**Annual Progress Report FY 16**

**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 an 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 16 included: Transportation Assistance for DHS clients, The CPPC website:** [**www.cppconline1.com**](http://www.cppconline1.com)**. , Recertification of about 15 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 Family Team Meetings and DCAT Coordination. Mini Grant Concentration was Mental Health, Parenting and Job Assistance. These were the top priorities from the three county needs assessment done at the Tri County Collaborative Conference in the spring of 2015.**

As in past years it 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. For years now, 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/or Joe have presented at the last three CPPC State Meetings and will present at the CPPC Immersion 201 training in the Fall of FY 16.Sarah’s CPPC reporting form she developed three years ago (for use in our DCAT Cluster) will now be able to be downloaded and used by anyone across the State

**Update: Similar to last several years the three local provider group attendance in Madison, Marion and Warren Counties has stayed steady at 20 to 30 per meeting (some are even hitting 35). Sarah Hohanshelt has been the FT CPPC Coordinator for our counties for 5.5 years as of June of 2016. 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 completed by Sarah through DCAT/CPPC. Last year DCAT/CPPC sponsored an online training to 15+ sites. As always, several individuals in our three counties were certified by Wingspan to teach ALS PALS. In addition to doing Community Based Family Team Meetings 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 but due to funding restraints in FY 17 we may not be able to fund the Warren Directories. Other sites developed their own funding sources last year and should be putting out updated resource directories. All three directories are 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 Development Materials purchased by DCAT). 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. Referrals for Community Based Family Team Meetings dropped dramatically when the switch to a State Wide FTM mandate started. In FY 16, we started a pilot project in Madison County by having two professionals who work with families trained in Community Based Family Team Meetings. They will start doing CBFTM as part of their regular initial meetings with the Families in FY 17.**

**As mentioned above the three major provider groups in our DCAT area have stayed very strong with about 20-30 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 5 DCAT Programs (see DCAT programs below or FY 16 Plan) for approximately $225,000. In addition they reviewed proposals and sent recommendations to the DCAT Governance Board for one CBCAP program valued at $4,000+ that will run for two years (see our FY 17 DCAT Plan). There were 11 mini grants for FY 16 (see reports below) with a total of about $100,000 allocated.**

**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 $40,000 and Family Team Meeting $74,367, Community Support (for CPPC FT Position) $42,000, CPPC $20,000, DCAT Coordination $76,465,

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).

FY 2015: $23,900 in PSSFP Funds were used for Family Team Meetings, CBCAP awards were approximately $11,000 for two projects. There was $2,000 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. $3,000 was awarded to the We Lift Job Training Program, $1,500 for sex abuse prevention booklets used in curriculums for all three counties. Mini Grants: $20,000 Wee Care, $20,000 Cowboy Up, $10,00 24/7 Dads, $10,000 Parents Café, $9,975 School Based Mental Health, $9,844 Victim Advocacy, $9,000 Parent Support, $8,849 New Parent, $2,000 Winterset Stage and for the first time in several years, the Tri County Collaborative Conference (sponsored by DCAT/CPPC) was held in Indianola with 45 plus in attendance.

**FY 2016 was very busy: CBCAP awards were approximately $4,000 for one project. There was $2,000 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. Mini Grants: New Parent Program - Warren & Madison – $8,849, Behavioral Health Intervention Services Expansion – Madison - $7,633, We Lift – Madison, Marion and Warren - $10,000, School Based Mental Health – Warren - $10,000, Wee Care Respite Nursery - Warren - $10,000, Parents Café – Madison - $9024, Young Parents – Warren - $8,565, Cowboy Up - Family Program - Madison and Warren – $9,900, Cowboy Up – Madison Marion and Warren - $10,000, Domestic Violence Advocate – Marion $10,000, 50th Habitat for Humanity home – Marion - $2,500, and a CPPC Immersion 101 (sponsored by DCAT/CPPC) was held in Indianola with 25 plus in attendance.**

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, DCAT Quarterly Review meetings with DHS and Family Team Meetings, DHS discussions, review or focus groups, 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 Community Based Family Team Meetings through the CPPC Coordinator job duties and now with trained community partners.

DCAT funds a large portion to enhance CPPC in the counties and provides additional funds for the major CPPC program and full time staff $298,000+ over the last several 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 14 schools). The continued that tradition with another School Based Mental Health Program for Indianola High School this year and a Behavioral Expansion Project in Madison County.

**$300,000+ over the last ten years, have been provided by DCAT for these school based mental health programs in the three counties. As stated above about $10,000 was provided to Warren County in FY 16. This leaves just a couple school systems in Madison, Marion and Warren County that are without a school based mental health programs almost all of whom started with assistance from Indianola Cluster DCAT/CPPC 10 years ago.**

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 Community Based Family Team Meetings for FY 16 dropped off from 40 to only 3 when the change-over occurred in the State Wide Family Team Meeting Contract. We also encountered an increasing number of families unwilling to fill out the heavy DHS oriented FTM Information Form due to their fear that unwanted DHS involvement would result from their Community Based FTM. To counter this, our CPPC Steering Committee decided to start a pilot project that trained two professionals in the FTM process who regularly work with families. The Community Based Family Team Meetings will now be conducted as part of the regular initial meeting they have with the families, but we are still concerned that the families may not be willing to fill out the form and the meetings will not be recognized as official CBFTMs. As always we still are looking for concerned citizens who want to serve their community through the Steering Committee and we added a few new voting members last year and lost the same amount. CPPC reports for the Indianola DCAT Cluster are listed below toward the end of this documentation.**

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. There was no money available in FY 16 to fund projects in FY 17, but we did conduct a needs assessment at our CPPC 101 training in FY 16 so we would have the most current info.**

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 17, DCAT will enhance the funding of the Priorities listed above.

**Update: For FY 16 DCAT funded several regular programs (listed below) as well as 11 year-long mini-grants. As usual all projects were reviewed by the DCAT/CPPC Steering Committee and recommendations to the DCAT Governance Board. The $4,000 in CBCAP program (see below) runs from October to September each year. We also carried over approximately $246,000 from our FY 15 and 16 allocations for FY 17. In addition to our four regular core programs, there was no money available for additional projects for FY 17 (see FY 16 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 and Joe at the DCAT Governance Board meetings in late winter and late summer for FY 16. 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 Eleven 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 budget numbers 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 DHS for another review and then on to the State. The information was shared through Budget reports at the 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 2016 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:

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

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

**FY16 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 $12,909 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**  **11 Preschools participating in Al’s Pals program**  **4 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)**  **15 centers using Al’s Pals curriculum**  **979 children participating in Al’s Pals program (ages 3-8)**  *\*Oviatt, Stepping Stones (Winterset) and Young Explorers did not submit their numbers.*  **15 Centers have received curriculum and materials needed for program implementation**  **42 Teachers/associates trained in Al’s Pals curriculum**  **Efficiency:**  **Cost per preschool: $797.07**  **Cost per school: $797.07**  **Cost per center: $797.07**  **Cost per Child: $12.21**  *\*Oviatt, Stepping Stones (Winterset) and Young Explorers did not submit their numbers.*  **Quality:**  **23% of Warren County children 0-5 (2897, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  *\*DOES NOT include children from Oviatt as they did not submit their numbers.*  **7% of Marion County children 0-5 (2167, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  **15.5% of Madison County**  **Children 0-5 (1088, according to US Census Population Estimate for 2011) are participating in Al’s Pals**  *\*DOES NOT include children from Stepping Stones or Young Explorers as neither center submitted their numbers.*  **All requested supplies for FY16 have been delivered.**  **Twenty classrooms have been visited in all 15 schools/centers. Indianola Preschool is no longer utilizing Al’s Pals.**  **All staff delivering curriculum have been trained with three new staff receiving training in FY16.**  ***1.3 Scope of Work.***  **1.3.1 Deliverables.**  The Contractor shall provide the following:  (a)  Children 0-5 will have Als Pals Curriculum delivered at their preschool, elementary school or Respite Nursery as an Alcohol/Violence Prevention Program. **All participating schools/ child care centers delivered the Al’s Pals Curriculum in FY16.**  (b) Als Pals curriculum will be delivered with hand puppets by staffs who have received Als Pals online training. **All staff delivering the Al’s Pals Curriculum in FY16 was trained.**  (c) Each of the Al’s Pals classrooms shall be required to undergo an annual monitoring session done by CPPC Coordinator using the Als Pals Curriculum Evaluation. **All monitoring sessions were completed by CPPC Coordinator in FY16.**  (d) Provide all consumable supplies required for the Al’s Pals classrooms activities in the three counties. **All requested supplies have been delivered in FY16.**  (e) Contractor will provide quarterly reports that include updates on Deliverables and Performance Measures. **Completed in FY16.**  **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 Als Pals Alcohol/Violence Prevention Program to youth in their care ages 0-5. **100% of participating centers delivered at least 5 sessions.**  (b) 100% of staff will have participated in Al’s Pals online training before they can deliver the Als Pals Curriculum with hand puppets. **All staff delivering the curriculum have been trained.**  (c) 90% of Als Pals participating centers will average at least a 3 on their Als Pals annual Curriculum Evaluation Form (scale of 5) as reported by the CPPC Coordinator. **100% averaged a 3 or above on their evaluation in FY16.**  (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. **Completed in FY16.**  (e) Quarterly reports by Contractor on Deliverables and Performance Measures will be due the 15th of the month following the end of a quarter. **Completed in FY16.**  (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 FY16.**  (g) 100% of invoices submitted to the Department for reimbursement shall be accurate and timely. **Completed in FY16.**  (h) All monthly expenditure reports shall be submitted to the DCAT Contract Monitor and approved before they are sent for reimbursement. **Completed in FY16.**  **Two more successful sessions (seven total over 3 years) 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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| Department of Human Services  Family Assistance. DCAT5-15-025 Core Program #2 $12,162 spent of $40,000 |
| Family assistance is designed to prevent out of home placement, support to adoptive families, and provide assistance for family reunification. Goals include: maintain children in the home, maintain children in the least restrictive setting and transition children from a more restrictive to a less restrictive setting and meet the needs of the family which do not fit traditional categorical services. Serves Madison, Marion & Warren Counties.  Family Assistance General Expenses FY 16  **$ 12,162.00**   * Gas Cards - $3,500 * 60” TV, Wall Mount, Cables, Instillation, Extended Warranty - $1,588 * Laser Printer, Printer Toner & Extended Warranty for DHS Office - $1,361 * Bus Passes - $1,056 * Clothing - $800 * Groceries - $600 * Pest Control- $542 * Rent - $400 * Transports (from FY15) - $384 * Transports (FY16) $ - $168 * HIRTA Bucks $480 * Utilities - $400 * Baby Bed and Diapers - $100 * Mental Health Services - $75 * Deaf Services - $68 * Bus Tokens - $35 * Camp Registration - $25 * Admin Fee - $580 |

