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**Community Partnerships for Protecting Children**

Annual Proposed Site Plan/Year-End Reporting Form

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| **CPPC Site** |
| **Proposed Annual Plan  Year-End Report  (State Fiscal Year)** FY24  **Site Name:** Indianola DCAT Cluster |
| **County or Counties:** Madison, Marion and Warren County |
| **Contact Information** |
| **CPPC Coordinator Name:** Sarah Gibson |
| **CPPC Coordinator Email Address & Phone Number:** [IndianolaClusterCPPC@gmail.com](mailto:IndianolaClusterCPPC@gmail.com) 515.468.8181 |
| **Mailing Address:** 200 S Howard Street, Indianola, Iowa 50125 |
| **Secondary Contact Name (Decat Coordinator/Decat Board Chair, Service Area Community Liaison, or SDMT Chair):**  Phil Clifton, DCAT Chair |
| **Secondary Contact Email Address and Phone Number:**  [pclifton@madisoncounty.iowa.gov](mailto:pclifton@madisoncounty.iowa.gov) 515.705.0378 |
| **CPPC Statewide Program Manager / Staff Notes** |
| Click or tap here to enter text. |

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

**Annual Planning:**

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

**End of Year Reporting:**

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

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|  | Planning Priorities | Year-End Progress |
| 1 | Parent/Youth Engagement | Click or tap here to enter text. |
| 2 | DHS/Parent Partner Engagement | Click or tap here to enter text. |
| 3 | SDMT Educational Component | Click or tap here to enter text. |

**CPPC Structure**

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| **Describe your Community Partnership Shared Decision-Making leadership group and oversight role in response to the following questions:**   1. **Describe the CPPC structure. Who coordinates the CPPC meetings? How frequently do meetings occur?**   Our SDMT (known as our CPPC Steering Committee) meets bi-monthly. The group made up of community members and professionals is chaired by 12 voting members (4 from each of our 3 counties). These voting members take feedback from the Steering Committee and make recommendations to our DCAT Governance Board. The CPPC Coordinator prepares the agendas and minutes and facilitates the meetings.   1. **Are there task teams or subcommittees?**   We have a subcommittee of voting members. They are responsible for reviewing funding requests and making recommendations to the DCAT Board, reviewing and making updates to the CPPC plans and year end reports and making programming recommendations based on community needs.   1. **How is CPPC linked to Decat? Explain decision making protocol between CPPC and the Decat board and how funding decisions are made.**   DCAT manages all of the contracts and budgeting for CPPC. CPPC SDMT makes recommendations to our DCAT board, but the board has the final say on all programming and funding decisions. Our DCAT Board has agreed with the CPPC SDMT recommendation virtually every time in the last 18 years. Our CPPC SDMT has quite a lot of say in how funding is spent in our counties.   1. **What is the connection between the CPPC and the local child abuse prevention council, ECI or other committees?**   CPPC works closely with the Child Abuse Prevention Council of Warren County and ECI. All three groups share information, events, etc. with each other and work together to better serve local families. CPPC Coordinator pushes out any information CAPC or ECI send her way. CPPC and/or DCAT Coordinator also attend ECI meetings at least once a year to share updates in person. CPPC Coordinator has served on the CAPC Board in the past. |

