

# CPPC Coordinator Practice Guide

## Community Partnerships



for Protecting Children



Iowa Department  
of Human Services

Comm. 485 (4/16)



# Iowa Department of Human Services

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Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

Dear Reader,

I would like to welcome you to the wonderful world of Community Partnership for Protecting Children (CPPC).

**Giving Thanks!** It is a struggle to identify and recognize individually all the Coordinators, DHS staff and community partners that have had a hand in shaping this manual. Over the years, Decat and CPPC Coordinators, DHS staff and community partners worked to identify, develop and continue to revise implementation levels for each our CPPC strategy. In addition, Decat and CPPC Coordinators have provided feedback on the benefits and approaches for each component within each level. These individuals have provided valuable first-hand knowledge that has been capture and organized in this manual to be utilized by new and season veterans of CPPC. These individuals have contributed countless hours traveling, meeting, phone conferencing, e-mailing, and the list goes on.

I want to give special thanks to Amanda McCurley, AmeriCorps Coordinator and Natasha Hurley and Emily Jansen AmeriCorps Members. They put forth tremendous effort and hard work and in the development of this CPPC Guide which included many, many hours of research and writing and later reviewing drafts.

Thanks also go to CPPC Specialist Nola Aalberts, who assisted in gathering the information and reviewing drafts. Nola has also spent countless hours travelling the state and gathering information face to face from coordinators and shared decision making team members for many years and is our strongest 'Road Advocate' for CPPC!

Also giving hours of their time to the review process were Sarah Hohanshelt, Joe Burke, Mary Drees, Mindy Norwood, and Gwen Deming. These folks all offered some great concrete feedback from all levels of practice and some of them offered their processes for review and inclusion in the guide.

The one of the primary writer for this practice guide was Shelby Zirbel, CPPC Specialist. Shelby managed to capture random, but brilliant ideas, relevant experiences and blend together various written materials/styles into a cohesive manual to be utilized for years. Shelby's work was a truly valuable asset to the development of the practice guide.

The people who have contributed to the success of Community Partnership for Protecting Children and the development this manual are some the most dedicated, diligent, and compassionate people I have ever met! I will be eternally grateful for all the lessons I have learned from all of you. From the bottom of my heart, I thank you.

Peace.

Sincerely,

A handwritten signature in black ink that reads "Sandy Lint". The signature is written in a cursive, flowing style.

Sandy Lint, LMSW  
DHS Community Partnership State Coordinator

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# Welcome to CPPC!

You may have heard of Community Partnerships for Protecting Children (CPPC), or Community Partnerships; this practice guide strives to increase your understanding of Community Partnerships as well as the levels within the four CPPC strategies in order to grow this initiative in your community.

Community Partnerships for Protecting Children is a community-based approach to child protection. Partnerships work to prevent child abuse, neglect, re-abuse, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care. The long term focus of the Community Partnerships is to protect children by changing the culture to improve child welfare processes, practices, and policies.

A whole host of factors contribute to child well-being, permanence, and safety. Community Partnerships for Protecting Children are positioned to play an important role in continuing to improve these outcomes through the enhancement of community resources and implementation of the four strategies: Neighborhood and Community Networking, Shared Decision Making, Individualized Course of Action, and Policy and Practice Change. These strategies are focused on changing child welfare cultural response by engaging communities, families, youth, and agencies to work as partners.

This guide is intended for Community Partnership Coordinators as well as key Shared Decision Making Team members to further their understanding and efforts in Community Partnerships. Whereas the levels document sets out a framework of expectations, they are just that—a frame. You can build the ‘home’ of Community Partnerships within this frame in a way that best suits your community’s needs.

In the first section, you will find a general introduction and CPPC Level document followed by a section for each of the four CPPC strategies. Being able to identify CPPC levels for each strategy enables us to measure CPPC outcome statewide.

The sections will give a more in-depth discussion of the benefits and approaches for each strategy. The final section is a resource section that is packed with useful information to assist communities with implementing CPPC.

This framework (in the form of the four strategies and 4 levels of each strategy), was developed from many years of efforts in communities by CPPC coordinators, agency partners, community members, and practice partners. There was much use of all of the components of each strategy in reaching this point, and the collaboration from all involved resulted in determination that the 4 strategies and 4 levels of each strategy promoted growth in Community Partnerships while allowing each site to tailor the approach to the unique needs of the communities served.

## History

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Iowa's Community Partnership approach grew from initial work in Cedar Rapids in 1995 and now encompasses the entire state. Several new policy and practice changes in Iowa have been promoted, piloted, and implemented through Community Partnership efforts. Family Team Decision Making, Parent Partners, and Youth Transition Decision Making (Iowa Dream Teams) are examples of these efforts. Trainings, professional development opportunities, and train the trainer programs have been developed and implemented to support improved practices and ensure quality and consistency across the state. State and regional networking opportunities, workshops and forums create an on-going learning community of stakeholders.

In **1995**, the Edna McConnell Clark foundation provided funding for 4 national pilot sites including Cedar Rapids.

In **2000**, DHS hires state CPPC coordinator, and Prevent Child Abuse Iowa begins to host forums and events.

In **2001**, the first statewide CPPC conference is held by Prevent Child Abuse Iowa. The Edna McConnell Clark foundation provides funding for 5 Iowa pilot sites.

In **2002**, Child Welfare policy and Practice Groups provides Family Team Decision Making Meeting training and recruitment of Iowa FTDM trainers

In **2003**, Iowa's federal program improvement plan (PIP) and Better Results for Kids DHS redesign identifies statewide rollout for FTDM and CPPC state legislation allocates CPPC funding.

In **2004**, Prevent Child Abuse Iowa provides fulltime associate CPPC coordinator.

In **2005**, in partnership with the Iowa Coalition Against Domestic Violence, a fulltime position provides technical assistance/training.

In **2007**, CPPC implements statewide and each Decat is allocated funding, Prevent Child Abuse Iowa starts CPPC AmeriCorps program, and Parent Partners is implemented in 11 counties.

In **2008**, in partnership with Youth Policy Institute of Iowa, Transitioning Youth Initiative and Dream Teams (Youth Transition Decision Making) are implemented in 9 counties, Iowa's CPPC is highlighted in national publication by Andrew White, and the first Parent Partner Summit is held.

In **2009**, Receives Federal Midwest Child Welfare Implementation Center (MCWIC) grant to expand parent partners statewide.

In **2010**, MCWIC begins Parent Partner evaluation.

In **2011**, Partnered with ISU for fulltime Domestic Violence Liaison, and Parent Partner outcome database is developed and implemented.

In **2012**, Partnered with ISU for fulltime Transitioning Youth Specialist, standards and funding allocations are implemented for Youth transition Decision Making (Dream Teams), and Parent Partners is operational in 68 counties and statewide contracting infrastructure is developed.

In **2013**, Parent Partners is contracted for statewide implementation.

In **2015**, FTDM/YTDM is contracted for statewide implementation, and Parent Partners is implemented in 99 counties.

## Philosophy

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The Community Partnership Philosophy is:

- Parents and youth need to be full partners in shaping supports and services for themselves and their communities
- Children should be with their own families whenever possible
- Families are stronger when all members, including caregivers, are safe from abuse
- There is no substitute for strong families to ensure that children and youth grow up to be capable adults
- Families need supportive communities to help them be strong and offer a sense of belonging
- Children can best be kept safe when families, friends, residents, and organizations work together as partners
- Services and supports need to be closely linked to the communities in which families live
- Government alone, through the Department of Human Services (DHS), cannot keep children safe from abuse and neglect
- Efforts to reduce abuse and neglect must be closely linked to broader community initiatives and priorities

It is through this philosophy, history, and many years of dedication to the development of the 4 strategies and the levels that initiatives have flourished with Community Partnership's support and Community Partnership Shared Decision Making teams have partnered locally to tailor CPPC to their community's needs. This guide shares the wealth of information gathered as well as some of the struggles coordinators have faced in order to continue growth of Community Partnerships throughout the state.

# Levels of Implementation

Community Partnership is guided by four key strategies:

- Shared Decision-Making
- Individualized Course of Action (utilizing Family Team Decision Making and Youth Transition Decision Making Meetings)
- Neighborhood and Community Networking
- Policy and Practice Change

All four strategies must be implemented simultaneously in order to achieve desired results. Through a community shared decision-making process, partners work together to develop policy and practice that promotes individualized planning to meet specific needs of vulnerable families and work to increase community networks of both informal and formal supports. All sites need to meet level 1 criteria on each of the four strategies to be considered a community partnership site. This includes the following requirements:

- CPPC (Community Partnership for Protecting Children) Coordinator or SDM (Shared Decision Making) member must attend 100 % of the regional and statewide meetings
- Coordinator must complete and submit Community Partnership Reporting/Evaluation and Budget Forms by the specified dates
- Coordinator must agree to one annual site visit with the Community Partnerships State Coordinator or assigned representative

## Shared Decision Making

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**Purpose:** Provide leadership for collaborative efforts that promote community responsibility for the safety and well-being of children.

### Level 1 Activities

- 1-a)** *New CPPC Coordinator attends first available CPPC Immersion 101 and 201 within 1<sup>st</sup> year.*
- 1-b)** Shared Decision Making Team must include DHS Representative and Decat Representative
- 1-c)** Shared Decision Making Team must include local community and professional members
- 1-d)** Establish linkages and develop protocol for decision-making with Decat Boards
- 1-e)** Implement the use of the Shared Decision-Making Survey - (all individuals who have participated in the CPPC Shared Decision Making process have the opportunity to take the survey)
- 1-f)** Develop plan for on- going comprehensive understanding of the four strategies for individuals involved in Shared Decision Making process ( i.e. planning could include the use of CPPC brochure, video, CPPC orientation, and/or members attend an Immersion 101)
- 1-g)** Establish and develop plan to meet membership recruitment goals for SDM, including diversity
- 1-h)** Provide oversight for the planning and implementation of the four CPPC strategies
- 1-i)** Develop orientation plan for new members

- 1-j) Identify and meet initial goal for adding community members

### **Level 2 Activities**

- 2-a) **Must meet all of the Level 1 items and also** add additional members and 1 of those members needs to be one of the following: domestic violence, substance abuse, or mental health partner
- 2-b) Implement plan for on-going comprehensive understanding of all four strategies
- 2-c) Implement orientation plan for all new members
- 2-d) Conduct Parent Partner orientation for all Shared Decision Making Team members
- 2-e) Share information and progress of the local Parent Partner program regularly
- 2-f) A Parent Partner is added to the membership of the SDMT
- 2-g) Membership recruitment plans that address diversity according to the demographics of your community
- 2-h) Review and report on diversity and disparity in the community and within the local Child Welfare system
- 2-i) Host a CPPC Immersion 101 event in CPPC area at least once every three years
- 2-j) Identify and meet goal for adding additional community members (this number can be reviewed and re-established each year)

### **Level 3 Activities**

- 3-a) **Must meet all Level 1 and 2 items and also** have two of the following members: domestic violence, substance abuse and mental health partners
- 3-b) Have a 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 (See CPPC reporting and evaluation form for definition)
- 3-c) SDM develop avenue for youth voice (youth in foster care or foster care alumni)
- 3-d) Develop linkages and partnerships with other groups into SDM group
- 3-e) SDM membership diversity is representative of the local population
- 3-f) Role of the SDM group expands to include identifying, and developing a plan to meet unmet needs within the community
- 3-g) Develop plan to host a Race: Power of an Illusion in CPPC area
- 3-h) Shared decision making survey scores used as a tool to guide quality improvement of strategy implementation
- 3-i) SDM goals for community members are met ( see CPPC Reporting and evaluation form for definition)

### **Level 4 Activities**

- 4-a) **Must meet all Level 1, 2 and 3 items and also** have all three of the following members: domestic violence, substance abuse and mental health partners
- 4-b) Have ongoing implementation of new member orientation
- 4-c) SDM recruitment goal for Community Members must have been exceeded by 10%
- 4-d) Have 100% of the representation identified in the list in Level 3
- 4-e) Community representatives take a leadership SDM role as defined by the site
- 4-f) Role of SDM group expands to include advocacy for CPPC's goals with funders and policy-makers (legislators, governor, boards of supervisors, city council members, mayor, etc.)
- 4-g) SDM group implements plan and successfully addresses unmet needs within the community

- 4-h) Coordinator and/or member of SDM contributes to state and/or regional events/activities. (I.e. serve on planning committees, assisting with logistics, presenting, etc.)

## Neighborhood/Community Networking

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**Purpose:** Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services and resources for families whose children are at risk of abuse and neglect.

### Level 1 Activities

**Goal:** Increase awareness and understanding of how communities through partnerships can work together to keep children safe from abuse and neglect.

- 1-a) Develop Neighborhood/Community Networking plan that includes goals for engagement strategies and planned activities and that identifies potential network members to whom strategies will be directed
- 1-b) Engage the community and build awareness about Community Partnerships for the Protection of Children's four strategies through community forums, events and activities
- 1-c) Develop a cadre of spokespersons who are able to deliver CPPC information, such as the "CPPC 101" information
- 1-d) Establish performance and outcome measures and evaluate these to ensure the goals are obtained

### Examples of ways to engage the Community (not limited to the list below):

Promote the name and concepts of Community Partnership for Protecting Children

- Pens
- Buttons
- Magnets
- Flyers or posters
- T-shirts
- Sign on your Building
- Message on Grocery Bag
- Other

Explain in greater depth a Community Partnership approach that protects children and/or strengthen families

- CPPC brochure
- Fact sheets
- PowerPoint/overhead slides presentations
- Speeches to civic groups
- Neighborhood / Community newsletter
- Brown bag lunches
- Public Service Announcements

- Work communications
- Other

To engage the community in shaping a plan or/and developing a specific aspect of the Community Partnership approach (i.e. one of the four CPPC strategies)

- Community meetings
- Surveys
- Customer response forms
- Roundtable discussions
- Suggestions box
- Recruit for steering committee
- Other

Involve the community in taking more responsibility for the protection of children:

- Family Movie Night
- Safety rodeo/carnival/fair
- Blanket projects
- Mini grants to communities
- Ice cream sundae party
- Link outreach to other neighborhood services
- Car seat and bike helmet safety activities
- Partner/support other civic and business group related projects
- Other

Develop spokespersons who are able to deliver CPPC information

- Send formal and informal stakeholders to CPPC 101 immersion
- Track groups to whom presentations are given, including who did the presentation,
- numbers who attended and general overview of results

## **Level 2 Activities**

***Goal:** Increase linkages to informal or professional supports and resources for families in need and strengthen professional collaborations among child welfare, domestic violence, substance abuse, mental health and other community partners.*

**2-a) Continue to promote community awareness/engagement listed in level 1**

**2-b)** Develop Neighborhood/Community Networking Plan that includes goals for linkages, collaborations, strategies and planned activities.

**2-c)** Develop/promote a plan to increase linkages between informal and professional supports and resources

**2-d)** Develop a plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners

- 2-e) Involve Parent Partners in collaborative programs in the community
- 2-f) Involve Foster Parents in collaborative programs in the community

**Examples of ways to strengthen informal supports and professional linkages and build collaborations (not limited to the list below):**

Promote linkages between informal and professional supports and resources

- Professionals are involved in the planning and implementing of community events (Items listed in level 1)
- Develop and disseminate directory of community services
- Apartment complex projects
- Other

Engage other organizations, agencies and professionals to partner/support/promote the Community Partnerships for Protecting Children Approach.

- One-on-one relationship building
- Brownbag lunches or coffee talks
- Orientations for different organizations agencies and professional groups
- Create newsletters or put something in existing newsletters
- Partner/support/promote other related programs
- Say “Thank You” for the work they do
- Informational mailings
- Other

**Level 3 Activities**

*Goal: Develop organized network of neighborhood/community that partner with CW professionals to provide supports and resources to families.*

**3-a) Continue with Neighborhood/Community Networking levels 1 and 2**

**3-b) At least one of the following is established:**

- Organize groups/networks of community members and/or parents with prior CPS involvement and/or foster care youth. These groups focus on leadership and providing informal supports
- Implement plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners
- The development of hubbing resources and activities that enhance the accessibility of services and supports
- Increase awareness and develop plans to address diversity and disparity locally

**Examples of ways to organize networks (not limited to the list below):**

Programs that promotes and facilitates informal networks that provide supports for families in need:

- Neighborhood Partners
- Circles of Support
- Other

Programs that promote and facilitate networks that involves parents who had previous involvement with CPS and will provide informal supports for families currently involved in CPS services:

- Moms Off Meth Groups
- Fatherhood Initiative
- 24/7 dads
- Parent Partners involvement in resource fairs
- Other

Programs that promote foster care youth leadership and supports:

- AMP
- Organize events that connect transitioning youth to caring adults in the community (swimming, bowling, graduation events, etc.)
- Iowa Youth Transition Decision Making
- Other

Increase in professional collaboration may include:

- Systems/Group cross-trainings
- On-going consultation with DV experts
- Increased access to low income housing programs
- Increased access to substance abuse experts
- Involvement in activities addressing cultural disproportionality and disparity
- Host Race: The Power of an Illusion training

Hubbing resources and activities:

- Resource Center
- Co-location of staff
- On-going hubbing activities that enhance access to services and support
- Other

Organized referral network that provides readily available supports and resources

### **Level 4 Activities**

*Goal: Communities, DHS, and professionals work together to provide organized networks that include informal and professional supports, services and resources for families who children at risk of abuse and neglect.*

- 4-a) Must meet all Levels 1, 2 and 3 items and also** the implementation of at least 2 or more level 3 type programs
- 4-b)** The use of informal supports is standard practice for families involved with DHS (including involvement with family team meetings)

4-c) Implementation of all programs and activities consistently address Diversity and Disparity issues

# Individualized Course of Action

## *Family Team Decision-Making and Youth Transition Decision Making*

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**Purpose:** Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families succeed.

### *Level 1 Activities*

- 1-a)** Educate SDM and community about strength-based engagement/assessment skills and the Family Team Decision Making (FTDM) and Youth Transition Decision Making (YTDM) processes within the child welfare system.
- 1-b)** Promoting the understanding, the use, and the importance of informal supports in the FTDM and YTDM processes
- 1-c)** Promoting FTDM and YTDM trainings, and coaching and mentoring if needed
- 1-d)** Understand how FTDMs and YTDMs are available and accessed for families involved in the child welfare system
- 1-e)** Explore and understand FTDM and YTDM Iowa standards and how they are implemented
- 1-f)** Promote collaboration between FTDM and YTDM facilitators from different organizations and agencies.
  - Examples of these organizations and agencies include but not limited to: child welfare system, practice partners, schools, prevention programs, faith-based organization

### *Level 2 Activities*

- 2-a)** **Must meet all Level 1 items**
- 2-b)** Develop plan to implement Community Based Family Team Meetings (CBFTDM) and Community Based Youth Transition Decision Making (CBYTDM)

Plans need to include:

- Assessing need for state-approved facilitators
- Recruitment of state-approved facilitators
- Maintain or have access to a list of state-approved facilitators
- Educating Community about CBFTDM and CBYTDM
- Marketing Strategies
- Building relationships with potential referral resources
- Funding resources and sustainability
- Tracking, evaluation and Quality Assurance

### *Level 3 Activities*

- 3-a)** Must meet all Level 1 and 2 items
- 3-b)** Implement plan for CBFTDM-Community-Based Family Team Decision Making

### *Level 4 Activities*

- 4-a)** Must meet all Level 1, 2 and 3 items
- 4-b)** Implement plan for CBYTDM-Community-Based Youth Transition Decision Making

# Policy and Practice Change

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**Purpose:** Improve policies and practices to reduce barriers and increase accessibility and relevance of services that lead to positive family outcomes.

## Level 1 Activities

- 1-a) Identify needs for policy and practice change
  - Discussion about policy and practices with various agencies
- 1-b) Identify 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.

## Level 2 Activities

- 2-a) **Must meet all Level 1 items**
- 2-b) Develop a plan to address identified needs
  - Gather data about policy and practice changes- needs/gaps in services
  - Document information gathered (using sources such as CFSR, surveys, focus groups) to prioritize practices and/or procedures needing to be changed or improved
  - Ensure that frontline staff from child protection system and partner agencies are included in development and implementation of practice change planning
  - Within the planning process identify cultural disproportionality and disparity issues related to Policy and Practice Change

## Level 3 Activities

- 3-a) **Must meet all Level 1 and 2 items**
- 3-b) Implement plan for changes and re-evaluate using Plan Do Study Act (PDSA) or similar process
  - Develop communication strategies for implementing the change
  - Develop and implement monitoring to ensure change is successful
  - Develop specific methods for ensuring quality changes are maintained

## Level 4 Activities

- 4-a) **Must meet all Level 1, 2, and 3 items and add the implementation of 2 or more policy and practice changes.**
- 4-b) Community agencies routinely involve SDM in developing and reviewing policies and practices
- 4-c) Agencies involved in CPPC routinely survey consumers and partners about their programs and make changes in response to feedback including diversity and disparity issues
- 4-d) SDM group solicits ongoing feedback from families and community members and makes changes in response to feedback
- 4-e) Ensure that all neighborhood network members and DHS-contracted agencies require specific “best practice” standards for delivering human services
- 4-f) Ensure that the SDM group, agency administrators and service recipients evaluate service delivery on a regular basis

# Community Shared Decision Making and Planning

**Purpose:** Provide leadership for collaborative efforts that promote community responsibility for the safety and well-being of children.

## **What is Shared Decision Making and Planning?**

The partnership establishes a local decision-making body to review the effectiveness of community child protection and engages community members to participate and support the initiative. Each site forms a decision-making group/team to create the structure of the local partnership. This group is responsible for setting the ongoing direction of the partnership and leads efforts in reaching out to neighborhood residents, parents, faith institutions, agencies and providers, and schools to inform the public about the purposes and benefits of community child protecting. In addition, this group takes responsibility for self-evaluation.

# Level 1

*1-a) New CPPC coordinator attends first available CPPC Immersion 101 and 201 within the 1<sup>st</sup> year.*

Immersion 101 is learning the four strategies of Community Partnerships for Protecting Children (CPPC). Immersion 201 is a more in depth look at the different levels of each strategy.



- Learn Community organizing strategies to promote child safety
- Understand how the strategies fit together
- Connect with others and hear their ideas
- Learn about the purpose of CPPC
- Understand levels of CPPC



## Approaches

- Check SharePoint for 101 and 201 dates
- Contact Community Partnership Specialists for information
- Collaborate with nearby CPPC sites and rotate hosting a local 101

*1-b) Membership of Shared Decision Making Team must include Department of Human Services (DHS) Representative and Decategorization (DECAT) Representative.*

Department of Human Services (DHS): Helps individuals and families achieve safe, stable, self-sufficient, and healthy lives. Iowa Department of Human Services (IDHS) tries to accomplish this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities, and by working with public and private partners to achieve results.

- Decategorization (DECAT): Is designed to redirect child welfare and juvenile justice funding to services which are more preventive, family centered, and community-based in order to reduce use of restrictive approaches that rely on institutional, out-of-home, and out-of-community care.



- Effectively partner to promote safe and stable families
- Share historical data in regards to at-risk populations
- Share information about current community issues and family concerns
- Identify Gaps
- Communicate about community projects and needs
- Share perspectives
- Partner with Decat for funding
- Provide linkage to Decat board for possible funding approval
- Avoid duplication of services
- Make policy and practice changes together



## Approaches

- Invite these members to the monthly CPPC meeting
- Show potential members the value of CPPC
- Show roles in CPPC Shared Decision Making team
- Invite DHS Liaison/Supervisor/Representative, show the benefits of reciprocal interactions
- Offer to attend members' meetings/collaborate
- Make the time convenient
- Create win/win situations of mutual benefit

*1-c) Membership of Shared Decision Making Team must include local community and professional members.*



- Understand community needs
- Share knowledge and experience
- Different perspectives contribute to planning
- Share and participate in CPPC goals and activities
- Assist with finding funding/donor resources
- Assist in identifying gaps in service
- Understand professional supports/services available in the community



## Approaches

- Discuss with members their potential role in CPPC
- Share benefits of participation (i.e. learning about resources available, collaborating on projects, increasing awareness of services, etc.)
- Have one on one meetings and build relationships
- Attend local meetings (Human Services Council, City Council, etc.)
- Offer ways members can help/simple things they can do to strengthen the partnership

*1-d) Establish linkages and develop protocol for decision-making with DECAT Boards.*



- Clear understanding of funding allocation and the protocol for exp ending funds
- Understand Decat process to understand possible relationships with CPPC
- Minimize duplication of services and streamline processes
- Help people to understand their roles and responsibilities



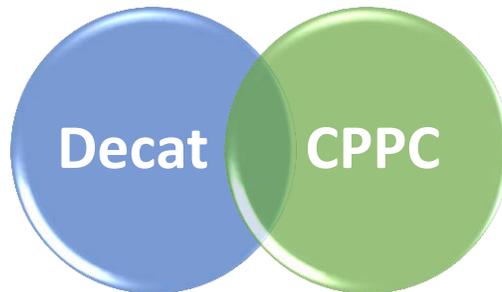
## **Approaches to Building Partnership**

- Work session with Decat to promote understanding
- Put page in Orientation manual about Decat in layman's terms
- Have meetings with CPPC coordinator and Decat
- Understand how recommendations are approved by board
- Attend Decat meetings, offer to collaborate when possible

# Approaches to Decat/CPPC Structure

CPPC funding is allocated through Decat, and it is important that a partnership/structure is established. The following are examples of what this relationship has looked like. In any of these examples, subcommittees could be created to focus on each of the four strategies.

- 1) **Marriage:** Community Partnerships and DECAT work jointly together as one.



- 2) **Subcommittee:** Community Partnerships becomes a subcommittee of the local DECAT structure.



- 3) **Separate Entities:** Community Partnerships operate more independently from DECAT.



*1-e) Implement the use of the Shared Decision-Making Survey (All individuals who have participated in the CPPC shared decision-making process have the opportunity to take the survey).*



- Receive honest opinions from members
- Use survey data as a framework for planning
- Provide feedback to coordinator about what needs clarifying
- Find areas where board sees gaps
- Demonstrate value of membership
- Measure members' understanding of CPPC's four strategies



## Approaches

- Locate this survey in the resource section
- The SDM team complete survey at the end of the state fiscal year so that that the information can be incorporated in the year-end report
- Year-end survey results can be utilized to guide planning
- Send the survey through Survey Monkey or through email
- Give out the paper version at a meeting or have the members take it home, fill it out, and bring it back to the next month's meeting.

*1-f) Develop plan for on-going comprehensive understanding of the four strategies for individuals involved in shared decision making process. (I.e. planning could include the use of CPPC brochure, video, CPPC orientation, and/or members attend an Immersion 101).*



- New members learn strategies, seasoned members get refreshers
- Learn how strategies fit into levels and projects
- More creative ideas come with increased understanding
- Equal understanding of levels promotes comprehensive discussion
- Members are more invested



## Approaches

- Periodically review a strategy and goals related to it
- Keep talking about and sharing new info
- Get new ideas from other ideas
- Take time to discuss at each meeting
- Use brochures and guest speakers and apply their message to strategies

*1-g) Establish and develop plan to meet membership recruitment goals for SDM, including diversity.*



- Keep everyone informed
- Diversity offers different perspectives/ideas
- Plan helps recruitment-keep it on the agenda
- Provide accountability
- Track progress
- Make changes



## Approaches

- Refer to the previous planning/progress report to review Shared Decision making membership
- Memberships should reflect the demographic of your community; use local census data to obtain this information
- Use your current team to help create a plan

*1-h) Provide oversight for the planning and implementation of the four CPPC strategies.*



- Shared Decision Making team reviews progress to provide accountability
- Periodic review assures consistency



## Approaches

- Track projects
- Collect data; Consult with the local DHS liaison to learn more about child abuse statistics in the community
- Provide surveys at events
- Ask for feedback, various opportunities/ways to provide info

## *1-i) Develop orientation plan for new members.*



- Members stay interested and continue to come
- Members have ownership
- Members understand their role(s)
- When members are invested they participate; they benefit and the group benefits



## Approaches

- Host a New Member Orientation Day
- Host a Lunch and Learn for new members
- Hand out CPPC informational items
- Refer to resource guide for other ideas
- Work with SDM team
- Assign mentor
- Ask new members to review certain materials
- Ask current members what's important to know

*1-j) Identify and meet initial goal for adding community members.*



- Community members are an important aspect and need to have a prominent role in the shared decision making team
- Create local trust
- Create credibility for the team in the community
- Incorporate Diversity
- Gain community ownership
- Get unique perspectives/ideas



## Approaches

- Work one on one with community members to help them understand their role
- Offer concrete/tangible ways they can participate
- Value their perspective
- One bring one- have existing Shared Decision Making team members bring a community member to a meeting
- Spend time learning the interests/strengths of all SDM team members

# Level 2

*2-a) Must meet all of the LEVEL 1 items and also add additional members and 1 of those members needs to be from one of the following: Domestic Violence, Substance Abuse, or Mental Health.*



- Meet all Level 1 items to assure a stable base for effective Shared Decision Making
- Gain input from the fields with highest correlation between child abuse and underlying family issues
- Collaboration with others can strengthen services and supports

It is important to have all pathways represented at the Shared Decision Making team. This way there will not be gaps in the services that need to be provided to these families. By having members from each of the listed areas, CPPC is more likely to be able to assess the needs in each community.