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| **CBCAP FY 16**  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  Young Parents: Approximately $4,000.00 Contract Number ACFS-14-223 **Spent 100%** |
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| Special Projects Contract Parenting Programming DCAT5-16-093 - $49,891 Spent: $49,744  End of Year Reports FY 16   * 1. **Wee Care Respite Nursery $10,000 (100% Spent)**   Brief description of the Project:  Wee Care serves any Warren County family with a child 6 weeks thru Kindergarten age, free of charge, regardless of family income. Wee Care is state licensed and uses the Decat-funded *Al’s Pals: Kids Making Healthy Choices* curriculum as well as the *Care for Kids* sexual abuse preventioncurriculum*.*  Parents can bring their child to Wee Care for 2 hours per week while they run errands, go to medical appointments or take a break from the demands of parenting*.* Children receive a quality socialization experience to help prepare them for school. Parent education is provided.  Six, 2- hour sessions are available each week during the school year (Sept-May) and four, 2- hour sessions are available (June-August). Goals of the program are to reduce family stress, provide parent education and support, to connect families with community resources, increase the presence of Protective Factors and to provide quality early learning experiences.  **Action Steps**   * \*Minimum of 140 families and 225 children served per year. **151 families & 240 children served. Accomplished FY 16.** * **Update: 9,292 hours of state-licensed respite care provided.** * **Update: State childcare licensing inspection conducted and full state childcare licensure renewed effective 10/1/15.** * Referral to appropriate agencies for evaluation and services as needed.  **36 "new" referrals to AEA/Early Access this year and 32 children previously referred still being served in the program. Accomplished FY 16.** * Utilize *Al’s Pal’s* and *Care for Kids* curriculum weekly with children in the classroom. **(Ongoing) Accomplished FY 16.** * Provide information on parenting classes, offer classes onsite, parenting handouts, access to parent resource library, one-on-one -support. for parents **Update: 204 referrals to community resources and 56 items checked out of lending library. Accomplished FY 16.** * Actively promote program availability, recruit families, solicit referrals and offer programming. **(Ongoing) Accomplished FY 16.**   **Performance Measures**  **\*28% of children served have been referred to AEA/ Early Access**  **Accomplished FY 16.**  **\*100% of parents reported knowing know how to get help for their family. \***  **Goal: 80% Accomplished FY 16.**  **\*100% of children in program have up-to-date immunizations and physicals on file**  \***100% of parents** **reported their family stress level had decreased\***  **Goal: 90%** **Accomplished FY 16.**  **\*95% of parents reported increased knowledge about parenting and child development.\***  **Goal: 80%** **Accomplished FY 16.**  \***97% of parents**  **reported improved parent-child nurturing and attachment\***  **Goal: 75%** **Accomplished FY 16.**  **\*97% of parents reported improved family functioning \***  **Goal: 90%** **Accomplished FY 16.**  *\**\* ***Results based on responses from 102 families (68% of families served) on written program evaluation which was completed in 4th qtr.***   * 1. **Parent Café $7,550 (99% Spent)**   Adapted from the World Café Model, Parent Cafés create a continuum of opportunities for parents to strengthen their families, be involved in programs, and reach out to others in their communities. Parent Cafés take place in friendly places, at tables with food, creating relaxed environments encouraging open discussion. Over the course of three evenings, parents discuss three separate themes: 1) taking care of you, 2) being a strong parent and 2) building strong relationships. These themes incorporate all of the protective factors and provide a way for parents to apply them to their families in Madison County.  **Goals, Action Steps and Performance Measures**  **In Q4> We are very excited to announce that we were able to hold four additional Cafe' sessions within the 4th Quarter. Three of these were above and beyond the initially projected 12 planned within the budget. Because of this we held a total of 15 café sessions (5 Series)!**  **We continued to promote all items promoted in previous quarters as well as to mentor our main Parent Leader.**  **We now have two additional parents who will assist as Parent Leaders for the cafe's but only alongside full trained Parent Leader Facilitators. They have expressed interest in, and we wish to eventually have them also attend the full Be Strong Families Parent Cafe' Training as soon as possible.**  **During this 4th Quarter a total of 8 parents were directly served through the cafe' experiences and in turn 23 children** **indirectly.**  **When including the previous quarters, a total of 50 children have been impacted and 21 parents. These would be parents that are only counted once, but attended several cafe's.**  **In Q3>** **we accomplished working on the following at 8 Parent Café sessions.**  **Continued to promote all of the items promoted in Q2.**  **Continued to mentor the 4 Table Parent Hosts and further develop our lead parent leader.**  **Impacted the lives of an estimated 43 Madison County children indirectly and 17 parents directly. When including the previous quarters, a total of 49 children have been impacted and 20 parents.**  **In Q2>** **In Q2 we accomplished working on the following at 3 Parent Café sessions equaling one Café Series.**  **Promoted peer-to-peer family/parenting support.**  **Encouraged community based, parent driven communication with local community organizations.**  **Encouraged participants to be more aware of themselves and what they want for their lives.**  **Increased network support for parents outside of the “traditional” service organizations.**  **4 Parent Table Hosts were further developed. These table hosts show great potential in becoming great parent community leaders. An additional parent leader has been identified as a potential future parent facilitator for Parent Cafés and will be so mentored in the future. Identifying and developing Parent Leaders is the ultimate goal of Parent Cafés and we saw this at work in Madison County.**  **The lives of an estimated 18.2 Madison County children were impacted by Parent Cafés to date based on a 2.6 child average per parent family (7).**  **In Q1** >**we successfully developed a strong parent leader who will actually assist with facilitation and not only table hosting.**  **Promoted increased network support for parents outside of the “traditional” service organizations in our targeted ads and/or discussions with parents while promoting the upcoming café series.**  **In Q4>** **4 sessions took place with the following themes:**   1. **Staying positive for your kids even when times are tough.** 2. **Building strong relationships with your children. “What does your child do best? What do you like about your child?”** 3. **Taking care of yourself challenge: for five days take 5 minutes every day to have self-care.** 4. **Help! My kids won’t listen to me! Repeated but with new focus questions.**   **Covered the following Protective Factors:**   1. **Knowledge** 2. **Communication** 3. **Resilience** 4. **Relationships** 5. **Concrete Supports**   **In Q3>** 8 **sessions took place in Q2. The themes were:**   1. **Raising Strong Children** 2. **Building Strong Relationships with your children** 3. **Staying positive for you and your kids even when times are tough** 4. **Full time job, full time parent. Finding balance.** 5. **Parenting together when you’re not together** 6. **Taking care of yourself** 7. **HELP! My kids won’t listen! Striking balance between screen time and scream time** 8. **Building strong relationships**   **The following Strengthening Families Protective Factors were covered:**   1. **Resilience** 2. **Support** 3. **Relationships** 4. **Communication** 5. **Knowledge**   **3 Parent Table Hosts continued to be developed.**  **Additionally, one of the Parent Table hosts was started as a parent leader for session, together with the previously trained Parent Leader.**  **A total of 25.5 additional hours were used by 3 Parent Leaders (together all hours) for additional training and planning.**  **In Q2>** **3 sessions (1 café series) took place in Q2. The themes were:**   1. **Taking Care of Yourself** 2. **Full Time Parent – Full Time Job** 3. **Staying Positive for You and Your Kids**   **The following Strengthening Families Protective Factors were covered:**   1. **Resilience** 2. **Support** 3. **Relationships** 4. **Communication** 5. **Knowledge**   **3 Parent Table Hosts received an additional 15 mins of leadership training and Protective Factors Training for each of the 3 café sessions (45 mins total).**  **An additional 5 hours for each session for each facilitator was used to prep the café, locate & organize the parents, and account for additional Q&A time needed, table host trainings, and survey/paperwork, etc.**  **Q1> The first café series for FY16 will be titled “Parent Zone” and it will be held on 10/21, 10/28 and 11/11. Several other dates in calendar year 2016 have also been planned for the 2nd, 3rd and 4th series of cafés. The hours are 5:30-7:00 p.m. on Wednesdays. This café was planned at a time with daycare or activities for kids are available in the community at churches or other locations.**  **The initial session questions will focus on: Taking Care of Yourself, Being a Strong Parent, and Building Strong Relationships with Your Children.**  **Q1 Q2 Q3 Q4 cumulative>**   * 100% of participating families improved or maintained healthy functioning, problem solving and communication (Protective Factor Survey) * **Accomplished for FY 16** * 100% of participating families increased or maintained social supports (Protective Factor Survey) **Accomplished for FY 16** * 100% of participating families connected to additional concrete supports (Protective Factor Survey) * 100% of participants increased knowledge about child development and parenting (Protective Factor Survey) * **Accomplished for FY 16** * 100% of participants improved nurturing and attachment between parent(s) and child(ren) (Protective Factor Survey) **Accomplished for FY 16**  1. **New Parent $8,849 (100% Spent)**   Lutheran Services in Iowa’s New Parent Program is a child abuse prevention program that provides intensive home visitation services for families at high risk to abuse or neglect their children. The primary objective of the program is to ensure that every child, beginning at birth, is healthy and successful. The program has served Warren and Madison Counties since 2008 and is one of few home visitation programs in the area that provides intensive services to high risk families.  **Action Steps and Performance Measures**   * Recruit families-ongoing **met for FY 16** * Enroll families scoring 5 or more on the universal screening record **met FY 16** * Assess family needs and provide referrals as appropriate-at intake and ongoing **Meet for FY 16** * Provide home visits as prescribed by HFA standards and family needs **Met for FY 16** * Evaluate individual family progress-every 6 months **met for FY 16** * Maintain data regarding program outcomes-ongoing **met for FY 16** * As prescribed by HFA or family need **met for FY 16** * At intake and every 6 months thereafter **met for FY 16** * Completed every 2 months to age 2 and every 6 months thereafter **met for FY 16** * At each home visit * As needed per individual need **met for FY 16** * As prescribed by HFA and family need **met for FY 16** * As needed according to assessment **met for FY 16** * Initiation of service and every 6 months thereafter, **met for FY 16** * At intake and every 6 months thereafter **met for FY 16** * **95% did not have confirmed case of child abuse** * **99% of families did not have a confirmed report of child abuse per self-report.** * **75% of participants increased Knowledge and awareness related to the health and development of their children per the Life Skills Progression Tool.** * **76% of participants increased knowledge and awareness related to the health and development of their children per the Life Skills Progression Tool.** * **90% of participants maintained/increased their informal and formal support systems per the Life Skills Progression Tool.** * **94 % of participants maintain/increased their informal and formal support systems per the Life Skills Progression Tool.** * **93% of participants increased self-sufficiency and stability per the Life Skills Progression Tool.**  1. **Domestic Violence Advocate – Marion County $10,000 (100% Spent)**   Replace a half-time Domestic Violence Advocate with a full-time Advocate to have a greater presence in Marion County to better serve victims and the community.  