**CPPC Strategy Implementation**

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| Shared Decision-Making  Provide leadership for collaborative efforts that promote community responsibility for the safety and well-being of children. | | |
| *Category Description* | **Current Activities/Planning - Instructions**  **Complete the sections below as prompted. Check Yes or No in the boxes below for the activities the CPPC Shared Decision Making-Team has currently implemented at the start of the planning year.**   * When ‘no’ is checked, include a corresponding item in the annual plan SDM section summary starting on page 9 to address planning, or provide explanation as to why a plan for the activity will not be implemented this year. * When “yes” is checked, no additional explanation is needed unless the CPPC has plans to change/bolster the activity. | |
| *Shared Decision-Making Team Representation* | **The CPPC site’s Shared Decision-Making Team (SDMT) has representation from**  **the following areas (check all that apply): Membership must include DHS, Decat, and**  **both local community and professional members:**   |  |  |  |  | | --- | --- | --- | --- | |  | Dept. of Human Services |  | Home Visitation Providers | |  | Decategorization (DECAT) |  | Parents/Youth with Lived Experience | |  | Early Childhood Iowa (ECI) |  | Foster Parents | |  | Domestic Violence |  | Relative/Kinship Caregivers | |  | Substance Use |  | Parent Partners | |  | Mental Health |  | Parents, Guardians, or Grandparents | |  | Health Care |  | Youth | |  | Education |  | Child Abuse Prevention Council | |  | Business |  | Volunteer or Unpaid Members | |  | Legal System |  | Government: | |  | Law Enforcement |  | Other: Click or tap here to enter text. | |  | Economic Support Providers |  | Other: Click or tap here to enter text. | |  | Family & Child Providers/Practice  Partners |  |  | | 38 **Total number of SDMT members (both voting**  **and non-voting)**  2 **Total number of**  **volunteers or unpaid members involved (include a**  **volunteer only once, even if they help with more than one activity)**  15 **Average number that attends meetings regularly (at least 50% of scheduled meetings)** |
| *Shared Decision-Making Survey/Team growth and development* | **The CPPC Shared Decision-Making Team plans to implement the following planning or actions to measure growth and development of the SDMT:**  **Yes No**   * Implement the use of the Shared Decision-Making Survey. * Utilize the survey as a tool to guide quality improvement of strategy implementation. * Utilize the survey to improve upon how the team is functioning. * Identifies plan(s) to grow the team in diversity, provide educational efforts, strategic planning, and team building needs.  1. **Describe any plans for growth and development of the Shared Decision-Making Team for the next year: (***Include how the Shared Decision-Making Team is utilizing the results of the SDMT survey***)**   FY23 will focus on getting our SDMT back on track. Our attendance plummeted the past two years due to the pandemic. With such low numbers we combined with another provider group. In doing that, we had to create a subcommittee for CPPC. We’ve been back to meeting for the last several months, but attendance is still lower than what we are accustomed to. | |
| *Four strategies Implemented in the Shared Decision-Making process* | **Is the Shared Decision-Making Team prepared to ensure the four strategies are implemented in the Decision-Making Process through the following actions?**  **Yes No**   * Develop and implement plan for ongoing comprehensive understanding of the four strategies for individuals involved in   Shared Decision-Making process. * Implement and regularly offer orientation plan for all new SDMT members. * Provide oversight for the planning and implementation of the four CPPC strategies. | |
| *Shared Decision-Making Team Membership and Recruitment* | **Indicate below whether the Shared Decision-Making Team (SDMT) has the following representation and recruitment plans:**  **Yes No**   * Membership on the SDMT is represented from domestic violence, substance use and mental health partners. * Membership recruitment plans and SDMT representation addresses racial, ethnic and cultural diversity. * The SDMT has identified a CPPC set goal for adding additional community members (this number can be reviewed and re-established each year). % **Goal** 5% **% Met** Click or tap here to enter text. * Community representatives take a leadership SDM role as defined by the CPPC site. * Membership includes broad representative of at least five (5) of the following members: Faith-Based Groups, Health Care, Education, Business, Legal System (courts), Law Enforcement, Government (County or City), Economic Supports, Practice Partners and Prevention Councils. * Role of the SDMT includes advocacy for CPPC’s goals with funders and policymakers (legislators, governor, boards of supervisors, city council members, mayor, etc.) * The CPPC Coordinator and/or member of SDM contributes to state and/or regional events/activities (I.e., serves on planning committees, assisting with logistics, presenting, etc.). | |