## Approaches

- Initiate the conversation with an email or phone call
- Identify ways in which Community Partnership can support the clients served
- Meet for coffee outside of an office setting
- Schedule monthly meetings at a time when more members can attend
- Provide food or other incentives
- Refer to Neighborhood Networking for additional ways to get new members to come to the Shared Decision Making table.

*2-b) Implement plan for on-going comprehensive understanding of all four strategies.*



- Promote understanding of the Community Partnership approach
- Provide clarity and keep purpose at front and center

Applying the four strategies is important because your community and its demographic is always changing. By having an on-going plan for them, the four strategies will have a constant place in the Shared Decision Making team.



## Approaches

- Cppc 101
- Orientation to new members
- Strategic planning
- Review strategies at each meeting
- Subcommittees/Work Groups for each strategy
- Have members briefly share (25 words or less) what CPPC is

## 2-c) Implement orientation plan for all new members.



- New members feel safe/comfortable to participate
- Increase productivity by streamlining learning process
- New members understand agenda items
- Get everyone on the same page
- Connectedness on the teams/committees
- Assure there is equity on the teams

This is something that doesn't necessarily have to change each time you host this. However make sure to keep an eye on the goals and vision for this team/group and update the orientation along with these changes.



## Approaches

- State video
- Lunch and learn
- Utilize brochures and explain that CPPC understanding will take time
- 1x1 conversation
- Elevator speech
- 10 minute recap at beginning of each meeting
- Coffee and conversation with all new members one on one
- Connect with new members
- Packets for new members
-

*2-d) Conduct Parent Partner orientation for all Shared Decision-Making team members.*



- Gain an understanding of the strengths and opportunities for system improvement
- Hear the voices of families that have participated in the Child Welfare system
- Understand the importance of the Parent Partner role in helping new families coming to the attention of child protection



## Approaches

- Contact the Parent Partner Statewide Coordinator or your local Parent Partner Coordinator

*2-e) Share information and progress of the local Parent Partner program regularly.*

The Parent Partners approach includes validating parent's experiences and opinions to make changes in child welfare that will assist families in reunification and keeping children safe. Parent Partners meet with social workers, counselors, attorneys, and others regularly to assess progress, and are able to help professionals empathetically and productively interpret the patterns, behaviors, and needs of families. <http://dhs.iowa.gov/parent-partners>



- SDM team members get to hear about the impact of statewide approach that started with CPPC
- Parent Partners mentor system involved families
- Parent Partners may have unique insight into the needs of vulnerable families



## Approaches

- Contact area coordinator. (See Parent Partner contact information insert)

*2-f) A Parent Partner is added to the membership of the SDM team.*



- Parent Partners are a very useful resource to the SDM team.
- Parent Partners are former clients currently mentoring families in the system.
- Parent Partners offer a unique perspective that is very VALUABLE to the SDM team.



## Approaches

- Parent Partners, if they are not already a part of your SDM team, can be included by contacting the local Parent Partner Coordinator (see Resources)
- Allow time on each agenda for a brief update on Parent Partners. This updates the group and promotes investment.

*2-g) Membership recruitment plans that address diversity according to the demographics of your community.*



- Having a representative population on the SDM team allows for more voices, ideas, feedback, and suggestions directly impacting a proportional representation of community



## Approaches

- Contact DHS representative for population data
- Engage SDM team to review local demographics and data
- Identify disproportionality and disparity in Child Welfare system
- Review and discuss SDM team membership list often and with consistency
- SDM team Membership committee to review membership and gaps in representation

*2-h) Review and report on diversity and disparity in the community and within the local Child Welfare system.*



- Understanding and conveying this information opens discussion on ways to improve processes (Policy and Practice Change) to be more equitable.
- Presenting in the community offers an opportunity to recruit SDM team members



## Approaches

- Shared Decision Making Committee review and understand the Guiding Principles (located in the resource section)
- Identify Guiding Principle items that could be incorporated into CPPC planning
- Attend Race: Power of an Illusion Training
- Participate in community teams working to address disparity
- Lunch and Learn to share information
- Attend other SDM team members meetings and offer information

*2-i) Host a CPPC Immersion 101 event in CPPC area at least once every three years.*

Ideally attendees should be the Shared Decision Making team or those community members that you want to be a part of it.



- Local venue allows more SDM members to attend
- Local Immersion can have discussion tailored specifically to local programming and helps groups understand exactly how their jobs/roles fit into the 4 strategies



## Approaches

- Contact the CPPC Specialist for guidance on hosting this event
- Collaborate with other nearby CPPC sites to rotate hosting this event in order to encourage attendance opportunities and offer networking

*2-j) Identify and meet goal for adding additional community members (This number can be reviewed and re-established each year).*



- Talking about adding additional community members lets the SDM team know that this community representation is important to CPPC and effective work
- Planning and goal setting give purpose
- Review of goals encourages (Policy and Practice) change to meet needs



## Approaches

- Communicate with DHS Liaison/Supervisor/Representative as well as other representatives to assess changes in demographics that may offer opportunities for more inclusion

# Level 3

*3-a) Must meet all level 1 and 2 items and also have two of the following members: domestic violence, substance abuse and mental health partners.*



- Meet all Level 1 and 2 items to assure a stable base for effective Shared Decision Making
- Gain input from the fields with highest correlation between child abuse and underlying family issues
- Collaboration with others can strengthen services and supports
- Additional members that provide direct services on issues around child protection offers greater input and current information

It is important to have all pathways represented at the Shared Decision Making team. This way there will not be gaps in the services that need to be provided to these families. By having members from each of the listed areas, CPPC is more likely to be able to assess the needs in each community.



## Approaches

- Initiate the conversation with an email or phone call
- Identify ways in which Community Partnership can support the clients they serve
- Meet for coffee outside of an office setting
- Schedule monthly meetings at a time when more members can attend
- Provide food or other incentives
- Refer to Neighborhood Networking for additional ways to get new members to come to the Shared Decision Making table.
- Ask/outreach/targeted recruitment
- Review membership recruitment plans

*3-b) Have a 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 (See CPPC reporting and evaluation form for definition).*



- Greater understanding and engagement, cross section of families, diversity of thought
- Team will be better able to have more focused goals towards prevention



## Approaches

- Ask, demonstrate mutual benefits of collaboration, targeted presentations
- Find a way to incorporate new members
- Referrals, face to face, connect through members on your board, networking, personalize, weekly update on website, reminders through emails, CPPC meeting

*3-c) SDM develop avenue for youth voice (Youth in foster care or foster care alumni).*



- Value their voice, perspective, and presence
- Support and/or partner with AMP (Achieving Maximum Potential) chapter
- Adults may miss things youth can see and understand in regards to what could have been changed or implemented/provided
- AMP members benefit by participating consistent with their Nothing is about us without us policy
- Youth experience shapes the way community responds to needs
- Offers youth the opportunity to build adult relationships and have professionals as mentors



## Approaches

- Partner with DHS Transition Planning Specialist (ask DHS representative for this information)
- Remember that because most CPPC meetings are held during school hours it is important to work within the school system.
- Work with high schools/colleges (i.e. government class) to offer youth participants the opportunity to gain credit for their CPPC efforts
- Contact organizations that are involved in the foster care system
- Host a youth café in the local community
- Offer transportation when available
- Offer to participate/present at youth meetings (i.e. AMP, government class)
- Hold meeting over lunch hour, provide lunch if possible (at least for the youth)

*3-d) Develop linkages and partnerships with other groups into SDM team.*



- Collaborate with shared missions, goals, activities
- Expand community resources
- Network with many groups to improve the community's ability to serve and support families



## Approaches

- Contact groups within your local community to partner with them.
  - Local Action Groups
  - Youth Groups
  - Church Groups
  - Local Foster Care
  - Etc.
- Identify common individuals within groups
- Share agenda items about what going on at each meetings CPPC, Decat, ECI, CBCAP, Inter-agency meetings
- Network, face to face, conference call, skype for long distance, respect ability of members to come

*3-e) SDM membership diversity is representative of the local population.*



- Community is better understood and represented
- Proportional representation offers greater insight into the needs of the community in regards to disproportionality and disparity
- Provide guidance to be more culturally responsive



## Approaches

- Targeted recruitment and engagement
- Recruit from different organizations
- Ask parents from different backgrounds
- Think outside the box by getting to know people with different hats

*3-f) Role of the SDM group expands to include identifying, and developing a plan to meet unmet needs within the community.*



- Discuss what providers see in the needs of the families served
- Group directs SDM activities
- Robust representation identified throughout the levels allows the SDM team to better plan to meet needs throughout the community

The group is expected 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. Having the variety of agencies helps with filling priority gaps and to show what is going on in your community.



## Approaches

- Talk about the different levels and how graduating to each level helps to fill in the priority gaps that a community will need
- Identify needs in the community and resources needed to implement
- Create and utilize your own assessments
- Recruit for diversity
- Gather feedback

### *3-g) Develop a plan to host a Race: Power of an Illusion in CPPC area.*

Defined as a learning exchange, rather than as a training, RPI is both a guided educational experience which uses a standard curriculum and a facilitated discussion that encourages and supports participants' active involvement in the learning exchange. A team of intensively-trained facilitators with a background in child welfare and commitment to eliminating disproportionality in the Iowa child welfare system lead the learning exchange.



- Address disparity/disproportionality
- Educate the community
- Lay a foundation for Courageous Conversations



## Approaches

- See insert in resource section about hosting RPI training in your area

*3-h) Shared decision making survey scores used as a tool to guide quality improvement of strategy implementation.*



- Get steering committee an idea of what's needed
- Assess steering committee's understanding of local CPPC dynamics
- Direct the SDM team to address opportunities for growth



## Approaches

- See resource section for survey
- Utilize survey, compile results
- Include as an agenda item periodically to determine progress towards goals

*3-i) SDM goals for community members are met (See CPPC Reporting and Evaluation form for definition).*



- SDM team assures community voice is infused in the decision making process
- Community members have ownership in CPPC



## Approaches

- Review set goals
- Offer tangible, meaningful avenues/activities for community members to contribute or show participation in CPPC SDM efforts
- Identify and target potential community members that have shared interests and available time

# Level 4

*4-a) Must meet all level 1, 2 and 3 items and also have all three of the following members: Domestic Violence, Substance Abuse and Mental Health Partners.*



- Meet all Level 1, 2 and 3 items to assure a stable base for effective Shared Decision Making
- Gain input from the fields with highest correlation between child abuse and underlying family issues
- Collaboration with others can strengthen services and supports
- Additional members that provide direct services on issues around child protection offers greater input and current information

It is important to have all pathways represented at the Shared Decision Making team. This way there will not be gaps in the services that need to be provided to these families. By having members from each of the listed areas, CPPC is more likely to be able to assess the needs in each community.



## Approaches

- Initiate the conversation with an email or phone call
- Identify ways in which Community Partnership can support the clients they serve
- Meet for coffee outside of an office setting
- Schedule monthly meetings at a time when more members can attend
- Provide food or other incentives
- Refer to Neighborhood Networking for additional ways to get new members to come to the Shared Decision Making table.
- Ask/outreach/targeted recruitment
- Review membership recruitment plans

*4-b) Have ongoing implementation of new member orientation.*



- So new members understand and are informed and knowledgeable
- Keeps members interested
- Maintains credibility
- Allows members to be able to explain CPPC



## Approaches

- Host 101s
- distribute a list of trainings
- create guides-simple and shareable
- joint transportation-provide funding
- AmeriCorps members

*4-c) SDM recruitment goal for Community Members must have been exceeded by 10%.*

Ideally at this level Community Membership should be around 50%



- Continue to grow
- Get diverse thoughts
- Expand your ability to serve community more effectively



## Approaches

- Invitations
- Food
- Easy access to coordinator/meetings/information
- Volunteer appreciation
- Referrals
- Host in an easy and well known location
- Social event for SDM team

*4-d) Have 100% of the representation identified in the list in Level 3.*



- Greater understanding and engagement, cross section of families, diversity of thought
- Team will be better able to have more focused goals towards prevention
- Providers with shared clientele collaborate on needs identification



## Approaches

- Ask, demonstrate mutual benefits of collaboration, targeted presentations
- Find a way to incorporate new members
- Referrals, face to face, connect through members on your board, networking, personalize, weekly update on website, reminders through emails, CPPC meeting
- Utilize sub groups
- Increase flexibility
- Get feedback from designated representatives

*4-e) Community Representatives take a leadership SDM role as defined by the site.*



- Community leadership demonstrates level of ownership in CPPC SDM
- Community voice is respected and valued in decision making process
- Encourage community members to be a part as they feel they have a voice



## Approaches

- Identify community members that demonstrate leadership skills and whose knowledge and voice is respected within the community
- Acknowledge those that take initiative
- Support the members in their new role and periodically check in with them

*4-f) Role of SDM group expands to include advocacy for CPPC's goals with funders and policy-makers. (Legislators, Governor, Boards of Supervisors, City Council members, Mayor, etc.)*



- Advocacy helps to assure understanding
- Community advocacy provides an opportunity for discussion that could lead to increased funding
- Help ensure sustainability in times of limited resources



## Approaches

- Invite these individuals to CPPC meetings
- Include these individuals in invitations to CPPC events and activities

*4-g) SDM group implements plan and successfully addresses unmet needs within the community.*



- Addressing unmet needs of families in the community increases the number of healthy, safe, stable families who do not become involved in the child welfare system



## Approaches

- Periodically discuss with the SDM what unmet needs are seen
- Review existing planning and adjust as needed

*4-h) Coordinator and/or member of SDM contributes to state and/or regional events/activities. (I.e. Serve on Planning Committees, Assisting with Logistics, Presenting etc.)*



- CPPC sites take ownership of state level activities
- Coordinator and/or SDM member provide direction and guidance for CPPC initiative
- State level activities are enriched and better meet needs of sites



## Approaches

- Coordinator and/or SDM member participate in planning calls
- Offer to facilitate breakout sessions and/or find a content expert for sessions
- Offer to review state level documents and provide feedback/guidance
- Share with/mentor other coordinators

## Lessons Learned

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This information comes directly from Community Partnership coordinators who graciously agreed to answer questions as if they were giving advice to a new coordinator (or sharing information they wished they'd had as a new coordinator)

### **Shared Decision Making**

#### **1) *How do you keep your team members committed and involved in the shared decision making team?***

- Show them how CPPC is an asset to them and their agency as well as how they are an asset to CPPC
- We are taking a year to do some revamping and rebuilding. Engagement comes from fruitful meetings, respect of time, equal voice, etc.
- Share schedule of meeting dates, send an email reminder, get presenter for meetings
- Keep their interest by showing interest in their work. Make things easy for them to attend. Allow them time to network with other members at every sdm meeting
- Work together on projects, offer funds “mini grants”

#### **2) *What was your biggest struggle with getting members to attend your meetings and how did you overcome that?***

- Still working on getting more community members to attend
- We now alternate with the Decat meeting location and time slot, most have it on their calendar so it's almost routine

#### **3) *How do you keep enthusiasm and excitement going in your meetings?***

- Celebrate your successes and evolvment as a Cppc site. Point out how your past accomplishments guide you to your next goals
- Celebrations of good news, focus on accomplishments
- Keep updates short from other groups, discuss hot topics

#### **4) *How have you gotten community members to be involved?***

- Still working on getting more community members to attend
- Speaking to ministerial alliances, community round tables, present at events, etc.
- Personal invite to meeting

**5) What is one piece of information that you wish you could have now? That you could have had when your first started your position as CPPC coordinator?**

- That there is not one way to achieve goals/levels. Make it your own and your community's own.
- All the supports and resources available to me
- Networking with other coordinators, how the system works
- A better understanding of the role of CPPC-organizational structure

**6) What is one piece of advice you would give to someone coming into your position?**

- You will never feel like you are doing enough
- Use CPPC Specialists to your benefit
- Keep an open mind, listen to others and what works for them
- Take time to learn all aspects of job

**7) When in doubt, who do you call for advice?**

- CPPC Specialists
- Other Coordinators
- Statewide Coordinator

**8) How do you recruit members from mental health, domestic violence, and social work and accommodate for their busy schedules?**

- Provide free lunch and/or hold meetings in popular restaurants, have meetings during lunch hours, 11:30-12:30 or 1 is good because they have free time then. Go to their meetings, if any, to show interest
- Lots and lots of community building-share why CPPC benefits them. Also give and take-I'll help you if you help me
- Ask them to send an email update for me to share with the group
- Contact resources from my previous job

**9) *What is your greatest struggle with shared decision making?***

- Getting and keeping community members engaged in attending meetings consistently
- We'll see what the new year/new revamp brings, it's still too new
- Getting all key people at the table

**10) *What is your greatest strength of the shared decision making?***

- Giving everyone an equal voice in CPPC decisions, and allowing all members to give updates from their own agencies
- I feel that everyone TRULY believes in the mission
- Good numbers show at meeting
- Good representation on board

**11) *What advice would you give to a new CPPC coordinator or existing coordinators about Shared Decision Making?***

- Be interested in your members' agendas, projects, and goals! Finding your shared goals will help you promote CPPC easier. Make members feel welcome and valued
- Talk to everyone you can-members can be found in the most unusual spaces and places
- Get to know your resources in your county
- Be more connected with members-partners

**12) *How do members of your SDM team prioritize or do planning?***

- Discuss what members see as gaps, what specific funding may be available, and what members of CPPC are doing that CPPC can partner with
- Constant review of the levels, ownership of activities, equal say
- Coordinators report from community needs to board to plan for action

# Neighborhood/Community Networking

## What is Neighborhood Networking?

Neighborhood/Community Networking focuses on engaging and educating partners and promoting community involvement to strengthen families and create safety nets for children. In addition, Partnerships build linkages and relationships among professionals and informal support systems. Networks are strengthened on three different levels: professionals collaborate with other professionals, neighbors help neighbors, and professionals connect with community and neighborhood supports. As Partnerships gain experience, and as additional resources become available, Partnerships initiate more structured responses to address community-identified needs such as Parent Partners, Circles of Support, Transitioning Youth, and Neighborhood Hubs.

## Purpose:

Promote cooperation and form alliances to provide more accessible and relevant informal and professional supports, services and resources for families whose children are at risk of abuse and neglect.

**How the client and family are affected:** We know children do well when their families are strong, and families are strong when they live in supportive neighborhoods. Connections open doors, guide our futures, and give us emotional strength and security.

**How the child welfare system is affected:** when we focus our energy on improving how the system serves the people instead of how the people fit into the system, we empower families to identify their own needs and reach out to supports and services. This creates more opportunities to keep families strong and safe by connecting them with their neighborhood networks.

# Level 1

**Goal:** Increase awareness and understanding of how communities through partnerships can work together to keep children safe from abuse and neglect.

**1-a) Develop Neighborhood/Community Networking plan that includes goals for engagement strategies and planned activities that identifies potential network members to whom the strategies will be directed.**



- Community involvement strengthens a locality and prevents issues around child safety
- Goals motivate progress and promote consistency
- Establishing goal around strategies prevents confusion and mismanagement
- Awareness of goals leads to engagement and participation



## Approaches

- Create/Utilize local assessments
- Shared decision making team
- Face to face promotion
- Referrals/Word of mouth
- Newsletters, social media, radio ads, newspaper ads
- Outreach-invite professionals and community members
- Form partnerships
- Distribute promotional information
- Provide education and access to resources

To engage the community in shaping a plan or/and developing a specific aspect of the Community Partnership approach (i.e. one of the four CPPC strategies)

- Community meetings
- Surveys
- Customer response forms
- Roundtable discussions
- Suggestions box
- Recruit for steering committee
- Other

If your goal is to increase the number of low-income families that access WIC or enroll in parenting courses, your CPPC members may respond well to numerical data with extra support from anecdotal evidence. Remember, local attitudes are reflected in community members, which may differ from professional observation of “progress” or “meaningful interactions” with clients. Obtain a mixture of feedback target groups to obtain a sense of events/projects/people to which the whole community responds.

*1-b) Engage the community and build awareness about Community Partnerships for the Protection of Children's four strategies through community forums, events and activities.*



- Community interaction increases understanding of the benefits of CPPC and the strategies
- Gain support and get community to approach CPPC with ideas
- Engage the community and build awareness to assure services assist those that need them most
- Engagement promotes investment
- Partnerships expand reach
- Community ownership/pride



## Approaches

- Call up influential people to host a forum
- Attend community events
- Plan events with a committee
- Advertise meetings to public
- Represent CPPC in community events
- Encourage SDM members to engage others
- Explain the benefits of CPPC and the specific roles for others

### Promote the name and concepts of Community Partnership for Protecting Children

- Pens
- Buttons
- Magnets
- Flyers or posters
- T-shirts
- Sign on your Building
- Message on Grocery Bag
- Other

Tip: Include a variety of “fun” tactile rewards/memorabilia from a printing/copy works company, you can use these at resource fairs and events where kids and parents like to pick up objects on the go. If you have a local CPPC bag, you could pre-stock it with information for families.

**Free:** Social media (Twitter, Facebook, Instagram, Weebly Website, and Piktochart Infographics)

**Inexpensive:** Pens, Buttons, Magnets, Notepads, Flyers or posters

**Moderate Cost:** T-shirts, Sign on your Building, Message on Grocery Bag

### Involve the community in taking more responsibility for the protection of children:

- Family Movie Night
- Safety rodeo/carnival/fair
- Blanket projects
- Mini grants to communities
- Ice cream sundae party
- Link outreach to other neighborhood services
- Car seat and bike helmet safety activities
- Partner/support other civic and business group related projects
- Other

*1-c) Develop (select and educate) a cadre of spokespersons who are able to deliver CPPC information, such as the “CPPC 101” information.*



- Information spreads more broadly
- Different perspectives reach varied demographics
- Consistent rhetoric recruits sponsors
- Responsibility is shared by many and allows for more access points for information



## Approaches

- Recruit-be strategic about who is coming to the table
- Identify potential speakers with credibility, influence, engagement skills, and available time
- Provide opportunities to attend CPPC events: CPPC 101, Immersion 101/201, regional meetings, statewide meetings

Explain in greater depth a Community Partnership approach that protects children and/or strengthen families

Tip: Allocate extra time and a variety of events for commitment from a broad range of participants.

- CPPC brochure: updated versions can be obtained through CPPC specialists, at regional meetings, or statewide meetings
- Fact sheets: with child protection laws and state or local statistics
- PowerPoint/overhead slides presentations
- Speeches to civic groups (NAACP, NAMI, task forces, university clubs)
- Neighborhood / Community newsletter: educate public on the child protective service system including what behaviors constitute abuse/neglect and how to report abuse and what the CPS does to help struggling families
- Brown bag lunches
- Public Service Announcements: “incorporate specific ways to keep children safe into public messages and campaigns”
- Work communications: encourage employers to promote healthy parenting in their employees such as give them time off with their families, make parenting classes available through work, attending parent-teacher conferences, etc.

## Develop spokespersons who are able to deliver CPPC information

### **Select competent people--with ample time--to deliver information**

Finding “the right people for the job”: community leaders, champions and spokespersons

### **Educate the people you selected to deliver CPPC information**

- Send formal and informal stakeholders to CPPC 101 immersion
  - Explain how CPPC is relevant to their status as a provider/community member. You can get those people to carpool to increase bonds and informal relationships. You can announce an Immersion publicly or to your shared decision-making team. Websites, social media, newsletters, to give people enough time to register. Immersion is a free event.
- Track groups to whom presentations are given, including who did the presentation, numbers who attended and general overview of results

### **Track progress of your spokespersons as they deliver CPPC information**

- Create a survey monkey or a paper survey to get a “feel” for comprehension amongst different groups (i.e. parent groups, professionals, government)
- Offer a template or tangible ways for your spokespersons to deliver their information to service providers and community members to decrease the amount of work they must do on their own to initiate. This could be a PowerPoint, poster, elevator speech, “how to” for talking points, etc.

*1-d) Establish performance and outcome measures and continually evaluate these to ensure the goals (from the planning stage) are obtained.*



- Adapt more effectively to benefit community
- Feedback gathered ensures progress towards goal
- Determine the effectiveness of CPPC
- Assess achievement of CPPC goals



## Approaches

- Review/develop evaluation tools: surveys, phone interviews, focus groups, etc.
- Word of mouth
- Testimonials
- Consultation with CPPC member organizations
- Thorough review of performance outcomes
- Direct conversations with partners and community members

## **Methods for tracking data and outcomes:**

1. Using a hand-held counter/clicker at events to record participation
2. Maintaining a sign-in for all CPPC meetings
3. Developing tracking for all projects and asking for updates at CPPC meetings
4. Budget
5. Observe and apply local statistics annually to uncover changes in child abuse/neglect (use the DHS website or data from your local Early Childhood Iowa Area director)
6. Keeping minutes/agendas from CPPC meetings, committee meetings, and attendance at trainings (i.e. Immersion)
7. After a family uses a service, project, or program, ask them to fill out a survey and present your anonymous findings at CPPC meetings
8. Request help on community statistics and behaviors from Public Health agency or large organizations like United Way, 2-1-1, or universities.
9. Use your CPPC Reporting/Evaluation Tool to track your progress through levels
10. Take a community poll at parenting groups or post an ad in the paper for a community café event to get feedback from the community
11. Request information from schools, juvenile court, foster care organizations, police department to find more current trends in behaviors of children and adults
12. Be diligent in getting feedback from your referrals, create a form for them to fill out and share with the CPPC team at meetings
13. Utilize a People Map or other visual aids such as graphs that are also useful for presenting to local groups and government

# Level 2

**Goal:** Increase (add and strengthen) linkages to informal or professional supports and resources for families in need and strengthen professional collaborations among child welfare, domestic violence, substance abuse, mental health and other community partners.

**How to meet that goal:** Build linkages and create opportunities for collaboration between formal supports

*2-a) Continue to promote community awareness/engagement listed in Level 1.*



- Awareness of programs already offered in local community avoids duplication
- Stable foundation



## Approaches

- Review Level 1
- Email
- Community networking meetings
- Take meetings to smaller communities
- Hold as many meetings as needed
- Continue to connect

*2-b) Develop Neighborhood/Community Networking plan that includes goals for linkages, collaborations, strategies, and planned activities.*



- Facilitate the growth of NCN
- Plan to measure success
- Members respond to plans with clear goals
- Identify gaps in services and supports
- Identify opportunities for partnership



## Approaches

- Different activities/icebreakers in meetings to get to know members-investment in members promotes return
- Brainstorm sessions
- Close communication is key to assure collaborations and linkages are maintained
- Organization of relationships
- Annual calendar of events

## *2-c) Develop/promote a plan to increase linkages between informal and professional supports and resources.*



- Creates a sense of purpose for members
- Share responsibilities-create pathways
- Collaboration and linkages take time
- Effective partnership can help stabilize changes in funding

TIP: You can motivate formal and informal supports to “get connected” by being sensitive to what times encourage attendance, telling people why they should participate, being easy to find, sharing who is in the network already, giving incentives to participate, availability of a range of races/cultures/languages



## **Approaches**

- Communication, business cards, websites, research
- Resource directory, defining informal support
- Professionals involved in the planning and implementing of community events
- Develop and disseminate directory of community services

Social Connections: Evidence links social isolation and perceived lack of support to child maltreatment. Trusted and caring family and friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family. Supportive adults in the family and the community can model alternative parenting styles and can serve as resources for parents when they need help.

