CPPC meeting is Wednesday in Des Moines.
* The Warren County Early Childhood Committee meets Wednesday at 10am at Wells Fargo in Indianola

--

SARAH HOHANSHELT

CPPC Coordinator/CBFTM

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Community Partnership Reporting / Evaluation Form

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

Time Frame: July 1, 2013-June 30th, 2014 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 | 1 |  |  |  |  |  |  |  |  |  |  |
| Decat | 1 |  |  |  |  |  |  |  |  |  |  |
| Empowerment | 1 |  |  |  |  |  |  |  |  |  |  |
| Neighborhood/Comm. Members\* |  |  |  |  |  |  |  |  |  |  |  |
| Domestic Violence |  |  |  |  |  |  |  |  |  |  |  |
| Substance Abuse | 3 |  |  |  |  |  |  |  |  |  |  |
| Mental Health | 1 |  |  |  |  |  |  |  |  |  |  |
| Faith-base groups |  |  |  |  |  |  |  |  |  |  |  |
| Health Care | 3 |  |  |  |  |  |  |  |  |  |  |
| Education | 2 |  |  |  |  |  |  |  |  |  |  |
| Business |  |  |  |  |  |  |  |  |  |  |  |
| Legal System (Court) | 3 |  |  |  |  |  |  |  |  |  | These women are Juvenile Court Liaisons in their respective schools so they could also represent Education. |
| Law Enforcement |  |  |  |  |  |  |  |  |  |  |  |
| Government(i.e. City, Co.) |  |  |  |  |  |  |  |  |  |  |  |
| Practice Partners\* | 5 |  |  |  |  |  |  |  |  |  | ISU Extension, Visiting Nurse Services, HIRTA and Partners in Family Development are all represented here. |
| Economic Supports |  |  |  |  |  |  |  |  |  |  |  |
| Prevention Councils | 1 |  |  |  |  |  |  |  |  |  |  |
| Youth |  |  |  |  |  |  |  |  |  |  |  |
| Former Clients of DHS | 4 |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |
| Total | 25 |  | | | | 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. | |
| 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:  We are still having difficulty engaging community members to volunteer their time to attend the Steering Committee meetings. | |
| Describe how your SDM group has diverse representation. | Our SDM group has representation in nearly all of the categories listed at the start of this report. During FY14 we also added an economic support to our group as a voting member. Over the last several years, we have been able to maintain consistent attendance by members in nearly all of the categories. | |
| Is there a community member in the leadership SDM role? | Yes:  No:  Please explain this leadership role.The CPPC Coordinator serves in our leadership role. She prepares for, facilitates and takes the minutes for each SDM meeting. | |

# Based on your activities, select the level\* for Shared Decision-Making that best fits your site: 3

**Describe strategies to advance to the next level:** Engage community members in our SDM team.

**Based on your activities, circle the level\* for Shared Decision-Making that best fits your site:** 3

*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* 2013 | *Current Year* 2014 |
| 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 | 4.71 | Click here to enter text. |
| 2. Understanding and Agreement Goals: | Members understand and agree on goals and proposed outcomes/objectives. | 4.13 | 4.86 | Click here to enter text. |
| 3. Clear Roles & Responsibilities: | Roles & responsibilities of Members are clear. | 3.88 | 4.86 | Click here to enter text. |
| 4. Shared Decision Making: | All members have a voice and are engaged in the decision making process. | 4.38 | 5 | Click here to enter text. |
| 5. Conflict Management: | We are able to successfully manage conflict. | 4.25 | 4.71 | Click here to enter text. |
| 6. Shared Leadership: | Leadership is effective and shared when appropriate. | 4.5 | 5 | Click here to enter text. |
| 7. Well Developed Work Plans: | Work Plans are well developed and followed. | 4 | 4.86 | Click here to enter text. |
| 8. Relationships/Trust | Members trust each other. | 2.88 | 5 | Click here to enter text. |
| 9. Internal Communication: | Members communicate well with each other. | 3.88 | 5 | Click here to enter text. |
| 10. External Communication: | Our external communication is open and timely within the broader community and partners. | 4 | 5 | Click here to enter text. |
| 11. Evaluation: | We have built evaluation performance into our activities. | 2.5 | 4.63 | Click here to enter text. |
| 12. Understanding of CPPC: | Members have a clear understanding of the Community Partnerships Four Strategies. | 3.13 | 4.57 | 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: | 45.91 | 58 | 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