Advocate will identify community meetings in July and August.  Advocate will attend and participate in community meetings intended to address issues related to human services.  Advocate will identify service and religious organizations in July and August.  Advocate will present DV issues to these organizations throughout the year.  **Accomplished for FY 16**  We expect to serve 50 more victims of Domestic Violence in FY2016 with the presence of a full-time advocate.  **Clients served: 86 unduplicated within fiscal year.**  We expect the number of professional contacts to increase by 100%.  We will count the number of community meetings and speaking engagements the advocate has participated in.  Professional contacts: 283  Professional meetings/speaking engagements: 12  **Professional Contacts Increased 127%**  Four trained volunteers will assist with advocacy, and outreach in FY16. **Two volunteers hired**  We continue working toward building our volunteer pool in Marion County. A new tool for online training is been prepare by ICADV to assist individuals access required trainings online.   1. **Young Parent – $8,565 (100% Spent)**   Young Parents is a free, weekly information and support program serving Warren County parents/expectant parents through 28 yrs of age, regardless of income. The program is 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. The Protective Factors are the cornerstone of this program. 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. Male and female program facilitators provide one-on-one 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 face-to-face with concrete community supports   * Actively promote program, recruit families, solicit * Referrals. **UPDATE:** **24 Warren County families served. Goal: 75% Accomplished FY 16** * Provide free dinner at weekly meetings. **(Ongoing) Goal: 75% Accomplished FY 16** * Provide ongoing individualized support to parents, referrals to community resources. **UPDATE: 33 parents served including 13 dads. Goal: 75% Accomplished FY 16** * Provide a forum for parents to develop & maintain a positive peer support system. **UPDATE: Forty-six, 2-hour sessions conducted. Goal: 75% Accomplished FY 16** * Provide parent education/information to increase knowledge & strengthen family interactions. **(Ongoing) Goal: 75% Accomplished FY 16** * Connect parents face-to-face with home visitation services. * **(Ongoing) Goal: 75% Accomplished FY 16** * Provide parenting materials/handouts & access to onsite parent lending library. **(Weekly) Goal: 75% Accomplished FY 16** * Offer free, onsite childcare/ dinner & activities for young children in a safe, nurturing setting to reduce parental stress. **UPDATE: 15 children 0-6 years of age served. Goal: 75% Accomplished FY 16.** * **100% of parents reported feeling more connected to other parents in the community.** **Goal: 75% Accomplished FY 16**\* * **100% of parents reported having an improved family support system.** **Goal: 75% Accomplished FY 16**\* * **100% of parents reported increased knowledge about parenting and child development.** **Goal: 75% Accomplished FY 16**\* * **100% of parents reported increased self confidence in their own parenting. Goal: 75% Accomplished FY 16\*** * **94% of parents reported increased knowledge on how to manage stress. Goal: 75% Accomplished FY 16\*** * **100% of parents reported improved nurturing and attachment and feel closer to their child. Goal: 75% Accomplished FY 16\*** * **100% of parents reported improved family interactions**. **Goal: 75% Accomplished FY 16**   \* ***Results based on responses from 17 parents (52% of parents served) on written program evaluation which was completed in 4th qtr.* 39% of parents served in FY 2016 were young fathers.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Projects Contract Youth 0-18 and Family Mental Health DCAT5-16-092 - $49,910 Spent: $48,395   * 1. **Cow boy Up Youth Individual Program $10,000 (100% Spent)**   Cowboy Up Therapeutic riding and equine assisted learning programs. Weekly sessions of equine assisted therapy and learning for youth in Madison, Marion, and Warren Counties.  **Action steps & Timeframes**  It is worth noting, especially because there are some stories below that say work with certain individuals is ongoing, that our sessions may or may not fall within the timeframe of the granting cycle. Our funding ran out in January, but we continue to help kids on a weekly basis and that can even overlap from one school year to another. If we feel a child needs additional sessions and support, we continue to offer them services even past their initial commitment.  1. Youth will be referred by DHS, Juvenile Courts and schools. **Referrals came from Winterset Schools and Turning Point, LLC. Accomplished FY 16**  2. Therapists and horse staff will coordinate to develop individual goals and objectives for each participant. **Equine Director & assisting staff met weekly to discuss each participant.** **Accomplished FY 16**  3. Utilizing a simple rating scale - Individual progress toward grant goals and objectives will be observed and documented at each Cowboy Up session. **Progress notes were made by staff and therapists at the conclusion of each session for every participant Accomplished FY 16**  4. Participants ability to focus on instructions and follow directions will be measured using a rating scale by horse staff and therapists.  **Ongoing progress will be monitored utilizing a rating scale throughout the therapy sessions, with final evaluation to occur by June 30, 2016. Accomplished FY 16**  5. Participants level of ability to manage self- control will be measured utilizing a rating scale by horse staff and therapists.  **Ongoing progress will be monitored throughout the sessions, with final evaluation to occur by June 30, 2016Accomplished FY 16**  **Program Services Report Cowboy Up Youth Individual (by topic not in monthly order)**  **In July, we were focused on providing 4 solid weeks of programming for the children that visit us in the summertime and thus no sessions were held. In August, we held 31 sessions. In September through partnering with the Winterset School District we were able to increase the number of sessions we were doing to 58.**  **In October we held 78 sessions. In November we held 126 sessions. In December we held 101 sessions. Some highlights were discussing with the group: When you work together what can happen? When you communicate effectively things become easier. Asking a positive person for help can make things easier and a goal easier to be obtained. Responses the youth made were: Making a situation easier by working together, problem solving. Stopping and thinking instead of reacting immediately. Processing a situation. When the girls asked for assistance from someone with skills to truly help things went so much smoother and the group’s anxiety level went down and productive thoughts came through.**  **Third Quarter Update: although our funding has run out we are still serving youth in the Cowboy up program.**  **Fourth Quarter Update: We served 20 youth in the fourth quarter. We did find out two of the youth were not ready for the program by making choices that has temporarily suspended their status with the program. We can work with any youth that are willing to learn. If they let us know they are perfect and don’t need further support we release them to go where other perfect people exist because everybody at the Ranch is imperfect and willing to grow and improve. We are also committed to never quit on a kid they just let us know they aren’t ready for the opportunity yet. We will follow up the students at a future date to see if they are in a spot to learn and grow.**  **Each session students are involved in following directions to halter, groom and tack up their horse. More complex instructions are given as session’s progress. Through discussions the Equine Director has weekly with the horse volunteers and handlers, lessons and tasks are used to gain the most impact for the individual. Tracking the student’s progress is an on-going endeavor.**  **For October, November and December we are still tracking progress of individual students and their personal progress in specific areas of growth. Some children we are identifying need additional support learning life skills. One student shared she thinks she misreads people and that causes some of the undue stress in her life. Our therapists made observations of hesitations when talking and stating she was unsure. She continues to express symptoms linked with: adjustments and anxiety. Our goal moving forward with her is to hone in on self-driven thinking and confidence. In the final assessment of another one of our October Cowboy up sessions the consensus of the group was that problems and solutions are easier when asking for guidance, help and support. We feel like this life skill will better allow transference of learning from other positive adults in their lives like teachers and other supports. School staffs, counselors, DHS and court officials have shared observed growth with individuals who have participated. Directly commenting on positive growth relating to anger, aggression and defiance. There was also a post on Facebook by one of the mothers that her daughter has grown “leaps and bounds since starting and she cannot show appreciation enough!!” She states our therapist and Equine Director and other instructors are wonderful, patient and very kind.”**  **For the months of January, February, and March of the youth we have served since October we have seen an increase grades, attendance, and positive peer interaction. The continuation of services for the clients has shown benefits and individual growth. For youth in junior high, a review and reflection of school grades and office referrals was completed. This data showed not only growth in the educational aspect via: grades continue to increase and have been maintained, office referrals are ceased and feedback from the principal, Mr. Doug Hendricks and guidance counselor, Suzi Busta, have indicated noticeable change in behaviors with the youths involved in this program. The youth involved in the middle school programs have also had similar responses and growth.**  **With this process, there are always struggles with adjustment to change. While we might have some resistance, the individual begins to show baby steps in opening up. It might be a smile or waiting at the door to be picked up for the session. The important fact to remember is, if the client shows up, the client is willing to make change. This is what sets the horse program apart from the rest.**  **Youth arrive at the Turning Point office, asking what skills were going to be worked on. What we are going to do with inner driven techniques. They have excitement to learn about themselves, while having the partnership of the horse.**  **One of the most touching transformations comes from a young gal. She has been with us since November. She continues to grow, change and now leads prayers before we ride. She smiles and states she will never look back at what she used to be like.**  **For the 4th quarter, self-reporting from our youth included:**  **“I have learned confidence.”**  **“I understand that I am in charge of me and no one else.”**  **“I have made friends, changed my friendship circle, and began to see myself in a positive way”**    **One 14 year old male, made the most progress. He drove the cart for our annual horsemanship show and set a goal to learn self-control and determination to drive the horses and make his grandpa proud of him. Our staff was driven to tears as his school interactions were noticed by peers and staff. School staff reported he was chattier and not withdrawn.**  **Major targeted goals achieved were: self-awareness, impulse control and concentration, validation of themselves, mindfulness and inner driven techniques.**   1. **School Based Mental Health $10,000 (93% Spent)**   Create a school based mental health program (SBMH) at Indianola High School in partnership with UnityPoint that will provide on-site counseling services to students and family members and provide referrals for long term clinical support or specialty provider care.   * Mental health experts will collaborate with school personnel to develop and implement academic interventions based on the unique needs of individual students. **Accomplished and ongoing** * Services will enhance the social, emotional, and mental health of students, so they may remain engaged in school and derive benefit from the educational program. **Accomplished and ongoing** * Continue to monitor the Iowa Youth Survey as a benchmark component. **Accomplished and ongoing** * The SBMH program will serve students in grades 9-12 at IHS starting in the fall of 2015. Our hope is the program continues indefinitely. **Accomplished and ongoing** * Unity-Point will be our community partner. **Accomplished and ongoing.