**Annual Progress Report FY 18**

**Indianola DCAT Cluster**

**Des Moines Service Area**

**Madison, Marion and Warren Counties**

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**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 18 included: 12 Mini Grants including 5 for School Based Mental Health, CPPC website:** [**www.cppconline1.com**](http://www.cppconline1.com)**. , Recertification of about 16 ALS PALS programs, CPPC, Community Based Family Team Meetings (25 in fiscal year 18) and DCAT Coordination of 17 Contracts.**

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 three of the last four CPPC State Meetings and presented at the CPPC Immersion 201 training for the last few years.

**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. Sarah Hohanshelt has been the FT CPPC Coordinator for our counties for 7.5 years as of June of 2018. 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. In FY 17 the individual State Contract for ALS PALS was not renewed by the DCAT Board due to State budget cuts. Sarah still did program reviews to keep all the programs current in case money becomes available in FY 19. 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. FY 18 saw record setting numbers for “hits” as several months were over 4,000! We were able to fund paper directories for Marion and Warren Counties for FY 18. Several thousand were printed and distributed throughout the Service Area 5. All three directories for Madison, Marion and Warren Counties 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. We went from 3 meetings in FY 16 to 13 meetings in FY 17 with FY 18 topping 25 Community Family Based Meeting. We have commitments from 4 school systems to get staff trained to use the CBFTM format in their regular meetings with parents but we need access to a trainer in the summer or a scheduled summer training which we have been unable to secure.**

**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 4 DCAT Programs (see DCAT programs below or FY 19 Plan on the web site) for approximately $187,000 for FY 19.**

**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.

100% of programs recommended by the Steering Committee have been accepted and passed by the DCAT Governance Board in the form of contracts over the last 11 years. 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 Family Assistance (flex funds) $40,000, Community Support (for CPPC FT Position) $50,044, CPPC $20,000, DCAT Coordination $77,350,

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.

FY 2017 No mini grants or projects were awarded due to State budget constraints.

**FY 2018 was the busiest in 13 years for the Indianola DCAT with 17 Contracts (including 12 mini-grants) for the year. Mini Grants for FY 18 included $42,000 divided between five School Based Mental Health Programs (Knoxville, Pleasantville – Marion County, Indianola – Warren County, Earlham and I-35-Madison County), Equine Psychotherapy (Turning Point - Madison County) $4,900, Integrated Health Services Funds (Orchard Place - Warren County) $4,900, Parents Café (Marion County Public Health) $8,000, Victim Advocacy (Crisis Intervention Services - Marion County) $4,900, Wee Care (Child Abuse Prevention Council – Warren County) $4,900, Young Parents (Child Abuse Prevention Council – Warren County) $4,900, We Lift Job Training Center – Madison, Marion and Warren Counties) $4,900. Other Program Assistance- Family Integration Collaboration (Marion County Public Health) ESL Expansion to include refugee family assistance) $995, Resource Directories (2,000) Warren County $5,760, Resource Directories (1,500) Madison County $4,140, ALS PALS material support for 14 programs in Madison, Marion and Warren Counties for FY 18 $5,726, ALS PALS training for two centers FY 18 $650, Race Power of Illusion Training for Madison Marion and Warren Counties (Required Training CPPC, 31 in attendance) $405.**

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.
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 some 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 (Approximately $110,000 over the last 9 years).

DCAT funds Community Based Family Team Meetings through the CPPC Coordinator job duties and now with trained community partners (25 CBFTM in FY 18)

DCAT funds a large portion to enhance CPPC in the counties and provides additional funds for the major CPPC program and full time staff $425,000+ over the last 8 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).

**$350,000+ over the last 12 years, have been provided by DCAT for these school based mental health programs in the three counties. 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 12 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 18 rose from 13 to 25. In FY 16 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 in FY 17, our CPPC Steering Committee decided to start a pilot project that trained two professionals in the FTM process who regularly work with families. In its second full year in produced 25 Community Based Family Team Meetings. 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. The link and clicks to the FY 18 CPPC reports for the Indianola DCAT Cluster are listed on page 11 in red.**

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 17 to fund projects but we did fund 12 Mini Grants in FY 18. Joe Burke and Sarah Hohanshelt were trained in State Consensus Scoring in FY 16 by Keith Wunder. The Consensus scoring process was then used for the rating of the 12 mini grants by the voting members of the CPPC Steering Committee and recommendations sent to the DCAT Governance Board.**

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

**Update: For FY 18 DCAT funded several regular programs (listed below) and 12 Mini Grants. This was the final year for DCAT/CPPC to oversee CBCAP Funds $4,000+. We also carried over approximately $139,000 from our FY 17 and 18 Child Welfare and State allocations for FY 19. It would appear there will be no money available for mini grants in FY 19 (see FY 19 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 18. 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 13 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 2017 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 – DCAT5-19-033 - DHS Referral Only