*2-d) Develop a plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners.*



- It is important that the entirety of the issues are addressed rather than just economic issues, dv, or substance abuse-all interconnect
- Collaboration increases reach

Child Protection Services, Domestic Violence shelters, substance abuse counselors, mental health providers and others that have frequent contact with vulnerable families and likely share clientele and knowledge can benefit from coordinating with each other to improve outcomes for the families they already serve or will serve. This could manifest in the form of making paperwork and applications the same so families don't have to fill out a new application each time they access a resource. Another benefit is that agencies that trust each other will make referrals and motivate each other to coordinate more often. Both can improve the quality of service, which will appeal to the funders.



## Approaches

- Establish base of resources and connection between local resources
- Go to established meetings/programs

### Less Personal

- Create newsletters or put something in existing newsletters
- Social media: Partner/support/promote other related programs
- Write a “thank you” for the work they do
- Informational mailings
- Other

### More Personal

- One-on-one relationship building (face-to-face)
- Brownbag lunches or coffee talks
- Orientations for different organizations agencies and professional groups
- Attend another agency’s meeting
- Say “Thank You” for the work they do

## *2-e) Involve Parent Partners in collaborative programs in the community.*



- Parent partnerships help ensure prevention strategies are responsive and relevant to all kinds of family needs and choices
- Parent partnerships work when many parents are consistently involved as decision-makers in program planning, implementation and assessment



## **Approaches**

- Partner with parent organizations
- Create and maintain prominent leadership roles for parents
- Learn about what motivates parents to engage in program leadership
- Provide leadership training and support for parents
- Create opportunities for parents to engage with other parents directly around learning about and using the protective factors in their own families

*2-f) Involve Foster Parents in collaborative programs in the community.*



- Incorporates perspective and allows for needs identification by families serving a vulnerable population (youth in foster care)



## Approaches

- Connect with foster parents through IFAPA or other foster parent supports
- Partner with foster parents/youth through AMP meetings

# Level 3

**Goal:** *Develop organized network of neighborhood/community that partner with child welfare professionals to provide supports and resources to families.*

## **3-a) Continue with Neighborhood/Community Networking levels 1 and 2.**



- Recognize success in the community by agencies' partners
- Reduce duplication of services
- Show the partnership with DHS and their ownership of CPPC solutions/approach
- Show the connection/value of DHS ownership of prevention efforts in the community
- Partners understand their role
- Establish a diverse network of supports to create thorough options and networks



## **Approaches**

- DHS at the table-DHS representation that models connection with community
- Community meetings to share resources and identify needs
- Show a chain of communication to decision makers
- Personally invite potential members to attend CPPC meetings
- Form connections between child welfare professionals and relevant resources

*3-b) At least one of the following is established:*

- ***Organize** groups/networks of community members and/or parents with prior CPS involvement and/or foster care youth. These groups focus on leadership and providing informal supports*
- ***Implement** plan to increase collaboration among economic supports, domestic violence, mental health, substance abuse and other child welfare professional partners*
- *The development of **hubbing** resources and activities that enhance the accessibility of services and supports*
- *Increase awareness and develop plans to address **diversity** and disparity locally*



- **Organize** groups: individuals with prior CPS involvement have unique insight into the issues and needs facing at-risk families and offer perspective on client engagement.
- **Implement** plan: families often work with multiple agencies/co-occurring issues/trauma and accessibility may be an issue, they may also have safety issues or need shelter. Families' needs are better met if agencies are able to collaborate effectively.
- **Hubbing**: centralized location for many services to increase accessibility of services and reduce transportation barriers.
- **Diversity** and disparity: local planning promotes culturally responsive approaches to better serve all families in the community.



## Approaches

- **Organize:**
  - Approach AMP
  - Approach Parent Partners
  
- **Implement:**
  - Co-host a family fest with multiple agencies
  - Collaborate on projects
  - Serve together on committees/subcommittees
  
- **Hubbing:**
  - Website feedback/Facebook
  - Housing resources in a church
  - Neighborhood resource center
  
- **Diversity** and disparity:
  - Breakthrough Series Collaborative/Community Teams
  - Connecting to churches who serve specific populations
  - Project Lavender
  - ESL programs
  - Host RPI training
  - Courageous Conversations
  
- Support through funding with CPPC, networking

***Examples of ways to organize networks (not limited to the list below):***

Programs that promote and facilitate informal networks which provide supports for families in need:

- Neighborhood Partners
- Circles of Support
- Other

Programs that promote and facilitate networks which involves parents who had previous involvement with CPS and will provide informal supports for families currently involved in CPS services:

- Moms Off Meth Groups
- Fatherhood Initiative
- 24/7 dads
- Parent Partners involvement in resource fairs
- Other

Programs that promote foster care youth leadership and supports:

- AMP
- Organize events that connect transitioning youth to caring adults in the community (swimming, bowling, graduation events, etc.)
- Iowa Youth Transition Decision Making
- Other

Increase in professional collaboration may include:

- Systems/Group cross-trainings
- On-going consultation with DV experts
- Increased access to low income housing programs
- Increased access to substance abuse experts
- Involvement in activities addressing cultural disproportionality and disparity
- Host Race: The Power of an Illusion training

Hubbing resources and activities:

- Resource Center
- Co-location of staff
- On-going hubbing activities that enhance access to services and support
- Other

Organized referral network that provides readily available supports and resources

# Level 4

**Goal:** Communities, DHS, and professionals work together to provide organized networks that include informal and professional supports, services and resources for families who children at risk of abuse and neglect.

**4-a) Must meet all Levels 1, 2, and 3 items and also the implementation of at least 2 or more level 3 type programs.**



- Maintain community awareness of Neighborhood and Community Networking
- Follow a plan
- Expand array of programs available to families
- Provide quality, research-based supports to families



## Approaches

- Review previous levels
- Expand array of programs by building links with community resources
- Build on existing assets through collaboration
- Trained facilitators leading FTDM

*4-b) The use of informal supports is standard practice for families involved with DHS (including involvement with family team meetings).*



- Ongoing supports beyond system involvement and eligibility
- Make use of recommended resources that will benefit needs
- Improve outcomes for families
- Families can learn and use skills without service provider



## Approaches

- Identify informal support options for families
- Build on resources for informal supports through IFAPA or other support networks
- Parent training classes
- Community events
- Provision of parenting resources
- Promoting CBFTDM/CBYTDM process
- Facilitators prep families and give them the verbal reminder 'you can invite an informal support'
- Plan for/Implement hosting of Parent Cafes

*4-c) Implementation of all programs and activities consistently address Diversity and Disparity issues.*



- Increase understanding of diversity and disparity related issues
- Have follow thru to strengthen team and commitment and connection to diverse families



## Approaches

- Host RPI training
- Assure proportional representation in Shared Decision Making
- Preserve what you have already through evaluation and feedback
- Adapt according to feedback
- Look for new opportunities and partnerships
- Utilize Cultural Equity Guiding Principles as a framework

## Lessons Learned

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This information comes directly from Community Partnership coordinators who graciously agreed to answer questions as if they were giving advice to a new coordinator (or sharing information they wished they'd had as a new coordinator)

### **Neighborhood Networking**

#### **1) What is one successful way your site promotes cooperation in your CPPC area?**

- Realize every member has important goals and will appreciate support and partnership, when you show an interest in members' activities, they will too
- Involvement in community events, community meetings, other like-minded partnerships
- Through mini-grants promotion

#### **2) What is one barrier that you have found with your site area in terms of community engagement?**

- Engaging community members in a way that they see a value in attending meetings and feel like they provide a valuable piece, and finding what keeps them coming
- Small communities sometimes have struggles with sustaining events or activities

#### **3) What is one project/event/activity that your site has that best promotes CPPC?**

- CPPC calendar, which has ads from partners and informational entries to help parents be better parents to promote prevention, we also try to engage new members
- We will be doing family talk round tables this month; we will be partnering with local PCA chapters for family events this spring
- Library support, effect the whole community

#### **4) What advice would you give to a new CPPC coordinator or existing coordinators about Neighborhood Networking?**

- Go out and see what others are doing in the community-attend others' meetings, attend community events, and ask lots of questions 😊
- Use what's available, don't recreate the wheel
- Learn which participants go to coalition/other meetings in community-service organizations-service groups

**5) How has your site promoted the linkage between informal and formal supports? What has worked and what hasn't? Have any advice?**

- Created an email list serve that shares information, supports, etc. consistently provides monthly meetings that brings everyone together CPPC coordinator connects supports, be the glue
- We've done a lot more informal support building with the local faith community than before=new people=new excitement
- Resource directory

**6) List any websites you would recommend for individuals looking for statistics on poverty, child abuse, or other data you use to engage the community?**

- PCAiowa.org, DHS community website
- PCA Iowa, Iowa policy project, kids count, Annie E Casey Foundation

**7) How do you find and recruit volunteers?**

- Currently we are utilizing our AmeriCorps member to be out in the community and engage volunteers
- Attend other meetings in the community
- From partner meetings, prior employment, church

**8) What tools work best for communicating with informal supports and which work best for communicating with professionals?**

- Facebook, email, and consistent meeting works with everyone
- I use a 1 pager for both but have a more detailed packet and presentation for formal supports
- Email list
- Face to face

# Individualized Course of Action

## Family Team Decision Making and Youth Transition Decision Making

**Purpose:** Genuinely engage families and youth to identify strengths, resources, and supports to reduce barriers and help families succeed.

### **What is a Family Team Decision Making or Youth Transition Decision Making meeting?**

An individualized course of action (ICA) is at the heart of practice reform in Community Child Protection. It is a family-centered service delivery process that stresses partnership between families and their supports, formal and informal. The ICA process produces a family tailored plan from effective engagement of the family and assessment of its strengths and needs. It does not stop with a written plan, but includes tracking results and responding to new concerns, as necessary, not as mandated. The process involves one or more family team meetings to assess, plan, celebrate, and revise plans, as needed, much like any family does in the course of growing together. The goal of the ICA process is to put the supports in place that will help a family sustain change.

### **Focus on practice quality and continuous practice improvement and adaptation.**

Use a quality assessment process early to know which aspects of process that relate to the ICA approach might help make practice more strength based, supportive of families, and more focused on safety. Use a quality assessment process to provide information for continuous practice improvement and adaptation. The existing partnerships have used a quality assessment tool that has a dual focus: child and family outcomes and network performance. In assessing child and family outcomes, the process asks about critical issues as safety, stability, basic needs met, special needs, educational performance, family resourcefulness, and satisfaction. In assessing the network performance, the questions focus on the adequacy of service team, family participation, coordination, assessment, planning, resources, implementation, and results. Quality assessment has shown that multiple family team meetings are often essential and important to making adjustment to plans. In addition, the quality assessment process has reinforced the importance of informal supports and attending to a family's basic needs.

# Level 1

*1-a) Educate SDM and community about strength-based engagement/assessment skills and the Family Team Decision Making (FTDM) and Youth Transition Decision Making (YTDM) processes within the child welfare system.*



- Improve awareness to board and community of what changes have occurred in DHS, FSRP changes, Parent Partner
- Bring everyone to the table
- Reduce the stigma and help people understand the FTDM and YTDM processes
- Community is aware of service



## Approaches

- DHS representative explain the FTDM/YTDM processes
- Have representatives from FSRP, DHS, CPPC, community share different experiences
- Talk about FTDM/YTDM at SDM meetings
- Attend community meetings, provide brochures that explain the process
- Incorporate strength-based language in SDM meeting
- Ask DHS for guidance, offer to assist in educating professionals about the process (attorneys, judges, school staff, after school program staff, etc.)

*1-b) Promoting the understanding, the use, and the importance of informal supports in the FTDM and YTDM processes.*



- Informal supports are more permanent in a family's life
- Community networking, connect family to resources within their community



## Approaches

- Samples of how informal supports are used and engaged
- Conversation with anyone involved, people that know families personally, share stories of change and describe benefits that have come from it
- Coordinator attend FTDM facilitator training
- Share a personal/family story (with permission)

*1-c) Promoting FTDM and YTDM trainings, and coaching and mentoring if needed.*



- Build number of certified facilitators
- Promote consistency of practice



## Approaches

- Know when trainings are (DHS/ISU Training Website [servicetraining.hs.iastate.edu](http://servicetraining.hs.iastate.edu) )
- Distribute fliers, tell agencies
- Connect local coach/mentor and potential trainees
- Engage with community
- Communicate with local DHS liaison to get list of facilitators for area
- Complete a local survey from this list to identify active facilitators interested in facilitating community FTDM/YTDM

*1-d) Understand how FTDMs and YTDMs are available and accessed for families involved in the child welfare system.*



- Connect families to needed resources
- Facilitators can connect and share resources



## Approaches

- Attend FTDM trainings
- Learn about process from local DHS liaison, Social Work Supervisor, or other local DHS contact. Invite them to share this information at a CPPC meeting

*1-e) Explore and understand FTDM and YTDM Iowa standards and how they are implemented.*



- Promoting the standards assures consistency of process
- Standards tailored to serve at risk-families most effectively



## Approaches

- Attend FTDM/YTDM training
- Get current standards from local DHS representative or on Iowa State Training website. Share this information at a CPPC meeting
- Feedback and evaluation from meetings to assure standards are met

**1-f) Promote collaboration between FTDM and YTDM facilitators from different organizations and agencies.**

- *Examples of these organizations and agencies include but not limited to: child welfare system, practice partners, schools, prevention programs, faith-based organization*



- Promote sharing of resources
- Assure consistency of process
- Promote best practices



## **Approaches**

- Trainings together
- Events and meetings create relationships and trust
- Ask agencies for feedback and encourage them to discuss issues and successes at meetings
- Organize a best practices committee to review current policy and practice and update as needed/able
- Promote continuing education (FTDM/YTDM trainers need 6 training hours every 2 years) and allow facilitators time to network before, during, or after the training
- Invite facilitators to SDM meetings and other committees as it relates to practice

# Level 2

*2-a) Must meet all Level 1 items.*



- Provide a stable foundation for continued planning and future implementation
- Promote continued awareness of FTDM/YTDM standards and practice



## Approaches

- Continue education and conversations in the team and community
- Periodically place on the agenda for SDM meeting

**2-b) Develop plan to implement Community Based Family Team Meetings (CBFTDM) and Community Based Youth Transition Decision Making (CBYTDM)**

**Plans need to include:**

- ***Assessing need for state-approved facilitators***
- ***Recruitment of state-approved facilitators***
- ***Maintain or have access to a list of state-approved facilitators***
- ***Educating Community about CBFTDM and CBYTDM***
- ***Marketing Strategies***
- ***Building relationships with potential referral resources***
- ***Funding resources and sustainability***
- ***Tracking, evaluation and Quality Assurance***



- **Assessing:** assure sufficient number of facilitators to meet need
- **Recruitment:** assure quality facilitators to meet need
- **Maintain:** awareness of number of facilitators to review/adjust as needed
- **Marketing:** promote process to increase referrals and benefit families
- **Building:** create consistent referrals and reach more families in need
- **Funding:** provide stability and consistency of availability
- **Tracking:** provide a consistent, quality service to benefit families



## Approaches

- **Assessing:**
  - Talk to SDM team to discuss options
  - Get list of current facilitators from DHS representative
  - Keep awareness of DHS offered facilitator trainings
- **Recruitment:**
  - Invite SDM team members to become facilitators
  - Encourage SDM members to engage potential facilitators
  - Present about CBFTDM/CBYTDM at CPPC and other meetings
- **Maintain:**
  - Communicate regularly with DHS representative
- **Marketing:**
  - Fliers
  - State CPPC video
  - Presentations
  - Share story of family (with permission)
- **Building:**
  - Connect one on one with potential referral sources (schools, partner agencies)
  - Share benefits of CBFTDM/CBYTDM
  - Educate about process and informal supports
- **Funding:**
  - Strong partnership with Decat
  - CBCAP
  - Apply for grants
  - Subcontract out to a community agency
- **Tracking:**
  - Create tool for tracking CBFTDM/CBYTDM

# Level 3

*3-a) Must meet all Level 1 and 2 items.*



- Provide a stable foundation for continued planning and future implementation
- Promote continued awareness of FTDM/YTDM standards and practice
- Keep discussion of implementation current and adaptable to changing needs



## Approaches

- Review previous levels
- Continue education and conversations in the team and community
- Periodically place on the agenda for SDM meeting

### *3-b) Implement plan for CBFTDM-Community-Based Family Team Decision Making.*



- Assure CBFTDMs are available and community families are able to access these services long-term to prevent
- Keep families out of crisis and out of the system
- Encourage belonging



## Approaches

- Strong, well-educated facilitators with good relationships connect with people that serve children and families
- Present to groups in the community to generate interest and build trust through conversation and follow through
- Promote at events of CPPC and other agency events
- Encourage designated representatives to share/present
- Offer food whenever possible at meetings
- Identify options for flex funding to meet needs identified by families at CBFTDM/CBYTDM
- Engage informal supports (churches, support or other community groups)

# Level 4

*4-a) Must meet all Level 1, 2, and 3 items.*



- Provide a stable foundation for continued planning and future implementation
- Promote continued awareness of FTDM/YTDM standards and practice
- Keep discussion of implementation current and adaptable to changing needs
- Provide credibility to the process and fidelity to the model
- Provide assistance and support for families
- Preventative to encourage success
- Establish a plan for implementation
- Explore future and resources outside system
- Empower voice of youth and family



## Approaches

- Continue education and conversations in the team and community
- Periodically place on the agenda for SDM meeting
- Community awareness of the value of the process for professionals and the family
- Best practices committee to review state standards and a standard of practice in the community
- Develop and implement plan
- Engage families and support systems

## 4-b) Implement plan for CBYTDM-Community-Based Youth Transition Decision Making.



- Ensure youth are getting youth directed/lead services
- Provide a neutral/impartial source for youth
- Empower youth; it's their plan and they own the plan
- Promote youth/young adults becoming engaged and invested in the community



## Approaches

- Utilizing SDM team, Ongoing training for facilitators who are passionate about working with youth
- Recruit facilitators who are passionate about working with youth and are willing to utilize the process
- Face to face meeting
- Go to youth-centric places i.e. foster care, residential treatment
- Engage family supports-formal and informal

## Lessons Learned

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This information comes directly from Community Partnership coordinators who graciously agreed to answer questions as if they were giving advice to a new coordinator (or sharing information they wished they'd had as a new coordinator)

### **Individualized Course of Action/FTDM/YTDM**

**1) How do you promote Community Based Family Team Meetings in your CPPC area?**

- Through CPPC network and schools
- Churches, agencies, and organizations
- Flyer at meeting, personal contact with family
- Attend resource meeting/partner meetings-developing referral resources

**2) What is the biggest struggle with Community Based Family Team Meeting? (Promoting the meetings, education about the meetings, having members attend meeting?)**

- Funding, training/coaching, referrals
- Family buy-in
- Getting referrals
- Access to coaching/mentoring

**3) What is one thing that has worked with Community Based Family Team Meetings in your CPPC site?**

- Partnering with agencies to provide ftdms within their programs
- We've tried a new approach by having former participants giving testimonials about the effectiveness
- We have Decat contract to cover the expense

**4) Do you encourage your Shared Decision Making Team and community members to attend the Facilitator training and how has that worked?**

- Yes, we held a yearly FTDM training for quite a few years with 50+in attendance each time
- Yes, not so well yet
- We have contract

**5) How do you budget for CBFTDM/CBYTDM?**

- Partner with other agencies, help train facilitators, support their programming and their implementing ftdm/ytdm
- Trends from previous years
- Through Decat

**6) What advice would you give to a new CPPC coordinator or existing coordinators about Individual Course of Action/FTDM/YTDM?**

- Learn as much as you can-go through the training even if you do not plan to facilitate meetings
- Get a local facilitator immediately, it makes a huge difference
- Getting someone to support

# Policy and Practice Change

**Purpose:** Policy and Practice Change improves policies and practices to reduce barriers and increase accessibility and relevance of services that lead to positive family outcomes. In order for a community to be successful in Policy and Practice Change it needs to routinely assess their efforts, identify gaps and barriers, and chart courses to improve policies and practices. As we know better, we do better. If we are evaluating what we do and making changes to improve it, we are benefitting families, which benefits our community.

## **What is Policy and Practice Change?**

Policy and Practice Change is about **conversation** with others in our community. It can occur at all levels, micro, mezzo, and macro. Policy and Practice Change keeps our best practices relevant, current, and focused. Constant evaluation of our policies and practices are necessary to ensure that we are continuing to engage in best practice. Examples of Policy and Practice change are:

- Promoting authentic family and youth engagement
- Reducing minority disproportionality and disparity in the child welfare system
- Expanding the availability and enhancing the quality of community-based family team decision making meetings
- Community identifies secure, protected location for victims of domestic violence to meet with advocates during times of crisis
- Community develops ongoing and formal supports for youth transitioning from foster care

Partnerships work to develop and implement plans to address specific barriers and to incorporate best practice approaches in the delivery of services.

# Level 1

*1-a) Identify needs for policy and practice change:  
Discussion about policy and practices with various agencies.*



- Policy and practice change discussion promotes action
- Needs identification offers chance to be attuned to opportunities for change in the community
- Recognize underserved/disparate populations
- Keep focus on what's working and opportunities to strive for best practice
- Make communities stronger/better
- Validate work
- Remove barriers to family success
- Individualized plan to each unique area
- Remain current in needs



## Approaches

- Discuss gaps in service at meetings
  - What seems to be working in our community?
  - What services do you feel like you have the most trouble lining up for your clients?
  - What are your clients' biggest needs?
- Gather feedback from Family Team Decision Making facilitators about family needs
- Network face to face with families at local events
- Ask social work supervisors to monitor trends and problems they see and have them share at CPPC meetings
- Partner with community agencies
- Bring parent/youth voices to the table
- Create subcommittee to review any current community needs assessments and relevant data
- Develop community needs assessment and/or disseminate survey for feedback

*1-b) Identify 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.*



- Gain feedback from direct recipients of services
- Engage parents and youth in the solution
- Decision makers are motivated by consumer/community feedback
- Gain a more complete picture of what barriers exist
- Recipients should have a choice in what services meet their needs



## Approaches

- Invite Parent Partners to SDM meeting
- Partner with Transition Planning Specialist
- Partner with AMP/attend an AMP meeting and ask for feedback
- Ask families (surveys, focus groups, etc.)
- Face to face at events
- Family team decision making meetings
- DHS social work supervisors monitor trends and share at CPPC meetings

# Level 2

*2-a) Must meet all Level 1 items.*



- Builds a stable base for policy and practice change grounded in identified needs
- Incorporates family and youth voices in decision making
- Establishing multiple avenues for feedback



## Approaches

- Review Level 1 items
- Put Policy and Practice change on the agenda at SDM meetings for periodic discussion
- Continue asking consumers and sharing results about current needs
- Continue to personally invite parents and youth to SDM meetings

## *2-b) Develop a plan to address identified needs*

- *Gather data about policy and practice changes-needs/gaps in services*
- *Document information gathered (using sources such as CFSR, surveys, focus groups) to prioritize practices and/or procedures needing to be changed or improved*
- *Ensure that frontline staff from child protection system and partner agencies are included in development and implementation of practice change planning*
- *Within the planning process identify cultural disproportionality and disparity issues related to Policy and Practice Change*



- **Gather:** any planning that occurs is based on research
- **Document:** helps keep everyone involved on the same page; it also helps create a game plan or backbone for your plan going forward
- **Ensure:** change is more likely to happen when more are involved and able to provide input and have ownership of the new process
- **Identify:** planning to address issues of disproportionality and disparity assures that the plan will be inclusive of all of the local population



## Approaches

- **Gather:**
  - Create subcommittee to collect, gather, and report on data
- **Document:**
  - Create flyers or information sheets on data to disseminate
  - Add reporting on data to CPPC meeting minutes
- **Ensure:**
  - Offer opportunities for representatives/partners to share by email
  - Invite child welfare representatives/partners to CPPC meeting personally
  - Ask for a designated representative able to attend CPPC meetings
- **Identify:**

Cultural Disproportionality is when a culture is not proportionally represented in a certain system or situation as they are represented in the general population.

Disparities can occur over many dimensions including but not limited to: race and ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.

  - Identify and work towards changes that produce equity
  - Recruit service providers/representatives that are bilingual to the table
  - Invite members from disparate populations to become SDM team members
  - Be inclusive of ALL SDM team members, create a welcoming environment and connect personally with members

# Level 3

*3-a) Must meet all Level 1 and 2 items.*



- Builds a stable base for policy and practice change grounded in identified needs
- Incorporates family and youth voices in decision making
- Establishes multiple avenues for feedback
- Assessing needs and developing a plan provides framework needed for implementation



## Approaches

- Review levels 1 and 2
- Put Policy and Practice change on the agenda at SDM meetings for periodic discussion
- Continue asking consumers and sharing results about current needs
- Continue to personally invite parents and youth to SDM meetings
- Continue to review feedback and planning and make adjustments to plan as needed

### *3-b) Implement plan for changes and re-evaluate using Plan Do Study Act (PDSA-see resource section) or similar process*

- Develop communication strategies for implementing the change*
- Develop and implement monitoring to ensure change is successful*
- Develop specific methods for ensuring quality changes are maintained*

Now that you have identified the barriers and cultural disproportionality and disparity issues related to Policy and Practice Change, it is time to work to develop and implement plans to address specific barriers:



- Decide what is working/how to evaluate/what to change
- Quality assurance is important to providing services attuned to family needs
- Promote best practice



## Approaches

- Utilize PDSA approach-see resource section
- Develop communication strategies for implementing the change
  - Identify all stakeholders that need to be notified of the change

- Decide how you want to notify all stakeholders about the change. I.e. a memo, mention in a newsletter, email, or a meeting in person with all stakeholders.
- Is a training or written policy needed to help implement the change?
- Set a date of when the change will take place
  - If there are any hold ups or delays, make sure all stakeholders are notified
- Develop and implement monitoring to ensure change is successful
  - Designate stakeholders to help with monitoring and evaluation of the change
  - Set a date and timeline of when you want to start the evaluation and when you want to have it completed
  - Build in a follow up date or keep things on the agenda
- Get feedback from those who have been directly impacted by the change
  - What is or is not working?
  - What do you wish went differently?
  - What could have helped this change go more smoothly?
    - Change is not easy, and all roll-outs do not go smoothly, but with constructive feedback you can tweak the process as you go along
- Develop specific methods for ensuring quality changes are maintained
  - Will you have a yearly evaluation?
  - If not how often will you check in?
  - Is there a concrete plan of who will be in charge of the evaluation and how it will be carried out?
  - Check-ins to make sure
  - Build in a follow up date or keep things on an agenda
  - Find where data is already being gathered
  - Make sure everyone understands WHY the change is important
  - Leave things on agenda and check in at each meeting
  - Build in an evaluation as part of the plan
  - Get feedback from agencies and families/youth
  - Evaluate based on developed goals

# Level 4

*4-a) Must meet all Level 1, 2 and 3 items and add the implementation of 2 or more policy and practice changes.*



- Builds a stable base for policy and practice change grounded in identified needs
- Incorporates family and youth voices in decision making
- Establishes multiple avenues for feedback
- Assessing needs and developing a plan provides framework needed for implementation
- Policy and/or Practice Changes improve services and supports



## Approaches

- Review levels 1, 2, and 3
- Put Policy and Practice change on the agenda at SDM meetings for periodic discussion
- Continue asking consumers and sharing results about current needs
- Continue to personally invite parents and youth to SDM meetings
- Continue to review feedback and planning and make adjustments to plan as needed
- Review implementation progress and respond

*4-b) Community agencies routinely involve SDM in developing and reviewing policies and practices.*



- All practice partners are informed
- Families' needs are more effectively met
- Process could be duplicated in other agencies and fosters agency policy and practice change
- Diverse range of perspectives report policy and practice change



## Approaches

- Volunteer to participate in other groups' reviews
- Encourage SDM members to share their agency's policies and practices for periodic group review

*4-c) Agencies involved in CPPC routinely survey consumers and partners about their programs and make changes in response to feedback including Diversity and Disparity issues.*



- Programs are inclusive of communities in their entirety and better able to meet needs
- Learn effectiveness of existing services and supports and identify gaps
- Supports and services are more culturally responsive



## Approaches

- Create policy that incorporates a comprehensive tool/survey
- Appoint someone responsible for data collection
- Community 'courageous conversations' to obtain consumer feedback that can be used to formulate changes on approaches to service delivery

*4-d) SDM group solicits ongoing feedback from families and community members and makes changes in response to*



- Assure the needs of the area are being met
- Creates transparency
- Builds trust
- Gives ownership to community



## Approaches

- Surveys
- Host community meetings/focus groups
- Solicit in-person or verbal feedback
- Utilize phone interviews and/or follow-up calls
- Ask practice partners to share feedback received from families

*4-e) Ensure that all neighborhood network members and DHS-contracted agencies require specific “best practice” standards for delivering human services.*



- Assure best practice and quality of service
- Ensure families get what they need
- Preserve human dignity through best practice standards



## Approaches

- Put in DHS contract scope of services and follow up through reporting
- Groups share about their own best practices in their agency at CPPC meetings
- Attend community best practices meetings

*4-f) Ensure that the SDM group, agency administrators and service recipients evaluate service delivery on a regular basis.*



- Assure services are meeting the needs of the community
- Ensure providers remain accountable for quality standards
- Build trust in the community with consistent, quality initiatives



## Approaches

- Require regular surveys from recipients of services
- Solicit in-person feedback
- Phone interviews and/or follow-up calls
- Have representative focus groups for all programming/initiatives

*4-g) Implement recommendations of various state and federal reviews (such as federal Children and Family Service Review (CFSR) recommendations).*



- Compliance with federal and state recommendations based on locally identified feedback
- Practice is meeting current identified needs



## Approaches

- Obtain CFSR results or other practice reviews and recommendations
- Incorporate recommendations into planning

## Lessons Learned

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This information comes directly from Community Partnership coordinators who graciously agreed to answer questions as if they were giving advice to a new coordinator (or sharing information they wished they'd had as a new coordinator).