** * IHS counselors and teachers will work closely with trained counselors to provide student or family referrals. **Accomplished and ongoing** * Coordinate with Unity-Point and ICSD staff during the summer months to determine program specifics, location of offices and tracking mechanisms. * **Accomplished** * Provide summer/pre-service training for staff on triggers for referrals, essential of counseling services, and developing generalizing therapeutic supports in the classroom. **Accomplished and ongoing** * Incorporate SBMH programs into IHS’s multi-tiered system of supports (MTSS) plan. **Accomplished and ongoing** * Implement system by August 24, 2015. **Accomplished** * The ICSD and Unity-Point clinics will monitor the number of staff (FTE) and service hours that are allocated to the SBMH throughout the 2015-2016 school year. **87 Hours Accomplished FY 16** * The ICSD will monitor the number of dollars (both district funds and DCAT allocations) that are invested during the 2015-16 school year**. $9,457.96 paid Accomplished FY 16** * The ICSD will monitor the number of high school students who are referred to the SBMH program during the 2015-16 school year. **50 Students Accomplished FY 16** * The ICSD will monitor the number of high school students who are served through the SBMH program during the 2015-16 school year. **20 students Accomplished FY 16** * The ICSD and UnityPoint Clinics will monitor the average number of hours of services provided per students served. **4.35 hrs. Per student. Accomplished FY 16** * The ICSD will monitor the number of students served through the SBMH program who dropout during the 2015-16 school year, relative to the percentage of other At-Risk students. **0 Students Accomplished FY 16** * The ICSD will monitor the number of students served through the SBMH program that are suspended or expelled during the 2015-16 school year, relative to the percentage of other At-Risk students. **2 students suspended, 0 expelled Accomplished FY 16** * The ICSD will monitor absenteeism and truancy rates among students served through the SBMH during the 2015-16 school year, relative to the percentage of other At-Risk students. **Ongoing** * The ICSD will monitor the number of students served through the SBMH program who fail one or more classes during the 2015-16 school year, relative to the percentage of other At-Risk students. **6 students Accomplished FY 16** * The ICSD will monitor the number of students served through the SBMH program who receive discipline referrals for serious offenses (i.e., acts/threats of violence, weapons violations, bullying/harassment, drug or alcohol use/possession) during the 2015-16 school year, relative to the percentage of other At-Risk students. **2 students—1 substance abuse, 1 suicidal Accomplished FY 16** * The ICSD will monitor the number of students served through the SBMH program who are referred to residential placements during the 2015-16 school year, relative to the percentage of other At-Risk students. **3 students Accomplished FY 16** * The ICSD will monitor trend data from the Iowa Youth Survey to determine the percentage change in students experiencing feelings of depression, suicidal ideation, and self-injurious behaviors. **Ongoing** * The ICSD will survey high school staff regarding the efficiency and benefits of the SBMH program at the conclusion of the 2015-16 school year. **Accomplished and Ongoing** * The ICSD will survey students and families served through SBMH program regarding its regarding its benefits at the conclusion of the 2015-16 school year. **Accomplished and Ongoing**   **Josh Lullmann, Dean of Students, collected anecdotal data by interviewing staff members, teachers, parents, and students in May 2016 to help determine the efficiency and benefits of the SBMH program. This method was chosen over a questionnaire survey that would have been sent/emailed to a larger number of respondents. Due to the confidentiality of individuals within the program and the specific services they were provided, there were a limited number of staff members, parents, and students who could provide us first-hand feedback. Such confidentiality was a recommendation by UnityPoint upon establishing the program following the writing the DCAT grant. Anecdotal data was therefore collected from individuals who were closely connected to the program. This included our administrations, guidance counselors, and select teachers, parents, and students. Feedback received was positive! Our guidance counselors acknowledged a slow start to the program with a high number of referrals but with a small number of students actually scheduling appointments. (This issue was addressed for the second semester as we modified how appointments can be scheduled, which led to an increase in our referral/appointments percentage). The high school administration felt there was tremendous value to the program and believe that there are even more students who would benefit from services than just those who received support. A number of parents whose student met with Tammy shared with Mr. Lullmann a sense of hope and relief that the mental health counseling sessions would provide answers, strategies, or further referrals to a secondary provider to help overcome their students issue(s). (Many students were experiencing increased levels of anxiety and depression). Student responses tended to be much more focused on their interactions with Tammy rather than the program as a whole. Many of them responded that she was “cool”, “easy to talk to”, and “honest” with them, which they seemed to appreciate.**  **The data and feedback throughout the year showed a clear need for a school-based mental health program. We believed that the foundation has been set, and with continued collaboration with service providers, our program will continue to improve the quality of mental health services and academic and behavior interventions we can provide students at Indianola High School. We are very thankful to receive the DCAT grant, which provided us with the necessary funding to establish our partnership with UnityPoint. (4Q)**   1. **We Lift (Job Training Program) $10,000 (100% Spent)**   WeLIFT is a non-profit organization that empowers unemployed and underemployed individuals to achieve economic self-sufficiency by providing education, skills, support, and mentoring to aid them in securing suitable employment. All services and materials are provided at no cost to clients. The objective of this project is to support those efforts. This grant would also assist in development of a ‘work ethics’ class.  **Increase to 90% the WeLIFT clients considered ‘job ready’ after our services** (First quarter- 88% of our clients are currently considered ‘job ready’)  (Second quarter- 88% of our clients at 12/31/15 are currently considered ‘job ready’)  (Third quarter- 89% of our clients at 3/31/16 are considered ‘job ready’.)  **(Fourth quarter- 83% of our clients at 6/30/2016 are currently considered ‘job ready’.)**  ***-*Decrease to 15% (from 20%), those clients receiving state aid after our services** (First quarter- 48% of our clients currently receive state aid)(Second quarter- 49% of our clients currently receive state aid)  (Third quarter- 55% of our clients currently receive state aid.)  **(Fourth Quarter- 46% of our clients currently receive state aid.)**  2. This goal will also be determined by the % of clients considered job ready and receiving state aid.  **(See numbers above)**  3. Award 15 “Certificate of Work Ethic Proficiency” in FY16 to WeLIFT clients  (During first quarter, 0 certificates have been awarded)  (Second Quarter we reported This outcome has not been realized as we have not finished writing curriculum and begun teaching the class.)  (Third quarter- Curriculum has been finished. Clients are currently enrolled and progressing in this course.)  **(Fourth Quarter- 2 clients have successfully completed this course. We are developing a marketing plan to present this to area employers who have employees who could benefit from this program.)**  Fourth Quarter: New Clients -**310** ( 141 have dependent children)  Returning Clients –**1177**  Total Visits of New & Returning Clients -**1487**  Office Hours Available per Week:  24 hours per week ( Winterset clients can schedule appointments with staff to meet at our office in Winterset)  Counties Served;  Warren – **686**  Lucas – **11**  Polk – **26**  Madison – **31**  Marion – **13**  Other – **42**  Clients Receiving State Aid: **243**  Good News story by We Lift (First Quarter):  **I was in the worst point in my life by far. I was being released to the real world from prison after two years. It was a hard change because everything was new again. I had no job, no money and was stressing out. I was having no luck finding a job until I found WeLIFT. WeLIFT helped to keep my spirits up. They encouraged me to think positive about my situation and my problems. I did not know where to start in making a cover letter and a resume which they helped me to do.**  **The WeLIFT team went out of their way to try to help me find a job. They spent many hours with me and believed in me even when I didn’t believe in myself. They also a big part of my rehabilitation back into the community. We had little meetings multiple times a week to talk about goal setting and getting a game plan for the next step in the job search process. They didn’t give up on me even when it seemed like nothing was going to happen. It seemed like the odds were against us a majority of the time.**  **I’ve learned a lot in working with WeLIFT. I was always scared of job interviews but now I can go in to one and present myself well and not get freaked out. Without WeLIFT, I would not be where I am today. I have a job working at Applebees. I can’t thank them enough for everything they did and not giving up and believing in me. Thank you WeLIFT team!**  **Thanks again!**  ***Client Prefers to remain anonymous***  Good News Story by We Lift (Second Quarter):  **Duane was a forty-five year old, life-long resident of Indianola who found himself jobless, divorced, and nearly homeless after losing his job as a truck driver due to an OMVI conviction. As he quickly learned, a barrier such as an OMVI can be hard to overcome especially for a commercial truck driver. Duane ended up losing his home and moving in with an elderly parent.**  **After several months, Duane ended up just taking temporary jobs and trying to get by the best he could. His future was pretty hopeless. After several months, he found his way in to WeLIFT Job Search Center. Through job coaching with his job developer at WeLIFT, he developed an action plan. Actions he took included taking several of WeLIFT’s free course offerings such as Interviewing Skills and Electronic Job Searches. He frequently visited WeLIFT looking for and applying for jobs online. All the while, Duane filled in with odd jobs to help meet expenses when he could. He was eventually able to get his CDL back and began applying for truck driving jobs. WeLIFT staff helped him learn how to answer questions potential employers had about his OMVI conviction and poor choices he had made. After nearly a year, Duane got a job as an over-the-road trucker for a large trucking company.**  **Thanks again!**  ***Client Prefers to remain anonymous***  Good News Story by We Lift (Third Quarter):  **A few months ago, I was at a job that I wasn't very happy with and was getting tired of living paycheck to paycheck, especially since I have a college degree. I knew there had to be something better out there.  I heard about a job that sounded like something I would be happier with, but I didn't have a resume or cover letter.  After so many years out of school I wasn't even sure how to write one.  A friend suggested I come to WeLIFT and I'm so glad I did.  Everyone was so welcoming and made the scary process of finding a job more comforting.**  **I am happy to tell you that I got the job I wanted!  My family and I are so grateful for all of WeLIFT’s help.  I'm so glad I came to WeLIFT that day.  I make sure to tell everyone in the same situation about the help I received.  You helped take the intimidation out of looking for a new job.**    **Thanks again!**  ***Client Prefers to remain anonymous***  **Good News Story by We Lift (Fourth Quarter):**  **I wanted to take time to thank you for helping me recently. I was in a bad spot in my life. I was referred to your office from a place in Warren Co. that helped me pay my rent. I was working part time waitressing and bartending and just not making ends meet. Meeting with you at WeLIFT was actually a changing point in my life.**  **You encouraged me to go back to school, and you helped build my confidence that I was employable. You told me to set goals. I now set goals all of the time. I went from making seven dollars an hour and not being able to pay my rent, pay for daycare or survive on my own. I honestly could not envision even living without government food assistance. After I got a divorce, supporting my two kids was about survival. You believed in me. I dared to dream.