#### Community / Neighborhood Networking

|  |  |
| --- | --- |
| ***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: CPPC Coordinator was not able to attend a local event for two reasons: 1. Coordinator was on leave for 8 weeks of the year; 2. The event the CPPC Coordinator usually attends in the spring was moved to the fall without previous notice (thus making that event fall into FY15). |
| 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 though 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: |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level # | Network Activity | Description (include what was goal, what was invested and what was done) | # of Participants | Outcome(s) |
| 1 | Distributing Madison and 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 that indicated a need. |
| 1 | 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. |
| 3 | 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. |
| 3 | 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 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. |
| 4 | Support for another CPPC site in setting up their own website. | To assist Boone/Dallas and Story DCAT/CPPC Coordinators in the beginning stages of planning to build a website specific to their counties. CPPC Coordinator had phone and email conversations with DCAT/CPPC Coordinators discussing how to start a website, what information to include, who to include, etc. | 3 | Both sites are researching information relevant to starting their website. Both sites are aware that they can contact CPPC Coordinator at any time for assistance. |
| 3 | 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). |
| 3 | 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. |
| 3 | Madison County Cares (MCC) | To increase awareness of CPPC and learn of the needs in the community. CPPC Coordinator attended monthly MCC meetings which provided an opportunity to network with other agencies serving Madison County. | 25+ | CPPC Coordinator was able to network with local providers to learn of the needs in Madison County and ultimately better serve the population through collaboration. |
| 3 | Warren County Providers | To increase awareness of CPPC and learn of the needs in the community. CPPC Coordinator attended monthly Warren County Provider meetings to network with other agencies and schools which serve Warren County. | 15+ | CPPC Coordinator networked with local providers to learn of the needs in Warren County which resulted in families being better served. |
| 3 | Marion County Providers | To increase awareness of CPPC and learn of the needs in the community. CPPC Coordinator attended monthly Marion County Provider meetings to network with other agencies and schools which serve Marion County. | 25+ | CPPC Coordinator successfully networked with other local providers to better serve families in Marion County. |
| 3 | Child Abuse Prevention Council of Warren County Board Member | To learn how CPPC can better collaborate with the local Warren County council in order to prevent child abuse. To make decisions in regards to the Young Parents program, Wee Care Respite Nursery and Sexual Abuse Education programming in Warren County. The group also organizes several fundraisers and launches a county wide Child Abuse Prevention campaign each year. CPPC Coordinator attended monthly board meetings.. | 1 | CPPC Coordinator helped to create awareness of child abuse statistics in Iowa and Warren County as well as distributed information on how to prevent child abuse. |
| 2 | Child Abuse Prevention Month Activities | To increase awareness of child abuse prevention through projects and activities during the month of April. CPPC Coordinator provided space on the CPPC website to advertise Child Abuse Prevention Month activities and emailed out updates regarding the month’s activities. | 15+ \*Thousands of community members saw this message, the 15 people represent the Board members who planned and carried out the activities. | CPPC Coordinator, in collaboration with the Child Abuse Prevention Board of Warren County, posted information about Child Abuse Prevention Month on the CPPC website and emailed requested information to all mailing lists. |
| 4 | CPPC Steering Committee Meeting | To bring together individuals from all three provider groups. To create a large group of networks in order to better serve the three counties of the Indianola DCAT Cluster. CPPC Coordinator facilitates and takes the minutes for each monthly meeting. | 20+ | CPPC Coordinator took the minutes and facilitated each meeting. Many attendees were able to learn of the needs in the three counties as well as meet some of the needs of their clients through networking at the meetings. |
| 4 | Presentations at CPPC Steering Committee Meetings | To inform attendees of services available in the counties and/or to learn information which may help them better serve their clients. | 20+ | CPPC Coordinator invited several presenters to the CPPC Steering Committee meetings. Presenters gave information on topics ranging from problem gambling to the new Integrative Home Health program. |
| 2 | Al’s Pals | To provide a research-based curriculum for children ages 3-8 to all interested schools and centers in the three county area. To maintain all active Al’s Pals centers and potentially add 1-2 new centers. To provide all necessary supplies to implement the curriculum at each center. CPPC Coordinator met with each center and shared email and phone correspondence. | 1015+ | Over 1,000 children in Madison, Marion and Warren Counties received the Al’s Pals curriculum as part of their preschool or Kindergarten school year. All centers received necessary supplies. CPPC Coordinator worked with Interstate 35 schools to add them as a FY15 Al’s Pals center. |
| 3 | Add Interstate 35 Schools as a DCAT Al’s Pals Center | To provide the research-based Al’s Pals curriculum for children ages 3-8 at Interstate 35 Preschool.  To provide all necessary supplies to implement the curriculum at Interstate 35. CPPC Coordinator met with Interstate 35 staff and DCAT Coordinator to discuss implementing the curriculum. CPPC Coordinator exchanged numerous emails to set up trainings, supply deliveries, etc. with Interstate 35 staff. DCAT/CPPC spent over $2,000 to get the center started with the Al’s Pals curriculum (including training, curriculum kits and other supplies. | 6 | Interstate 35 has all necessary training and supplies to begin implementing Al’s Pals in three classrooms and participate in necessary observations in FY15. |