**FY18 Contracted Services Indianola DCAT Cluster**

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| Department of Human Services  Family Assistance. DCAT5-15-025 Core Program #1 $15,951 spent of $24,000 |
| 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 18   * Gas Cards - $7,500 * Groceries - $1,550 * Clothing - $1,315 * Transports - $902 * Rent - $755 * Recovery/Treatment - $500 * Pest Control - $449 * Bus Passes - $388 * Psychotherapy/Evaluations - $370 * Diapers/Formula -$350 * Bus Tokens- $280 * School Supplies - $175 * Internet Hub for DHS Office - $138 * Recovery Books - $128 * Glasses - $106 * Baby Beds, Mattresses - $100 * HIRTA - $90 * Bus Ticket - $85 * Phone Card - $50 * Cleaning Supplies - $50 * Admin Fee - $762   Special Projects Contract Mini Grants  February 1, 2018 to June 30, 2018  Spent $67,184 of $76,230  End of Year Reports FY 18  DCAT5-18-201 $10,000  The parties entered into the Contract for the purpose of funding school based Mental Health Services for the I-35 Community School District.  **Evaluation, Deliverables and Performance Measures:**  Interstate 35 CSD will provide mental health services to student’s preK-12 at no cost to the student or student’s family on a year round basis to support social, emotional, and developmental needs.  **Met. Student’s preK-12 had access to mental health services at no cost to the student or student’s family on a year round basis to support social, emotional, and developmental needs.**  Interstate 35 CSD will gather annual data about students served by the collaboration and the degree to which their social, emotional and developmental needs are being met; including, but not limited to: graduation rate, ability to remain in the home, and self- reflections.  **Met. 100% of students provided services remained in their home. 100% of seniors graduated (3 total). Client treatment plans all include reviewing treatment goals/objectives and progress to provide self-reflection for client’s served.**  Interstate 35 CSD will serve between 35-50 students through the school-based mental health program during the 2017-2018 school year based on trends up to this point.  To measure the progress of this deliverable, I-35 CSD will track the number of intakes that the program accepts while also monitoring the active caseload.  The deliverable goal does not mean that we will turn any students in need away from this program, should we meet our target of 40.  **Met. 49 students were served during the delivery period of February 1, 2018-June 30, 2018.**  We were unable to spend the monies budgeted to us- $10,000. We spent a total of $6265.40.  Out of the 49 students served during this time period, 22 had Medicaid, which is just shy of 45% of the caseload.  This number is higher than caseloads have traditionally been in the past and required less out-of-pocket funds.  The program at Interstate is new and only continues to grow. During the 2016-2017 school year, 42 total clients were served.  During the 2017-2018 school year, a total of 57 clients were served.  Interstate looks to see these numbers continue to grow and are appreciative of the support of DCAT to make this program possible.  DCAT5-18-202 $8,000  The parties entered into the Contract for the purpose of funding School Based Mental Health Services for the Earlham Community School District.  The Consumer Health Inventory was administered to clients in your district prior to and again at the end of the grant term. Three questions deemed to represent overall mental health functionality were selected for descriptive analysis. Results:  ***Question:*** I think that I can deal well with daily problems.  ***Potential Answers:*** strongly agree, agree, neutral, disagree, strongly disagree  Average response at the beginning of the grant: **neutral**  Average response at the end of the grant:  **agree**  ***Question:*** How much of the time has your health been a problem with such things as seeing friends or family?  ***Potential Answers:*** all, most, some, little none  Average response at the beginning of the grant: **some**  Average response at the end of the grant:  **little**  ***Question:*** How many days have you missed school due to health?  Average response at the beginning of the grant: **1.25 days**  Average response at the end of the grant:  **.75 days**  ***Section B: Survey Results***  At the end of the grant term, a survey was given to address satisfaction with services rendered by Integrative Counseling Solutions, Inc. Two questions deemed to represent overall satisfaction with ICSI were selected for descriptive analysis. Results:  ***Question:*** Overall, please rate your satisfaction with ICSI services.  ***Potential Answers:*** dissatisfied, somewhat dissatisfied, neutral, somewhat satisfied, completely satisfied  All responses were **completely satisfied.**  ***Question:*** Do you feel like your reasons(s) for contacting ICS were fully addressed.  ***Potential Answers:*** yes or no  All responses were **yes**      DCAT5-18-203 $8,000  The parties entered into the Contract for the purpose of funding School Based Mental Health Services for the Indianola Community School District.  **Deliverables**:     1. A licensed therapist will deliver mental health services to students PreK-12 with emotional and behavioral issues in the school building to assist the child in reducing symptoms of DSM 5 diagnoses.   Licensed Therapists from Integrative Counseling Solutions served 74 ICSD students during the grant term.    b) The schools will survey staff and parent of clients about the student’s progress towards health, safety, stability and self-sufficiency and will also assess children each 5 months with a CHI-C assessment to measure the student’s progress in therapy.  The Consumer Health Inventory was administered to parents prior to and again at the end of the grant term. Three questions deemed to represent overall mental health functionality were selected for descriptive analysis. Results:  ***Question:*** During the past 4 weeks, has your child been limited in the kind of schoolwork or activities with friends s/he could do because of emotional or behavioral health problems?  ***Potential Answers:*** yes, a lot; yes, a little; yes, some; no, not at all  Average response at the beginning of the grant: **yes, some**  Average response at the end of the grant:  **yes, a little**  ***Question:*** During the past 4 weeks, how satisfied do you think your child has felt about his/her life overall?  ***Potential Answers:*** very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, very dissatisfied  Average response at the beginning of the grant: **somewhat dissatisfied**  Average response at the end of the grant:  **somewhat satisfied**  ***Question:*** During the past 4 weeks, how many days of school has your child missed?  Average response at the beginning of the grant: **1.3**  Average response at the end of the grant:  **.5**  At the end of the grant term, a survey was given to school personnel to address school satisfaction with services rendered by Integrative Counseling Solutions, Inc. Two questions deemed to represent overall satisfaction with ICSI were selected for descriptive analysis. Results:  ***Question:*** Overall, please rate your satisfaction with ICSI services.  ***Potential Answers:*** dissatisfied, somewhat dissatisfied, neutral, somewhat satisfied, completely satisfied  Average response was **halfway between somewhat satisfied and completely satisfied.**  ***Question:*** Do you feel like your reasons(s) for contacting ICS were fully addressed.  ***Potential Answers:*** yes or no  All responses were **yes.**  **Performance Measures.**   1. Parent and staff satisfaction surveys will show 80% positive responses     *92% of survey results from surveys returned by Indianola students/parents/guardians/school staff are positive in nature.*   1. Students who receive therapy will have a 25% improvement in CHI-C scores.   *ICSD students exhibited a 28.3% improvement in CHI-C scores during the term of the grant.*      DCAT5-18-204 $8,000  The parties entered into the Contract for the purpose of funding School Based Mental Health Services for the Knoxville Community School District.  ***Section A: Data***  The Consumer Health Inventory was administered to parents in your district prior to and again at the end of the grant term. Three questions deemed to represent overall mental health functionality were selected for descriptive analysis. Results:  ***Question:*** During the past 4 weeks, has your child been limited in the kind of schoolwork or activities with friends s/he could do because of emotional or behavioral health problems?  ***Potential Answers:*** yes, a lot; yes, a little; yes, some; no, not at all  Average response at the beginning of the grant: **yes, some**  Average response at the end of the grant:  **halfway between yes, some and no, not at all**  ***Question:*** During the past 4 weeks, how satisfied do you think your child has felt about his/her life overall?  ***Potential Answers:*** very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, very dissatisfied  Average response at the beginning of the grant: **neutral**  Average response at the end of the grant:  **somewhat satisfied**  ***Question:*** During the past 4 weeks, how many days of school has your child missed?  Average response at the beginning of the grant: **1.3**  Average response at the end of the grant:  **1.1**  ***Section B: Survey Results***  At the end of the grant term, a survey was given to school personnel to address school satisfaction with services rendered by Integrative Counseling Solutions, Inc. Two questions deemed to represent overall satisfaction with ICSI were selected for descriptive analysis. Results:  ***Question:*** Overall, please rate your satisfaction with ICSI services.  ***Potential Answers:*** dissatisfied, somewhat dissatisfied, neutral, somewhat satisfied, completely satisfied  Average response was **somewhat satisfied.**  ***Question:*** Do you feel like your reasons(s) for contacting ICS were fully addressed.  ***Potential Answers:*** yes or no  All responses were **yes.**      DCAT5-18-205 $8,000  The parties entered into the Contract for the purpose of funding School Based Mental Health Services for the Pleasantville Community School District.  The Consumer Health Inventory was administered to parents in your district prior to and again at the end of the grant term. Three questions deemed to represent overall mental health functionality were selected for descriptive analysis. Results:  ***Question:*** During the past 4 weeks, has your child been limited in the kind of schoolwork or activities with friends s/he could do because of emotional or behavioral health problems?  ***Potential Answers:*** yes, a lot; yes, a little; yes, some; no, not at all  Average response at the beginning of the grant: **yes, some**  Average response at the end of the grant:  **no, not at all**  ***Question:*** During the past 4 weeks, how satisfied do you think your child has felt about his/her life overall?  ***Potential Answers:*** very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, very dissatisfied  Average response at the beginning of the grant: **neutral**  Average response at the end of the grant:  **somewhat satisfied**  ***Question:*** During the past 4 weeks, how many days of school has your child missed?  Average response at the beginning of the grant: **2.0**  Average response at the end of the grant:  **0**  ***Section B: Survey Results***  At the end of the grant term, a survey was given to school personnel to address school satisfaction with services rendered by Integrative Counseling Solutions, Inc. Two questions deemed to represent overall satisfaction with ICSI were selected for descriptive analysis. Results:  ***Question:*** Overall, please rate your satisfaction with ICSI services.  ***Potential Answers:*** dissatisfied, somewhat dissatisfied, neutral, somewhat satisfied, completely satisfied  Average response was **¾ of the way between somewhat satisfied and completely satisfied.**  ***Question:*** Do you feel like your reasons(s) for contacting ICS were fully addressed.  ***Potential Answers:*** yes or no  All responses were **yes.**    DCAT5-18-206 $8,000  The parties entered into the Contract for the purpose of funding Parenting Education Services (Parents Café) for Marion County.  **Deliverable #1: Parents with children under the age of five (or expecting a child) will build social connections, education, and emotional supports through Parent Café sessions with other parents and staff.**  ***Outcome***: Our goal to increase social connectedness derived directly from the Parent Satisfaction surveys which we distribute to each PAT family member each year in order to receive parent feedback and suggestions to improve our program. Last May (2017) it became evident that our focus for FY18 was to increase social connections and relationships amongst the families enrolled in PAT/Parent Café. Number 10 of this survey states, “This program helps me build relationships with other families.” Parents answer on a scale from 1-5, 1 being strongly disagree and 5 being strongly agree. The mean average in FY17 for this statement was 1.5. After reinforcing our Parent Café by including family style dinners and producing a more inviting, family environment, our numbers more than doubled in attendance and our mean average for number 10 in FY18 rose to 4.75.  **Deliverable #2: Parents will receive PAT home visits from Marion County Public Health to build upon education of health, safety, stability and self-sufficiency of their parenting skills while in Parent Café.**  ***Outcome:*** All families participating in PAT received home visits at least monthly as a wrap-around program to reinforce this goal. With the new form of Parent Café this fiscal year, our Parent Café and PAT program together increased by 14 caregivers over the course of 5 months (February 2018-June 2018).  **Performance Measure #1: Parents participating in Parent Café combined with PAT home visiting will be 70% more likely to enroll their child into preschool than non-participating parents in the program.**  ***Outcome:*** 100% of parents that participate in the Parent Café with children 2-5 years old enrolled their child(ren) into preschool beginning this fall (school year 2018-2019).  **Performance Measure #2: Through the Group Connections Feedback Form and Life Skills Progression For 85% of parents will show an increase of their understanding of Protective Factors for their children.**  ***Outcome:*** The Group Connections Feedback form which is given to each parent before and after each Parent Café showed that 95% gained a better understanding of Protective Factors after attending Parent Café. The three most influential protective factors that were improved upon were resilience, relationships, and knowledge.    DCAT5-18-207 $4,900  The parties entered into the Contract for the purpose of funding Victim Advocacy Services for Marion County.  Performance Measures  a) After working with a CIS Advocate 90% of families with children fleeing violence in Marion County will receive at least one safe shelter night if that is what they are seeking.  No families with children requested shelter during this time. We did provide three adults with 38 nights of safe shelter.  We were able to assist 32 unduplicated outreach clients during the grant period. 24 adults and 8 children. We had 507 different contacts with these clients and provided 142 hours of advocacy to them. Additionally with other grant funding we were able to provide $755 in financial assistance to 6 clients. This included assisting with a hotel stay, rent, utilities, medication, food and clothing.  b) After working with a CIS advocate, 85% of those families receiving safe shelter will indicate via CIS survey that they are aware of the community resources to assist them through the crisis and are aware of additional ways to keep their family safe in the future.  After working with a CIS advocated 100% indicated they were very aware of community resources that could assist them in time of crisis.  DCAT5-18-208 $4,900  The parties entered into the Contract for the purpose of funding a Respite Care Program for Warren County.  Wee Care Respite Program will provide two hours free care per week so families in Warren County can take a needed break from parenting, to go to doctor appointments, run errands, etc.  **156 families & 244 children served.**  **9,404 hours of state-licensed respite care provided.**  Referral to appropriate agencies for evaluation and services as needed.  **referrals to AEA/Early Access this year**  Utilize *Al’s Pal’s* and *Care for Kids* curriculum weekly with children in the classroom.  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**  a) 85% of families with children that use Wee Care Services will complete program service evaluation from Prevent Child Abuse Iowa once per year.  71% of families completed survey- 111 of 156  b) 85% of families that complete the program service evaluation will indicate improved parent nurturing skills and feel closer to their child.  96% increased knowledge of child development and parenting (107 0f 111 families’)    DCAT5-18-209 $4,900  The parties entered into the Contract for the purpose of funding a Young Parents Program for Warren County.  The Young Parents Program will provide a free weekly parenting information and support program to parents and expectant parents 28 years and younger in Warren County.  Provides minimum of 45 weekly sessions each 2 hours in duration  - Minimum of 35 moms/dads & their children served per year.  -Uses research-based/well-researched curriculum including *Stewards of Children, Care for Kids, Nurturing Healthy Sexual Development, Incredible Years* with parents/children.  -Serves Warren County parents/ expectant parents through 28 years of age and their children through 6 years of age.  -Utilizes local resource providers and expertise to provide education and information for parents in order to connect families with supports and services.  -Referrals to community services   * Actively promote program, recruit families, solicit   Referrals. **23 Warren County families served.**   * Provide free dinner at weekly meetings. * Provide ongoing individualized support to parents, referrals to community resources. * Connect parents face-to-face with home visitation services. * Provide parenting materials/handouts & access to onsite parent lending library.   Offer free, onsite childcare/ dinner & activities for young children in a safe, nurturing setting to reduce parental stress. **16 children 0-6 years of age served.**  a) 90% percent of parents participants will report will increase knowledge on how to handle stress in a positive way in program survey.  b) 90% of parents will report increase self confidence in their own parenting skills in program survey.   * 10 surveys collected * 100% of **families increased knowledge about child development and parenting**   ***90% Increased Knowledge to manage stress***    DCAT5-18-210 $4,900  The parties entered into the Contract for the purpose of funding an Equine Psychotherapy Program for “at-risk” K-12 students in Madison County.  **1) Turning Point Evaluation Inc. will provide Equine Assisted Psychotherapy Program "at risk" K-12 students in the Madison County School System.**  Turning Point Evaluation, INC was able to provide Equine Assisted Psychotherapy (EAP) to students who are considered “at risk” in the Madison County School System.  **A) Participants Second Semester School attendance will improve a minimum of 20% compared to First Semester.**  In contact with the Madison County School System and parents of the student participants, the majority of participants improved their attendance by more than 20%. Other participants continued to maintain consistent attendance. Some parents reported that their child went to school, as a result of the agreement to attend school.  