**  **Now, because of your help and encouragement, I now have a salary making over $10,000 more a year than I made previously. I am able to support my children 100% on my own with no government assistance. Thank you.**  **Some goals that I am working on now are paying off debt, having an emergency savings account, buying a house and finishing college. These are things I gave up on after life had beaten me down. Thank you for “lifting” me☺**  ***Client Prefers to remain anonymous***   1. **Cowboy Up Family Program $9,900 (90% Spent)**   Weekly sessions of family equine assisted therapy and learning for families in Madison, Marion, and Warren Counties.   * FAL will be available to families in Madison, Marion, and Warren Counties. * **We are working with families primarily from Madison County.** * **Accomplished FY 16** * Weekly 2-hour sessions will be provided through June 30, 2015. Sessions will be arranged as therapists and horse handlers are available. **See attached. Accomplished FY 16** * Families are referred by DHS, Juvenile Courts, schools, etc. **Some families we are working with have DHS involvement, others were through Turning Point/Wildwood involvement. Accomplished FY 16** * 2. Therapists and horse staff will coordinate to develop individual goals and objectives for each participant. **Equine Director & Turning Point staff met weekly to discuss each participant.** **Accomplished FY 16** * 3. Utilizing a simple rating scale - Individual progress toward grant goals and objectives will be observed and documented at each Cowboy Up session. **Progress notes were made by staff & therapists at the conclusion of each session for each family. Accomplished FY 16** * Final/Overall Evaluation to occur every 12 weeks. **Accomplished FY 16** * Participant’s ability to focus on instructions and follow directions will be measured using a rating scale by horse staff and therapists. * **Ongoing progress will be monitored utilizing a rating scale and SOAP notes throughout the therapy sessions, with overall evaluation to occur every 12 weeks. Accomplished FY 16 See Case Studies below.**   **Program Services/Case Studies/Outcomes**  **In July, we were focused on providing 4 solid weeks of programming for the children that visit us in the summertime and thus no sessions were held. In August, we held sessions with two different families totaling 5 sessions, while in September only 3 sessions were held. As with any brand new program, there have been some definite learning opportunities for us. Invoicing from Turning Point and correct record-keeping has held up some of our reimbursement requests. Sometimes families are inconsistent in coming to sessions and scheduling is an ongoing issue. The reason only 3 sessions were held in September is because of DHS intervention in one of the families, as well as the therapist we are working with being out of the office one week.**  **We were also presented with a unique scenario… Wildwood office staff was approached by the therapist and horse professional about one family’s qualification for the program. The family was in such turmoil that the child was not even ready to engage and/or trust in working with their parent. The therapist/horse professional wanted to know if they could work with the child and parent separately for the time being before introducing them together into one session. We chose to move ahead in that manner, but only ask for reimbursement for one session, as if they were happening at the same time. The family is still getting the benefit of the equine therapy and we have confidence that they are making gains toward coming together to work together.**  **In October we held 7 family sessions. In November we did 14 sessions and in December we held 3 sessions. We are continuing to find sessions are helpful to have some sessions with the whole family present and others for individuals to work on themselves individually prior to continuing to contribute in a group setting. We are still only asking for reimbursement for the combined family sessions. At one of the sessions with a young lady and her step dad she shared that she thinks she, “Misreads people,” that she, “makes poor choices and we don’t communicate.” She continues to express symptoms linked to anxiety, domestic violence and separation anxiety. In January, February, and March although funding ran out we continued with our family sessions. In the fourth quarter we served 3 families for a total of 36 sessions.**  **Each session family members are involved in following directions to halter, groom and tack up their horse. More complex instructions are given as session’s progress. Through discussions the Equine Director has weekly with the Therapist, lessons and tasks are used to gain the most impact for the individual and family as a whole. Tracking the progress is an ongoing endeavor. Turning Point turns over what are referred to as SOAP (subjective, objective, assessment & plan) notes to Wildwood after each session that do not contain the individuals name or any other identifying marker. We keep these notes on file a long with their invoice for services.**  **With the young lady and her step dad we continue to set goals. Some of those goals include working toward understanding natural consequences and self-driven thinking and confidence. We are continuing to assess progress on these goals and will update final assessments in the 4th quarter. We have also had participants share their personal growth in overcoming fears of the horse and their accomplishment in having courage to try new tasks with the horse. We have observed families that have been through lots of trauma laughing together, working together and mother with low esteem direct family to address safety concerns. We are continuing to work with her on parenting skills with children present.**  **Third Quarter Results include: Judge Kevin Parker has noted the change of a mother and her progress with her children. She is currently increasing her time with children, to the point of reunification. In addition, she has been sober and meth free for a year. In the substance abuse world, not using meth, without relapse, shows the ability to maintain substance free lifestyle and change. She continues to make progress with the domestic violence she endured and has filed for divorce. She reflects back on the horse that died during her progress and was able to use him as the analogy to her life. This horse helped her journey begin, yet impacted a moment of change when she realized in the horses death, it could have been hers.**  **A family of 3 children and their father has been making progress. The father stated he didn't realize the impacts that he had on his children. In addition, the daughter shared some concerns on the horse that directly affected this case. The appropriate parties have been contacted and insisted that we continue with horse therapy.**  **A mother and daughter have grown remarkably. The mother is now fully engaging in the sessions. The daughter has joined a girls group and is flourishing. This youth stated, she found a place where she feels she belongs and can grow.**  **Child and grandparents. To sum this case up, slow and steady. Change occurs.**  **Fourth Quarter Results Include: A mother and daughter that made progress in self-awareness and better understanding needs in the home. The young participant decreased her baby talk reactions to a minimal, compared to baby talk 80% of her communication when sessions started. The mother better understands the impact she has on her daughter when she talks poorly of the biological father. This family went from not working together, to working together 40% of the time during sessions. Redirection was frequently given.**  **Overall we were very pleased with family sessions and see tremendous value helping reunite families to aid with skill building for both parents and children. We are grateful on behalf of the families were serve for allowing us to teach new skills as it is difficult to give to others something you have never received yourself. It has been incredible to see the impact of parents gaining new skills to better communicate love and support. We are particularly excited to see the improvement in healthy forms of communication between parent and child.**   1. **Mental Health Expansion Program $7,633 (100% Spent)**   BHIS referral sources in Madison County will be identified specifically in monthly data collection.   * **5 Child Guidance School Based Therapist** * **1 parent referral** * **2 Radmilla Abram** * **2 Crossroads**   Second ¼:   * **4 Crossroads** * **2 OP/Child Guidance**   Third ¼:   * **1 Crossroads**   Fourth ¼:   * **No new referrals**   **Accomplished FY 16**  A client roster specific to Madison County will be maintained on a monthly basis.   * **Cases from Madison County are denoted on caseworker roster as such.**   **Accomplished FY 16**  Discharge outcomes which include place of residence at the time of discharge will be completed for all clients participating in the program.   * **3 clients have been discharged during the 2nd quarter. One was removed and moved from the area. One did not engage in services and the third completed treatment plans goals successfully. 2/3 remained in the Madison County area. 3rd Quarter:** * **4 clients were discharged during the quarter. Three of these are successful discharges. The final case was making progress but due to some poor decision making will ultimately be discharged to a higher level of care. Due to progress was defined as partially success on the outcomes sheet.**   4th Quarter:   * **One case has discharged this quarter as she turned 18 and was non-compliant with services. This case was deemed partially successful as the client had not been hospitalized for some time. Of concern is continued risk taking behaviors.**   **Accomplished FY 16**  Communication/collaboration will occur on a monthly basis. Documentation of this communication will be monitored monthly to ensure compliance.   * Therapist contacts are tracked in the EMR to ensure compliance. * Therapist contact continues at least monthly.   Contracts continue to occur at least monthly. **Accomplished FY 16**  Also see attached explanation on next page.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Habitat for Humanity 50th Home in Marion County $2,500 (100% Spent)**   Habitat for Humanity brings people together to build homes, communities, and hope. At-risk children are positively affected by affordable and stable housing. In addition, Habitat works with youth to construct homes, which gives them real world skills and often college credit while in high school.   * Review and select eligible family. ***(completed)*** * Facilitate homebuyer and financial education for buyers. ***(completed March 2015)*** * Select site for construction and house plan.***(completed July 2015)* Accomplished FY 16** * Construct home in partnership with volunteers. ***(started September 2015)* Accomplished FY 16** * Encourage sweat equity from selected family. ***(completed April 2016)* Accomplished FY 16** * Inspect and test home. ***(completed May 2016)* Accomplished FY 16** * Determine affordable payments and set house price. ***(completed June 2016)* Accomplished FY 16** * Provide supportive services to family throughout life of loan.)**0n-going** * Three children and two adults are in safe, decent, and stable housing. **Accomplished FY 16** * Financial burden and stress will be reduced as a low-income family will be paying 30 percent or less in housing costs. **Accomplished FY 16** * Positively affect local economy as HFHMCI will spend approximately $100,000 in materials and subcontractor labor. **Accomplished FY 16** * After house is transferred from HFHMCI to the family, $1,400 in property tax will be added to local governments funding that goes toward public infrastructure. **Accomplished FY 16** * Close on home.*(July 15, 2016)* |
| Joe Burke – 515.314.3603  DCAT Coordination. DCAT5-14-012 Core Program #3 $76,743 Spent of $77,350 |
| 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 (when available), interagency, County Supervisor meetings, State CPPC Advisory Group, Community Partnerships for Protecting Children regular monthly meetings, yearly meetings and some quarterly regional meetings were also attended. He also supervises the CPPC Coordinator. The DCAT Coordinator provided monitoring, budgets & oversight on over 17 DCAT contracts, sub contracts, CBCAP or other projects for a total of over $300,352. Approximately $4,000 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. FY 16 saw the fourth year of 100% accuracy on State GAX Reimbursements Request for the Cluster. Joe also did Professional Development & CPPC Training for Service Area 5 when requested. He also was on panels for CPPC 201 and assisted with Immersion 101 CPPC Training for Indianola DCAT. He was also certified in Consensus Ranking for Contracts for the Indianola DCAT. He provides this expertise to other DCAT/CPPC areas of the State when requested.** |