| *Community,*  *Family, and Youth*  *Representation in Shared Decision Making* | **Are Community Members, Family and Youth represented in Shared Decision Making of the CPPC through the following activities?**  **Yes No**   * Parent Partners facilitate annual orientation to the program for Shared Decision-Making Team members. * Information and progress of the local Parent Partner program is shared regularly. * A Parent Partner is added to the membership of the SDMT. * SDMT has developed, or plans to develop, an avenue for youth voice and engagement to the SDMT. * Plans to engage local families and/or youth who are disproportionately/disparately overrepresented in child welfare. * Identify a plan to engage community members with lived experience. * SDMT has identified member roles missing in the SDMT that is critical to sharing decision making to meet identified local  needs. * Plan to engage and include additional members whether through an area not currently represented, such as due to a change in staff or representation, identified community needs, etc.  1. **How will the SDMT engage with representatives/family leaders from culturally and racially diverse groups in the communities within the CPPC site?**   Our site plans to reach out to agencies that work with refugees and other racially and culturally diverse populations in Polk and/or Dallas County to learn more about the populations they are serving and their locations. Warren County especially utilizes neighboring Polk County for resources so we feel we may be able to tap into groups living in our counties but receiving resources elsewhere. Additionally, we have an International Christian Church in Indianola which our CPPC Coordinator will reach out to in order to engage representatives within our site.   1. **Describe how the SDMT will seek involvement, input, and share decision-making with youth, parents, and community members with lived experience. Include one action step your SDMT plans to take:**   We recently developed a linkage with AMP through a member of our SDMT. In FY23 CPPC Coordinator will reach out to this contact and work to gain their involvement and input. Additionally, our DHS Liaison is beginning to work with us to develop a stronger, deeper connection with our local HHS workers. We will be developing plans in FY23 to meet with them to present information on CPPC and what we have to offer them. In the past we have had heavily involved Parent Partners, I think through some turnover and the pandemic, we have lost their consistent involvement. CPPC Coordinator will work with our local Parent Partner Coordinators to bolster attendance of Parent Partners. We gained a lot from their previous input and look forward to getting back to that. | |
| *Utilization of Data in Shared* Decision Making | **Is data available and utilized in the CPPC Shared Decision-Making process?**  **Yes No**   * SDMT is able to access and plans to share local level data on areas such as child welfare, juvenile court services, child and family well-being, social determinants of health, and other community indicators from the national, state, and/or local level.   **Data will be utilized from the following sources in planning to address local gaps and needs (check all that apply):**  Child abuse/neglect; out of home care; permanency  Iowa DHS/Family First Dashboard  Kids Count – Annie Casey Foundation  Iowa Department of Public Heath  The Census Bureau  Iowa Youth Survey  Other: Community Needs Assessments from local public health  Other: Click or tap here to enter text.  **Does the Shared Decision-Making Team facilitate the following data review/collection activities?**  **Yes No**   * Periodically reviews diversity and disparity data (e.g., from the Iowa DHS Family First Dashboard, provided by local DHS,  county Equity team if applicable) of families involved within the local Child Welfare system. * Conducts, or will be a partner in conducting, a community need assessment; (or) * The CPPC site has access to data from a community needs assessment completed in the last 3 years.  1. **How will the CPPC utilize the information gathered through the above identified data collection activities in developing annual priorities and planning? *(****Describe an overview of community needs assessment methods utilized to inform planning, or, include any plans to utilize specific data to inform, planning, coordination and implementation of CPPC activities.)*   As stated, we have plans to better connect with our HHS. The goal is for this to open communication and the sharing of data. In addition to the data provided by local HHS we will be utilizing the Family First dashboard to check local trends to inform partners in planning for FY23. Informing our network will be done via our SDMT as well as our mail ID whenever relevant. | |
| *Planning/*  *Implementation to meet unmet needs within the community* | **Planning and implementation of activities to meet unmet needs within CPPC communities includes:**  **Yes No**   * Development of linkages and partnerships with other groups in the community to address and meet unmet needs. * SDMT is able to make decisions about priorities, determine the use of resources, analyze data, engage community around  abuse and neglect, and advocate for more services and funding when necessary. * Strategies address unmet needs of families in the community in order to increase the number of healthy, safe, stable   families who do not become involved in the child welfare system.   **The CPPC site has identified plans to increase engagement and collaboration in the following areas to meet unmet local needs (check all that apply):**  Economic Support  Child Welfare Professionals  Law Enforcement  Domestic Violence  Community Providers  Legal/Judicial  Mental Health  Foster Parents  Persons with Lived Experience  Substance Use  Kinship/Relative Caregivers  Racial and Cultural Equity to address Disparities  Parents  Youth  Other: Click or tap here to enter text.   1. **Provide an example(s) of planning approaches the CPPC will utilize to increase engagement, collaboration, and linkages with the above identified areas:**   Our site had many of these linkages within our SDMT prior to taking a short break during the end of the pandemic. We have worked to maintain these linkages through other avenues over the last couple of months. In August, we will “relaunch” our SDMT meetings. In reaching out to our mail ID to jumpstart our meetings, we will be making contact with each of these categories. Through that contact we hope to reenergize their involvement by highlighting the importance of their role in CPPC for local families as well as ways CPPC can help lighten their load as providers. Additionally, my goal is to follow up with attendees after meetings to ensure that they are getting what they need from the meetings and from me as their local coordinator. Our site has a great network of professionals and those interested in being involved with CPPC. Our plan moving forward is to utilize their knowledge and connections to further involve community members in our SDMT. Our mailing list has grown tremendeously over the years and it is often a first contact with CPPC for many individuals. Our weekly updates and SDMT minutes give those that might be hesitant about getting involved a closer look at what we do prior to diving in. We hope to continue to grow that list this year to increase community knowledge of CPPC but also to draw professionals and community members in to CPPC involvement by finding the value in what we provide our communities and families. | |
| *Immersion Training* | **Identify CPPC Immersion Training activities the CPPC has completed or needs to complete in this category:**  **Yes No**   * + New CPPC Coordinator attends first available CPPC Immersion 101 within the 1st year.   *Date of attendance***:** 2011   * + CPPC Coordinator will attend Immersion 201 when offered or has attended previously.   *Date of attendance:* 2015   * + CPPC site will host a CPPC Immersion 101 event in CPPC area at least once every three years.   *Date last hosted:* 5/2019 | |
| *Shared Decision-Making Team requests the following resources, trainings, or other technical assistance for next year FY.* | **Check the following resources requested by the SDMT:**  CPPC Immersion 101 Training  CPPC Immersion 201 Training  Recruitment assistance to expand our SDMT.  Expanding SDMT team to increase diversity.  Training and education regarding cultural equity, diversity and inclusion.  Host: Race: The Power of an Illusion  Host: Understanding Implicit Racial Bias  Utilize Courageous Conversations Toolkit  Print or electronic materials to for SDMT/ materials for community and/or families.  Technical Assistance from CPPC State Staff  Connection with other CPPC sites for resources, materials, consultation.  How to involve youth, young adults, parents/caregivers in SDM Process.  Training around identified areas of growth as identified through the Shared Decision-Making Survey.  Other:  Other:     1. **Please expand on or provide additional information on any items checked above if needed:**   Growing our team in diversity and training/education regarding cultural equity, diversity and inclusion are not in the forefront of our plan as we will be working this year to rebuild our SDMT as we get back to regular meetings and building participation again post pandemic. However, educational opportunities for our SDMT within our meetings will be embraced. | |
| *Annual Planning Summary* | **Shared Decision-Making Strategy/Summary of Annual Planning**   1. **Describe any additional proposed plans for bolstering the Shared Decision-Making Strategy for the upcoming year:**   As previously stated, we will be “relaunching” our SDMT this fiscal year. We will be offering more educational presentation opportunities within our meetings with the goal of making our meetings dual purpose. Attendees will have the opportunity to share information as network as well as learn things they can add to their toolbox in their daily work with families. Feedback also showed that meeting monthly was overwhelming for attendees so we will be piloting meeting every other month this fiscal year.   1. **Provide a summary response to any questions/items answered “no” in the Shared Decision-Making sections answered above.** **Indicate whether these items are planned to be addressed in the upcoming year, or if they are not planned to be addressed, and detail the reasons why.**   Because we are rebuilding, the CPPC Coordinator will continue to serve in the leadership role for our SDMT. As we look forward in the year with the CPPC Coordinator serving dual purpose as the DCAT Coordinator, this may have to change, but there are no plans to do so. Currently we do not have consistent sharing of information and progress of the Parent Partner program. CPPC Coordinator will be contacting our local coordinators to get Parent Partners back in attendance regularly and sharing information. | |
| *End of Year Summary* | **Shared Decision-Making Strategy/End of Year Progress Summary:**   1. **Provide an overview of the activities completed within the Shared Decision-Making Strategy this year.** **Identify the planning, coordination, and implementation that was completed**   Click or tap here to enter text.   1. **Describe what resources have been allocated towards completing progress of activities (funding, time, staff, volunteers). Include numerical data as applicable.**   Click or tap here to enter text.   1. **In what ways did the SDMT increase representation and voice in Shared Decision-Making over the last year? What were successes, and what challenges did the SDMT experience?**   Click or tap here to enter text.   1. **Were any changes or adaptations to the annual proposed plan made? Please describe.**     Click or tap here to enter text.   1. **What are key outcomes from activities completed through Shared Decision-Making? What was the impact of the SDM strategy on children, youth, families and communities within the CPPC site?**   Click or tap here to enter text. | |