### **Policy and Practice Change**

#### **1) What is the biggest struggle with Policy and Practice change in your site?**

- Sometimes it is difficult to focus and determine what and how the changes will take place
- Understanding what constitutes 'policy' work
- When I first started figuring out the hoop and loops
- Apathy

#### **2) What is one policy and practice change that made your site work better?**

- Parent Partner approach brought parents to our table, along with experience and insight that has enriched our conversations and planning
- Distribution/promotion/training of 211 brochures meeting in off months from Decat
- Share other survey complete ISU extension, public health, early childhood Iowa

#### **3) What advice would you give to a new CPPC coordinator or existing coordinators about Policy and Practice Change?**

- Policy and Practice Changes don't have to be big, changes occur all of the time- sometimes you only need to identify them
- Network with others

# Resources

This section is designed to provide supplemental information and/or ideas of existing programming. Some items or documents pertain to all Community Partnership strategies (i.e. Evaluation/Report Tool, Shared Decision Making Survey), and others apply to specific strategies. The Resources are organized with the general pieces of information first and then the information by strategy. If you have information you think could be included in this section please contact the Community Partnership Specialist.

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Acronym	Name	Definition	Type
<b>AA</b>	Alcoholics Anonymous	A worldwide program supporting alcoholics in recovery from their disease	Service
<b>AA</b>	Administrative Assistant	An individual providing support services for an administrator	Term
<b>ACFS</b>	Adult, Children, and Family Services	With the Iowa Department of Human Services, this service is responsible for program and policy in child protection, foster care, permanency, and adoptions as well as child care regulation, juvenile institutions, delinquency programs, dependent adult protection, mental health and developmental disability services for adults and children, family planning, and teen pregnancy prevention.	DHS Term
<b>ACTV</b>	Achieving Change Through Value-based behavior	A court ordered educational program for persons convicted of domestic abuse.	Service
<b>ADD</b>	Attention Deficit Disorder	A disorder that occurs when children display inappropriate inattention, impulsivity, and sometimes hyperactivity for their mental and chronological age	Medical
<b>ADHD</b>	Attention Deficit/Hyperactivity Disorder	A disorder characterized by hyperactivity, distractibility, and impulsivity.	Medical
	Advocate	A person who publicly supports or recommends a particular cause or policy, often for a vulnerable population	Term
<b>AG</b>	Attorney General	The chief law enforcement officer of a state, responsible for advising state or nation of legal matters	Agency
<b>AIS</b>	Adoption Information Specialist	Individuals helping the families of Iowa successfully meet the challenge of parenting their adopted children through (1) Telephone Support; (2) Educational Materials; (3) Training Opportunities; (4) Knowledge on available services; (5) Connections to other adoptive families; (6) Support Groups and (7) Follow-up Information	Term
<b>ALANON</b>		A worldwide program supporting partners in relationships with addicts	Service
<b>AMP</b>	Achieving Maximum Potential	AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. Amp also provides the life skills youth need to become self-sufficient, independent adults.	Service

	Assessment	The process by which the DHS carries out its legal mandate to: (1) Ascertain if child abuse has occurred. (2) Record findings. (3) Develop conclusions based upon credible evidence. (4) Address the safety of the child. (5) Address the family functioning. (6) Engage the family in appropriate services. (7) Enhance family strengths and meet identified needs in a culturally sensitive manner.	Term
<b>ASFA</b>	Adoption and Safe Families Act	The purpose of the ASFA is to speed up the legal process. The primary purpose of the law was to shorten the length of time a child spends in foster care and speed up the process of freeing children for adoption. ASFA places primary importance upon the safety of the child. This is a change from the focus upon keeping the family together and/or having the goal of reunification of the family, regardless of how long or what the probability of that reunification was going to be. AFSA was intended to correct such problems as: (1) children remaining in foster care for years, and in some cases most of their lives (2) a case being heard by different judges over the life of the case (3) the necessity of the social services system to provide a wide variety of services even in light of the failure of the parent to successfully complete the offered programs (4) persons with criminal backgrounds able to be foster and adoptive parents (now applicants must have their fingerprints taken and criminal records searched)	Federal Act
<b>BABF</b>	Building a Better Future	A three-session workshop held over three days' time designed to familiarize those attending the workshop with a greater understanding of the child welfare process. It is also designed to provide participants with tools and skills to assist parents involved with the Department of Human Services' (DHS) child welfare system to move through the system more successfully.	Training
<b>BHIS</b>	Behavioral Health Intervention Services (formerly Remedial)	The services provide support, direction and teaching interventions in a community-based or residential group-care environment. Services are designed to improve the adult or child's level of functioning related to a mental illness. The main goal is to help the member and the member's family to learn age-appropriate skills to manage behavior and have self-control.	Service
<b>BSW</b>	Bachelor of Social Work	A 4-year course of study in social work to prepare students for beginning professional social work practice in public and private social services such as public welfare, child welfare, health, mental health, elderly services, and corrections. It also provides a base for graduate study in social work or allied professions.	Term
<b>CA</b>	County Attorney	An elected official empowered to take legal action in county interests including criminal or abusive behavior.	Agency

<b>CAA</b>	Community Action Agency	These agencies serve as advocates for low-income, elderly, and disabled residents of Iowa. There are 18 local CAA's serving all 99 counties	Agency
<b>CASA</b>	Court Appointed Special Advocate	An adult volunteer trained to represent the best interests of abused and neglected children in juvenile court proceedings.	Service
	Caseworker	An individual designated to coordinate activities for a successful outcome of collaborative interventions and services.	Term
<b>CDRT</b>	Child Death Review Team	The Iowa Child Death Review Team reviews all records pertinent to the deaths of children ages 17 and younger, in order to recommend to the legislature and the public initiatives and changes that will reduce or prevent such deaths in the future. The Team is composed of fourteen members representing a broad spectrum of medical, legal and social disciplines and seven liaisons from state government departments.	Term
<b>CEU</b>	Continuing Education Unit	The Continuing Education Unit (CEU) is a nationally recognized unit of measurement for noncredit continuing education programs. It is designed to document learning experiences that are valid in their own right but differ from experiences for which academic credits are traditionally awarded. One CEU is defined as representing ten (10) contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. CEUs are based on 60-minute hours. This means that 0.1 CEU is granted for every 60 minutes of actual classroom time. This does not include breaks, registration times, introductory periods, evaluation times, etc.	Term
<b>CFI</b>	Children and Families of Iowa	A private nonprofit human service agency headquartered in Des Moines and contracts with DHS the management of the statewide Parent Partner Approach.	Agency
<b>CFSR</b>	Child and Family Service Review	The federal Child and Family Service Review (CFSR) process is a relatively new, results-based system of federal oversight of state child welfare systems. The CFSRs are intended to hold states accountable for achieving seven outcomes in the broad domains of child safety, permanency and well-being.	Federal Term
<b>CINA</b>	Child In Need of Assistance	A court proceeding in which the Department of Human Services and the County Attorney can secure legal action to protect children including supervision, family support and education, and out of home placement.	Intervention
<b>CINCF</b>	Community Initiative for Native American Children and Families	An organization of several Native American tribal representatives and advocates to incorporate the Iowa Indian Child Welfare Act into Iowa's child welfare practice	DHS Term

<b>CJCO</b>	Chief Juvenile Court Officers	The chief juvenile court officers participate in developing an annual child welfare and juvenile justice plan for using decategorized funds within each department region. The respective chief juvenile court officers and department regional administrator sign the child welfare and juvenile justice plan.	Legal Term
<b>CJJP</b>	Criminal and Juvenile Justice Planning Division	CJJP administers grant programs to fund local and state projects to prevent juvenile crime, provide services to juvenile offenders and otherwise improve Iowa's juvenile justice system. CJJP staff provide a justice system information clearinghouse service to system officials and the general public.	Service
	Coalition	An organized group of people in a community working toward a common goal. The coalition can have individual, group, institutional, community, and public policy goals. Assessment may examine coalition structure, function, quality of leadership, plan quality, or other factors.	Term
<b>CODA</b>	Co-Dependents Anonymous	A worldwide program supporting codependents in recovery from their non-productive behaviors.	Service
<b>Co-Dep</b>	Codependent	An individual subverting their day-to-day lives in order to provide care or otherwise protect a dysfunctional partner.	Term
	Collaborate	To unite individuals together in a formal or non-formal group; to take a partnership in a project by teaming up to share ideas for the greater purpose of a common goal.	Term
	Community CARE	Community Care is a voluntary service that provides child and family focused services and supports to families referred from the Department of Human Services (Department). These services and supports are geared to keeping the children in the family safe from abuse and neglect, keeping the family intact, preventing the need for further and future intervention by the Department (including removal of the child from the home), and to build ongoing linkages to community-based resources that improve the safety, health, stability, and well-being of those served.	Service
	Concurrent Planning	The caseworker plans for the child to return home to the parent, at the same time as planning for the possibility that the goal could change to adoption or something else.	DHS Term
	Confirmed Report	When the Department determines by a preponderance of credible evidence (greater than 50%) that child abuse has occurred.	DHS Term
	Coordinator	An individual responsible for ensuring positive outcomes of any given activity.	Term
	Counselor	A general term for someone who provides professional help in coping with life issues such as emotional and relationship difficulties; sometimes used interchangeably with "therapist"	Term

<b>CPC</b>	Child Protection Council	Oversight committee of the Iowa Court Improvement Project.	Agency
<b>CPC</b>	Central Point of Coordination	The administrative "gatekeeper" for service requests within each of the 99 Iowa counties. All service requests must go through the CPC and be approved by the CPC for funding.	Agency
<b>CPCA</b>	Central Point of Coordination Administrator	The county administrator is the person responsible for determining the eligibility of applicants and approving or denying service requests. This is also called the "single point of entry" because all applications are forwarded to this one point for review and approval.	Agency
<b>CPEC</b>	Community Partnership Executive Committee	This committee, made up of representatives from Community Partnership sites, is responsible for the on-going coordination of CPPC in Iowa.	Initiative
<b>CPPC</b>	Community Partnerships for Protecting Children/Community Partnerships	Community Partnerships for Protecting Children(CPPC) is a community-based approach to child protection. Partnerships work to prevent child abuse, neglect and re-abuse, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care. The long term focus of the Community Partnerships is to protect children by changing the culture to improve child welfare processes, practices, and policies. The Community Partnership approach involves four key strategies (Shared Decision Making, Neighborhood/Community Networking, Individualized Course of Action, Policy and Practice Change) which are implemented together to achieve desired results.	Initiative
<b>CPS</b>	Child Protective Services	The area of DHS devoted to the safety of children and the reduction and/or reoccurrence of child abuse and neglect.	Agency
<b>CPW</b>	Child Protective Worker	A person designated by DHS to perform an assessment in response to a report of child abuse.	DHS Term
<b>CW</b>	Child Welfare	The system that helps families provide safe homes for children. Child welfare includes "preventative services" which help support families that are "at-risk" for having their children removed. It also includes foster care and adoption.	DHS Term
<b>DART</b>	Domestic Assault Response Team	A team of persons consisting of a special prosecutor, law enforcement investigator or team of investigators and a victim advocate to assist in the investigation, prosecution, and advocacy of domestic assault cases.	Coalition
<b>DCC</b>	Denial of Critical Care	Failure of a guardian to provide adequate food, shelter, clothing, supervision, or medical or mental health care when financially able to do so.	DHS Term
<b>DD</b>	Dual Diagnosis (also sometimes referred to as Co-Occurring Disorders)	A person who has both an alcohol and/or drug problem and an emotional/psychiatric problem. To recover fully the person needs treatment for both problems.	Medical

<b>DD</b>	Developmental Disability	A chronic disability of a person that is attributable to mental or physical impairment or a combination of impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the person's need for a combination and sequence of special interdisciplinary or generic care treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.	Medical
<b>DECAT</b>	Decategorization	Established by state legislative action in 1998 to create a partnership between local communities and state government with an initial emphasis to improve the well-being of families with young children. Decategorization refers to State-level efforts to reduce or eliminate categorical requirements on how funds are spent.	Program
<b>DHHS</b>	Department of Health and Human Services (see HHS)	One of the largest federal agencies, the Department of Health and Human Services is the principal agency for protecting the health of all Americans. Comprising 12 operating divisions, HHS' responsibilities include public health, biomedical research, Medicare and Medicaid, welfare, social services, and more.	Federal Agency
<b>DHS-see IDHS</b>	Department of Human Services		State Agency
<b>DIA</b>	Department of Inspections and Appeals	The Department of Inspections and Appeals (DIA) is charged with protecting the health, safety and well-being of Iowans. The agency is responsible for inspecting, licensing and/or certifying health care providers and suppliers, restaurants and grocery stores, social and charitable gambling operations, hotels and motels, and barber and beauty shops. In addition, DIA staff investigates alleged fraud in the State's public assistance programs.	State Agency
<b>DPH-see IDPH</b>	Department of Public Health		State Agency
<b>DV</b>	Domestic Violence	Behavior used by one person in a relationship to control the other. Partners may be married or not, heterosexual gay or lesbian; living together, separated, or dating.	Term
<b>ECI</b>	Early Childhood Iowa (formerly Empowerment)	Established by state legislative action in 1998 to create a partnership between local communities and state government with an initial emphasis to improve the well-being of families with young children.	Program

<b>EPSDT</b>	Early Periodic Screening, Diagnosis, and Testing	Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The program consists of two components: <i>(1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources.</i>	Program
<b>FaDSS</b>	Family Development and Self-Sufficiency	A holistic, strength-based in-home family program that focuses on preventive services and facilitates long-term change to families receiving Family Investment Program benefits.	Intervention
<b>FAS</b>	Fetal Alcohol Syndrome	A birth defect resulting from alcohol ingestion during pregnancy.	Medical
<b>FIP (TANF)</b>	Family Investment Program (Temporary Assistance for Needy Families)	Administered by DHS, this program provides cash assistance.	DHS Service
<b>FO</b>	Field Operations	The DHS service delivery system is provided through field workers who deliver and coordinate an array of social services and economic assistance to children and families through department offices located in each county.	DHS Term
<b>FOSU</b>	Field Operations Support Unit	The eight service area administrators and the centralized Field Operations Support Unit support the field workers.	DHS Term
	Founded Report	When a preponderance of credible evidence (greater than 50%) indicates that child abuse occurred and the circumstances meet the criteria for placement on the Central Abuse Registry.	DHS Term
<b>FSRP</b>	Family Safety Risk and Permanency	<p>Family Safety, Risk, and Permanency (FSRP) Services is the primary family-centered service intervention purchased by the Department of Human Services (Department). FSRP Services focus on promoting safety, permanency, and well-being for child(ren); and providing interventions to preserve families, reunification of child(ren) who have been removed from their homes, or achieving alternative permanent family connections, such as through making and maintaining an adoptive or guardianship placement, for child(ren) who cannot return home. The services are designed to deliver a flexible array of culturally responsive interventions and supports to achieve safety and permanency for child(ren) regardless of the settings in which a child(ren) reside.</p> <p>The facilitation of Family Team Decision-Making (FTDM) Meetings and Youth Transition Decision-Making (YTDM) Meetings on open Department Child Welfare Service cases are also provided within FSRP Services.</p>	Service

<b>FTDM</b>	Family Team Decision Making	The current “best practice” in addressing child and family welfare issues and concerns. The collaboration between DHS, CPS, et al., and other agencies and services is the hallmark of this practice.	Strategy
<b>FTDM</b>	Family Team Decision Making Meeting	A process in which family members, friends, community specialists and other interested parties create a plan for the care and protection of a family’s children and help strengthen the family network.	Initiative Strategy
<b>FY</b>	Fiscal Year	A 12-month period for which an organization plans the use of its funds. The Federal FY is October 1 to September 30. Iowa’s fiscal year begins July 1 and ends June 30.	Term
<b>GAL</b>	Guardian Ad Litem	The person appointed by the court to look out for the best interests of the child during the course of legal proceedings.	Legal Term
	Guardianship	The formal legal arrangement granting an adult the right to act on behalf of a child. Guardianship allows greater decision making than custody. A guardian may apply for income support for the care of the child.	DHS Term
<b>HFI</b>	Healthy Families Iowa	This program provides services to families and children during the prenatal through preschool years (identified as <i>Health Opportunities for Parents to Experience Success HOPES</i> ). The purpose of this program is to promote optimal child health and development, improve family coping skills and functioning, promote positive parenting skills and intrafamilial interaction, and to prevent child abuse and neglect and infant mortality and morbidity.	Initiative
<b>HHS</b>	Health and Human Services (see DHHS)	One of the largest federal agencies, the Department of Health and Human Services is the principal agency for protecting the health of all Americans. Comprising 12 operating divisions, HHS' responsibilities include public health, biomedical research, Medicare and Medicaid, welfare, social services, and more.	Agency
<b>HOPES</b>	Healthy Opportunities for Parents to Experience Success	A program, also known as Healthy Families Iowa that offers professional home visiting services to Iowa families while the mother is expectant or soon after birth. Family support workers build on family strengths while addressing needs identified by the family.	Program
<b>IAC</b>	Iowa Administrative Code	A composite of all rules adopted and administered by executive branch agencies to implement state laws and policies.	Source
<b>ICA</b>	Individualized Course of Action	See FTDM	CPPC Term
<b>ICADV</b>	Iowa Coalition Against Domestic Violence	A coalition with the mission to end violence in intimate relationships through assistance and education programs that serve battered women and their children.	Coalition
<b>ICAPPA</b>	Iowa Child Abuse Prevention Program	A legislatively appropriated statewide program to prevent child abuse. Programs delivered through local Child Abuse Prevention Councils are present in 88 counties in Iowa.	Program

<b>ICFCRB (FCRB)</b>	Iowa Citizens Foster Care Review Board	The Board empowers the citizens of Iowa to review cases, collect data, and recommend changes to promote the safety and permanency of children who have been removed from the homes of their families. The seven member Board meets on a monthly basis once a month to review, report, and makes recommendations regarding children in foster care.	Service
<b>ICJ</b>	Iowa Children's Justice Initiative	A federally funded project to improve court practice in child abuse and neglect cases.	Federal Term
<b>ICN</b>	Iowa Communications Network	The <i>Iowa Communications Network</i> is a state agency that administers a statewide fiber optics network. The Network enables authorized users such as hospitals, state and federal government, public defense armories, libraries, schools, and higher education, to communicate via high quality, full-motion video; high-speed Internet connections; and telephones.	Term
<b>ICWA</b>	Indian Child Welfare Act	This 1978 Federal law takes precedence over the local adoption laws of every state and gives Native American Indian Nations and Tribes, the right to control adoptions that involve their tribal members, the children of their tribal members, those individuals that could become tribal members, or those individuals that a tribe would otherwise recognize. Additionally, the act also provides that an Indian child has an independent right to grow up with an active knowledge of its cultural roots and an opportunity to be involved in its Indian culture and heritage.	Legal Term
<b>ID</b>	Intellectual Disability	A disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.	Medical Term
<b>IDED</b>	Iowa Department of Economic Development	Three divisions (Business Development, Community Development, and Administration) with the mission to improve the economic well-being of Iowa by working with businesses and communities to strengthen their foundations for growth.	Agency
<b>IDHS</b>	Iowa Department of Human Services	The mission is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. We do this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities, and by working with our public and private partners to achieve results.	Agency
<b>IDPH</b>	Iowa Department of Public Health	IDPH, PH, DPH The state agency that provides general supervision of the state's public health, promotes public hygiene and sanitation, does health promotion activities, prepares for and responds to bio-emergency situations and, unless otherwise provided, enforces laws on public health.	Agency

<b>IFAPA</b>	Iowa Foster and Adoptive Parents Association	The Association recruits and retains quality foster and adoptive families by promoting support, training and public awareness in conjunction with other public and private organizations. IFAPA advocates for foster and adopted children and families. The Iowa Foster and Adoptive Parents Association's vision is to provide leadership in Iowa to insure that every child has a secure, loving and stable family.	Service
<b>IFMC</b>	Iowa Foundation for Medical Care	Founded in 1971, the goal is to optimize the quality of medical care and health through collaborative relationships, education, and health information management. Principles feature ensuring high quality and cost-effective health care.	Agency
<b>IM/IMA</b>	Income Maintenance (Administration)	The mission is to determine the eligibility of applicants and to recertify the eligibility of recipients for federal and District-funded assistance programs, and to help heads of households receiving TANF benefits to become employed and move toward financial independence. IMA determines eligibility for benefits under the Temporary Assistance to Needy Families (TANF), Medicaid and DC Healthy Families, Food Stamps, and General Public Assistance for Children, Burial Assistance, and Interim Disability Assistance and Refugee Cash Assistance programs.	DHS Term
	Intervention	An action (such as a substance abuse prevention program or campaign) exposed to a population in order to change knowledge, attitudes, beliefs, or behaviors. In substance abuse prevention, interventions at the individual or policy level may be used to prevent or lower the rate of substance use or related problems.	Term
<b>ISU</b>	Iowa State University	Iowa State University of Science and Technology- A public land-grant institution serving people through its interrelated programs of instruction, research, extension, and professional service. With an institutional emphasis upon areas related to science and technology, the University carries out its traditional mission of discovering, developing, disseminating, and preserving knowledge.	University
<b>IT</b>	Information Technology	The development, installation, implementation and support of computer systems and applications.	Term
<b>JCO</b>	Juvenile Court Officer	Handles selected matters pertaining to children coming under the purview of Chapter 232 including intake, diversion, restitution and prevention.	Term

<b>JCS</b>	Juvenile Court Services	Juvenile court services includes a chief juvenile court officer, juvenile court officers, and support staff for each of the eight judicial districts. Juvenile court service is responsible for making recommendations to the juvenile court regarding temporary custody and detention, prepares investigations, appears in court on behalf of the child and community, implements all juvenile court orders and dispositions, coordinates services provided by various agencies, monitors custodial arrangements and services provided by public and private social agencies.	Services
	Kinship Care	When a relative steps in to care for a child when the parent is unable to do so.	DHS Term
<b>LBSW</b>	Licensed Bachelors Social Worker	A person who holds a license authorizing the practice of social work, which includes social services to individuals, groups or communities in any one or more of the fields of social casework, social group work, community organization for social welfare, social work research, social welfare administration or social work education.	Term
<b>LD</b>	Learning Disorder	A disorder in one or more of the basic psychological processes involved in understanding or in using language spoken or written that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia.	Term
<b>LE</b>	Law Enforcement	Local police officers, county sheriff's officers, and statewide highway patrol officers.	Agency
	Liaison	An individual facilitating communications between various individuals and/or agencies.	Term
<b>LiHEAP</b>	Low-income Home Energy Assistance Program	An assistance program designed to assist low-income families meet the cost of home heating. Applications are accepted on a first come first served basis at local community action agencies from Nov. 1 to April 15 (October 1 for households with elderly/disabled members).	Program
<b>LISW</b>	Licensed Independent Social Worker	A masters or doctoral individual providing services without supervision for the diagnosis, treatment, and prevention of mental and emotional disorders in individuals, families, and groups to restore, maintain, and enhance social functioning through treatment interventions.	Term
<b>LMSW</b>	Licensed Master Social Worker	A certified independent social worker may evaluate and intervene in complex difficulties in psychosocial functioning. A certified independent social worker may engage in psychotherapeutic activities only under the supervision of a person authorized by the board or by DHS to supervise the practice of clinical social work in a clinic setting.	Term

<b>LPN</b>	Licensed Practical Nurse	A nurse who has completed a practical nursing program and is licensed by a state to provide routine patient care under the direction of a registered nurse or a physician.	Term
<b>MDT</b>	Multidisciplinary Teams	Groups of professionals from diverse disciplines who come together to provide comprehensive assessment and consultation in abuse cases.	Term
<b>MSW</b>	Master of Social Work	A graduate program that involves specialized knowledge and concentrated study in social work and generally awarded for completion of a postgraduate course of one to two years in duration.	Term
<b>NA</b>	Narcotics Anonymous	A worldwide program supporting addicts in recovery from their disease.	Service
<b>N/CN</b>	Neighborhood/Community Networking	One of four strategies of the CPPC designed to bring community members together to identify similar goals among local/state/national interests.	CPPC Term
	Not Confirmed	When the Department determines there was not a preponderance of credible evidence (greater than 50%) to indicate that child abuse occurred. (Also known as unconfirmed)	DHS Term
<b>OA</b>	Overeaters Anonymous	A worldwide program supporting persons recovering from dysfunctional eating patterns.	Service
	Open Adoption	A form of adoption in which the birth family and the adopted child enjoy an ongoing, in-person relationship over time.	DHS Term
<b>PCAI</b>	Prevent Child Abuse Iowa	A state chapter of Prevent Child Abuse America, whose purpose is to build awareness, provide education and leadership to implement child abuse prevention efforts in the state.	Agency
<b>PDSA</b>	Plan, Do, Study, Act	PDSAs are small tests of practice change that Teams use to impact and improve their systems' practices. PDSAs should be so small that they can be tested within one week.	DHS Term
	Permanency Goal	What the child welfare agency thinks is the most realistic long-term living situation for the child. Possible goals include return to parent, adoption, legal guardianship, kinship care, or other planned permanent living arrangements.	DHS Term
	Permanency Hearing	A meeting with a judge in family court to review a child's permanency goal. The judge hears about services that have been provided and the progress that the parent and agency are making. Each child must have a permanency hearing no later than 12 months after he or she enters foster care, and not less than every 12-month thereafter while the child is in foster care.	DHS Term
<b>PMIC</b>	Psychiatric Mental Institutions for Children	An out of home placement for children age 5-18 including psychiatric supervision and treatment for mental health diagnoses.	Service