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| Sarah Hohanshelt Core Programs #4&5  Community Partnership for Protecting Children and Parent Partner Contract.  DCAT5-13-012 CPPC $20,000 **Spent $20,000**  DCAT5 16-031 Community Support Contract (additional support CPPC)  $50,044 **Spent $50,031** |
| 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. |
| **See CPPC End Of Year Report Starting on Page 32 Below** |
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**LESSONS LEARNED/PLANNING ADJUSTMENTS**

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

**Lesson Learned – DHS Family Team Meeting going to a State Wide Contract negatively affected our referrals for Community Based Family Team Meetings (down about 90%).**

**Adjustment – We decided to do a pilot project where two professionals from Madison County (CRISP and The School System) were trained in Family Team Meetings. They will be doing a Community Based Family Team Meeting as part of their regular planning meetings with families and these will count toward our FY 17 meeting totals.**

**Use of SAM Funds from Transfer letters with FY 14, 15, and 16 designated amounts voted on in acceptance letters and later designated by Indianola DCAT Cluster Board**

1. ALS PALS 13,157 (Child Welfare Dollars, Child Abuse Prevention). $248 of FY 14 DHS Child Welfare Carry- Over from 6/14 transfer letter not spent and reverted back to State.

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| FY 14 DHS CW C/O from 6/14 Reverts | $ 13,157.00 |

1. Community Support $50,044 (Child Welfare Dollars-CPPC Coordination). $13 of FY 14 DHS Child Welfare Carry- Over from 6/14 transfer letter not and reverted back to State.

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| FY 14 DHS CW C/O from 6/14 Reverts | $ 50,044.00 |

1. Flex Funds $40,000(Child Welfare Dollars, DCAT Flex Funds designation). $199 in FY14 DHS Child Welfare Carry- Over from 3/14 transfer letter spent. $15,663 in FY 14 DHS Child Welfare Flex Funds Carry Over from 6/14 transfer letter not spent and reverted back to State. $12,204 from FY 15 Legislative Allocation carry over not spent and carried over to FY 16

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| FY 14 DHS CW C/O from 3/14 Reverts | $ 199.00 |
| FY 14 DHS CW C/O from 6/14 Reverts | $ 27,597.00 |
| FY 15 C/O Legislative Allocation | $ 12,204.00 |

1. DCAT Coordinator $77,350 (Child Welfare Dollars, DCAT Coordination) $607.00 in FY 14 DHS Child Welfare Carry -Over DCAT Coordination Dollars from 6/14 not spent and reverted back to State.

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| FY 14 DHS CW C/O from 6/14 Reverts | $ 77,350.00 |

1. CPPC $20,000 (100% spent CPPC Coordination)

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| FY 16 CPPC (State) Reverts | $ 20,000.00 |

1. Special Projects $49,910 – Mental Health $1.514.00 in FY 14 DHS Child Welfare Carry- Over Child Abuse Prevention Dollars from 3/14 not spent and reverted back to State.

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| FY 14 DCAT CW C/O from 3/14 Reverts | $ 49,910.00 |

1. Special Projects $49,891- Parenting Programming $147.00 in FY 14 DHS Child Welfare Carry -Over Child Abuse Prevention Dollars from 3/14 not spent and reverted back to State.

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| FY 14 DHS CW C/O from 3/14 Reverts | $ 49,891.00 |
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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, 2015-June 30, 2016** Check One: Proposed Plan:  Year End:

**Individualized Course of Action**

1. Describe how Family Team Meetings (FTM) are implemented in your area. *(Who facilitates? How are referrals made? What funding is used?)*

Community Based Family Team Meetings (CBFTMs) and Community Based Youth Transition Decision Making Meetings (CBYTDM) are facilitated by the CPPC Coordinator and various subcontractors. The CPPC Coordinator and subcontractors have completed the below mentioned trainings in order to be able to facilitate our meetings at state standards. Referrals come from community agencies, schools, churches and private providers. DCAT funds the meetings with a separate budget but they are part of the CPPC process.

1. Annual Plan: Please list goal(s) for **Level 1** Individualized Course of Action.
   1. Promote CBFTMs and CBYTDMs through schools, provider meetings, daycares, etc.
   2. Promote trainings and coaching and mentoring to those interested in becoming a facilitator in our area.
   3. Work with agency to understand their process for working with DHS involved families.
   4. Collaborate with facilitators from other agencies by inviting them to SDM meeting and other relevant community events.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: Please list goal(s) for **Level 2** Individualized Course of Action.
   1. Maintain above listed items.
   2. Develop plan for tracking, evaluation and quality assurance with assistance of SDM team.
   3. Maintain list of state-approved facilitators.
   4. Promote CBFTMs and CBYTDMs at provider groups.
   5. Maintain relationships with current referral sources.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: Please list goal(s) for **Level 3** Individualized Course of Action.
   1. Maintain above listed items.
   2. Facilitate, track and evaluate CBFTMs and CBYTDMs for quality assurance.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: Please list goal(s) for **Level 4** Individualized Course of Action.
   1. Maintain above listed items.
   2. Continue implementing CBFTMs and CBYTDMs.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: Goal for the number of state approved facilitators. Goal: 3

End of Year Results: Current number: 3 Was your goal met? Yes

1. Annual Plan: Goal for the number of community education activities about CBFTM and CBYTDM. Goal: 3

End of Year Results: Current number: 3 Was your goal met? Yes

1. Annual Plan: Goal for the number of FTMs held annually for families NOT involved with Child Protection Services/DHS. Goal: 12

End of Year Results: Current number: 3 Was your goal met? No

1. Annual Plan: Goal for the number of CBYTDM held annually for families NOT involved with Child Protection Services/DHS. Goal: 1

End of Year Results: Current number: 0 Was your goal met? No

Annual Plan: Based on your activities**, select** the level\* for Individualized Course of Action that best fits your site: **2**  
Describe strategies to advance to the next level: Complete field experience for CPPC Coordinator to be certified as a YTDM facilitator.

End of Year Results: Based on your activities, circle the level\* for Individualized Course of Action that best fits your site: **3**  
*\*See Level Document at the end of this evaluation*

**Neighborhood Networking**

**\*\*Activities may overlap and meet several goals, or one activity may meet only one goal. \*\***

1. Annual Plan: Please list goal(s) for **Level 1** Neighborhood Networking activities.
   1. Maintain website ([www.cppconline1.com](http://www.cppconline1.com)).
   2. Order promotional items as needed (pens, reusable grocery bags, etc.)
   3. Complete semi-annual and year-end newsletter.
   4. New member orientation for voting members to prepare them to be spokespeople for CPPC in our area.

End of Year Results: Was your goal met? If yes, please include this information in next section. If no, please explain. Yes

1. Annual Plan: Please list goal(s) for **Level 2** Neighborhood Networking activities**.**
   1. Provide access to community service brochures.
   2. Maintain website.
   3. Provide resource information to providers through local presentations.
   4. Continue to provide assistance in sending out requests to mailing lists for family needs.
   5. Forward any received information on local events/collaboration opportunities to Parent Partner Coordinators.
   6. 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 FTMs).

End of Year Results: Was your goal met? If yes, please include this information in next section. If no, please explain. Yes

1. Annual Plan: Please list goal(s) for **Level 3** Neighborhood Networking activities**.**
   1. Continue to maintain website as a “hub” for local events, resources, job openings, etc.
   2. Continue to promote and support 24/7 Dads and Parent Partner involvement in our counties.
   3. Host a Race: The Power of Illusion training.

End of Year Results:Was your goal met? If yes, please include this information in next section. If no, please explain. No

Hosted Immersion 101 instead of Race: The Power of Illusion.

1. Annual Plan: Please list goal(s) for **Level 4** Neighborhood Networking activities**.** 
   1. No goal identified at this time.