In communication with the parents of the participants, the students looked forward to the weekly EAP. This encouraged proactive engagement in school attendance.  **B) Participant’s Second Semester grades will improve a minimum of 20% compared to First Semester.**  In contact with the Madison County School System and parents of the student participants, some participants improved their grades by more than 20%, while others maintained a high grade average.  For the student participants in the K-3 level, the reports were the level of engagement increased, during the time of EAP.  **C) Participants in program will have a minimum 20% higher graduation rate than “at risk” students that did not participate in the Equine Therapy Program.**  One student was able to demonstrate the ability to transfer to The Bridges Program and successfully complete the requirements for the level of education needed to graduate in the 2018/2019 school year. In addition, this person is now able to complete the Senior year, in the Winterset High School.  **C) A minimum of 40 “at risk” participants will be served by the program.**  Six, one hour long sessions were utilized to be consider a participant.  A total of 29, K-12 students were served during the program. In addition, the families also attended the program to work through family matters.  The attached research is based off of 20 students, who were able to be tested. The ages of the other 9 students were not included in the outcomes, as a result of the students not being able to comprehend the testing material.  **Equine-Assisted Psychotherapy with Adolescents:**  **Analysis of Additional Results**  This analysis pertains to data collected by Turning Point counseling as part of their Equine-Assisted Psychotherapy (EAP) services. Pre-test data were provided on 20 participants and post-test data were provided on 19 participants. Participants were administered the State Self-Esteem Scale and the Social Self-Efficacy Scale.  The State Self-Esteem Scale is a 20-item instrument that assesses performance self-esteem, social self-esteem, and appearance self-esteem. It tends to be administered to adolescents who demonstrate at-risk behavior. The Social Self-Efficacy Scale is an 8-item instrument that tends to be administered to adolescents and young adults as assessment of possible mood disorders including depression and anxiety.  Performance Self-Esteem  The Performance Self-Esteem subscale is a subscale of the State Self-Esteem Scale. It includes 7 items and scores on each items can range from 1 to 5 for a total low score of 7 and a total high score of 35. Pre-test scores on the Performance Self-Esteem subscale ranged from a low of 10 to a high of 21. Post-test scores on this scale ranged from a low of 21 to a high of 34. Overall, participants increased their average scores on this subscale by 10.37 points (57.3%). All individual scores increased with the lowest increase being from 21 to 24 (14.3%) and the highest increase being from 10 to 24 (140%).  Participants’ scores on the performance self-esteem subscale were generally consistent with students who function adequately in school regarding grades and homework.. A total of 3 respondents had significantly lower scores on this subscale pre-test. Of these 3, 1 showed a 60% increase in their post-test score, 1 showed a 93.8% increase in their score, and 1 showed over a 140% increase in their score.  Social Self-Esteem  The Social Self-Esteem subscale is a subscale of the State Self-Esteem Scale. It includes 7 items and scores on each items can range from 1 to 5 for a total low score of 7 and a total high score of 35. Pre-test scores on the Social Self-Esteem subscale ranged from a low of 9 to a high of 27. Post-test scores on this scale ranged from a low of 18 to a high of 34 (shared by 3 individuals). Overall, participants increased their average scores on this subscale by 12.26 points (79.2%).All individual scores increased with the lowest increase being from 27 to 34 (25.9%) and the highest increase being from 12 to 33 (175%).  Participants’ scores on the social self-esteem subscale were lower than on the other subscales, suggesting these low scoring students were the ones most likely to feel disconnected and at-risk in social settings. Students with low scores on this subscale were more likely to feel alienated at school, experience bullying, and record higher Adverse Childhood Experience (ACE) scores. A total of 13 respondents had significantly lower scores on this subscale pre-test. Of these 13, 12 showed over an 800% increase in their post-test score and 7 showed over a 100% increase in their score.  Appearance Self-Esteem  The Appearance Self-Esteem subscale is a subscale of the State Self-Esteem Scale. It includes 6 items and scores on each items can range from 1 to 5 for a total low score of 6 and a total high score of 30. Pre-test scores on the Appearance Self-Esteem subscale ranged from a low of 11 to a high of 21. Post-test scores on this scale ranged from a low of 13 to a high of 30 (5 individuals had post-test scores of 29). Overall, participants increased their average scores on this subscale by 6.58 points (38.7%). All but one individual increased their score (their score dropped from 20 to 19) with the highest increase being from 14 to 30 (114.3%).  Participants’ scores on the appearance self-esteem subscale showed the widest range of scores. This subscale pertains to students’ belief about how they are perceived physically by others. This would include attire, physical attractiveness, weight, and physical disabilities. A total of 11 respondents recorded low scores in this scale and were most likely to report low scores on the appearance self-esteem subscale. A total of 5 individuals has significantly lower scores on this subscale. Of these, 2 showed an increase in over 100% on their post-test scores.  Social Self-Efficacy  The Social Self-Efficacy scale is designed to assess the degree to which individual feel competent to function within a bonded network (having a few close friends with whom one has reciprocity, redundancy, shared values, and trust). Essentially, the scale assesses whether this person feels like they belong to a family or peer group and can feel safe and comfortable enough within that family or peer group to interact with others outside the group. The instrument includes 8 items that are scored on a range of 1 to 5, with the lowest score being 8 and the highest score being 40.  