<b>PP</b>	Parent Partners	<p>The Parent Partners program includes innovative changes in social work practice. It celebrates individuals who have overcome obstacles through change, recovery, and accountability, and uses their skills to mentor families who are currently navigating through the child welfare system as their children are in foster or kinship care. Parent Partners demonstrate advocacy and effective communication while holding families accountable.</p> <p>The Parent Partners mentorship is a key strategy to improving practice with families, but it cannot stand alone. Parent Partners network within communities and partner directly with DHS, child welfare staff, systems, and agencies. Parent Partners collaborate with social workers and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities.</p>	Program
<b>P/PC</b>	Policy and Practice Change	Ongoing evaluation of how well families and children are being served is important to achieving desired results. Communities need to routinely assess their efforts, identify gaps and barriers, and chart courses to improve policies and practices. Work of Partnerships includes testing innovative approaches, promoting best practices, and influencing system changes to better serve families and protect children.	CPPC Term
<b>PS</b>	Peer Support	A strategy designed to promote dialogue between interested parties having similar interests in order to efficiently problem solve and build upon previous peer success. This may occur at the local, state and/or national level.	Strategy
<b>PSSF</b>	Promoting Safe and Stable Families	A program that funds community based services that prevent child abuse and neglect through parenting education, family strengthening services for troubled families, adoption services, and other preventative programs.	Program
<b>PTSD</b>	Post-Traumatic Stress Disorder	An anxiety disorder that is triggered by memories of a traumatic event that directly affected you or an event that you witnessed.	Medical Term
<b>RBA</b>	Results Based Accountability	A concept about working backward from ends to means. For populations, the ends are improved conditions of well-being for children, adults, families and communities. For programs and agencies, the ends are improved conditions of well-being for our clients or customers.	Term
	Reunification	When a child is returned to a parent's care.	DHS Term
<b>RFP</b>	Request For Proposal	Is a part of the bidding process for contracts with the State of Iowa.	Term

<b>RN</b>	Registered Nurse	After graduating from a nursing school, the student must take the National Council Licensure Examination (NCLEX) to become a licensed registered nurse. A registered nurse is a person who practices professional nursing.	Term
<b>RPI</b>	Race, Power of an Illusion	A day of learning, listening and courageous conversations. Understand how racial/ethnic disparities manifest across a broad spectrum of child and family well-being indicators and the importance of having "courageous conversations" about race, equity, and child welfare.	Training
<b>SA</b>	Substance Abuse	The excessive use of a substance such as alcohol and/or other drugs.	Term
<b>SA</b>	Sexual Abuse (child)	The imposition of sexually inappropriate acts, or acts with sexual overtones by one or more persons who derive authority through ongoing emotional bonding with that child.	Term
<b>SAA</b>	Sexual Addicts Anonymous	A worldwide program supporting sexual addicts in recovery from their disease.	Service
<b>SACWIS</b>	Statewide Automated Child Welfare Information Systems	By law, a SACWIS is required to support the reporting of data to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Furthermore, SACWIS are expected to have bi-directional interfaces with a State's Title IV-A (Temporary Assistance for Needy Families) and Title IV-D (Child Support) systems.	System
<b>SAM</b>	Service Area Manager	This individual is charged with the day-to-day success of DHS services within a DHS service area in the state. By and large, this is the accountable individual to the citizens of the area for DHS activities.	DHS Term
<b>SAP</b>	Sexual Abuse Prevention	Collaborative efforts of adult and community to complement existing programs that focus on victim identification and services, thus building a comprehensive approach.	Intervention
<b>SDM</b>	Shared Decision Making	One of four strategies of the CPPC designed to bring community partners together to identify local interventions to protect and/or enhance circumstances of families and children within the community.	CPPC Term
	Service Case	A case is considered open by the Department if at least one child in a household is receiving child welfare services.	DHS Term
	Service Plan	A plan that outlines the services that the parent and child should receive to work towards their permanency goal. The service plan is supposed to work on the issues that lead the child into foster care.	DHS Term
<b>SIDS</b>	Sudden Infant Death Syndrome	A fatal syndrome that affects sleeping infants under a year old, characterized by a sudden cessation of breathing and thought to be caused by a defect in the central nervous system. Also called crib death.	Medical Term

<b>SPR</b>	Service Plan Review	A meeting that is held to review and update the service plan. Parents should be told about an SPR two weeks before it is held, so they can come.	DHS Term
<b>SW</b>	Social Worker	Performs organized work intended to advance the social conditions of a community, and especially of the disadvantaged, by providing psychological counseling, guidance, and assistance, especially in the form of social services.	Term
<b>SWII</b>	Social Worker II	Provides ongoing case management and placement services for dependent, neglected and delinquent children.	DHS Term
<b>SWIII</b>	Social Worker III	Evaluates reports of child or dependent adult abuse; assesses strengths/needs of clients and recommends service interventions.	DHS Term
<b>TANF/FIP</b>	Temporary Assistance for Needy Families	A monthly cash assistance program for qualifying families with children under 18.	DHS Service
	Therapist	A person specializing in therapy; especially: one trained in methods of treatment and rehabilitation other than the use of drugs or surgery	Term
	Title XIX/Title 19, Medicaid	A program that pays for covered medical and health care costs of people who qualify. The Medicaid program is funded by federal and state governments and is managed by the Iowa Department of Human Services.	DHS Service
<b>TPR</b>	Termination of Parental Rights	The decision made by a judge to cut off a parent's rights as parent, which makes a child legally able to be adopted.	DHS Term
<b>U of I</b>	University of Iowa	A major national research composed of 11 colleges, the largest of which is the College of Liberal Arts and Sciences, enrolling most of Iowa's undergraduates. The Henry B. Tippie College of Business, the Roy J. and Lucille A. Carver College of Medicine, and the Colleges of Education, Engineering, Law, Nursing, Pharmacy, enroll undergraduates, and with the Colleges of Dentistry and Public Health provide graduate education in conjunction with the Graduate College.	University
	Unconfirmed Report	When the Department determines there was not a preponderance of credible evidence (greater than 50%) to indicate that child abuse occurred. (Also known as not founded)	DHS Term
<b>WIC</b>	Women, Infants, and Children	A federally funded program that provides healthy supplemental foods and nutrition counseling for pregnant women, new mothers, infants, and children under age 5	Program
<b>YTDM</b>	Youth Transition Decision Making (formerly Dream Teams)	Youth Transition Decision Making Meetings are a youth-empowered form of the FTDM meeting. Young people are encouraged to share their voice and facilitator supports them in identifying/developing a support team as well as planning for their future into adulthood. This service is offered through FSRP for open DHS cases and can be offered to community youth to assist them in transitioning to adulthood.	Service

## Community Partnership Reporting / Evaluation Form

Name of CPPC Site: Anysite  
Reporting Period: Any year

County(ies): Any counties

Check the Following: Propose Plan  Year-End

*(Please click inside of the box for desired answer).*

Highlighted areas should be filled out at the beginning of the year.

Dark Highlighted areas should be filled out at the end of the year.

### Community Partnership Involvement

Partner (Categories)	# of professionals involved	FTDM (ICA)* <input checked="" type="checkbox"/>	Shared Decision Making* <input checked="" type="checkbox"/>	Neighborhood Networking <input type="checkbox"/>	Policy and Practice <input type="checkbox"/>	# of Comm. members involved*	FTDM (ICA) <input type="checkbox"/>	Shared Decision-Making* <input checked="" type="checkbox"/>	Neighborhood Networking <input checked="" type="checkbox"/>	Policy and Practice Change <input checked="" type="checkbox"/>	Comments
DHS	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sally Supervisor , Debbie retired DHS Supervisor
Decat	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decat coordinator, Danny Decat Member
Empowerment (ECI)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elaine ECI Coordinator
Neighborhood/Comm. Members*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brenda, Mike, Jane, Jeb, and John volunteers
Domestic Violence	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abby Advocate, Cheryl CEO, Danelle DV Volunteer Advocate
Substance Abuse	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steve SA Counselor, Allen AA Sponsor
Mental Health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faith-based groups	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberta Representative of Ministerial Association, Frank, Frannie, and Fred Faith-based volunteers
Health Care	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cecilia County Nurse, Helga Hospital Volunteer

Education	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Susie Superintendent, Steve School Social Worker/Family Team Meeting Facilitator, Polly PTA President
Business	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Betty Banker
Legal System (Court)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sarah School Juvenile Court Liaison, Joe retired Judge
Law Enforcement	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oliver Officer, Reggie Reserve Officer
Government (i.e. City, Co.)	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colin City Administrator, Roland Regional Planner
Practice Partners*	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Henrietta HOPES Worker, Fred FSRP Provider, Carl Community Care Provider
Economic Supports	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fergie FaDSS Worker
Prevention Councils	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chelle Child Abuse Prevention Coordinator, Tara and Thelma Prevention Council Volunteers
Youth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family Team Meeting Facilitators	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meridith Meeting Facilitator (FTDM/YTDM), Jesse Juvenile Court Associate/YTDM Facilitator, Toby Team Meeting Trainee
AmeriCorps Members	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Averie AmeriCorps Coordinator, Ally AmeriCorps Member
Former Clients of DHS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Billy BSC team member
Parent Partners	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coby Coordinator, Pat Parent Partner
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total											

(To compile the TOTAL: highlight the number “0”, click the “Layout” tab and then click “Formula” [located to the upper right of the screen] and then click “OK”. This section can be manually calculated if needed.)

Total % of Professionals involved in the initiative	60%	Total % of Community Members Involved in the initiative	40%
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## Instructions & Definitions

When reporting, it's helpful to include names and roles in the comments so that members feel more a part of the activity and to assist anyone new coming in to begin to understand CPPC. This is also a help to the CPPC Specialist and Statewide Coordinator when capturing data and in clarifying information reported.

- In the **gray columns** put the number of professional **and the number of community members** who are associated with the respective category.
- In the FTDM (ICA), Shared Decision-Making, Neighborhood Networking and Policy & Practice column put a check mark if there are professionals and/or community members participating in these activities.
- **Please do not duplicate numbers.** Select one primary category for each person. The comment section may be useful to explain when more than one category applies to one person. If a person represents two or more categories, include the person in the number count of the primary role and check mark the gray column for the other categories and explain in the comment section.
- Provide a **total count and %** for both the professional and community members involved.
- # of Community Members – This number count is for those who are involved as volunteer community members and are associated with one of the categories listed. Examples: faith-based members can be volunteers if they are not being paid to attend, professional who is volunteers but is not serving/participating as a representative in their official/professional capacity, substance abuse sponsor who is not being paid, volunteer advocate for domestic violence. # of Neighborhood/Community Members – these are individuals who are neighborhood/community residents or parents and are not associated with any of the other categories.
- FTDM (ICA) - those who are facilitators conducting FTDM defined by Iowa's Standards
- Shared Decision Making- those who are involved on the CPPC leadership committee(s)
- Practice Partners- includes social service agencies that do not fall under another category (i.e. in-home workers, early childhood programs, FSRP, Community Care, Community Action Agency when applicable)
- Economic Supports – includes social service agencies that provide financial and basic-need supports (FaDSS's workers, Income Maintenance Community Action Agency when applicable)

**Shared Decision-Making**

<p>Describe your community partnership shared decision-making leadership group and oversight role. Who coordinates? How it is structured? How it is linked to Decat? Are there task teams or subcommittees? <i>(Please click inside of the box for your desired answer.)</i> Decat Coordinator is also CPPC coordinator (in some areas these are 2 separate positions). The Shared Decision Making group for CPPC reports to the Decat board. There are subcommittees for Neighborhood and Community Networking and a subcommittee is being developed for Individualized Course of Action to gather more interest in and referrals for FTDM/YTDM. (see practice guide for examples of various Decat/CPPC structures)</p>	
<p>How often does this group meet?</p>	<p>CPPC group meets the 2<sup>nd</sup> Tuesday of every month except July, and Decat board meets the 3<sup>rd</sup> Thursday of every month. CPPC members report to Decat board as needed within this schedule</p>
<p>Attach meeting agendas.</p>	<p>Are meeting agenda's attached? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p>Identify Goal(s) for engaging new members:</p>	<p>CPPC coordinator leads a group in organizing a member drive which is held semi-annually at the local coffee shop, Beans. This event resulted in 3 new members in the past year and will be continued this year with a goal to <b>recruit more community members.</b></p>
<p>Was your goal met? If no, please explain. 5 Habitat for Humanity volunteers were recruited at the member drive held at Beans.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>

<p>State Goal(s) for identifying, and/or planning and/or addressing an unmet need(s)</p>	<p>CPPC Coordinator will <b>invite mental health providers</b> to participate in CPPC meetings at upcoming collaborative meeting in May.</p> <p>CPPC would like to <b>add youth voice</b> with consistency to its meetings. Joe retired Judge will talk to AMP (Achieving Maximum Potential) in February of this year to inquire about possible representatives.</p>
<p>Was your goal met? If no, please explain.</p> <p>CPPC Coordinator invited mental health providers at the May meeting, providers indicated issues with being unable to bill this time and further discussion with mental health supervisors at 2 agencies are planned.</p> <p>Joe retired Judge spoke to AMP in February and discussion is ongoing with AMP and school to develop credit program for attendance/participation in CPPC.</p>	<p>Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
<p>Have you identified the goal for the % of community membership on the SDM committee?</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> If yes, what %: CPPC would like to increase community representation to 40%</p>
<p>Was your goal met? If no, please explain.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p>Describe how your SDM group has diverse representation.</p>	<p>Our CPPC site has 5% African Americans, 7% Latino, and 87% Caucasian. Our Shared Decision Making team has equal or greater minority representation.</p>
<p>Is there a community member in the leadership_SDM role?</p>	<p>Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Please explain this leadership role.  <a href="#">Click here to enter text.</a></p>

**Based on your activities, select the level\* for Shared Decision-Making that best fits your site: 2**

**Describe strategies to advance to the next level:** We are in Level 3, we are developing a plan to host Race, Power of an Illusion and are developing an avenue to have youth voice more consistently at meetings. We are planning to recruit Mental Health Representation and to increase community membership as well as place a community member in a leadership role.

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

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.

<i>*Instructions:</i> Baseline=1 <sup>st</sup> year at the beginning of year on proposed plan (Yellow). Previous Year=Previous year on progress report (Green). Current Year: Current year on progress report (Green)	<b>Baseline Year</b> 2009	<b>Previous Year</b> 2014	<b>Current Year</b> 2015
Shared Decision Making Survey agree	"1" disagree, "2" mildly disagree, "3" neutral "4"mildly agree "5" agree		

<b>Shared Decision Making</b>	<b>Description</b>	<b>Baseline Year: 2009</b>	<b>Previous Year: 2014</b>	<b>Current Year: 2015</b>
1. Common Vision:	Members have a shared common vision.	4.5	3.5	3.8
2. Understanding and Agreement Goals:	Members understand and agree on goals and proposed outcomes/objectives.	4.2	3.9	4.2
3. Clear Roles & Responsibilities:	Roles & responsibilities of Members are clear.	3.1	4.0	3.8
4. Shared Decision Making:	All members have a voice and are engaged in the decision making process.	4.9	4.8	4.6
5. Conflict Management:	We are able to successfully manage conflict.	2.5	3.4	3.5
6. Shared Leadership:	Leadership is effective and shared when appropriate.	3.4	4.2	4.1
7. Well Developed Work Plans:	Work Plans are well developed and followed.	4.0	4.1	4.3
8. Relationships/Trust	Members trust each other.	3.5	3.5	3.5
9. Internal Communication:	Members communicate well with each other.	4.5	4.5	4.4
10. External Communication:	Our external communication is open and timely within the broader community and partners.	4.0	4.2	4.3
11. Evaluation:	We have built evaluation performance into our activities.	3.3	3.1	3.4
12. Understanding of CPPC:	Members have a clear understanding of the Community Partnerships Four Strategies.	4.8	4.8	4.7
<b>TOTAL:</b>	<b>(To compile the TOTAL highlight the number, click the "Layout" tab and then click "Formula" [located to the upper right of the screen] and then click "OK")</b>	<b>47</b>	<b>48</b>	<b>48.6</b>

## Community / Neighborhood Networking

<i>Activities may overlap and meet several goals, or one activity may meet only one goal.</i>	Goals
Please list goal(s) for level <u>1</u> Neighborhood/ Community Networking Activities:	1) Increase awareness: CPPC representative will have a table at each school in the district at school registration with information about CPPC and backpacks from the backpack drive for kids in need. 2) CPPC coordinator will contact CPPC Specialist to schedule CPPC 101 in the coming year in order to develop a cadre of speakers to share information and increase awareness.
Was your goal met? If yes, include this information in prior section. If no, please explain.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> <a href="#">Click here to enter text.</a>
Please list goal(s) for level <u>2</u> Neighborhood/ Community Networking Activities:	1) Neighborhood and Community Networking subcommittee is researching Parent Cafes in the hopes of bringing this to our area by next year. This will increase interaction among all parents in the community.
Was your goal met? If yes, include this information in prior section. If no, please explain.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> <a href="#">Click here to enter text.</a>
Please list goal(s) for level <u>3</u> Neighborhood/ Community Networking Activities:	1. Continue to maintain website (www.cppconline.com) as a “hub” for local events, resources, job openings, etc. 2. Work with local mental health, domestic violence, etc. providers to establish a network of individuals to be called on if those supports are needed for a family (especially for a family team meeting) 3. Implement Parent Cafes
Was your goal met? If yes, include this information in prior section. If no, please explain.	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> <a href="#">Click here to enter text.</a>

Please list goal(s) for level <b>4</b> Neighborhood/ Community Networking Activities:	No goals for level 4 at this time
Was your goal met? If yes, include this information in prior section. If no, please explain.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

**Describe strategies to advance to the next level:** Implement Parent Cafes, work with local mental health, domestic violence, to establish a network of individuals available to offer support to families in Family Team Decision Making Meetings

**Based on your activities, circle the level\* for Community / Neighborhood Networking that best fits your site: 3**

Level #	Network Activity	Description (include what was goal, what was invested and what was done)	# of Participants	Outcome(s)
1	CPPC booth at school registration	CPPC members held a backpack drive for school supplies, CPPC budget supported with \$75.30 to fill the backpacks. 6 members (Sally, Joe, Terry, Billy, Jeff, Kim) each sat at a booth at registration for 3 hours on Tuesday evening, which school officials indicated was the highest traffic time for registration. 85 backpacks were distributed and 10 parents expressed interest in learning more about CPPC and submitted contact information.	6 members manned booths, 20 SDM representatives participated in backpack drive	85 community members were given backpacks, 10 parents expressed interest in potential CPPC membership
3	Decat mini projects	To provide funding for local programming in the DCAT Cluster. DCAT and CPPC Coordinators' time to set up new scoring process, disseminate application process information and field questions related to the application process. Steering Committee Voting Members' time to read and score proposals.	500+	<u>The DCAT Cluster funded 12 projects ranging from Cowboy Up to 24/7 Dads and School Based Mental Health.</u>

3	Parent Cafes	Parent Cafes were implemented after holding focus groups	40 parents attended focus groups, 70 parents attended the first Parent Cafe	Parent Cafes are ongoing with 50 consistent attendees
2	Brown Bag Lunch and Learn	Lunch and Learns were held quarterly	A total of 125 participants attended the 4 lunch and learns held	Presentations were given on Syrian culture, Mental Health First Aid, Compassion Fatigue, and Differential Response
<b>Total # of Activities:</b> 0			<b>Total # of Participants:</b> 0	

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

<p style="background-color: yellow;">Please describe how Family Team Meetings are implemented in your area. Who facilitates? How are referrals made? What funding is used?</p> <p>Family Team Meetings are referred by the Department of Human Services to FSRP for DHS clients. Our CPPC Coordinator completes all Community-Based Family Team Meetings for clients who do not have an open DHS case as a prevention strategy. The CPPC Coordinator has completed the below mentioned trainings for this purpose. Referrals come from community agencies, schools, churches and private providers. Should the referrals become too numerous to handle, we have back up facilitators who have completed 3 days of facilitator training and field application training with an approved facilitator. They have also passed the field application training in order to become a facilitator. DCAT funds the Family Team Meetings with a separate budget but is part of the CPPC process. The CPPC Coordinator has completed the previously mentioned trainings for this purpose. Referrals come from community agencies, schools, churches and private providers.</p>	
<p style="background-color: yellow;">Please list goal(s) for Level <b>1</b> Individualized Course of Action:</p>	<ol style="list-style-type: none"> <li>1. Continue current efforts of training, monitoring, tracking for quality assurance and effectiveness.</li> <li>2. Promote community-based FTM's through schools, provider meetings, churches and daycares (who we will be working with through AI's Pals).</li> </ol>
<p style="background-color: #00FF00;">Was your goal met? If no, please explain.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p style="background-color: yellow;">Please list goal(s) for Level <b>2</b> Individualized Course of Action:</p>	<p>Continue to develop comprehensive strategies for planning to implement CBFTDM/CBYTDM. Provide YTDM marketing materials to CPPC members and DHS staff. Recruit potential referral resources by visiting schools monthly and identifying other possible referral sources.</p>
<p style="background-color: #00FF00;">Was your goal met? If no, please explain.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p style="background-color: yellow;">Please list goal(s) for Level <b>3</b> Individualized Course of Action:</p>	<p>Hold CBFTDM meetings</p>
<p style="background-color: #00FF00;">Was your goal met? If no, please explain.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>

Please list goal(s) for Level <b>4</b> Individualized Course of Action:	<ol style="list-style-type: none"> <li>1. Continue providing CBFTMs as common practice in Counties.</li> <li>2. Complete CPPC Coordinator's field experience for Iowa Youth Dream Team facilitator's number.</li> </ol>		
Was your goal met? If no, please explain. CPPC Coordinator worked with coach but no referrals were given during the time period needed to get certification	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>		
# of state approved facilitators	Goal (# value) <b>5</b>	Current # of FTM: <b>3</b>	Goal Met (Y/N): <b>No</b>
# of Community education activities about CBFTDM and CBYTDM	Goal (# value) <b>2</b>	Current # of FTM: <b>1</b>	Goal Met (Y/N): <b>No</b>
# of CBFTDM held annually for families <b>Not involved with child protection service</b>	Goal (# value) <b>20</b>	Current # FTDM: <b>20</b>	Goal Met (Y/N): <b>Yes</b>
# of CBYTDM held annually for families <b>Not involved with child protection service</b>	Goal (# value) <b>3</b>	Current # YTDM: <b>0</b>	Goal Met (Y/N): <b>No</b>

**Based on your activities, select the level\* for Individualized Course of Action that best fits your site: 2**

**Describe strategies to advance to the next level:** Implemented plan for holding CBFTDM meetings

**Based on your activities, select the level\* for Individualized Course of Action that best fits your site: 3**

## Policy and Practice Change

<p>Please list goal(s) for Level <u>1</u> Policy and Practice Change:</p>	<p>Work with families/agencies involved with AI's Pals and SDM team to determine needs relating to policy and practice change.</p> <p style="padding-left: 40px;">Attend local and regional meetings to learn of needs</p> <p style="padding-left: 40px;">Engage SDM team in discussions that identify needs</p> <p style="padding-left: 40px;">Create and utilize informal surveys to gather data from parents and youth impacted by policy and practice change to investigate needs</p>
<p>Was your goal met? If no, please explain.</p> <p>Held a focus group with AI's Pals families who identified transportation and service availability after normal business hours as needs.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p>Please list goal(s) for Level <u>2</u> Policy and Practice Change:</p>	<ol style="list-style-type: none"> <li>1. Establish a plan with objectives and dates for completion once a need is identified</li> <li>2. Identify partners to engage to accomplish change</li> </ol>
<p>Was your goal met? If no, please explain.</p> <p>Partnered with local school system to organize carpools for families, partnered with local businesses to offer business after hours days once a month.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p>Please list goal(s) for Level <u>3</u> Policy and Practice Change:</p>	<ol style="list-style-type: none"> <li>1. Carry out and monitor plan developed in level 2 for completion and effectiveness</li> <li>2. Evaluate effectiveness based upon end-user input</li> </ol>
<p>Was your goal met?</p> <p>Carpools were utilized by 5 families, businesses were open one night a month for 6 months.</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
<p>Please list goal(s) for Level <u>4</u> Policy and Practice Change:</p>	<ol style="list-style-type: none"> <li>1. Ensure that SDM team and other service providers are aware that needs for policy and practice change is a priority of CPPC- invite and encourage participation at monthly CPPC steering committee meetings</li> <li>2. Regularly evaluate surveys and feedback from families/community members.</li> </ol>

<p>Identify training/technical assistance goal(s) that will assist in the development and/or implementation of CPPC and the four strategies:</p> <p><b>Examples:</b>  Regional 101  Attend 201  One on one Technical Assistance with state CPPC consultant</p>	<p>CPPC coordinator will present at Immersion 201 Fall 2015 and will have consultation with Community Partnership Specialist following this</p>
<p>List Trainings/Technical Assistance sponsored and/or attended that assisted in the development and/or implementation of CPPC and the four strategies</p>	<p>Presented at Fall 2015 Immersion 201</p>
<p>Was your goal met?</p>	<p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>

**Based on your activities, select the level\* for Policy and Practice that best fits your site:** [Choose an item.](#)

**Describe strategies to advance to the next level:** [Click here to enter text.](#)

**Based on your activities, select the level\* for Policy and Practice that best fits your site:** [Choose an item.](#)

**Name:** [Click here to enter text.](#) **Title:** [Click here to enter text.](#)

• **Site:** [Click here to enter text.](#) **Address:** [Click here to enter text.](#) **Phone:** [Click here to enter text.](#)

**Please return this completed form to both Sandy Lint and Shelby Zirbel:**

Sandy Lint, Shelby Zirbel DHS-CFS  
1305 E Walnut  
Des Moines, Iowa 50319-0114  
**Email:** [slint@dhs.state.ia.us](mailto:slint@dhs.state.ia.us), [szirbel@dhs.state.ia.us](mailto:szirbel@dhs.state.ia.us)  
**Phone:** (515) 242-5319  
**Fax:** (515) 281-4597

## SHARED DECISION MAKING SURVEY

**INSTRUCTIONS:** Please distribute hard copy or email to the Shared Decision Making Committee. Results are averaged for the progress report **(Green)**.

Please select from the following options: 1-“Disagree”, 2-“Mildly Disagree”, 3-“Neutral”, 4-“Agree”, 5-“Strongly Agree”

Statement	Disagree	Mildly Disagree	Neutral	Agree	Strongly Agree
<b>Common Vision</b>					
Members have a shared common vision	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Understanding and Agreement Goals</b>					
Members understand and agree on goals, proposed outcomes and objectives	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Clear Roles and Responsibilities</b>					
Roles and responsibilities of Members are clear	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Shared Decision Making</b>					
All members have a voice and are engaged in the decision making process	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Conflict Management</b>					
We are able to successfully manage conflict	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Shared Leadership</b>					
Leadership is effective and shared when appropriate	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Well Developed Work Plans</b>					
Work Plans are well developed and followed	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Relationships/Trust</b>					
Members trust each other	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Internal Communication</b>					
Members communicate well with each other	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					

<b>External Communication</b>					
Our external communication is open and timely	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Evaluation</b>					
We have built evaluation performance into our activities	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Understanding CPPC</b>					
Members have a clear understanding of the Community Partnerships four strategies	<input type="checkbox"/>				
Comments: <a href="#">Click here to enter text.</a>					
<b>Additional Comments:</b> <a href="#">Click here to enter text.</a>					

# Shared Decision Making

## Six Principals of Partnership

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### **Everyone Desires Respect**

We all want to be respected. We want respect for who we are and for our uniqueness in the world. We want respect for our experience and perspective. We want respect for how we've become who we are and how we've developed our way of seeing things. We want respect for what we do, for doing the very best we can in the situations in which we find ourselves. The most effective way for us to get respect from others is to offer it to them. As workers and professionals, you are models for families, and for all others involved in the case. If you embody respect in all of your interactions with others, you set a respectful tone that will find its way into all parts of the system. Respect does not mean agreement nor does respect look the same to everyone. We can disagree in respectful ways. It's important to explore with families what feels respectful to them and try to operate in ways that they feel valued.