**Shared Decision-Making Survey Results**

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

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

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| Community/Neighborhood Networking  Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services  and resources for families whose children are at risk of abuse and neglect. | |
| Category Description | **Planned Activities**  **Describe the proposed goals and planning for C/NN through response to each of the prompts below.** |
| *Collaboration/Rep-presentation* | **Check the categories the CPPC site plans to gain input, insight, and collaboration from *(note: this could be through surveys,***  ***inviting speakers, Neighborhood Networking Efforts, C/NN meetings, etc.)*:**   |  |  |  |  | | --- | --- | --- | --- | |  | Dept. of Human Services |  | Home Visitation Providers | |  | Decategorization (DECAT) |  | Parents/Youth with Lived Experience | |  | Early Childhood Iowa (ECI) |  | Foster Parents | |  | Domestic Violence |  | Relative/Kinship Caregivers | |  | Substance Use |  | Parent Partners | |  | Mental Health |  | Parents, Guardians, or Grandparents | |  | Health Care |  | Youth | |  | Education |  | Child Abuse Prevention Council | |  | Business |  | Volunteer or Unpaid Members | |  | Legal System |  | Government: | |  | Law Enforcement |  | Other: Click or tap here to enter text. | |  | Economic Support Providers |  | Other: Click or tap here to enter text. | |  | Family & Child Providers- Practice Partners |  |  | |
| *Develop Neighborhood/*  *Community Networking plan that includes goals for engagement and planned activities* | **Respond to the questions below regarding networking, collaboration, and engagement:**   1. **Describe planned activities for Community and Neighborhood Networking:** **Include the network and community members to whom planned activities will be directed:**   CPPC Coordinator and/or SDMT voting members will attend local provider meetings in each of the three counties. The goal of attendance is to connect professionals with the mission of CPPC, how we can help them better serve families as well as learn of the services they provide in our communities.   We will continue to promote our website and all that it has to offer to both formal and informal supports to families. Our website boasts a large amount of resources, which we will continue to update and grow in FY23 to be utilized by professionals and community members.  Like anywhere else in the state, we are not immune to turnover. Because of this, the CPPC Coordinator makes a conscious effort to meet with new employees serving our area with agencies that we network with. This gives us an opportunity to share information and educate them on CPPC as well as learn about what services they will be offering in our counties and how we can support them.  Our hope in FY24, is to create a deeper, more effective network with HHS in our area. DCAT is connected with HHS through Flex Funding and have maintained a vast network. Last year, CPPC and HHS worked together to provide as many physical items to families in need as possible, thus reserving our Flex Funding for more difficult funding needs. This year, the hope is to continue to partner with social workers to see how our site can better serve them. Our HHS Liaison has offered to set up a meeting with our social workers and supervisors. We plan to take advantage of that this year.  Our community storage shed has continued to be successful and well utilized. This year, we will continue to partner with the managers to help get items in the hands of families in need. We will do this through our mailing lists and connections with professionals working one on one with families.   1. **How will the CPPC increase collaboration among economic supports, domestic violence, mental health, substance use and other child welfare professional partners?**   For the last 10+ years we have had established collaboration among these groups. I think in large part attending providers groups and the SDMT together as well as the website/mail ID has made these connections and collaborations naturally happen. Moving forward our site plans to make more of an effort to invite new providers to our provider groups and the SDMT. Personalized “welcome” emails with details of meetings as well as follow up emails will be sent. Additionally, continuing to plug individuals in with the website and mail ID will be a high priority for encouraging collaboration and connectedness.   1. **In what ways will the CPPC develop and/or increase linkages between informal and professional supports and resources?**   Our website has been a great source for developing and increasing these linkages. Many community members that are part of our website/mail ID provide informal supports to families in many ways. Those who receive our emails range from retirees to faith organizations to mental health providers to teachers and everything in between. It has created a great network of supports from all walks of life to assist families and individuals in our communities.  Our community storage unit in Madison County has also bridged the gap between informal and professional supports on many, many occasions. Once we learn of a family’s need, we are able to work directly with the family, professionals involved in that family’s story as well as informal supports to help locate and deliver needed items to the family. This project has been really exciting as it really does involve all sectors of our community. Due to CPPC’s involvement, this group has also been known to help families in neighboring counties that we serve!   1. **Explain how the CPPC will involve parents, youth, foster parents, kinship and relative caregivers in collaborative programs in**   **the community:**  Our Al’s Pals program has a parent component which helps carry over the skills children learn through the lessons in class to home. Materials are sent home with students to their parents/guardians. The idea is to spark conversation and to provide parents with tools to help their child carry over those social-emotional skills to home as well.  Our SDMT is very fortunate to have the involvement of several foster parents as well as many parents who are willing to “plug-in” to anything we ask them to be involved in. We’ve also had the opportunity to have youth involvement from Winterset High School the past year. One of our voting members has made an effort to get youth involvement. Our hope as we move into FY24 is to maintain that youth involvement.  Again, our community storage unit does a great job of involving all types of parents and guardians as both recipients of services and those that donate, arrange delivery, etc.   1. **What performance and outcome measures for planned activities will the CPPC utilize to evaluate activities to ensure the goals (from the planning stage) are met (e.g., use of surveys, tracking progress on action steps, analyze program data to determine changes, review local statistics annually to uncover changes in child abuse/neglect, requesting feedback information from partner and community stakeholders to evaluate trends).**   CPPC Coordinator visits each Al’s Pals site and completes and evaluation form to be submitted to our DCAT board. We also send each of the sites a year end survey which gages how the program is going from the teachers’ perspective. The two documents help us capture the success or needs of the program.  The success of our SDMT is seen largely by the completion of our year-end report. Throughout the year, we have discussions at our meetings to glean information and feedback to better serve families in our counties. From those discussions, programs have been funded, the way we present information to communities has changed, etc.  Connecting individuals and families to resources hasn’t been something I’ve tracked in the past. In FY24, we will work to develop a tracking system for items fulfilled through the mail ID, for HHS families and through the community storage unit. I’m not sure we will be able to track all uses of the storage unit, but definitely the ones that came through CPPC. |