Participants’ scores on this instrument showed the widest of variance between pre-test and post-test. On the pre-test, scores ranged from a low of 8 (the lowest possible score) to a high of 35. Post-test scores ranged from a low of 15 to a high of 36. The change in scores from pre-test to post-test ranged from a low of -53% to a high of 200%. A total of 5 individuals showed declining scores from -5.9% to -53%. Four of the individuals who showed a declining score on this scale showed significant gains between pre-test and post-test scores on the social self-esteem subscale and 2 showed declining scores on the appearance self-esteem scale. Further examination of warranted, but it is possible that increases in self-esteem also corresponds to one’s bonded network feeling uncomfortable with that person’s growth and seeking to “punish” them for changing.  Overall  When total scores across all subscales of the State Self-Esteem Scale and Social Self-Efficacy Scale are examined, all participants showed overall growth between pre-test and post-test scores. The change in scores ranged from a low of an increase of 13.76% to a high of 111.07% and an average growth of 46.99%. The majority of this growth occurred on the social self-esteem subscale (79.2% increase in scores) followed by the performance self-efficacy subscale (57.3% increase in scores). The lowest overall increase in scores was on the Social Self-Efficacy Scale (12.7% increase), which also included declining pre-test to post-test scores. There are reasons why personal growth by an individual can result in negative reactions by their bonded network, often related to the dysfunctional nature of that network. In essence, getting healthy may have its consequences of the people around you aren’t healthy and feel abandoned by you as you change. We can talk about this further if you want.  The take-away is that EAP seems to be most effective as improving social and performance self-efficacy.  DCAT5-18-211 $4,900  The parties entered into the Contract for the purpose of funding a Job Search Assistance and Retention Program for Madison, Marion and Warren County.  **Deliverable #1**:  **Clients are learning soft-skills by taking the Success on the Job learning modules.**   * Success on the Job is curriculum which covers the basic work ethics of attitude, attendance, appearance, ambition, accountability, acceptance, and appreciation. * This course is for employed or unemployed individuals and can be taught in group or individual settings.   **Performance Measure #1:**  **Clients will take posttests of two or more Success on the Job modules during their intake a WeLIFT.**   * This year WeLIFT served 498 clients of which 156 we considered new clients. Each new client is evaluated at intake to determine job readiness and employability. Additionally, those returning clients struggling with soft skills, or who lose their jobs, are encouraged to participate in group or individual course work. Those needing work in those areas are encouraged to participate in Success on the Job.   **Deliverable #2**:  **Clients are able to maintain long-term employment due to improved work ethics (soft skills learned).**   * After learning more about soft-skills (e.g. attitude, attendance, appearance, ambition, accountability, acceptance, and appreciation) clients will be better able to maintain long-term employment and not need to continually look for jobs, get jobs, and lose jobs and go through the whole cycle due poor background in soft skills.   **Performance Measure #2:**  **Clients will be contacted 6 months following job placement to determine program success.**   * Clients are contacted after 6 months of receiving WeLIFT services to determine work status. Year-end data reflects that this statistic has improved to 44% of WeLIFT clients report holding a job.     DCAT5-18-2012 $4,900  The parties entered into the Contract for the purpose of funding a Integrated Health Home Flex Funds program for Warren County.  **Deliverable 1:** **Enrolled IHP members residing in Warren County who are assessed with high and critical acuity risks and/or have economic hardship, health related risks, or at risk of out of home placement will have a Flex Fund Service and Support Plan that includes up to $200 of additional supports to address these challenges.**  Provided flex fund purchases averaging $180 for 26 IHP members residing in Warren County, assessed with high and critical acuity risks and/or related to economic, health or potential out of home placement. The following include the type of purchases made:  3 Walmart gift cards (for emergency economic needs)  2 One-time payment of water or electric bill  5 Summer camp tuition  3 Gas cards (to assist with getting children to medical or mental health appointments)  2 Beds  4 Summer pool pass  1 Sports related equipment to participate on the school’s cross country team  1 Lock box and supplies  3 Weighted blankets  **Deliverable 2: IHP will develop at least 4 additional collaborative Warren County partnerships to help with reducing economic or health related risks.**  Developed 9 additional collaborative partnerships serving Warren County, consisting of: 1) Maternal/Child Health, Warren County Health Services, 2) I-Smile Program, 3) 1st Five Healthy Mental Development Program, 4) Eyerly Ball Mental Health Services, 5) Employee and Family Resources, 6) 2-1-1 United Way, 7) HIRTA Public Transport, 8) Food Pantry Necessity, 9) Primary Care Provider, Family Practice Physician.  Orchard Place Integrated Health Home hosted a Warren County Provider Networking Meeting in June 2018. Topics included discussing unmet needs in Warren County for children with health and economic challenges and identifying opportunities for better coordination across providers.  Providers listed the top 11 unmet needs and brainstormed six partnership opportunities addressing the needs. Next steps include reconvening this group late summer/early fall to develop a timeline for laying out continued partnership strategies.  **Performance Measure 1:** **Assess needs of 100% Warren County clients for hardships (focus on economic, health related, and out of home placement risks).**  Assessed needs of 100% Warren County clients using standardized assessment tools and made determinations of flex fund purchases based on family input to address needs.  **Performance Measure 2:** **Provide a minimum of 23 flex funding distributions up to $200 each to those children/families determined most in need based on assessment criteria results.**  Provided flex fund purchases averaging $180 for 26 IHP members residing in Warren County, assessed with high and critical acuity risks and/or related to economic, health or potential out of home placement. |