### **Everyone Needs to Be Heard (and Understood)**

Everyone's voice is important. When we silence someone by ignoring them, shutting them down or invalidating their contribution, we send a message that his or her voice is irrelevant. Usually we don't really succeed in "silencing" anyone; we simply send their voices out of the room. Their ideas and opinions will be expressed to others in the neighborhood, at work, at meal times, in courtroom hallways, at staff meetings - just not to us. By inviting partners to freely share their ideas and concerns, we bring those resources out of hiding and into the open. We create more options for families when we seek a diversity of opinions. We (workers) want to be heard too. Sometimes we want to be heard so badly that we put our ideas out first. We try to help families and stakeholders understand our viewpoint. We listen to what they say with half attention, as inside our heads we prepare our response. Families/partners feel heard when we listen with full attention, when we try to understand them before we attempt to be understood ourselves.

### **Everyone Has Strengths**

Child welfare is a complex and dynamic field. Just when we think we've got it, things change and we have to learn new policies and practices. As employees we have to stay on top of the changes. The best way for everyone to adapt is to learn on top of what you already know and what you already do. Think about what strengths you have as a worker and challenge yourself with new practice ideas. The same goes with working with families and all the others involved in the case. *Start where the family/system is.* Identify strengths with the family and the connected stakeholders and supports and use the strengths as a foundation for new learning and new ideas. You need to value what the family system brings to the table, but you also need to challenge them to think "outside of the box." Acknowledging and building on strengths doesn't mean we ignore problems or gloss over concerns. On the contrary, strengths-based practice sees the problems and the strengths

and clearly links them together to support the family.

### **Judgments Can Wait**

Most child welfare systems are set up to be reactionary. Workers have to make judgments every day and most of the time is reinforced for making judgments quickly. Unfortunately, we've all had the experience of wishing we could turn back the clock and rethink a decision. Holding back judgment doesn't mean you are avoiding making decisions. Rather, it means staying open to all the information, especially the information that doesn't fit our expectations, and allowing that information to inform our understanding. Once we think we understand a situation, we tend to look at it as if our understanding were the truth. Not surprisingly, we usually find evidence to support our understanding. However, if we had a different understanding we would also find evidence to support that perspective. It is important that as workers, we seek other ways of understanding things. This is more than simply being open to new ideas - we need to seek out disproving evidence to our "truths." Ask yourself, what can I discover in this scenario that would challenge my current understanding of the situation? How can I prove my initial ideas wrong? Even if your initial ideas hold, you are less likely to be surprised down the road if you've taken the time to challenge your thinking.

### **Partners Share Power**

When we feel powerless, we feel helpless. When we feel helpless, we feel victimized. When we feel victimized, we may resist, give up, lash out, or sink into depression. This is not something we wish for families or to occur with our partners on the case. The most effective antidote to this syndrome is to share power: not give it up or deny we have it, but share it. Workers walk into families' lives with a lot of power. The power (and perceived power) that child welfare workers hold makes an impact on the relationship with the family. Sharing power also means sharing responsibility. Of course, families are ultimately responsible for what happens in their homes, but when that power is shared among families, workers and supervisors, and all the stakeholders on the case we can help families to make good decisions. When some of those decisions don't work as planned, the worker and the family system works together to move forward. When power is shared, setbacks become opportunities to learn and rethink situations rather than place blame.

### **Partnership Is a Process**

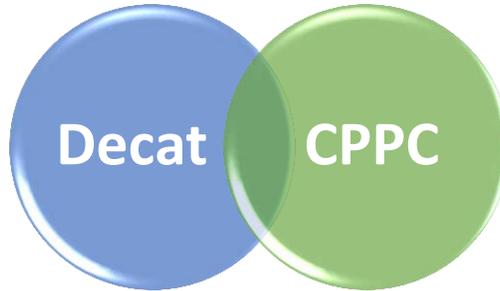
Like any relationship, partnership is a process. It will be more successful at some times than at others. It will be more successful with some families and stakeholders than with others. You may find yourself progressing nicely and then suddenly you seem to be back where you started. This is to be expected and anticipated. Setbacks are part of the learning process and should be treated as such. ("If at first you don't succeed, try, try again.") Try to learn from what doesn't work well and what does work well. Involve partners in evaluating your efforts to work well together. Be transparent with the family about what you are trying to achieve through partnership. Transparency will help the partnership process.

## CPPC/DCAT Relationships

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CPPC funding is allocated through Decat, and it is important that a partnership/structure is established. The following are examples of what this relationship has looked like. In any of these examples, subcommittees could be created to focus on each of the four strategies.

- 1) Marriage: Community Partnerships and DECAT work jointly together as one.



- 2) Subcommittee: Community Partnerships becomes a subcommittee of the local DECAT structure.



- 3) Separate Entities: Community Partnerships operate more independently from DECAT.



## Guiding Principles for Iowa's Future Child Welfare System

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December 2015

Safety for children emerges and is enhanced when we do all the following:

1. Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
2. The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
3. When services away from the family are necessary, children will receive them in the most family-like setting and together with siblings whenever possible.
4. Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
5. Children will be reunited with their families and siblings as soon as safely possible.
6. Community stakeholders and tribes will be actively engaged to protect children and support families.
7. Services will be tailored to families and children to meet their unique needs.
8. Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
9. Leadership will be demonstrated within all levels of the child welfare system.
10. Decision making will be outcome based, resource-driven and continuously evaluated for improvement.

***Every child deserves a forever family!*** Achieving permanence requires an unequivocal commitment from all sectors to ensure that every young person served by Iowa's child welfare and juvenile justice systems leaves those systems with safe, loving, and enduring relationships that are intended to last forever. ***Iowa's Blueprint for Forever Families 2011*** presents a framework and recommendations to guide permanency efforts. Moreover, it is a ***call to action*** for all partners to contribute to achieving permanence for children and youth.

**This supplement to the *Blueprint* builds on ideas generated at the May 2011 Children's Justice Permanency Summit. It identifies a set of concrete actions that you, in your role as a domestic violence worker can incorporate in your daily work to help achieve permanence for these children and youth.**

### **Family and Youth Engagement**

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*Every family and youth should have a voice.* Outcomes improve when youth and their parents are active participants in their own planning and service provision. When parents are empowered, guided, and supported in their parenting efforts, and when youth's opinions are valued and fostered, lines of communication open up and more candid conversations about issues and barriers to safe case closure can be dealt with in a strength-based environment.

#### **What you can do...**

- Familiarize yourself with Department of Human Services (DHS) policies related to domestic violence and how a case progresses through the system
- Be open to listening and discussing the client's involvement with DHS, and offer resources that may be helpful outside of your own program
- Discuss with clients what they would like to have shared with their DHS worker, and have them sign the proper releases of information
- Offer to accompany clients to Family Team Decision Making Meetings (FTDM), court hearings, or other events related to their case
- Empower clients and their children to have a voice in their own planning and service provision and to share strengths and concerns as they see fit
- Engage in on-going communication with clients and DHS workers (with proper release of information) to develop strategies for safety planning and locating safety planning resources

### **Family Preservation**

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*First and foremost children belong with their birth families.* In most cases, children and youth are best served by preserving and supporting families. Family preservation efforts include short-term, family-based services designed to assist families in crisis by improving parenting and family functioning while keeping children and communities safe. In juvenile justice, diversion strategies and home-based services recognize that youth can be rehabilitated and communities can be safe without separating youth and their families.

### **What you can do...**

- Empower clients to advocate for their own family preservation and support their efforts to connect with agencies and resources that can aid in their safe case closure
- Connect families to program resources that will aid them in creating and maintaining a safe and healthy home for themselves and their children
- Assist families in accessing financial resources and agencies that aid in safe family interaction
- Partner with DHS workers, lawyers, providers, and other collaborators chosen by the client to address victim safety planning issues on an on-going basis
- Be available to engage in cross-training with local DHS office to share information on domestic violence services, policies, safety planning, etc., and to learn how to better service clients who are working with DHS to create safe families
- Maintain an active advocacy role by questioning and providing input when there are concerns for fairness or safety that need to be addressed

### **Placement and Reunification**

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*Regardless of the reason, children are traumatized by removals from their home.* When out-of-home placement is necessary, it is critical for everyone involved to engage immediately, adopt a sense of urgency, and utilize all services and individuals connected to the family to launch the reunification process. When reunification is not possible, it is critical to ensure that the youth is connected to at least one committed relationship with another loving, caring adult.

### **What you can do...**

- Help adult victims to cope with a child in out-of-home placement through support groups or counseling
- Offer adult victim-child counseling to help parents stay connected with their children and to help them heal from the effects of domestic violence
- Communicate (with a client's permission) with DHS workers, lawyers, providers and others to help clients understand their case and what is expected of them throughout the process
- Continue to support clients through attending court hearings, FTDM meetings and other relevant events

### **Transitioning to Adulthood**

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*It is never too late to achieve permanence.* Older youth face a unique set of challenges and risks as they move into adulthood. When youth age-out of foster care they often lack the financial, emotional, educational, and protective support typically provided to young people in permanent, intact families. Permanence remains a vital and critical need for these young adults.

### **What you can do...**

- Offer services for young adults and teens exposed to domestic violence who may experience difficulties after separation from birth parents
- Consider offering support groups for teens or young adults who were child witnesses of domestic violence
- Empower youth clients to be active participants in their transition planning and offer resources to aid in this transition

# Neighborhood and Community Networking

## AmeriCorps Partnering to Protect Children

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AmeriCorps Partnering to Protect Children (APPC) can provide an AmeriCorps member who serves your site to reach more people and use their talents to support your CPPC goals. APPC members are specifically assigned to CPPC sites for a service term, and work under your supervision and direction.

### **AmeriCorps Partnering to Protect Children Program Overview**

The AmeriCorps Partnering to Protect Children (APPC) program is being administered through Iowa State University's Child Welfare Research and Training Project. Members serve in close partnership with CPPC host sites as they work toward implementing the four key strategies for CPPC. Members receive a Fact Sheet with a list of expectations each program year, with the purpose of strengthening their sites. In the 2014-15 program year, the Fact Sheet listed three priority areas: build community capacity; deliver information to service providers; and provide outreach and supports to parents/caregivers in a coordinated manner.

### **Benefits of Getting a Member**

**Want to see the results?** Learn more about what member strengths and individual talents did for CPPC in its first program year 2014-2015 at: <http://childwelfareproject.hs.iastate.edu/about-appc/> or check them out on Facebook, Twitter (@Appc\_IA), or Instagram.

**They come with connections.** AmeriCorps members are linked to opportunities and connections with DHS and ICVS, in addition to support from the AmeriCorps Program Coordinator and Iowa State University training/IT support. They can sign up for DHS Service Training website for FTM/YTDM training to become local facilitators.

**They come with personality and talents.** Worried about finding the right person for the job? The AmeriCorps Program Director uses recruitment matching to find a member that fits the unique needs you cite in your application for a member. Many seek professional development in the human services.

**What's in it for the member?** It's not about the money—it's about meeting people and making an impact in the community. Members receive a monthly stipend and are eligible for an Education Award at successful completion of their service terms. The biggest draw is exposure to the human services sector, experience recruiting volunteers, access to DHS training and conferences, and connections to potential employers. Some host sites hire their AmeriCorps members after their service terms end.

**How much does a member cost?** Cost per member is \$3,000, which you may take from your CPPC budget, or request funds from other sources, like your Decat Board. Members live in the community, exposing them to the day-to-day realities of being a citizen and interaction with members of the community beyond service hours. If you are looking additional support with making decisions, planning events, collecting donations and volunteers, or just someone to bounce ideas off, members aren't just "workers" they are "companions" and can rise to the occasion to be champions of CPPC in your area.

**Know someone in your community that would like to serve?** Members can have second jobs, attend school, or have families of their own while serving. If you know a person that already supports CPPC, and would be interested in earning a stipend/education award, AmeriCorps Partnering to Protect Children member applications are accepted year-round.

**AmeriCorps Overview (taken from United Way Iowa Reading Corps)**

AmeriCorps, often referred to as the "domestic Peace Corps," is a network of national service programs that engage more than 75,000 Americans each year in intensive service to meet critical needs in the areas of education, public safety, health, and the environment. Created in 1993 to increase civic engagement, AmeriCorps is a program of the Corporation for National and Community Service. Individuals who serve in local AmeriCorps programs, like AmeriCorps Partnering to Protect Children, make a commitment to dedicate themselves to service and to strive to make a positive impact in their communities. To learn more about AmeriCorps, visit [www.americorps.gov](http://www.americorps.gov).

## Parent Partners

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The Parent Partner Approach celebrates individuals who have overcome obstacles through change, recovery, and accountability by using their skills to mentor families who are currently navigating through DHS as their children are in foster or kinship care. Parent Partners demonstrate advocacy and effective communication, while holding families accountable in meeting their case plan goals.

### **History**

This first wave of the parent partners began within Community Partnerships in 2007 in 11 Iowa counties. In 2008 the first Parent Partner Summit was held and is held every annually in Des Moines. In 2011 there was an outcome database developed and implemented for the Parent Partners. In 2012 a statewide contract was developed and now is implemented in 68 counties in Iowa.

### **Parent Experience**

Many Parent Partners have had personal experience with domestic violence, substance abuse, and/or mental health issues. It is these experiences that make Parent Partners so beneficial to families who are currently receiving DHS services due to child protection issues. The Parent Partners mentorship is a key strategy to improving practice with families, but it cannot stand alone. Parent Partners network within communities and partner directly with DHS, child welfare staff, systems, and agencies. Parent Partners collaborate with social workers and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities. The Parent Partners approach includes validating parent's experiences and opinions to make changes in child welfare that will assist families in reunification and keeping children safe. Parent Partners meet with social workers, counselors, attorneys, and others regularly to assess progress, and are able to help professionals empathetically and productively interpret the patterns, behaviors, and needs of families. Parent Partners are role models, mentors, resources and supports. They are not there to fix another parent but to provide that extra support that some families may need.

### **Some Requirements**

- Have been reunited with children for at least one year. Training may be started after six months of reunification.
- Have a healthy and stable family situation with no current child welfare involvement for safety issues.
- Have some flexibility to attend meetings and co-facilitate groups.
- Have been substance free (including alcohol) for one year if substance abuse was a protective concern.

## Moms Off Meth

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Moms Off Meth (MOM) is an informal community-based support for mothers recovering from meth addiction. This is a gender-specific group that provides a safe, empowering and healing space, especially helpful for persons who have experienced child welfare involvement due to their substance use. The group will ask participants to become active agents in changing their own lives, their relationships and their communities. The meetings, however, are intended as an addition to and not a replacement for formal treatment and a 12-step or faith-based recovery support.

The group (<http://www.momsoffmeth.com>), which has now expanded into other areas of the state and also into other states, was formed to offer mothers working their recovery from methamphetamine addiction some additional emotional and practical supports that overwhelmed state and county case-workers could not provide.

The founders of Moms Off Meth were Judy Murphy, now a meth specialist with the Iowa Department of Human Services, and Cheryl Brown, director of the Crisis Center and Women's Shelter in Ottumwa. Salisbury had known Murphy before they both attained sobriety during the 1990s—Murphy well before Salisbury. Salisbury achieved her sobriety on Aug. 16, 1999, but struggled for years prior to that date.

The first Moms Off Meth group started in July 1999 and was founded by Judy Murphy of Ottumwa. Though originally intended for women with children who were recovering from addiction to methamphetamine, the groups are now open to all women with substance addiction. The dynamic of the groups is one of women helping other women.

The participating women are encouraged to move forward with their education and careers, and many are able to attain their GED and attend college. For many of these women, it's the first time they have heard others tell them that they believe in them.

Brion P. McAlarney is a freelance writer; <http://www.addictionpro.com/article/mom-gives-back>; David Namanny, Press-News Editor

## 24/7 Dads Program Overview

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Children & Families of Iowa (CFI) is restoring hope, building futures and changing lives. CFI has been providing services and programming to Iowa's most vulnerable families for over 126 years, growing from a small agency helping abused and neglected children to a statewide organization with programs serving tens of thousands of individuals annually. Last year CFI served over 18,200 individuals including 8,707 children through five family-centered, interconnected programs:

- Domestic Violence Services
- Early Childhood Development Services
- Teen Programs
- Family Support Programs
- Mental Health Programs

Since 2009, CFI has been facilitating educational support groups for fathers. CFI utilizes the 24/7 Dads Program to empower fathers with the skills they need to connect with their children. In fiscal year 2014, CFI engaged 387 fathers, positively impacting 624 children in nine counties in Central Iowa including Wapello, Mahaska, Appanoose, Davis, Monroe, Jasper, Calhoun, Pocahontas and Webster Counties. CFI's 24/7 Dads Program was selected to serve fathers incarcerated in the Mount Pleasant Correctional Facility. CFI has also initiated a 24/7 Dads alumni group, further engaging 48 graduates of the program. Additionally, CFI was selected to conduct the Fatherhood Readiness Assessment and pilot the National Fatherhood Initiative's (NFI) Community Mobilization Approach in Southern Iowa.

CFI's 24/7 Dads Program is an evidence-based, free, voluntary program that groups participants in eight-week sessions. It is a comprehensive fatherhood program with innovative tools, strategies and exercises for fathers of all races, religions, cultures and backgrounds. The curriculum is designed to equip fathers with the self-awareness, compassion, and sense of responsibility needed to positively engage with their children, exploring topics such as discipline, communication, co-parenting, as well as showing and handling their emotions. The target population is fathers with children age 18 or younger who may have become disengaged due to incarceration or other issues. The program is designed for custodial, non-custodial as well as unemployed and underemployed fathers. Referrals are made by a number of community partners including Family Treatment Court, substance abuse agencies, the Parent Partner program (delivered by CFI), other provider agencies and community members.

## Master List of Programs and Services for Men Who Parents

Name of Program	Target Audience	Time/Location	Contact Person	Domestic Violence-Specific Element?	Other Relevant Information
24/7 Dad	Any Dad	Mondays 6 – 8 <b>Oskaloosa</b> Evangelical Church 1513 S. Market St. Oskaloosa, Ia. 52577	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook But We discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Mondays 6 – 8 First Reformed Church 512 S. Union St. <b>Rock Rapids, Ia.</b> 51246	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Tuesdays 6 – 8 Trinity Lutheran Church 230 N. Roosevelt <b>Cherokee, Ia.</b> 51012	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Tuesdays 6 – 8 First Baptist Church 603 W. State St. <b>Centerville, Ia.</b> 52544	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Tuesdays 6 – 8 Trinity United Methodist Church 1117 Benton St. <b>Albia, Ia.</b> 52531	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Wednesdays 6 – 8 Salvation Army 301 N. 2 <sup>nd</sup> Ave. E. <b>Newton, Ia.</b> 50208	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Thursdays 6 – 8 Iowa State University Extension Office 402 E. North St. <b>Bloomfield, Ia.</b> 52537	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer

24/7 Dad	Any Dad	Thursdays 6 – 8 Faith Family Church 2323 Main St. <b>Keokuk, Ia. 52632</b>	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	Thursday 6 – 8 Arthur Evangelical Free Church 320 E. Fourth St. <b>Arthur, Ia. 51431</b>	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer Not year round – set number of weeks
24/7 Dad	Any Dad	Fridays 6 – 8 <b>Ottumwa Residential Facility</b> 245 Osage Dr. <b>Ottumwa, Ia. 52501</b>	Larry Reisch <a href="mailto:larryr@cfiowa.org">larryr@cfiowa.org</a> 641-799-2464	Not in workbook but we discuss Domestic Violence	Anyone can refer
24/7 Dad	Any Dad	<b>Dallas</b>	Partners in Family Development Jovanka Westbrook 515-962-1020 jowestbrook@part nersinfamilydevelo pment.org		
Dads: The basics	Any dad, with prenatal/ new dads as target audience	<b>Dallas</b>	Partners in Family Development Jovanka Westbrook 515-962-1020 jowestbrook@part nersinfamilydevelo pment.org		
24/7 Dad (AM and PM)	Any Dad	<b>Clinton</b>	Gwen Deming <a href="mailto:CPPC2014@icloud.com">CPPC2014@icloud.com</a> 563-321-3401		
Boot Camp for New Dads	New/ expectin g fathers	<b>Woodbury</b>	Sharon French <a href="mailto:Skfrench1@msn.com">Skfrench1@msn.com</a> 712-255-3188		
24/7 Dad	Any Dad	<b>Fayette</b>	Erin Monaghan 319-334-5106		
24/7 Dad	Any Dad	<b>Dubuque</b> Elm Street Facility Community program and support group	Gwen Deming <a href="mailto:CPPC2014@icloud.com">CPPC2014@icloud.com</a> 563-321-3401		

24/7 Dad	Any Dad	<b>Scott</b> Scott County Jail Community sessions and ongoing support group	Gwen Deming <a href="mailto:CPPC2014@icloud.com">CPPC2014@icloud.com</a> 563-321-3401		
24/7 Dad	Any Dad	<b>Linn</b>	RaeAnn Barnhart Linn County CPPC Four Oaks Partnership for Safe Families 319-784-2771		
24/7 Dad	Any Dad	<b>Johnson</b>	LaTasha DeLoach Johnson County CPPC <a href="tel:319-356-6090">319-356-6090</a>		
24/7 Dad	Any Dad	<b>Calhoun, Pocahontas, Webster</b>	Elizabeth Stanek Linking Families and Communities 515-955-5437		
24/7 Dad	Any Dad	<b>Cerro Gordo , Hancock, Winnebago and Worth</b>	Barb Kellogg Partners 4 Children 641-423-8993 x 13		
Parent orientation/ DHS 101	Incarcera ted fathers	<b>Mt. Pleasant</b> Correctional Facility	Sara Persons <a href="mailto:sarap@cfiowa.org">sarap@cfiowa.org</a> 641-799-9081	Not in curriculum but we discuss it.	Referrals must go through Andrea Wright, reentry coordinator
24/7 Dad	Incarcera ted fathers	<b>Mt. Pleasant</b> Correctional Facility	Sara Persons <a href="mailto:sarap@cfiowa.org">sarap@cfiowa.org</a> 641-799-9081	Not in curriculum but we discuss it.	Offender must complete DHS 101 before they can get into 24/7 dads Referrals must go through Andrea Wright reentry coordinator

24/7 Dad	Incarcerated fathers	<b>Newton</b> Correctional Facility	Sara Persons <a href="mailto:sarap@cfiowa.org">sarap@cfiowa.org</a> 641-799-9081	Not in curriculum but we discuss it.	Referrals must go through Amy Montano correctional counselor
24/7 Dad	Anyone in a fathering role is welcome	Webster County: 111 Ave O West, <b>Fort Dodge, IA</b>	Denise Herrington <a href="mailto:deniseh@cfiowa.org">deniseh@cfiowa.org</a>	Positive communication, respect and co-parenting	10 week class. Community based voluntary program
24/7 Dad	Incarcerated fathers	North Central Iowa Correctional Facility, <b>Rockwell City, IA</b>	Denise Herrington <a href="mailto:deniseh@cfiowa.org">deniseh@cfiowa.org</a>	Positive communication, respect and co-parenting	10 week class Voluntary participation but must sign up with NCCF staff
Anger Management	Male or Female	As scheduled- 111 Ave O West, <b>Fort Dodge, IA</b>	Teresa Larson-White <a href="mailto:teresal@cfiowa.org">teresal@cfiowa.org</a>	Yes- one session	12 weekly sessions- NOT a Batter's Education Class
Positive Solutions for Families	Parents of children 0-5	As scheduled in <b>Webster, Calhoun and Pocahontas</b>	Mary Hodson <a href="mailto:mhodson@cfiowa.org">mhodson@cfiowa.org</a>	No	6 week class
24/7 Dad	Any Dad	Tuesday or Wednesday nights 5:30 – 7 pm John R. Grubb YMCA, 1611 11th St. <b>Des Moines, IA</b> 50314	Phil Simmons <a href="mailto:Phil.Simmons@dmymca.org">Phil.Simmons@dmymca.org</a> 515-471-8555	Domestic Violence discussed	Anyone can refer
24/7 Dad	Any Dad	Classes will be held in <b>Marshall, Tama, Hardin, Story and Poweshiek</b> Counties contact MICA (Mid Iowa Community Action) for dates, times, locations - January – June 2016	David Case <a href="mailto:dcase@micaonline.org">dcase@micaonline.org</a> 641-752-7162 x101 Or sign up online at <a href="http://www.micaonline.org/spsc">www.micaonline.org/spsc</a> or call your local MICA County office		Anyone can refer

24/7 Dad	Any Dad	Times and Locations vary among the following counties: <b>Adair, Adams, Union, Clarke, Lucas, Decatur, Ringgold, &amp; Wayne</b>	Jocelyn Blazek <a href="mailto:lblazek@dhs.state.ia.us">lblazek@dhs.state.ia.us</a> 641-782-1745 ext. 2026	Yes – Father Topics Workshop: Understanding Domestic Violence	Anyone can refer
Young Parents Network Dads Program	Dads under 30 expecting a child or with children 5 years or under	Thursdays 5:30-7:30pm Polk Alternative Education Center 1500 B Ave. NE <b>Cedar Rapids, IA 52402</b>	Steve Nylin <a href="mailto:snylin@youngparentsnetwork.org">snylin@youngparentsnetwork.org</a> 319-241-1400	Various topics address aspects of DV such as power & control, handling emotions, conflict resolution	Anyone can refer or dads may self-refer
Parenting: It's A Life (PIAL)	Teens 7 <sup>th</sup> -12 <sup>th</sup> grade	Curriculum available for free download.  PIAL representatives will also present in schools when requested.  <a href="http://childwelfareproject.hs.iastate.edu/parenting-its-a-life/">http://childwelfareproject.hs.iastate.edu/parenting-its-a-life/</a>	Kate Goudy-Haht <a href="mailto:kgoudy@iastate.edu">kgoudy@iastate.edu</a>  515-294-6502	YES – one module - Relationships: Healthy or Not  (provide activities related to safety plans, go through Power and Control wheel and Equity and Respect wheel)	A module on Establishing Paternity, important for out-of-wedlock births
Dad's Voice Project "Real Talk For Dads" Support Group	Any Dad - seeking male adults desiring to be better connected with other men in the community.	Tuesdays, 5-7pm First Congregational Church 361 17th St SE <b>Cedar Rapids, IA 52403</b>	Gibril S. Mansaray <a href="mailto:gmansaray@fourouaks.org">gmansaray@fourouaks.org</a> 319-784-2776	Various topics: co-parenting, employment, housing, parenting. We also use a curriculum called "InsideOut Dads"	Anyone can refer or dads may self-refer.