End of Year Results: Was your goal met? If yes, please include this information in next section. If no, please explain. Yes

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| **Activity** | **Description**  *(What was the goal? What was invested?)* | **Number of Participants** | **Outcome(s)**  *(What was done?)* |
| **Level 1** |  |  |  |
| Working with Bobbie Jo Sheridan (Des Moines Public Schools-DMPS) to possibly get Parent Cafes going in Polk County. | To provide more information on Parent Cafes and see if there is a need/interest in holding cafes through DMPS.  CPPC Coordinator’s time to discuss Parent Cafes and send information to Bobbie Jo. | 4 | Bobbie Jo was provided with the information needed to further the discussion within DMPS. |
| **Level 2** |  |  |  |
| Distributing Madison & Warren County Resource Directories | To distribute the Madison and Warren County Resource Directories.CPPC Coordinator networked with local businesses and agencies at provider meetings, local events, etc. to ensure each had enough resource directories throughout the year to meet their and their client’s needs. | 100+ | Directories were supplied to all those who indicated a need. |
| Distributing CPPC brochure. | To distribute the CPPC brochure to local businesses, families and to providers.Brochure was handed out at local events and meetings. | 50+ | Brochures were given to participants in local events and meetings to educate on the purpose and goals of CPPC. |
| Presentations at CPPC Steering Committee Meetings | To invite local agencies to present information pertaining to the services they offer to the Steering Committee. CPPC Coordinator worked with local agencies to schedule presentations. | 30+ | Employee and Family Resources (EFR), Parent Partners, Outreach, Inc. and American Lung Association were able to present information to our Steering Committee (SDMT). |
| Al’s Pals | To provide the evidence based Al’s Pals curriculum to all interested schools/daycare centers in Madison, Marion and Warren Counties. CPPC Coordinator made connections with area schools/centers to promote Al’s Pals and work with those who were interested in becoming or remaining a DCAT/CPPC sponsored Al’s Pals school/center. | 1,050+ \*this number includes students receiving the curriculum and teachers trained to facilitate Al’s Pals. | All interested schools/centers in our three county area were trained in Al’s Pals and provided their supplies free of charge. |
| Decorate chamber window for Child Abuse Prevention Month | To create awareness for Child Abuse Prevention. CPPC Coordinator’s time to work with other local agencies to design and decorate the window. | 4\*this does not include the number of people that viewed the window | Chamber window was decorated in a Child Abuse Prevention theme for the month of April. Passerby were able to learn more about events happening in the county for Child Abuse Prevention Month as well as where they could find more information on the council, how to report abuse, etc. |
| Meet with new employees of agencies serving Madison, Marion and/or Warren Counties | To educate new employees at various agencies about CPPC, the four strategies, the goals, etc. CPPC Coordinator’s time to prepare for meetings and meet with individuals from Employee and Family Resources, United Healthcare and American Lung Association. | 5 | New hires from each of the aforementioned agencies gained information about CPPC that they can use to partner in the future. |
| Hold a meeting to develop a plan for the future of CBFTM in our counties | To develop a plan moving forward with CBFTMs in Madison, Marion and Warren Counties. CPPC Coordinator, DCAT Coordinator, DHS Supervisor and two CPPC Steering Committee members’ time to meet to discuss CBFTMs. | 5 | A plan was developed to move CBFTMs forward in our counties. We will be training two facilitators to implement CBFTMs with the families they are already serving. |
| Meet with youth | To discuss the CPPC Steering Committee, CPPC and how youth can get involved. CPPC Coordinator’s time to meet with one Warren County youth. | 2 | CPPC Coordinator was able to discuss CPPC, our Steering Committee and the important role youth play in our work with the youth. Youth expressed interest in becoming involved. |
| Level 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.cppconline1.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. |
| General needs met for Madison County families | To meet the basic needs of Madison County families working with CRISP.CPPC Coordinator worked with CRISP Coordinator, Lynette Judd, and local providers to help families obtain needed supplies such as: dressers, beds, washing machines, etc. | 50+ | 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. |
| Madison County Cares Secretary | To provide support to a local provider group.CPPC Coordinator began working with current secretary to take over the roll in FY17. | 1 | CPPC Coordinator is prepared to act as secretary in FY17. |
| Maintained CPPC website | To increase awareness of CPPC and advertise local events and job postings.CPPC Coordinator updated the website daily to maintain accurate and up-to-date information. | 1+ | CPPC Coordinator networked with local providers, community members and agencies to receive up to date information on events, job openings, etc. which are necessary for the upkeep and purpose of the CPPC website. CPPC Coordinator also promoted the website and discussed its usefulness at each of the three county provider groups. |
| Madison County Cares | To attend Madison County Cares meeting to assist in planning community events and learn of community needs.CPPC Coordinator attended 10, one and a half hour monthly meetings. | 50+ \*This number only includes those who attend the meetings, NOT those who participated in the events. | Successful spring community events were planned and implemented for families in Madison County. CPPC Coordinator learned of needs and reported back to Shared Decision Making Team/Steering Committee.  Providers had a better understanding of CPPC/DCAT. |
| Warren County Providers | To attend Warren County Provider/Family Care Team meeting to learn of needs in the community and help address needs within the schools in Warren County. CPPC Coordinator attended 7, one hour monthly meetings. | 20+ | CPPC Coordinator learned of needs and reported back to Shared Decision Making Team/Steering Committee. Providers had a better understanding of CPPC/DCAT. |
| Marion County Providers | To attend Marion County Provider meeting to learn of needs in the community. CPPC Coordinator presented at the April meeting to educate attendees about CPPC, FTMs, DCAT, etc. CPPC Coordinator attended 10, one and a half hour monthly meetings. | 20+ | CPPC Coordinator learned of needs and reported back to Shared Decision Making Team/Steering Committee. Providers had a better understanding of CPPC/DCAT. |
| 1st Five Coalition Meetings | To participate in meetings to learn of new resources/services in Madison and Warren Counties. CPPC Coordinator’s time to participate in monthly meetings. | 20+ | CPPC Coordinator learned of resources/services in Madison and Warren Counties. |
| Host Immersion 101 | To hold an Immersion 101 training to be in compliance with the new CPPC levels requirements. CPPC Coordinator’s time to plan, organize, coordinate and advertise training with DCAT Coordinator, CPPC Steering Committee members, CPPC Specialists, etc. DCAT and CPPC Coordinators’ time to purchase and prepare all materials. Participants time to participate in the all-day training. | 20 | A successful Immersion 101 training was held. Attendees left with a better understanding of CPPC and its works in Madison, Marion and Warren Counties. As a result, attendees can better discuss CPPC in their community and workplace. |
| Regional and Statewide CPPC Meetings | To learn about changes within CPPC and network with other coordinators, DHS staff, etc. to learn of events and programming happening across the state. CPPC and DCAT Coordinators’ time to attend meetings. | 100+ | DCAT and CPPC Coordinator networked with CPPC Coordinators, DCAT Coordinators, and DHS staff from across the state. |
| Here, Now and Down the Road | To provide Here, Now and Down the Road in Madison, Marion and Warren Counties. CPPC and DCAT Coordinators’ time to monitor the program which was subcontracted through Partners in Family Development. DCAT funding to support the program. | 22 | Here, Now and Down the Road was provided in Madison, Marion and Warren Counties. |
| DCAT Mini Projects | To provide funding for local programming in the Indianola DCAT Cluster.DCAT and CPPC Coordinators’ time to set up new scoring process, disseminate application process information and field questions related to the application process. Steering Committee Voting Members’ time to read and score proposals. | 500+ | The Indianola DCAT Cluster funded 11 projects ranging from Family Equine Assisted Therapy to WeLift Job Search Center and School Based Mental Health. |
| Collaborating with other counties to start Parent Cafes | To implement Parent Cafes in surrounding counties. CPPC Steering Committee member’s time to collaborate with other agencies to implement Parent Cafes in Dallas County. | 10+ | Parent Cafes will now be implemented in Dallas County. |
| Warren County Coalition Against Domestic Violence meeting | To participate in meetings to learn of new resources and/or needs in Warren County. CPPC Coordinator’s time to attend meetings. | 15+ | CPPC Coordinator learned of resources and needs in Warren County. |
| Warren County Standing Together on Prevention (WCSTOP) meeting | To attend the WCSTOP meeting to learn how CPPC can be a part of their prevention efforts. CPPC Coordinator’s time to attend meetings. | 5 | The group struggled to gain traction and eventually disbanded in FY16. |

|  |  |  |  |
| --- | --- | --- | --- |
| Participated in Toddlerfest | To distribute information about CPPC and discuss our goals with attendees of Toddlerfest. CPPC Coordinator’s time to prepare bags with information on CPPC and to participate in the event. | 50+ | Participants in Toddlerfest gained more knowledge on what CPPC is, what we are accomplishing in their community, what our goals are and how they can get involved. |
| Madison County Hunger Dialogue | To address hunger issues in Madison County. CPPC Coordinator’s time to meet with Food Bank of Iowa, HIRTA, Outreach, Inc. and other agencies. | 15 | The group was able to develop and distribute a survey. The survey was taken by community members who answered questions about their food and transportation needs. Results will be tabulated and discussed in FY17. |
| Immersion 201 Presenter | To provide information about how CPPC functions in our counties. DCAT and CPPC Coordinators’ time to prepare and present at Immersion 201. | 25+ | DCAT and CPPC Coordinators were able to share information and answer questions from other CPPC partners. |
| CPPC Steering Committee | To work with local providers and community members in Madison, Marion and Warren Counties to learn of community needs and address the four strategies of CPPC in a way that best fits the needs. CPPC Coordinator facilitated each meeting and recorded meeting minutes. | 25+ | Providers and community members were made aware of community needs.Many needs were met. |
| PCA Iowa Conference | To participate in PCA Iowa conference, network with other providers and gain knowledge on preventing child abuse in our three county area. CPPC Coordinator’s time to participate in 2 day conference. | 50+ | CPPC Coordinator participated in both days of the conference. |
| **Level 4** |  |  |  |
| Madison County FreeStore | To work with community members to provide families with needed household items. CPPC Coordinator attended several meetings, engaged in email correspondence and coordinated item pick up/drop off. | 5 | A storage unit was rented using funding from community members. The unit houses many house hold items such as beds, dressers, small appliances, etc. to be donated to families in need. |
| **Total Activities: 30** |  | **Total # of Participants:**  **2,284+** |  |

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

Describe strategies to advance to the next level: Develop a plan to move to Level 3 and 4 with SDMT.

End of Year Results: Based on your activities, circle the level\* for Neighborhood/Community Networking that best fits your site: **1**  
*\*See Level Document at the end of this evaluation*

**Policy and Practice Change**

1. Annual Plan: Please list goal(s) for **Level 1** Policy and Practice Change.
   1. Work with families/agencies involved with Al’s Pals and SDM team to determine needs relating to policy and practice change.
   2. Attend local and regional meetings to learn of needs.
   3. Engage SDM team in discussions that identify needs.
   4. Create and utilize informal surveys to gather data from parents and youth impacted by policy and practice change to investigate needs.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: 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 and prioritized.
   2. Identify partners to engage to accomplish change.
   3. Identify cultural disproportionality and disparity issues (if relevant).