| 2 | Provide Here, Now and Down the Road curriculum in Madison, Marion and Warren Counties | To provide the Here, Now and Down the Road (HNDR) curriculum to at least 3 Al’s Pals centers (one in each county). CPPC and DCAT Coordinators met with Partners in Family Development who will be implementing the curriculum. Indianola DCAT paid approximately $1,000 per county for Partners in Family Development to facilitate classes. | 25+ | Partners in Family Development were able to implement the HNDR curriculum in all three counties. |
| 3 | Prepare and implement a scoring system for all DCAT funding proposals | To develop a scoring system which can be used to more uniformly rate all DCAT funding proposals. CPPC and DCAT Coordinators worked with Polk County DCAT Coordinator to develop a score card to be used on all DCAT proposals in Madison, Marion and Warren Counties. | 3 | A score card was developed and implemented in FY14. All CPPC Steering Committee voting members used the score card for FY15 funding. Score card will be discussed and improved upon at the start of FY15. |
| 3 | Expend DCAT Special Project funding | To implement new programming and/or support existing programming which meet the goals of DCAT in the three county area. DCAT and CPPC Coordinators sent out a RFP to all mailing lists. DCAT and CPPC Coordinators as well as CPPC Steering Committee voting members reviewed all proposals. Voting members rated proposals using the new scoring process. | 100+ | All allocated funding was spent on programming ranging from 24/7 Dads to Wee Care to Cowboy Up. The voting members made recommendations to the DCAT Governance Board which then voted to spend the funding. More than $50,000 was spent in our three counties on these projects to begin in FY15. |
| 4 | Provide a Family Team Meeting (Community Based and DHS involved) to all families that request one | To provide a FTM to all families that request one. CPPC and FTM Coordinators provided FTMs to families in Madison, Marion and Warren Counties. CPPC and FTM Coordinators marketed FTMs and discussed the FTM process at all provider meetings. | 400+ | All families who were committed to completing the FTM process were given a preparation meeting, FTM and at least one follow up meeting. FTM and CPPC Coordinators networked with various community members and agencies to bring as many appropriate supports as possible around the table for the family. |
| 3 | Provide job search assistance to the under or unemployed in our three county area | To provide assistance to local individuals and families in finding employment. DCAT/CPPC invested $2,500 in WeLift to provide these services based in Warren County. | 1,322 \*Of the 1,322, 26 were from Madison County, 8 from Marion and 1,596 were from Warren County | One hundred and seven individuals reported finding employment after seeking assistance at WeLift. |
| 4 | FTM Coordinator trained and received facilitator’s number for Youth Team Decision Making meetings | FTM Coordinator will receive her facilitator’s number for Youth Team Decision Making meetings. FTM Coordinator will facilitate YTDM meetings in Madison, Marion and Warren Counties. FTM Coordinator completed necessary trainings, shadowing and facilitation in order to receive facilitator’s number. | 1 | FTM Coordinator received her facilitator’s number. FTM Coordinator provided facilitation for four YTDM meetings in FY14. |
| 4 | Attended continuing education course to maintain FTM facilitator’s number | To maintain FTM facilitator’s number. CPPC Coordinator attended a Motivational Interviewing training on May 16th. | 1 | CPPC Coordinator completed all necessary coursework to keep her facilitator’s number. |
| 4 | Participated in the Darkness to Light: Stewards of Children training | To become trained in the sexual abuse prevention course Darkness to Light: Stewards of Children training. CPPC Coordinator attended a one day training on April 17th. | 1 | CPPC Coordinator is now trained in the Darkness to Light: Stewards of Children sexual abuse prevention curriculum. |
| 3 | Add a subcontractor to fulfil CPPC Coordinator’s duties related to the CPPC website while on leave | To contract with an individual with the intention that he/she will maintain the CPPC website and weekly updates to the same standard as the CPPC Coordinator while she is on leave from January to March. Approximately $1,000 was paid to said subcontractor to complete weekly duties related to the website. CPPC Coordinator sought out potential subcontractors. CPPC Coordinator met twice with subcontractor to discuss expectations, how to operate the website, etc. | 21 \*This includes the DCAT Coordinator, CPPC Coordinator, Subcontractor, DCAT Governance Board and CPPC Steering Committee Voting Members | Subcontract was developed. Subcontractor maintained website and sent weekly updates while CPPC Coordinator was on leave for 8 weeks from January to March. |
| 3 | Finalized the Parent Partner Program’s move to a statewide program | To transfer all necessary files, forms, etc. to the Parent Partner Coordinator and Lead Parent Partner Coordinator. CPPC Coordinator met with Parent Partner Coordinator and Lead Parent Partner to hand off all Parent Partner files as part of the program’s transition to a statewide program. | 3 | All files and forms housed at the CPPC office were transferred to the Parent Partner Coordinator and Lead Parent Partner. |
| 4 | Discussed growing CPPC in rural vs. urban areas at statewide conference | To educate and brainstorm with participants (at statewide CPPC meeting) ways to grow CPPC in their rural area. DCAT and CPPC Coordinator participated on a panel during one of the breakout sessions at the statewide meeting. | 20+ | Other CPPC and DCAT Coordinators were able to learn about how CPPC operates in Madison, Marion and Warren Counties. DCAT and CPPC Coordinators answered questions related to the successes and barriers faced while implementing CPPC in Madison, Marion and Warren Counties. |
| Total # of Activities:27 |  |  | Total # of Participants: 3,399+ |  |