Partners for Healthy Families/HOPES	Any Dad (Buchanan Co.)	Home Visitation-Varies Operation Threshold 1827 1st St W <b>Independence, IA</b> 50644	Donna Boos 319-334-6081		Anyone can refer
Parents As Teachers	Any Dad (Delaware Co.)	Home Visitation-Varies Regional Medical Ctr East Office Bldg 613 W Main St <b>Manchester, IA</b> 52057	563-927-7551		Anyone can refer
Parents As Teachers	Any Dad (Fayette Co.)	Parent Share & Support 116 E Charles St <b>Oelwein, IA</b> 50662	Linda Davis 319-283-4917		Anyone can refer
DADs (Dedicated as Dads)	Single Fathers or Fathers as Primary Caregivers	3rd Tuesday of the month, 5:00 pm Parent Share & Support 116 E Charles St <b>Oelwein, IA</b> 50662	Rashell Amos 319-283-4917	No	Anyone can refer
F.U.N. (Fathers United Now)	Fathers Of All Ages	Tuesday – 5:30p-7:30p  The Dream Center 611 Southgate Ave <b>Iowa City, IA</b> 52240	Frederick Newell or Darin Kriener <a href="mailto:info@thedreamcenteria.org">info@thedreamcenteria.org</a> (319)621-8253	YES – We offer one day workshops on understanding domestic violence.	Free of charge, provide childcare and small meal
YMCA of Greater Des Moines The Fatherhood Initiative		<b>Des Moines</b>	Phil Simmons is Program Director <a href="mailto:Phil.simmons@dmymca.org">Phil.simmons@dmymca.org</a> 515-471-8555		

<p>Parenting Inside Out (PIO)</p>	<p>PIO is for incarcerated fathers with Scott County children ages 0-5, they also cannot be on the sex offender registry</p>	<p><b>Scott</b> County Jail</p>	<p>Alyssa Acton, BA Parenting Inside Out Educator 563-468-2176 (desk line)</p>	<p>We do discuss domestic violence in our topic on healthy relationships as a part of the curriculum</p>	<p>Referrals are voluntary and they come through the jail only</p>
<p>24/7 Dad</p>	<p>Any Dad</p>	<p>Thursdays 6:30pm-8:30pm February 4<sup>th</sup> – April 28<sup>th</sup> Leon Community Center 203 NE 2<sup>nd</sup> Street, <b>Leon, IA</b></p> <p>Tuesdays 6:30-8:30pm March 3<sup>rd</sup> – May 26<sup>th</sup> Supertel Inn, 800 Laurel Street <b>Creston, IA</b></p> <p>Mondays 6:30-8:30pm April 4<sup>th</sup> – June 27<sup>th</sup> Location TBD in <b>Chariton</b></p>	<p>Please register no later than the Friday before class begins by sending this completed form to Jocelyn Blazek at <a href="mailto:jblazek@dhs.state.ia.us">jblazek@dhs.state.ia.us</a>, mailing to 304 North Pine, Creston, IA 50801 or faxing to (515) 564-4151.</p>		<p>There is <b><u>NO</u></b> cost to attend this class and supper will be provided.</p>

24/7 Dad pilot program	Any Dad	<b>Jefferson, Keokuk, Van Buren, Washington</b> Counties	Tammy Wetjen-Kesterson, Executive Director Jefferson/Keokuk/Van Buren/Washington Decat & Iowa/Jefferson/Keokuk County Early Childhood Iowa 319-321-5730 Tammywk72@aol.com 744 Clinton Ave, Marengo, Iowa 52301		
24/7 Dad	Any dad in Families Together Home Visitation Program	<b>Floyd, Mitchell and Chickasaw</b> counties	Nancy Beenblossom, LBSW, Service Coordinator Early Childhood LSI, P.O. Box 848 106 16th Street Southwest Waverly, Iowa 50677 Phone: 319-859-3581 Mobile: 319-230-9658		
GSV Program	Fathers within Polk County	Services as needed at Thriving Families Office located at 333 SW 9th St Suite J, <b>Des Moines, IA</b> 50309-4440	<a href="mailto:wwalker@thrivingfamilieservices.com">wwalker@thrivingfamilieservices.com</a> 515-210-0969	YES-	Payments for a 2 hour visit is \$100.00
Specialized Mental Health Services	Fathers who suffer from traumatic events	Services as needed at Thriving Families office located at 333 SW 9th St Suite J, <b>Des Moines, IA</b> 50309-4440	<a href="mailto:wwalker@thrivingfamilieservices.com">wwalker@thrivingfamilieservices.com</a> 515-210-0969	YES	All Major Managed Care Plans accepted

Fatherhood Groups at Hope Ministers	Fathers receiving services from Hope Ministers	TBD: 6701 SW 9th St, <b>Des Moines</b> , IA 50315	<a href="mailto:wwalker@thrivingfamilieservices.com">wwalker@thrivingfamilieservices.com</a> 515-210-0969	YES	
5th Judicial Department of Corrections	Fathers who are currently housed at the Fort Des Moines.	TBD: Building 68 Fort <b>Des Moines</b> Community Corrections Complex	<a href="mailto:wwalker@thrivingfamilieservices.com">wwalker@thrivingfamilieservices.com</a> 515-210-0969	YES	
24/7 Dad		<b>West Union</b> Correctional Facility  Beginning March 2: Running two different group cycles, one on Mondays from 6-8 p.m. and one on Wednesdays 4-6 p.m	Dick Graham of West Union and Pat Taylor will be co-facilitating  For more information contact: Amy C. Gosnell, LISW Families, Inc. amy0404@hotmail.com		Referrals from probation and DHS, priority to attendees with children involved with DHS or JCS or with children living in Allamakee, Clayton, Howard and Winneshiek counties. Others accepted if additional room available

## Other Resources – Parents

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### **Parenting and Families - Iowa State Extension**

This website provides research-based information and education to assist parents on how to be a functional family.

<http://www.extension.iastate.edu/topic/parenting-and-families>

### **Early Childhood Iowa**

This website was created to provide FREE, objective accurate early care, health, and education information for families in Iowa. Browse their database for great resources.

<http://www.state.ia.us/earlychildhood/parents/>

### **Fatherhood.about.com**

This website has tips for fathers, information about ages and stages of development, and links to parenting issues.

[fatherhood.about.com](http://fatherhood.about.com)

### **Iowa Family Support Network**

This website provides information on Early Access, child development, and includes a comprehensive state resource directory.

<http://www.iafamilysupportnetwork.org/>

## Characteristics of the Safe and Together Model Suite

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### **Characteristics of the Safe and Together Model Suite of Tools and Interventions: Perpetrator pattern based, child centered, survivor strengths approach to domestic violence**

The model is specifically designed to focus on promoting the best interest of children including safety, permanency and well-being. The model uses a perpetrator pattern v. an adult relationship based definition of domestic violence, which strengthens the ability to understand how the perpetrator is creating harm or the risk of harm to children. This perpetrator pattern based aspect of the model is strongly reinforced by the gender responsive aspect of the model ensures that fathers who are perpetrators will be held to the same standard of parenting expectations as mothers. Setting high standards for fathers helps children because it guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. As it relates to domestic violence survivors, the model links assessment and partnership specifically to the safety and well-being of children. Versus generic strengths, the model looks for specific actions the adult survivor has taken to promote the safety and well-being of the children.

#### **Fact Based**

The model's fact based approach has a number of benefits for policy and practice:

- Behavioral focus: The model uses behaviors as the focal point for assessment and intervention. By mapping the behaviors of both the perpetrator and the survivor, practitioners have starting point for all their work with the family. Working in parallel process, we also focus on the behavior of the practitioner and the system by asking focus on the "how" not just the "what." Moving the conversation from "Did you screen for domestic violence?" to "**How** did you screen for domestic violence?" becomes the starting point for practice transformation.
- Gender/sexual orientation neutral: With its clear focus on patterns of coercive control and actions taken to harm the children, the model offers an clear and powerful assessment methodology that focuses on behaviors that harmful to children versus gender. This fact based, pattern approach helps workers sort out the risk and safety issues for children when more than one caregiver is arrested or have been violent. The model provides the same clear and powerful lens in cases involving same sex couples.
- Leads to case plans with measurable goals: From clear behavioral assessment of the perpetrators' pattern and the adult survivors' protective capacities, the model encourages case planning that focuses on what each parent has responsibility for and can change to determine a behaviorally defined case plan. Services, when necessary, are then identified to support the achievement of those behavior change goals.

### **Gender Responsive**

Based on the research and field experience, the model incorporates differences in gender related to patterns of coercive control and parenting roles, expectations and services. The model also assumes that fathers matter. Their presence or absence, positive or negative behaviors impact the family and that families benefit when systems improve their capacity to assess and engage fathers to support their positive involvement in families.

### **Strengths Based**

- The model focuses on the strengths of practitioner, particularly the child welfare worker, and also that of the domestic violence survivor, as key to successful interventions and outcomes.

### **Integrative and interdisciplinary**

- Integrates safety and trauma: Systems need to be both trauma and domestic violence informed. Using domestic violence perpetrator behavior as the organizing framework, our model is inclusive of safety and trauma issues for the practitioner and family members.
- Promotes systems change and cross systems dialog: The model's assumptions, principles and critical components provide a framework for working in multi-disciplinary settings and information sharing.
- Multi-disciplinary: the model integrates multi-fields including domestic violence, criminal justice, trauma and mental health, substance abuse and cultural competency.

### **"Beyond Services"**

In the child welfare system, services have become the "sine qua non" of the child welfare intervention. Driven by the common interpretation that "reasonable efforts" means offering the family services to address its issues, child welfare equates interventions with a referral to and completion of services. With the advancement of differential response in many jurisdictions, child welfare is recognizing that one type of intervention does not work for every family. The model approaches adult survivors, children and perpetrators from a "beyond services" perspective. The "Beyond Services" quality of the model has multiple aspects:

- Often case planning occurs at the level of the identification of issues, e.g. substance abuse, which then triggers a referral. Often the assessment of the issue and associated documentation is not more detailed. Because of the complexity and danger associated with domestic violence as an issue impact child safety and well being, this approach is not adequate. In the Safe and Together model, the quality of the intervention with the family starts with mapping the perpetrator's pattern of behavior. The ability to map the perpetrator's pattern goes deeper than "The family has history of domestic violence."

- The understanding of that perpetrator’s particular behavior patterns provides a framework for a broad understanding of intervention and accountability that goes beyond a referral to treatment. This means that “reasonable efforts” to maintain children in the home includes communication and coordination with criminal court and/or adult probation. It may mean setting specific expectations for supporting children’s therapy, paying bills for children’s basic needs or other specific behavioral expectations. It also means that the work of the social worker doesn’t stop with the referral to services but includes meaningful communication with the service provider including sharing information regarding the perpetrator’s patterns and case plan goals and independent assessment of change.
- For adult survivors, the “Beyond Services” aspect of the model respects the fact that some domestic violence survivors are not “broken” meaning that as victims of abusive behavior they may not have any pathologies of their own. And parallel to the pathway with perpetrators, good work with survivors is not led by the services but is driven by a good assessment of protective capacity.
- Finally, children, when the parents are addressed appropriately, may not need services at all.

**“Removal is an option of last resort” approach**

The model respects that there are situation where the domestic violence perpetrator is so dangerous or has done so much harm to children, the adult survivor has done everything a “reasonable person” can do promote their safety and well-being and outside systems have made their best effort to intervene with the perpetrator that removal might be the decision that’s in the child’s best interest, at least in the short term.

[www.endingviolence.com](http://www.endingviolence.com)

<http://endingviolence.com/iowa-safe-and-together-training-2015/>

## **Other Resources – Domestic Violence**

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### **Iowa Coalition Against Domestic Violence**

This website provides information on resources, hotline numbers, upcoming training information, and a link to locate local programming

<http://www.icadv.org/>

### **A.A.R.D.V.A.R.C**

An Abuse, Rape, and Domestic Violence Aid and Resource Collection, this website provides statistics and research, victim assistance resources, and information on sexual assault, stalking, and legal processes. It also contains links to locate local programming.

<http://www.aardvarc.org/>

### **Iowa Domestic Violence Helpline**

This website has tips on recognizing abuse, hotline numbers, resources, and a link to safely exit the site without it registering in a search history.

<http://www.survivorshelpline.org/>

### **Iowa International Center**

This website has information on state hotlines and local programming and offers an option to have the information translated into over 90 languages.

<http://www.welcometoiowa.org/emergency-services/domestic-violence>

# Achieving Maximum Potential

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## **What is Achieving Maximum Potential (AMP)?**

AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. Amp also provides the life skills youth need to become self-sufficient, independent adults.

## **Who are AMP youth?**

AMP members are ages 13 and up who have been involved in foster care, adoption or other out-of-home placements.

*"I've seen the kids present multiple times and they are so impressive... sending a great message not only to other kids, but to the professionals that impact their lives."*



- Roxanne Riesberg  
Child Protection Program Manager  
Iowa Department of Human Services

## **What do AMP youth do?**

- Train to become advocates for themselves and others.
- Participate in valuable leadership opportunities.
- Develop their voices by telling their own stories.
- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from the youth perspective.
- Build youth/adult partnerships in the community that create opportunities for service learning.
- Encourage others to open their homes to teens in foster care or those available for adoption.
- Provide understanding, support, and encouragement to one another.
- Gain the life skills necessary to become healthy, independent adults.
- Explore educational/vocational options to chart their path to become successful productive adults.

### **What do AMP youth hope to accomplish?**

Help foster youth to become independent adults who can successfully educate others about the child welfare system and take an active role in making life better for themselves and others in state care.

### **How you can help!**

**Allow us to speak at your next event** - AMP youth have a compelling story to share. Please consider having them speak at your next luncheon, meeting or event.

**Share a skill, talent, or hobby** - The majority of youth who reach adulthood while in foster care do not get the chance to develop critical life skills - skills that enable others their age to succeed. Please consider sharing your skills and knowledge with our young people. You can help them build a resume, fill out a car loan or college application, or understand personal finances, to name a few.

**Donate a service or a product** - Teens leaving foster care have many needs that other teens coming of age are provided by their biological families. Furnishings, sheets, blankets, personal hygiene products, cleaning supplies, towels, kitchen supplies and more are all items these youth will need to live independently.

Source: [Ampiowa.org](http://Ampiowa.org)

## Circles of Support

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Relationship-building is at the core of this program. If people in poverty are to achieve full integration and participation in the community, they need to be surrounded and embraced by people from all walks of life and sectors of the community. Interaction with others in the community removes the isolation that is often experienced by people living in poverty and brings them into the mainstream of community life.

Caring members of the community are matched to the unique needs of each program participant to act as mentors and friends. The objective is to assist participants in their efforts to overcome poverty.

The Circles program seeks participation across economic, cultural, and social lines. We operate on the principles of inclusion, equality, and respect.

Our goals include breaking down misperceptions, fears, biases and prejudice; fostering compassion; and creating true “community” where everyone feels safe and valued; and acknowledging that every life has meaning.

## **Parent Cafés: Strengthening Families Illinois**

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### **Overview**

In 2007 the Parent Café process was created and developed by Strengthening Families Illinois to educate parents on the five research based Strengthening Families' Protective Factors that keep children safe and families strong. The purpose of Parent Cafés is to build the protective factors while teaching parents about them through individual deep self-reflection and peer-to-peer learning. Be Strong Families Parent Cafés are based on the principles of adult learning and family support and can be utilized as a gateway to providing parent leadership opportunities. Parent Cafés are highly sustainable with training reinforcement, institutional support, and a commitment to an overall approach to parent engagement that affirms parents' leadership role in their families and their communities.

Be Strong Families Parent Cafés provide a safe space for parents and caregivers to explore their strengths, and also asks parents and caregivers to examine how they can strengthen their own families in relation to the protective factors—essentially asking parents to look at their lives, and evaluate for themselves, the areas that need to be strengthened.

### **National Impact**

The Be Strong Families Parent Café Model is being used across the United States and U.S. Territories, to engage parents and build protective factors, through Race to the Top Early Learning Grants, SAMHSA Project Launch Grants, Child Abuse and Neglect Prevention initiatives, Child Welfare Systems, Family Resource and Support Centers, Early Childhood Development Centers and other school and community-based initiatives to effectively engage parents and caregivers.

Parent Cafés were recently highlighted in the U. S. Federal Administration on Children, Youth, and Families, 2014 Prevention Resource Guide as an important tool used to engage parents directly in building protective factors for themselves and their families (2014 Prevention Resource Guide: Making Meaningful Connections p.8).

Over 2300 parents, caregivers, and professionals in 19 states and U.S. territories have been trained to host Be Strong Families Parent Cafés and since 2007, Be Strong Families staff, partners, and parent leaders have conducted thousands of Parent Cafes nationwide.

### **Impact and Outcomes**

Be Strong Families has evaluated Parent Cafés for the past seven years using a tool developed in collaboration with Tamara Fuller from the Children and Family Research Center at the University of Illinois Champaign/Urbana. The evaluation measures customer satisfaction with the Parent Café itself as well as intent to change behavior based on Parent Café participation in relation to the Protective Factors. As a result of the sharing that takes place at Be Strong Families Parent Cafés, parents recognize the value (and rich resource) of being in relationship with other parents. Additionally the insights garnered through the Parent Café experience aid in building resilience against stressors that threaten to harm or abolish the family unit.

From 2009-2012 more than 4700 parents and caregivers in Illinois completed post event evaluations. After Be Strong Families Parent Cafés participants reported the following:

- 97.37% learned something that will help them as a parent.
- 94.73% learned a different way to handle stress or challenges in their lives.
- 96.91% planned to take better care of themselves.
- 95.19% will be more willing to ask for help when they or their families need it.
- 83.4 % met a person (or people) they plan to keep in touch with.
- 87.71% plan to change something about their parenting
- 80.01% plan to change how they discipline their children.
- 90.21% plan to spend more time with their children.
- 94.37% plan to make sure they understand their child(ren)'s feelings.

In addition, during the summer of 2013, Be Strong Families Parent Cafes were at the heart of Chicago's Community Violence Prevention Program (CVPP) Parent Program component with the goal of reducing violence by building protective factors. 872 parents from 21 Chicago communities participated directly in the program, completing pre- and post-Protective Factors surveys, among other measures. The recently released evaluation of the Parent Program evaluation found statistically significant changes in family functioning and resiliency, social and concrete support, nurturing and attachment, child development, and knowledge of parenting as a result of participation.

Other data showed:

- 95% of participants agreed or strongly agreed that they learned ways to strengthen their own families.
- 90% percent agreed or strongly agreed that they learned ways to strengthen the community.
- 96% of participants agreed or strongly agreed that the protective factors (taught through the Parent Café process) were adequately covered during training.

# Elevator Speeches

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An elevator speech is deemed such because it's a way to deliver brief information in about the time you'd ride with someone on an elevator. The goal is to succinctly summarize what you'd like to share in order to further basic understanding and spark a curiosity to learn more.

Local Decat Coordinator Joe Burke has an activity that will help anyone create an elevator speech about anything they'd like to share and he's allowed us to share his steps in order to encourage coordinators to develop their own elevator speech about local CPPC work.

## Steps to Creation of an Elevator Speech

- 1) Write two short paragraphs describing what you'd like to share.
- 2) Read these paragraphs aloud to a group of peers for feedback.
- 3) Ask these peers to identify keywords in the paragraphs.
- 4) Rewrite the two paragraphs into 2 sentences, using the keywords identified.
- 5) Read the 2 sentences aloud again, and again ask for keyword feedback.
- 6) Rewrite the 2 sentences into one sentence. **THIS IS YOUR ELEVATOR SPEECH!**

## Example

- 1) **2 Paragraphs** - *I work for DHS Community Partnerships for Protecting Children on a contract with Iowa State University's Child Welfare Research and Training Department. I organize meetings, present trainings, write and edit curriculums, and collaborate on other projects for CPPC/DHS.*

*I am based at my home office, an office in Ames at Iowa State, and at the Hoover Building in Des Moines. I have served on PIP Groups and have collaborated in other ways with practice partners to find ways to effectively share information that will impact both community based and departmental service delivery.*

- 2) **Keywords Identified** - *DHS, ISU, CPPC, organize, present, collaborate, service delivery*
- 3) **2 Sentences** - *I work in partnership with DHS and ISU on Community Partnerships for Protecting Children. I organize meetings, present information, and collaborate on projects impacting service delivery.*
- 4) **Keywords identified** - *partnership, collaborate, service delivery*
- 5) **1 Sentence** - *I collaborate on projects for that will impact service delivery for children and families.*

## Joe's Tips

What you are trying to do is make a short sentence that gives some information but that will illicit further questions. The less information you give the better. I use the elevator speech about 90% of the time and I almost always get follow up questions. If the elevator speech is too long (or gives out too much info in one sentence) you will not get follow up questions because you could intimidate the individual asking.

## Hosting a Race: The Power of an Illusion Learning Exchange

We want to make the process as easy for you as possible. We will provide the facilitators, handouts, CEUs and attendance certificates. There is no cost to you/your agency for hosting the learning exchange. If possible, it is recommended that you provide lunch to the participants.

**As the hosting site, your primary responsibilities are to provide: (1) a local contact person, (2) training room, and (3) participants.**

### First Steps in Setting up a Race: Power of an Illusion (RPI) Learning Exchange

- Contact RPI Coordinator to request that RPI be scheduled in your area, including your preferred date and location. The learning exchange is typically scheduled from 8:45 to 3:45, but the start and end times can be adjusted to fit your needs.
- Identify a hosting site coordinator who will serve as the primary contact for training arrangements and call or email the RI Coordinator with that information. Further contacts made by the RPI Coordinator will be directed to the primary contact.

### 1-3 Months Prior to Training Date

- Secure a training room that accommodates 30-40 participants; assess room size for breakout groups of 5 or 6.
- Identify a local person who will introduce the training, review “housekeeping” items, and sets the tone for the day. This person is often an agency administrator.
- Determine if lunch/snacks will be provided for participants and make necessary arrangements.
- Recruit participants. **(Please limit class size to no more than 40 participants.)**
  - Hosting sites decide whom to invite.
  - A promotional flyer that can be customized is available from the training coordinator.
    - If recruiting local DHS workers and supervisors, the hosting sites should follow service area protocol such as contacting the social worker administrator or/and service area administrator for assistance in this recruitment process.
    - Hosting sites are requested to encourage attendance from community partners including: foster parents, providers, judges, attorneys, parents, youth, mental health, substance abuse, education, law enforcement, domestic violence and other partners to attend.

### 1 Week Prior to Training Date

- Provide RPI Coordinator with a final list of all registrants at least a week prior to the class date so that the Coordinator can prepare and print attendance certificates for all participants.

### **On Training Date**

- RPI Coordinator will set up the training room and bring all necessary AV equipment and forms. Attendance forms, agendas, handouts, certificates of attendance and evaluations will all be prepared for the hosting site by the RPI Coordinator.
- The hosting site does need to ensure that there is a screen or blank wall to project the PPT and video onto.
- The locally assigned person welcomes the group and completes “housekeeping” tasks.

### **After the RPI Learning Exchange**

The hosting site contact person will receive a written summary of the evaluation responses from the RPI Coordinator within a week of the learning exchange. Any feedback the hosting site would like to share is always welcomed.

**Individualized  
Course of  
Action  
FTDM/YTDM**



## **Family Team and Youth Transition Decision-Making Standards**

Family Team Decision-Making (FTDM) is both a philosophy and a practice strategy for delivering child welfare services. The Department of Human Services (DHS) child welfare focus is on serving families with children at serious risk of harm from abuse and neglect. Building teams at the time of crisis to support families where there is a risk of serious harm to the child has been identified as a means to address the factors that:

- Threaten the child's safety,
- Establish permanency for the child, and
- Promote well-being which are central expectations in the provision of child welfare services.

The FTDM process can be used to enhance the core strength based casework functions of:

- Family engagement,
- Assessment,
- Service planning,
- Monitoring, and
- Coordination resulting in a FTDM family plan.

When properly applied, the FTDM process:

- Supports a trust-based relationship,
- Facilitates family engagement, and
- Sustains the family's interest and involvement in a change process.

Within the context of practice, family team meetings allow for:

- Regular monitoring of the case plan,
- Ongoing evaluation of benchmarks and goals,
- What is working and what is not working so that intervention strategies can be changed or modified as circumstances change.

The outcomes of the family team meetings are:

- Child and family stability,
- Safety,
- Permanency, and
- Well-being during the family's involvement with the Department and following case closure.

The FTDM process promotes unity of effort and provides an opportunity for all helping professionals to develop a shared understanding of the family's situation, which are critical elements in attaining positive results. The FTDM process should be a proportional response to the needs of the child and family that is coordinated across systems involved with the family. The FTDM process provides an opportunity to build an informal network of friends and family that can provide support during and after the family's involvement with DHS.

For those youth transitioning into adulthood the Youth Transition Decision-Making (YTDM) model will be used. The model has two key components: Engagement/Stabilization and the Dream Path process to promote self-sufficiency.

YTDM applies the FTDM process, philosophy, and practice strategy for youth transitioning into adulthood. Building teams to support youth and young adults who are at risk of homelessness, unemployment, and poor health has been identified as an effective means to address the factors that threaten a successful transition.

YTDM can be used to enhance core casework functions of:

- Youth engagement,
- Assessment,
- Service planning,
- Monitoring, and
- Coordination.

When properly facilitated, the YTDM planning process:

- Supports a trust-based relationship,
- Facilitates youth engagement, and
- Sustains the youth's interest and involvement in a successful transition process.

YTDM provides a positive and action-oriented response by caring adults and professionals to address the needs and desires of the youth. The YTDM planning process will help the worker complete case plans through a youth-adult partnership approach. Planning for education, employment, health, support networks, and housing will all be addressed throughout the process.

In order to achieve positive results associated with the FTDM and YTDM process; this set of standards and practice guidance was developed in collaboration with the Department of Human Services (DHS) and external stakeholders to ensure that every family is offered the opportunity to participate in the FTDM and YTDM process unless the family is unwilling or to do so at this time would place a family member in danger.

*\*\* All standards are applicable for FTDMs and YTDMs; however, some of the standards require specialized attention when facilitating a YTDM. When YTDMs require specialized attention, those will be italicized and starred (\*\*).*

## **Standard 1: Team members keep personal and private details of the family confidential to ensure privacy and demonstrate respect for the family.**

Creating a safe environment in which personal information may be shared without fear of redissemination is a critical element in building trust and openness in the FTDM process. The facilitator discusses privacy and confidentiality with the family and participants during the preparatory phase. All team members must sign a confidentiality agreement before participating in the meeting. The facilitator explains the importance of privacy and confidentiality at the start of the meeting, and stresses this again at its conclusion. All team members are informed of the following exceptions to maintaining confidentiality that would be reported as mandated by law:

- New allegations of suspected child abuse or neglect;
- A belief that the individual intends to harm himself; or
- A belief that a person intends to bring harm to others.

Founded child abuse report information shall not be shared at family team meetings due to child abuse confidentiality laws. {Legal reference: Iowa Code Section 235A.15(2)}. A person who receives child abuse information may not give that information to another person unless permitted by law. {Legal reference: Iowa Code Section 235A.17(1)}. The purpose of the FTDM process is not to discuss the details of the *Child Protective Services Assessment Summary* but to address underlying needs and build on strengths.

The family signs an acknowledgement that the FTDM family plan developed at the family team meeting will be shared with DHS and its contractors, the juvenile court, and legal parties to the Child in Need of Assistance (CINA) case. The family is given the option of permitting the facilitator to share the FTDM family plan with others who are present at the meeting. When the family does not permit dissemination of the FTDM family plan to those who have identified responsibilities in carrying out the FTDM family plan, the facilitator ensures that the individuals understand what their role is in supporting the family as described in the plan.

*\*\* For YTDM, the facilitator will make sure the youth understands that their YTDM plan may become a part of their Case Permanency Plan. \*\**

## **Standard 2: Preparation of all participants including children and youth when appropriate, custodial parents, noncustodial and parents not residing in the home, as well as, other key identified supports is required for successful family team decision-making (FTDM).**

The initial phase of the FTDM process is to support the development of a positive, trusting working relationship with family and other team members. The preparation phase of the FTDM process is separate from actual facilitation of the family team meeting. The time necessary to complete preparation will depend on individualized family needs. The facilitator preferably begins the preparation process through a face-to-face visit, whenever feasible or appropriate, and at a minimum through, phone calls. Advance preparation is necessary for successful family team meetings. Participants are more effective in raising their concerns and proposing solutions when they understand the purpose of the meeting, and have time to prepare for their role in the meeting.

Through preparation for the family team meeting, the facilitator learns more about the family and their strengths, as well as, their desired outcomes for the family team meeting. The facilitator is a carrier, not creator, of information.

The facilitator will address any needs for the family at the meeting such as:

- The need for an interpreter,
- Including participants through a conference call,
- Transportation assistance,
- Child care during the meeting, or
- To exclude certain individuals from part or all of the meeting (for reasons such as domestic violence).