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| **CBCAP FY 18**  Val Cameron, Warren County Child Abuse Prevention Council, Young Parents- 515.971.2977.[www.val@warrencountycapc@gmail.com](http://www.val@warrencountycapc@gmail.com)  [www.cap.warren.ia.us](http://www.cap.warren.ia.us)  Contact for CBCAP Reports: Val Cameron. Backup: Sarah Hohanshelt, Indianola DCAT Cluster CPPC Coordinator – 515.468.8181  Contact for CBCAP Budgets: Val Cameron. Backup: Joe Burke, Indianola DCAT Cluster DCAT Coordinator- 515.314.3603  Young Parents: $4,127.00 Contract Number ACFS-16-223 **Spent 99%** |
| **CBCAP FY 18 Final Report Young Parents**  Young Parents: This is a free, weekly information/support program designed to improve parenting skills, help parents become more confident in their own parenting ability, ultimately better equipped to manage stress and care for their child & family for Warren County parents up to 24 years of age. Free, onsite childcare & dinner is provided in the nursery. Local restaurants donate meals on a rotating basis so dinner is also provided for the parents. The first part of each 2-hr session is spent visiting informally with other moms/dads to develop a positive peer support system. Male and female program facilitators provide support to assist parents with individual issues. Information/group parent education is provided at each meeting using research-based curriculum and local resource people to connect families with concrete community supports.  Serves Warren County. Final Report from Warren County Child Abuse Prevention Council can be viewed at [www.cppconline1.com](http://www.cppconline1.com). |
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| Joe Burke – 515.314.3603  DCAT Coordination. DCAT5-18-009 Core Program #2 $78,228 Spent of $78,677 |
| 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. Due to overseeing 17 Contracts for FY 18 he was not able to attend his usual amount of county meetings. He also supervises the CPPC Coordinator. The DCAT Coordinator provided monitoring, budgets & oversight on 4 Core contracts & CBCAP for a total of $204,000 and 13 mini grants for a total of $80,330. 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 18 saw the sixth year of 100% accuracy on State GAX Reimbursements Request for the Cluster. Joe has also done 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 in FY 17 and used this training with the mini grant process in FY 18. He provides this expertise to other DCAT/CPPC areas of the State when requested.** |