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

#### Individualized Course of Action

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| 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. 3. Train FTM Coordinator and CPPC Coordinator in Iowa Youth Dream Teams. | | |
| 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:  Completed all except CPPC Coordinator receiving her Youth Team Decision Making facilitator’s number. It was decided that the CPPC Coordinator will continue to facilitate CBFTMs while the FTM Coordinator completes DHS involved FTMs as well as YTDM meetings. | | |
| # of FTM held annually for families **Not involved with child protection service** | Goal (# value) 12 | Current # of FTM: 12 | Goal Met (Y/N): Yes |
| # of FTM held annually for families **involved with child protection services** | Goal (# value) 200 | Current # of FTM: 198 | Goal Met (Y/N): No |
| # of YTDM(Dream Team) held annually for families **Not involved with child protection service** | Goal (# value) 1 | Current # YTDM: 0 | Goal Met (Y/N): No |
| # of YTDM(Dream Team) held annually for families **involved with child protection services** | Goal (# value) 1 | Current # YTDM: 4 | Goal Met (Y/N): Yes |

# 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:** The FTM Coordinator and CPPC Coordinator will make contact with local approved Iowa Youth Dream Team Trainer, Nicole Button, to arrange time to complete field experience to obtain facilitator’s number.

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

*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

#### Policy and Practice Changes

#### Policy and Practice Changes

#### 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 the Parent Partner Program, Al’s Pals and SDM team to determine needs relating to policy and practice change. 2. Attend local and regional meetings to learn of needs 3. Engage SDM team in discussions that identify needs 4. Create and utilize informal surveys to gather data from parents and youth impacted by policy and practice change to investigate needs |
| Was your goal met? If no, please explain. | Yes:  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. |
| List Trainings/Technical Assistance sponsored and/or attended that assisted in the development and/or implementation of CPPC and the four strategies | 10/8/13: Differential Response Webinar, 10/23/13: CBCAP Informational Webinar, 10/29/13: Youth Team Decision Making Conference (Urbandale), 4/17/14: Stewards of Children Training and 5/16/14: FTM Training (Motivational Interviewing) |
| 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 Counties.

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

**\*\*AREAS HIGHLIGHTED IN BLUE IN THE NEIGHBORHOOD NETWORKING CHART ARE POLICY AND PRACTICE CHANGE ACTIVITIES.**

*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- Madison, Marion and Warren Address: 200 S Howard St, Indianola, Iowa 50125 Phone: (515) 468-8181

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

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Melinda Tingle-Williams, DHS-CFS

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

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|  | **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. |  |  |  |  |  |
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|  | Provide oversight for planning and implementation of 4 strategies. | | |  | | |  | | |
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|  |  |  | **Strategy: Neighborhood/Community Networking** | | | | | | |  |  |  |
|  |  |  | **Community Partnerships for Protecting Children** | | | | | | |  |  |  |
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| **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. | | | | | | | | | | | | |
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| \*The following are *examples* of activities/events. Each Partnership site is encouraged to develop activities to fit within their local strengths and needs | | | | | | |  |  |  |  |  |  |
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|  | **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 | | | | | |  | |
|  |  | |
|  | 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 | | | | | | |
|  | |
|  | | 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 | | | | | |
|  | |
|  | | Re-evaluate plan at various stages of implementation | | | | | | |
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