| *Engage the community and build awareness about CPPC’s four strategies through community forums, events and activities* | **Respond to the narrative questions below regarding building CPPC awareness:**   1. **Describe any planned activities for the year to build community awareness around the CPPC Four Strategies:**   We take a little bit different approach to this. As a new coordinator, I focused on educating communities on the definition of the four strategies and how they provide the structure for CPPC. Honestly, I didn’t see a lot of engagement or results from doing this. Instead, I switched gears and provided that information on our website for those that were interested, but shifted gears and restructured our SDMT minutes to be broken down into each of the four strategies. By doing this, those involved in our CPPC can see what we are doing and how those items fit within the four strategies. We’ve seen understanding of the four strategies flourish as a result. In addition, shifting from trying to educate providers and community members on CPPC to asking them what CPPC can do for them has opened doors to showcase what we have to offer and how it fits within our strategies in a more effective way.   1. **Is a cadre of people identified who are able to deliver CPPC information to the community? Please describe:**   Yes and no, our voting members are very well versed in what CPPC has to offer. I, however, do not expect them to be experts and follow a “script” of information to share with communities. Our group is made up of direct service providers. They do a fantastic job of recognizing areas CPPC can be plugged in to community events, serving families, resource connection, etc. |
| *Education & Awareness* | **The CPPC plans to offer training and education in the community around the following topic areas:**  Family centered programming  Understanding/Analyzing Data  Racial Disparities and Disproportionality  Family and youth engagement  Protective Factors  Child welfare/Family First Legislation  ACEs/Trauma Informed  Child Abuse Prevention  Other: Click or tap here to enter text.  Child & family well-being  Diversity, Equity and Inclusion  Other: Click or tap here to enter text.   1. **Identify the planning, coordination, and implementation that will be completed. How will training opportunities be evaluated for effectiveness in advancing the CPPC planning and priorities?**   Keeping these topics, and current information related to them, in front of our SDMT will be a priority this year. The plan is to provide education opportunities on these topics at our bi-monthly meetings. By doing so the hope is that discussions will be sparked and the information we learn will be compared to data from our area to help create change and improvement in the advancement of CPPC priorities and our planning process. CPPC Coordinator will reach out to our network to ask who they’d like to hear from and make connections for those individuals/agencies to present. CPPC Coordinator will develop a brief survey to evaluate participants thoughts on each presentation’s effectiveness in advancing CPPC priorities and planning. |
| *The CPPC site has established one or more of the following C/NN activities:* | **Check all of the below activities the CPPC site has currently or plans to implement regarding Community/Neighborhood Networking:**   * Organize groups/networks of community members and/or parents/or youth with prior child welfare involvement to focus on  leadership activities and providing informal supports. * The development of hubbing resources and activities that enhance the accessibility of services and supports for families and  youth. * Increase cultural responsiveness and develop plans to address disproportionality and disparity locally. * Implementation of programs and activities to consistently address Diversity and Disparity issues. * Aligned efforts with an existing county Equity team or similar group to address disproportionality and disparity in child  welfare. * Clear partnership with DHS to show ownership of CPPC solutions and approach. * The use of informal supports is standard practice for families facing challenges and for families who are involved with DHS.  1. **How will the CPPC site implement, support, and evaluate the above identified activities?**   Hubbing of resources in our area is accomplished by our website (www.cppconline1.com). Agencies/providers send us updated contact information at least yearly to ensure our website is accurate. We are able to, and do, track the number of hits on our website.  One of our goals this year is to establish a clearer partnership with HHS. Our HHS Liaison has offered to help facilitate this through a meeting with our local social workers which will take place in FY24. Moving past that, our goal is to further involve HHS in our SDMT and open more frequent communication with workers to better support them. Evaluation of the success will be based on SDMT attendance/input and the number of families we are able to connect to needed resources. We have had a lot of turn over in one of our HHS offices so it’s a great opportunity to educate new social workers!  Informal supports are becoming more and more of a standard practice at our site. With the implementation of Parent Cafes, our community storage unit and our mail ID, we have begun to connect families with informal supports to help them meet their needs. Additionally, families themselves have started to reach out to these resources as opposed to being referred by a professional. We will continue this in FY24. |
| *Summary of Annual Planning* | **Community and Neighborhood Networking Strategy/Summary of Annual Planning**  **1. Provide a summary overview of proposed plans and activities for the CPPC site for Community and Neighborhood Networking strategy for the upcoming year:**  Our CPPC will focus our activities to reflect our three priorities: Parent/Youth Engagement, DHS/Parent Partner Engagement and a SDMT Educational Component this year. We will be utilizing our connection with our HHS Liaison to meet with social workers to learn how we can better support one another. Additionally, the CPPC Coordinator will be reaching out to Parent Partner Coordinators to discuss re-engaging Parent Partners more regularly in our SDMT.  FY23 brought a lot of challenges to accomplishing last year’s goals. Our CPPC Coordinator of 12 years was in the middle of transitioning to the DCAT Coordinator and thus had less time to dedicate to CPPC goals. We had anticipated hiring a new CPPC Coordinator, but without a transfer from the state, we do not have that in the budget. We are hopeful to work towards getting our SDMT attendance back up this year. The CPPC/DCAT Coordinator plans to discuss with current members what they feel would help with attendance and develop a plan from there. Our hope from this is to re-engage past participants as well as attract new members. We will be following up with those who have shown interest to help learn where best to plug them into our CPPC.Our SDMT will also be focusing on educational presentations at our meetings that will help bolster our network by learning what other agencies have to offer the families we serve.This is also be an opportunity for HHS to share data and for Parent Partners to provide orientation.  Continued strong communication will be key this year. Fortunately, we have a very solid foundation by which we will accomplish this. Our website is widely utilized and our mail ID boasts hundreds of recipients. Through these two avenues we plan to share updates and opportunities in our area. |