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| Sarah Hohanshelt Core Programs #3&4  Community Partnership for Protecting Children and Parent Partner Contract.  DCAT5-17-019 CPPC $20,000 **Spent of $20,000**  DCAT5 16-031 Community Support Contract (additional support CPPC)  $77,277 **Spent 0f $81,723** |
| 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. |
| **CPPC End Of Year Report is on the website at:** [**www.cppconline1.com**](http://www.cppconline1.com)  **Click: “About”**  **Click: “Yearly Reports”**  **Click: “CPPC Reports”**  **Click on the yearly report you are interested in viewing.** |
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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 – Our plan from two- years ago was to involve local professionals as Community Based Family Team Meeting Facilitators and so far it has worked well extremely well. 13 were done in FY 17 and 25 in FY 18.**

**Adjustment – We will continue this process and want expand it into Warren and Marion County in FY 19. Individuals in the school system in each county have been identified but we need access to a summer training so school officials can participate.**

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

1. **Community Support** $81,723 (FY 16 Child Welfare Dollars accepted 6/16 $53,474 and 10/16 $28,249) for CPPC Coordination).
2. 100% of 6/16 $53,474 in FY 16 Child Welfare Carry-Over Allocation spent.
3. $23,803 of $28,249 10/16 FY DHS Child Welfare Carry- Over from was spent.
4. The remaining $4,446 of FY 16 Child Welfare Carry-Over from 10/16 will revert back to State.

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| FY 16 DHS CW C/O from 6/16 Reverts | $ 53,474.00 |
| FY 16 DHS CW C/O from 10/16 Reverts | $ 28,249.00 |

1. **Flex Funds** $24,000 FY 16 DHS Child Welfare carryover from 10/16.
2. $15,950 of $24, in FY 16 DHS Child Welfare Carry-Over Funds spent.
3. Remaining $8,050 FY 16 DHS Child Welfare carry over from 10/16 not spent reverts back to State

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| FY 16 DHS CW C/O from 10/16 Reverts | $ 24,000.00 |

1. **DCAT Coordinator** $78,677 (FY 16 Child Welfare Dollars carry over from 10/16 $21,691, FY 16 Legislative Allocation $56,986.
2. 100% of FY 16 Legislative Allocation Spent
3. $21,242 of $21,691 DHS Child Welfare carryover from 10/16 spent.
4. $449 remaining from 10/16 DHS Child Welfare carryover will revert back to State.

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| FY 16 Legislative Allocation Reverts | $ 56,986.00 |
| FY 16 DHS CW C/O from 10/16 Reverts | $ 21,691.00 |

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

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| FY 18 CPPC (State) Reverts | $ 20,000.00 |

1. **Mini Grants** $76,230 FY 16 Child Welfare Dollars Carry over $55,170 from 6/17 and FY 16 $21,060 Child Welfare Dollars Carry over from 10/16.
2. 100% of $21,060 FY 16 Child Welfare Carryover dollars from 10/16 spent.
3. $46,124 of $55,170 FY 17 Child Welfare Carryover dollars from 6/17 spent.
4. 9,046 remaining from FY 16 Child Welfare Carryover dollars from 6/17 revert back to State.

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| FY 16 DHS CW C/O from 10/16 Reverts | $ 21,060.00 |
| FY 16 DHS CW C/O from 6/17 Reverts | $ 55,170.00 |