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: 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.

End of Year Results: Was your goal met? If no, please explain. Yes

1. Annual Plan: 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.

End of Year Results: Was your goal met? If no, please explain. Yes

|  |  |  |  |
| --- | --- | --- | --- |
| Activity & How Much Was Invested? **(Input Measures)** | How Much Was Done or Produced? **(Output Measures)** | How Well Did We Do It? **(Quality/**  **Efficiency Measures)** | What Was the Change In Conditions for Those We Served? **(Outcome Measures)** |
| **Level 1** |  |  |  |
| To provide more information on Parent Cafes and see if there is a need/interest in holding cafes through DMPS.  CPPC Coordinator’s time to discuss Parent Cafes and send information to Bobbie Jo. | Bobbie Jo was provided with the information needed to further the discussion within DMPS. | Bobbie Jo was able to ask questions about how Parent Cafes have been implemented in Madison County. | Bobbie Jo gained information on Parent Cafes to take back to DMPS. |
| **Level 2** |  |  |  |
|  |  |  |  |
| **Level 3** |  |  |  |
| To present Immersion 101 to Madison, Marion and Warren County community members and agencies.  CPPC Coordinator’s time to coordinate the training with State CPPC Specialists. DCAT and CPPC Coordinator’s time to purchase and prepare materials. | CPPC Coordinator worked with CPPC Specialists, DCAT Coordinator, Steering Committee members, etc. to plan, coordinate and implement Immersion 101. | Seventeen individuals participated in the training and all gave positive feedback. Most sited that they had a much better understanding of CPPC. | A successful Immersion 101 training was held. Attendees left with a better understanding of CPPC and its works in Madison, Marion and Warren Counties. As a result, attendees can better discuss CPPC in their community and workplace. |
| To further promote Parent Cafes.  CPPC Steering Committee member’s time to promote and discuss Parent Cafes in surrounding counties. | CPPC Steering Committee member worked with local groups to promote the Parent Café model used in Madison County to other counties. | Provider groups in Dallas County were able to ask questions and learn more about the Parent Café model. | Parent Cafes will now be offered in Dallas County. |
| **Level 4** |  |  |  |
| To establish and promote the Madison County Free Store  CPPC Coordinator’s time to attend meetings and link families with needed items. | CPPC Coordinator worked with community members to establish funding to cover the cost to rent a storage unit and link families to needed items. | Community and agency members came together to provide a space in Madison Counties that families could receive donated household items. | Families were able to get needed household items. |

**Training**

1. Annual Plan: Identify training/technical assistance goal(s) that will assist in the development and/or implementation of CPPC and the four strategies.  
   The CPPC Coordinator will continue to attend trainings on various topics relating to family safety, assessment and prevention when appropriate including, but not limited to: statewide meetings and regional meetings. CPPC Coordinator will encourage SDM members to attend Immersion 101, 201, statewide and regional meetings.

End of Year Results: List Trainings/Technical Assistance that assisted in the development and/or implementation of CPPC and the four strategies. Was goal met? If yes, please include date(s) goal(s) was/were met.

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

Describe strategies to advance to the next level: Identify new needs in FY16, develop a plan to address those needs and carry out the plan involving DHS, CPPC attendees and the community in the process.

End of Year Results: Based on your activities, circle the level\* for Policy and Practice that best fits your site: **1**  
*\*See Level Document at the end of this evaluation*

**Shared Decision Making**

Instructions & Definitions

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

community members participating in these activities.

* Please do not duplicate numbers. Select one primary category for each person. The comment section may be useful to explain

when more than one category applies to one person. If a person represents two or more categories, include the person in the number count of the

primary role and check mark the gray column for the other categories and explain in the comment section.

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

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

listed. Examples: faith-based members can be volunteers if they are not being paid to attend, professional who is volunteers but is not serving/participating as a

representative in their official/professional capacity, substance abuse sponsor who is not being paid, volunteer advocate for domestic violence.

\* # of Neighborhood/Community Members – these are individuals who are neighborhood/community residents or parents and are not associated with any of the

other categories.

\* FTM (ICA) - those who are facilitators conducting FTM defined by Iowa’s Standards

\* Shared Decision Making- those who are involved on the CPPC leadership committee(s)

\* Practice Partners- includes social service agencies that do not fall under another category (i.e. in-home workers, early childhood programs,

Community Action Agency when applicable)

\* Economic Supports – includes social service agencies that provide financial and basic-need supports (FaDSS's workers, Income Maintenance

Community Action Agency when applicable)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Categories | # of professionals involved | # of comm. members | Individualized Course of Action\* | Neighborhood Networking | Policy and Practice Change | Shared Decision Making\* | Comments |
| DHS | 1 |  | x | x | x | x |  |
| DCAT | 2 |  | x | x | x | x |  |
| Empowerment | 1 |  |  | x |  | x |  |
| Community members\* | 0 |  |  |  |  |  |  |
| Domestic Violence | 1 |  | x | x |  | x |  |
| Substance Abuse | 3 |  |  | x | x | x |  |
| Mental Health | 2 |  | x | x | x | x |  |
| Faith-based groups | 0 |  |  |  |  |  |  |
| Healthcare | 5 |  |  | x |  | x |  |
| Education | 1 |  |  | x |  | x |  |
| Business | 0 |  |  |  |  |  |  |
| Legal System | 2 |  |  | x | x | x |  |
| Law Enforcement | 0 |  |  |  |  |  |  |
| Government | 0 |  |  |  |  |  |  |
| Practice Partners\* | 5 |  | x | x | x | X | Integrative Home Health, Habitat for Humanity, Partners in Family Development, Parenting Way, Inc. |
| Economic Supports | 2 |  |  | x | x | x |  |
| Prevention Councils | 1 |  |  | x | x | x | Madison and Warren County Child Abuse Prevention Councils |
| Youth | 0 |  |  |  |  |  |  |
| Former DHS Clients | 2 |  |  | x | x | x |  |
| Parent Partners | 1 |  | x | x | x | x |  |
| Other | 1 |  |  | x |  | x |  |
| **Total** | 30 | 0 |  |  |  |  |  |
| **Percentages** | 100 | 0 |  |  |  |  |  |

1. Annual Plan: Describe your community partnership shared decision-making leadership group and oversight role. Who coordinates? How it is structured? How it is linked to DCAT? Are there task teams or subcommittees?

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.

1. Annual Plan: How often does this group meet?

Once per month on the first Tuesday. Usually taking the summer off.

End of Year Results: Attach meeting minutes.

1. Annual Plan: 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.

End of Year Results: Was your goal met? If no, please explain. No

We were unable to fill all voting slots, but we did seek out potential voting members at local provider meetings.

1. Annual Plan: Identify goal(s) for identifying and/or planning/addressing any unmet need(s).
   1. Incorporate community member input into SDM team process by filling all four voting slots in each county.
   2. Identify, through SDM, the unmet needs of families in our communities.
   3. Promote awareness of various programs/agencies through presentations at SDM team meetings.

End of Year Results: Was your goal met? If no, please explain. No

We were not able to fill all of the voting slots but both of the other goals were completed.

1. Annual Plan: Have you identified the goal for the percentage of community membership on the SDM committee? Yes

If yes, what is the percentage? 10%  
End of Year Results: Was your goal met? If no, please explain. No   
We were able to get one community member involved. This is the most community involvement we have ever had. We will work towards the 10% goal in FY17.

1. End of Year Results: 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. Over the last several years, we have been able to maintain consistent attendance by members in nearly all of the categories. We have several men that attend this meeting which has been huge for our area. We have also been working with an area high school to get youth representation.

1. End of Year Results: Is there a community member in the leadership role? 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.

# Annual Plan: Based on your activities, circle the level\* for Shared Decision-Making: 1

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

End of Year Results: Based on your activities, circle the level\* for Shared Decision-Making: **2**  
*\*See Level Document at the end of this evaluation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Instructions: Please have each committee member on the SDM team fill out this SDM form. Compile the average response for each question and report the averages below.** | | | |
| **1-disagree, 2-mildly disagree, 3-neutral, 4-mildly agree, 5-agree** | | **Baseline** | **Last FY** | **Year-End** |
| Common Vision  Members have a shared common vision  Comments: | | 4.38 | 4.4 | 3.8 |
| Understanding and Agreement on Goals  Members understand and agree on goals and proposed outcomes/objectives  Comments: | | 4.13 | 4.4 | 4.13 |
| Clear Roles and Responsibilities  Roles and responsibilities of Members are clear  Comments: | | 3.88 | 4.3 | 4 |
| Shared Decision Making  All members have a voice and are engaged in the decision making process  Comments: | | 4.38 | 4.4 | 4.33 |
| Conflict Management  We are able to successfully manage conflict  Comments: | | 4.25 | 4.5 | 4.33 |
| Shared Leadership  Leadership is effective and shared when appropriate  Comments: | | 4.5 | 4.6 | 4.47 |
| Well Developed Work Plans  Work Plans are well developed and followed  Comments: | | 4 | 4.5 | 4.33 |
| Relationships/Trust  Members trust each other  Comments: | | 2.88 | 4.3 | 4.07 |
| Internal Communication  Members communicate well with each other  Comments: | | 3.88 | 4.1 | 4.2 |
| External Communication  Our external communication is open and timelywithin the broader community and partners  Comments: | | 4 | 4.5 | 4.2 |
| Evaluation  We have built evaluation performance into our activities  Comments: | | 2.5 | 4.3 | 3.93 |
| Understanding of CPPC  Members have a clear understanding of the Community Partnerships four strategies  Comments: | | 3.13 | 4.0 | 3.8 |
|  |  | | | |
| **Averages** | | 46 | 52.30 | 49.59 |

#### Name: Sarah Hohanshelt Title: CPPC Coordinator Site: Indianola DCAT Cluster (Madison, Marion and Warren)

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

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