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| *End of Year Progress Summary* | Community Neighborhood Networking/End of Year Progress Summary   1. Provide an overview of the Community/Neighborhood Networking activities completed for the fiscal year. Identify the planning, coordination, and implementation that was completed.   Click or tap here to enter text.   1. What overall resources were allocated towards completing Community/Neighborhood Networking activities and tasks? Include funding, time, staff or volunteers, or in-kind donations which were contributed by the CPPC site toward activities, and if any outside resources were contributed.   Click or tap here to enter text.   1. In what ways did the CPPC increase engagement and collaboration with partners, stakeholders, parents, youth, and community members within the Community and Neighborhood Networking strategy? What were successes, and what challenges did the CPPC experience?   Click or tap here to enter text.   1. Were any changes or adaptations made from the CPPC annual proposed plan regarding the C/NN strategy? If so, please describe.   Click or tap here to enter text.   1. What are key outcomes from the C/NN activities completed? Approximately what percent of proposed activities and tasks did the CPPC site complete?   Click or tap here to enter text. |

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| **Community/Neighborhood Networking Activity Outcome(s)/Year End Reporting**  Complete this chart with year-end summary reporting regarding activities completed for C/NN for the year. | | | | | |
| **Activity**  **Description** | **Numbers** | **CPPC Contributions** | **CPPC Priorities** | **Outcomes** | **Impact** |
| *(Program/Event/*  *Training)* | *(Number of attendees,*  *participants*  *or community*  *members*  *reached)* | *(Was this a CPPC planned*  *activity or was CPPC funding*  *provided? i.e., number of*  *volunteers/staff, donations,*  *CPPC funds expended)* | *(How did it fit*  *with the CPPC Site*  *identified priorities*  *on the priority chart*  *on page 2)* | *(What was successful and*  *how was it measured?*  *i.e.- Using data from reports, surveys, program outcome measures,*  *etc.)* | *(What was the impact on families, youth and community? How was quality of the activity assessed? Was it effective? If not effective, how can you assess it next time?)* |
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| **Total number of individuals reached through CPPC activities:** Click or tap here to enter text. | | | | | |
| **Total number of events, programs, and activities held or supported through the CPPC:** Click or tap here to enter text. | | | | | |

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| Family and Youth Centered Engagement  Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families and youth succeed. | |
| *Category*  *Description* | **Planned Activities**  **Describe the proposed goals and planning for Family and Youth Centered Engagement in response to each of the prompts below.** |
| *Promote Protective Factors and Equitable Child/Family Well-Being* | 1. **Describe plans the CPPC has identified for innovative activities to promote Protective Factors and/or increase equitable child and family well-being for families at increased risk:**     We have Parent Café facilitators trained in all three of our counties. Looking into FY24, we hope to continue promoting, supporting and implementing Parent Cafés.  We’ve also been offering what we are calling resource meetings to professionals in our area as CBFTMs are no longer offered. Most often, a provider has been working very closely with a family and is able to discuss with them their needs, barriers to meeting those needs, strengths, etc. as well as what they would like to get out of the meeting. From there, the CPPC Coordinator (previously trained in FTDMs) holds a FTDM style meeting with providers hand selected to help meet some of those needs and bridge gaps for the family. The provider who is closely working with the family then takes the meeting notes to that family to be utilized to meet their needs. The family can provide input and feedback to that provider.  Our network/mail ID has been utilized to serve individual family needs for years. It’s both an effective and fast option for meeting needs. Providers working with specific families send the CPPC Coordinator requesting items or inquiring about a resource to meet a need. The CPPC Coordinator is then able to reach hundreds of people with one email requesting assistance. Typically within the hour we have met that family’s need and, if it’s an item, have a plan to get it delivered to them. |
| *Authentic Youth and Family Engagement* | 1. **How will the CPPC implement and support activities which facilitate authentic family and youth engagement? (e.g., provide opportunities, develop youth-adult partnerships, parent or youth led committees, intentionally share power and decision-making, co-design of community activities, etc.)**   The CPPC supports many activities and programs for family and youth engagement by promoting them on our website and encouraging providers to refer families. Everything from PAT activities and events to support groups to volunteer opportunities are promoted on the website and in weekly email updates.  Our SDMT provides a great opportunity for growth in this area. I think future goals will include opportunities for parents/youth to take leadership roles in this group. As for this year, we hope to provide avenues for more voices of youth. Through the above mentioned partnership with HHS and potentially AMP, the hope is that more doors will be opened for parent and youth involvement.  Our site has individuals trained in Parent Cafes (at least one per county). CPPC will be promoting scheduled cafes at provider meetings, on the website and in the weekly updates. |
| *Community Resource Coordination* | 1. **Describe plans to develop and/or implement community resource coordination activities to support and meet family/youth individual needs.**   Again, our website and mail ID are huge components of this portion of CPPC. Our website boasts hundreds of resources that are easily accessed by both families and providers. In addition, our mail ID is used to reach out for other resources for families when needed. Both are highly successful in our area.  We also have hard copies of resource directories providers can distribute to families who do not have consistent internet access.  Yearly, the CPPC Coordinator asks that providers check their agency’s listing on the website and share any updates that need to be made. This helps ensure the information we are providing is accurate and useful to families and providers.  Our local provider meetings also serve as an excellent opportunity to coordinate community resources. Attendees are able to share resources and ask for resources for families they are serving. What would have taken several emails or phone calls back and forth can often be solved in one meeting. Being timely with resource connection is often so important. |
| *Family and Youth Centered Engagement Activities* | 1. **Implement a plan for one or more of the following activities:**  * CB YTDMS (Community-Based Youth Transition Decision Making) * Circles of Support * Parent Cafes (identify Café model: Be Strong, Common Sense, Community Cafes) Click or tap here to enter text. * Youth and/parent centered/led and co-designed meetings, planning and activities * Activities directed to building trust and connection with youth and families within marginalized, over-represented or under- served communities. * Other (such as CB-FTDMS): Click or tap here to enter text. * Other: Click or tap here to enter text. |
| *Summary of Annual Planning* | **Family and Youth Centered Engagement/Summary of Annual Planning**  **1. Describe any additional proposed plans for Family and Youth Centered Engagement Strategy for the upcoming year:**  We will continue to support and promote our local parent café facilitators with the hope of growing in the number of cafes held and the number of attendees this year.  Continuing to promote and support youth and parent engagement at our SDMT and provider groups will be a priority this year.  Increasing awareness of resource meetings and how to refer to the program will also be in the forefront of our efforts this year. |
| *End of Year Progress Reporting* | **Family and Youth Centered Engagement Strategy/End of Year Progress Reporting**   1. **Describe progress to proposed plans and activity implementation for the Family and Youth Centered Engagement Strategy.**   Click or tap here to enter text.   1. **Describe what resources were put towards completing progress (funding, time, staff, volunteers). Include any numerical data when possible.**   Click or tap here to enter text.   1. **In what ways did the CPPC increase engagement and collaboration with parents, youth, and community members within the FYCE strategy? What were successes, and what challenges did the CPPC experience?**   Click or tap here to enter text.   1. **Were any changes or adaptations to the plans for the year? Please describe.**   Click or tap here to enter text.   1. **Summarize any key outcomes from the Family and Youth Centered Engagement Strategy activities completed this year. What was the impact of the Family and Youth Engagement strategy on children, youth, families and communities within the CPPC site?**   Click or tap here to enter text. |

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

**Narrative Section for Highlights and Challenges:**

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

Click or tap here to enter text.

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

## *Site:* Indianola DCAT Cluster *Address:* 200 S Howard Street, Indianola, Iowa 50125

## *Phone:* 515-468-8181

**Please return this completed form:**

Julie Clark-Albrecht, Program Manager

Iowa Department of Human Services

Bureau of Child Welfare and Community Services

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