### **Outline of Facilitator's Roles and Responsibilities in Preparation**

The facilitator shall discuss the following with the parents:

- Confidentiality and privacy with the participants;
- The philosophy and purpose of the FTDM process;
- The reason for the family team meeting, which could include family interaction planning (ensure that the family understands);
- The family's perspective on what brought them to DHS attention;
- The family's strengths and challenges;
- The family dynamics to understand and respect the unique culture of the family;
- Identification of formal and informal supports who will assist in achieving outcomes; and
- The location and time for the family team meeting.

The facilitator shall discuss with the social worker:

- Any other potential participants for consideration;
- Their desired outcome of the meeting; and
- Potential conflicts and any non-negotiables.

The facilitator shall discuss with other participants:

- The philosophy and purpose of the FTDM process;
- Their role within the FTDM process;
- Potential conflicts; and
- The value of their participation in the FTDM process.

*\*\* For YTDM, the preparation process shifts from the family and parents to focus specifically on the youth in transition to adulthood. The youth partners with the facilitator in a leadership role. The preparation interview is used to:*

- *Explain the mission and principles of the YTDM planning process,*
- *Explain the various planning tools used, and*
- *Establish a list of individuals that the youth feels close to and may want to invite as part of the youth's team while including the Department worker, juvenile court officer, and guardian ad litem.*

*This preparation process also supports the youth as they begin to prepare an "All About Me" or youth story that highlights the youth's strengths and interests.*

*The facilitator shall discuss with the youth:*

- *Which tools they wish to use and the parts of the gathering they wish to lead,*
- *How the team should be assembled to provide support during youth transition, and*
- *How the action plan will be developed with identified roles and responsibilities.*

*YTDMs may also require determination of what the youth needs to fully participate in the meeting, such as:*

- *Additional face-to-face preparation,*
- *Transportation,*
- *Child care,*
- *A reminder call,*
- *An interpreter,*
- *A peer support, and*
- *Other related supports. \*\**

**Standard 3: The family is engaged throughout the family team decision-making process with focus on case planning, coordination, communication, and accountability.**

Family engagement is the ongoing process of developing and maintaining a mutually beneficial, trust-based relationship that empowers and respects the family and sustains their interest and participation in a necessary and time-limited change process. Diligent effort is made to join with the family and the family's natural supports throughout the FTDM process to ensure that needs are met and child safety and well-being are assured. Successful and productive relationships with families are earned over time through repeated, positive contacts that develop trust. Family members should be allowed opportunity to define who their family team meeting includes so that the circle will be widened as completely as possible to include those with a relationship with the child or with other members of the family team. This process begins at the preparation meetings and is ongoing.

The facilitator is responsible for implementing family engagement strategies, including the following:

- The family is treated with genuineness, empathy, and respect;
- The Department's concern and reason for involvement is stated clearly, directly, and honestly;
- The family has an opportunity to tell their story of "what brought them to the attention of the Department";
- The team engages the family around a shared concern for the safety of the child and well-being of the family;
- The family achieves a clear understanding of the safety and risk issues for the child;
- The family is empowered to identify and define what it can do for itself and where the family or individual members need help;
- The team focus is on family strengths (e.g., culture, traditions, values, and lifestyles) as building blocks for services and family needs as a catalyst for service delivery; and
- The family develops natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times.

The 'art' of practice within the FTDM process is a careful balance that includes a demonstrated respect for the family, the expectation that change will occur, and overseeing accountability for that change.

The FTDM process engages the family in the process of identifying and establishing supports, both formal and informal to help the family achieve outcomes. For a family team meeting to be successful the child, the family, its informal supports, and all involved helping professionals must be viewed as full, participating team members, further increasing the family engagement into the process. By having all services and supports present at family team meetings, all contributors are aware of and in agreement with the plan, understand their role and how it relates to that of other contributors, and know what others expect of them. This mutual understanding helps to assure unity of effort and improves the effectiveness of team functioning.

All team members should be present whenever major decisions are made. All team members should commit to attendance for the entire length of the family team meeting, which is usually on average 90 minutes to 2 hours, but the length of time may vary depending on individualized family needs. Periodic assessment of the team composition should be made to determine if the composition is adequate to meet the planning and resource needs of the family.

The focus of family team meetings is to enhance the core casework processes of:

- Family engagement,
- Communication,
- Functional assessment,
- Service planning,
- Monitoring,
- Evaluation of results, and
- Provide input into key decisions affecting child safety, permanency, well-being, and sustainable family changes.

The family team is the framework for child welfare and child protection resolutions, rather than the Department of Human Services. The FTDM process promotes a spirit of shared responsibility to the safety and well-being of children and families by engaging extended family, kin, professionals from other disciplines, and other community members.

Family team meetings are formed, convened, and function to produce the FTDM family plan and the family case permanency plan. Family team meetings are reconvened throughout the duration of DHS involvement with the family. Families remain engaged throughout the process. Using the FTDM process the team works to determine behavior changes within the family that will assist in determining when goals have been met and when conditions for safe case closure exist. This will be planned and discussed with the team members early in the process.

Family team meetings provide an opportunity to regularly assess and monitor the effectiveness of services and interventions while continuing the ongoing process of family engagement and assessment. If services or interventions are found to be unsuccessful or unresponsive, the family team has an opportunity to modify the FTDM family plan to meet the family's changing needs. When progress is slow or the prognosis for reunification is declining, the family team can play an important role in helping families understand, accept, and participate in concurrent planning and the necessary permanency decisions.

The above strategies can help to build accountability while maintaining a balance between family-centered practice and the necessary protective authority of DHS and the juvenile court system in ensuring child safety, permanency, and well-being.

While services may not always be delivered as requested by the family, services are to be delivered in a manner that reflects partnership between DHS and the family.

Family team meetings should occur at critical junctures throughout the *Life of the Case* (LOC). These include:

- The development of the FTDM family plan for each case;  
**NOTE:** In cases where removal has occurred, efforts will be made to hold a family team meeting before or directly following the date of the removal;
- When case progress indicates a need for concurrent planning;
- When benchmarks and goals are not achieved (determine a need to reassess services and supports, interventions, etc.);
- When placement changes, level of care changes, or permanency decisions are made;
- Youth led team 90 days before turning age 18 in addition to any other meetings held; and
- Before safe case closure to plan for sustainability.

In addition to the above, there may be requests for a family team meeting to be held to address a specific issue. Every attempt should be made to accommodate requests as possible.

The team helps the family identify, develop, and sustain informal supports. The process of recruiting and maintaining informal supports begins at the case onset, is ongoing, and should be reassessed periodically by the team. The core principle is that the FTDM family plan is a collaborative plan between the family system and the child welfare system that both have agreed will address the issues and both will collaborate to implement.

*\*\* For YTDM, engage the team around a shared desire for supports and services to be in place when formal services are no longer provided. This provides an opportunity for a successful transition into adulthood, including the safety, well-being, and happiness of the youth. Discuss the critical issues that the youth wishes to address. Help the youth and team achieve a clear understanding of the steps that need to be taken to assure a safe and successful transition and stability in health, housing, employment, education, and supportive relationships through establishing team member's responsibilities and timelines.*

*Youth should be encouraged to invite a peer who is able to advocate for the youth to be a part of the team. Critical junctures as to when YTDM are appropriate include:*

- *A youth in care reaches age 16 and a referral is made to begin transition planning; or*
- *A youth is between age 16 and 21 and an YTDM has not yet been established, but the youth agrees to participate in the process and a referral is made. \*\**

<p><b>Standard 4: Cultural dynamics of the child and family are identified and accommodated through adjustments in strategies, services, and supports for the family in the family team decision-making process.</b></p>
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Cultural competence means the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.

Successful cultural competence includes:

- A basic understanding of the values and beliefs within the culture coupled with eliciting information from the child and family about traditions, cultural beliefs, behaviors, and functioning;
- Demonstration of values and attitudes that promote mutual respect;
- Communication styles that reflect sensitivity and competence to the values and beliefs of others;
- Accommodations in the physical environment including settings, materials, and resources that are culturally and linguistically responsive;
- Acknowledgement of the role of race, ethnicity, economic status, spirituality, and culture play in families lives; and
- Demonstration of a genuine interest in the family's culture and an understanding of how that culture has been historically treated by the dominant culture.

The facilitator of a family team meeting should possess a level of competence and understanding of the culture in which the family has gained its understanding of child rearing practices. Families who speak languages other than English may require greater preparation in advance of meetings and cultural accommodations such as through the use of interpreters or co-facilitators who speak the language to ensure their full participation in a family team meeting.

Accommodations should be made to meet the special needs of the child or family through the team formation. Examples of such circumstances include cases where the family does not speak English or is not part of the majority culture. Additional team members may be needed to provide support to a child or to help team members manage behaviors and make a positive contribution. When special circumstances exist, it may be necessary to involve an individual who has specialized knowledge and skills. For example, someone who is a member of the family's culture or ethnic group could be a team member, co-facilitator, or as a support person for a team member.

**Standard 5: Family team meetings are facilitated by a person who has the training, knowledge, skills, and abilities to guide the family team.**

The facilitator may be a:

- DHS staff member, case manager or supervisor;
- Provider staff;
- Community partnership staff;
- Family support staff;
- Parent partner; or
- Others trained to facilitate family team meetings.

Efforts must be made to maintain continuity of the facilitator in successive meetings.

It is important to select the most appropriate and effective facilitator for the family based on the presenting circumstances and is best to use a neutral facilitator. There may be some situations where a positive, trusting relationship exists, and the family may be comfortable and agree to someone associated with the case (case manager, supervisor, provider, etc.) conducting the family team meeting. Each situation should be considered individually to ensure the choice of facilitator is respectful of the family's needs and wishes.

Initial classroom training establishes the foundation for FTDM implementation and facilitation. There will be one approved standard three day curriculum for facilitators to complete. Approved trainers may include supplemental training as appropriate.

FTDM facilitator skills are enhanced by:

- Continual classroom skill based training;
- Facilitation coaching and evaluation; and
- Formal approval of Iowa FTDM facilitators.

A critical component supporting the development of the FTDM process is coaching, mentoring, and supervision. Coaches, with FTDM experience, knowledge, and approved FTDM status will serve in the role of supporting the development of newer facilitators through co-coordinating family team meetings and serving as mentors when challenges and issues arise. Those aspiring to become an approved facilitator will take the initial FTDM facilitator training and be coached and mentored by an approved coach or mentor. A specific training is required to become an approved coach or mentor. Facilitators should have access to quality supervision.

The competency of a facilitator is determined by demonstrated knowledge and skills. At a minimum, facilitators are approved by DHS when they:

- Understand principles and purpose of the FTDM process.
- Demonstrate the skills to prepare for, facilitate, and complete follow-up family team meetings as a means for creating sustainable family change.
- Set and maintain the environment: Facilitate in a manner that:
  - Supports a trust-based environment,
  - Assures and monitors conditions of safety;
  - Encourages openness,
  - Enhances a nonjudgmental environment;
  - Assists team members to be respectful, attentive, friendly, and culturally competent.
- Manage the facilitation process:
  - Introduction,
  - Purpose,
  - Confidentiality,
  - Set ground rules,
  - Set the stage for the family to tell their story,
  - Keep people on track and manage group dynamics,
  - Encourage equal participation,
  - Value contributions,
  - Demonstrate reframing,
  - Summarizing,
  - Acknowledging,
  - Building consensus,
  - Manage power and control issues,
  - Provide consultation to the family, and
  - Set the stage for family time, if used.
- Facilitate discussion leading the team to develop a FTDM family plan for the family during a family team meeting that accurately identifies the strategies and agreements made during the family team meeting. The plan should include strengths that relate and can be directed at the:
  - Needs,
  - Concerns,
  - Supports,

- Outcomes ,
- Behavioral results action steps,
- Safety plan,
- Crisis plan,
- Re-evaluation,
- Agreement, and
- Next steps.
- Develop or update the *Family Interaction Plan*.
- Conduct and manage follow-up meetings.

Facilitator approval is accomplished by:

- Completed DHS approved three day classroom facilitator training;
- Completed classroom training on family interaction as part of the FTDM course or through a separate learning opportunity;
- Completed a family team meeting as co-facilitator with an approved coach and mentor;
- Completed a family team meeting as lead facilitator with an approved coach and mentor;
- Received completed evaluation form on demonstrated facilitation skills and meeting outcomes as the co-facilitator and lead facilitator; and
- Evaluation forms are submitted to Service Area and approval number is received.

Approved facilitators will be required to complete a minimum of three hours of continuing education on an annual basis.

The competency of a coach and mentor is determined by demonstrated knowledge and skills. At a minimum, coaches and mentors are approved by DHS when they:

- Completed the required training on coaching and mentoring;
- Actively facilitated family team meetings for two years; and
- Submit at least two recommendations with an application to be a coach and mentor.

*\*\* YTDMs are facilitated by a person who has completed the YTDM facilitator approval process.*

*YTDM facilitation requires an additional training as well as coaching and mentoring in the YTDM process, including demonstrated use of a Dream Path tool with an approved facilitator who has provided coaching and written feedback. \*\**

## **Standard 6: A quality assurance and improvement process is used to assess and improve the quality of the family team decision-making meeting and each facilitator.**

It is part of ongoing practice development and improvement to assess the effectiveness of family team meetings in regard to engaging families, conducting assessment and planning activities, and determining service interventions.

The measurable indicators of family team meeting effectiveness include the following for each FTDM standard:

- **Confidentiality and privacy:** The family's privacy and confidentiality is maintained by team members based on the family's report of such.
- **Preparation:** Specified preparation is completed with participants in advance of the meeting.
- **Engagement:** Family engagement is reflected in their active participation in the case planning process and as reflected in the family's case plan.
- **Cultural:** Appropriate integration of cultural accommodation in the meeting process is acknowledged by the family.
- **Training and skills:** The facilitator demonstrates knowledge and skills sufficient to professionally facilitate the meeting and ensure the meeting's goals are achieved and reflected in the family's case plan.
- **Quality assurance and improvement:** One standardized measurement process is used statewide to assess and maintain quality of all family team meetings and facilitation. When issues are identified, adjustments and adaptations are made to improve the process and results. The inability by a facilitator to adhere to the FTDM standards after adjustments or adaptations have been attempted will ultimately result in loss of facilitator approval status.
- **Participants and voices:** Involvement of the child's parents, custodians, the child, any noncustodial parent and informal supports is demonstrated through preparation before the meeting and participation in the meeting unless there is an identifiable reason for this not to occur.
- **Family interaction:** A thorough *Family Interaction Plan* is developed, written, and initiated for out-of-home placements. If a *Family Interaction Plan* is in place, the plan is reviewed or modified at all subsequent family team meetings.

**Standard 7: The preparation and decision-making process will, at a minimum, incorporate the voices of children and youth when appropriate, noncustodial and parents not residing in the home, as well as, other identified key family supports.**

Family team meetings are about creating viable, workable, mutually agreed upon plans with families to achieve safe case closure. It is necessary to give a voice to children and youth concerns, wants, and needs. Children and youth have voices that must be heard in the planning and decision-making process.

According to Iowa's Blueprint for Forever Families, not only do youth need to have a voice in the FTDM process, but also immediate and extended family members, both maternal and paternal. This must occur not only when it is convenient or when most parties are in agreement, but when there is conflict, confusion or uncertainty. When barriers are identified, strategies must be implemented to ensure key players' voices are heard:

- Spending quality preparation time with family members so that the facilitator can include the voices of youth, custodial and noncustodial parents, and other important family members;
- Youth or other family members who are unable to be present need an opportunity to still be heard, either over the phone or by providing written information to the facilitator to be shared during the meeting;
- Using peer support to assist youth in finding their voice. Examples include: Iowa Foster Care Youth Council and Dream Teams;
- Providing parents and youth appropriate materials about the process and their rights within the process;
- Being mindful that children benefit from the active positive involvement of both mothers and fathers. The FTDM process is designed to support the inclusion of both parents. Efforts to engage noncustodial parents and parents not residing in the home, as well as, incarcerated parents needs to occur from the beginning and throughout the *Life of the Case*; and
- In situations where a meeting may place the child or other team members in danger (such as families who experience domestic violence), explore other options for including all team members. For example: separate meetings, conference calls, or written representation.

*\*\* Informal, natural supports, if developed effectively, can help support and sustain a positive transition for a youth over time as the formal system moves out of the youth's life. These supports can also help the youth deal with future challenges without the need for system intervention. The team provides informal supports, as well as, helps the youth connect with additional community members and others that may assist the youth with attaining life goals. When preparing for YTDM, ask the youth about what role parents will play. \*\**

**Standard 8: Family interaction planning is discussed and a *Family Interaction Plan* is developed or reassessed during every family team decision-making meeting involving a child who is placed out of the home.**

The philosophy of family interaction is a different way of thinking about how children who have been removed from the home continue to have meaningful interactions with the people who care about them in the least traumatic way possible. All children who are placed out of the home need to have a *Family Interaction Plan* in place to ensure this occurs in safe and healthy ways. The most effective way of developing a *Family Interaction Plan* is during a family team meeting. Family interaction philosophy is based on the following foundations:

- **Children and parents have a right to spend time together.** Interactions between parents and children should only be limited when there is some threat of harm that makes it necessary to do so. **NOTE:** Interactions with siblings should be considered when applicable.
- Family interactions should be a planned intervention central to the reunification process. When interactions need to be monitored by others, there should be clear goals set that identify for everyone what has to be different in order for interactions to move to a less restrictive plan.
- These goals should be identified when developing the *Family Interaction Plan*. The plan should be developed during a family team meeting by the entire team, and a deadline to review progress should be set at the initial meeting.
- Interactions between parents and children should be in the most homelike setting possible so the child can feel safe. This means we should strive to use the parent's home when possible, relative's homes, foster homes, and as a last resort, a neutral setting that is as homelike as it can be.
- Interactions should be built around meaningful activities: mealtimes, bathing, naptimes, homework time, doctors' appointments, school activities, sports activities, and should be geared towards the child's developmental abilities.
- Family interactions are the responsibility of the entire team working with the family.
- A written *Family Interaction Plan*, tailored to meet the safety needs of the family is developed during or reassessed during family team meeting involving a child who is placed out of the home to assure family interaction begins as soon as possible after removal from parental custody. These must never be used as a threat or form of discipline to the child or to control or punish the parent.
- The written *Family Interaction Plan* may be incorporated as a part of the family team meeting notes or identified separately on a *Family Interaction Plan* form.
- Research tells us that successful reunification can be achieved more timely when we closely team with birth parents and involve them as full partners in their plan.

Family interaction planning, in addition to the above foundations, should always focus on the safety concerns. The elements to explore in assessing safety include three basic constructs: threats of maltreatment, child vulnerability, and caretaker's protective capacities.

- **Threats of maltreatment** mean the aggravating factors that combine to produce a potentially dangerous situation.
  - Situation (unsafe home, criminal activity)
  - Behavior (impulsive actions, assaults)
  - Emotion (immobilizing depression)
  - Motive (intention to hurt the child)
  - Perception (viewing child as a devil)
  - Capacity (physical disability)
- **Child vulnerability** means the degree that a child cannot on the child's own avoid, negate or minimize the impact of present or impending danger.
  - **Present danger** means immediate, significant, and clearly observed maltreatment which is occurring to a child in the present or there is an immediate threat of maltreatment requiring immediate action to protect the child.
  - **Impending danger** means a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child's physical environment poses a threat of maltreatment.
- **Protective capacities** mean family strengths or resources that reduce, control, or prevent threats of maltreatment.

*\*\* Facilitators should recognize that the desire of a youth may be to reconnect with their birth family regardless of the permanency goal and the team should be prepared to address and support this in their transition.*

*When considering family interaction planning with youth consider all supportive relationships, which could include community connections, mentors, caring adults, extended family, siblings, peers, etc. \*\**

### Individualized Course of Action – FTDM/YTDM

An individualized course of action (ICA) is at the heart of practice reform in Community Child Protection. It is a family-centered service delivery process that stresses partnership between families and their supports, formal and informal. The ICA process produces a family tailored plan from effective engagement of the family and assessment of its strengths and needs. It does not stop with a written plan, but includes tracking results and responding to new concerns, as necessary, not as mandated. The process involves one or more family team meetings to assess, plan, celebrate, and revise plans, as needed, much like any family does in the course of growing together. The goal of the ICA process is to put the supports in place that will help a family sustain change. To do this effectively, experience suggests the following activities:

#### **Focus on practice quality and continuous practice improvement and adaptation**

Use a quality assessment process early to know which aspects of process that relate to the ICA approach might help make practice more strength based, supportive of families, and more focused on safety. Use a quality assessment process to provide information for continuous practice improvement and adaptation. The existing partnerships have used a quality assessment tool that has a dual focus: child and family outcomes and network performance. In assessing child and family outcomes, the process asks about critical issues as safety, stability, basic needs met, special needs, educational performance, family resourcefulness, and satisfaction. In assessing the network performance, the questions focus on the adequacy of service team, family participation, coordination, assessment, planning, resources, implementation, and results. The use of such a quality assessment process in the existing partnerships has provided concrete lessons. For example, it has shown that multiple family team meetings are often essential and important to making adjustment to plans. In addition, the quality assessment process has reinforced the importance of informal supports and attending to a family's basic needs. The process has also demonstrated that a "great" family team meeting is not an "individualized course of action." The quality assessment has clearly illustrated the lack of follow up contributing to plan failure despite a productive and empowering family team meeting.

#### **Expect the CPS agency to provide leadership**

The CPS agency should lead ICA implementation by committing to phase-in this approach for families in the selected neighborhood and by encouraging partners to also implement the ICA process.

#### **Set reasonable targets for ICA implementation**

The CPS agency and community partners should establish goals for the number of families to be served through the ICA process. This helps to focus implementation on spreading this practice.

#### **Use "champions" to mentor others**

Champions of practice change have a particular role to play. Whether they are supervisors of frontline staff, these champions are the individuals who have embraced new practice methods and are eager to expand the practice. They have seen the practice changes produce good results for their families, and as a result, they are more pleased with their own work. They are working hard to improve their skills. These individuals should be recognized and their enthusiasm "mined" by asking them to mentor other supervisors and workers who are less

confident with the results they will achieve through changed practice. In this mentoring role, the champions can provide encouragement, guidance, and peer-to-peer technical assistance.

### **ICA Implementation needs**

ICA implementation needs two critical resources: staff champions and food. ICA practice flourishes when there are champions among front line staff, supervisors, and management. At each of the existing sites, ICA champions are individuals who have embraced the practice and help spread it among their peers by facilitating family team meetings, coaching and mentoring other staff, and developing training tools. Money cannot buy champions, but funding can help nurture champions by providing professional development and recognition opportunities. Soda, coffee, juice, and “munchies” can play a big role in setting a tone at a family team meeting. Existing sites have often brought in dinner for a family when the only convenient time for a family team meeting is during the dinner hour. Food expenditures, however, are rarely covered in any agency budget.

### **Flexible Funding Pools**

Flexible funding pools have been effective for empowering workers, families, and community residents. These flexible dollars allow the front line to respond more quickly and effectively to family needs. For example, such a pool has allowed front line staff to respond immediately to a family’s need for a rental security deposit to secure adequate housing. These funds also enable residents to propose and implement creative additions to the network such as safe houses and targeted activities for children of substance abusers. Flexible funds allow partners opportunities to provide professional development for community and agency leadership as well as modest recognition of champions. As noted earlier, food can play an important role in a family team meeting or a neighborhood celebration. Flexible funding pools allow community partnerships to include food in these activities when stricter agency budgets might not.

### **Recommendations for Finding the Resources Needed**

Identifying and connecting with the funding that will be needed to implement and sustain a community child protection partnership is not a simple task. Suggestions for accomplishing it include the following:

Keep outcomes clearly in mind while attempting to put strategies into place. This will help identify if the needed resources are available and if the resources are equal to the tasks at hand.

Consider engaging nonpublic agencies in pooling resources for a community engagement staff member or to use existing agency funds more flexibly to foster community engagement.

Engage faith communities and explore with them what resources they might be able to offer: volunteers, transportation, space, etc.

Identify local foundations that would be interested in the child protection mission of the partnership and present them with a specific proposal for funding.

Public agencies should consider redeployment of existing staffing positions and other resources.

Advocate for making special state and local revenues available for investment in community child protection. For example, some states have used their surplus from the Temporary Assistance to Needy Families and Tobacco Settlement funds to supplement on-going funding from federal child welfare legislation.

# Policy and Practice Change

# An Overview of the PDSA Process

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## PDSA (Plan-Do-Study-Act) methodology

PDSAs are small tests of practice change that Teams use to impact and improve their systems' practices. PDSAs should be so small that they can be tested within one week. To complete a PDSA a Team asks themselves:

### The Big Picture

- Looking at our priorities, what do we need to accomplish?
- How will we know that practices have improved?
- What change can we test that will result in improvement?
- How will this practice change impact disproportionality and disparities for the racial/ethnic/cultural group(s) we are focusing on?

### PLAN

- What is the practice change being tested?
- Who will test it?
- When will it be tested?
- What does our Team expect will happen?
- How will we know if what we expected to happen actually happened?

### DO

After answering these questions, the Team carries out the test of a small practice change. That is the DO.

### STUDY

Did what we expected to happen actually happen? What was different? What did we learn?

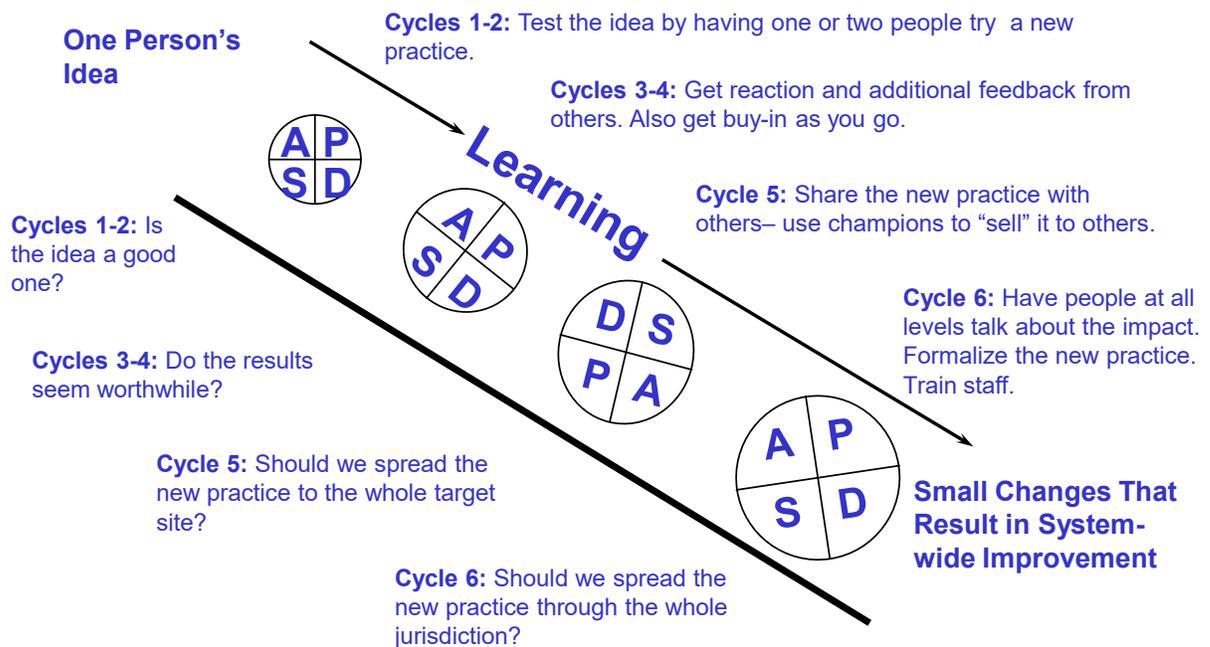
### ACT

What did we learn that we can apply to a new test cycle or to a new PDSA?

## Sample PDSAs

- Have 1 social worker ask 1 birth parent their top three needs and together they will select 1 need to address by one week from that day
- Have 1 social worker ask 1 family how they identify culturally; ensure correct ethnicity is recorded in agency and court systems
- Create and use 3 well-being related questions for the judge to ask at every hearing with a child; test with 1 judge and 1 child
- Have 1 social worker identify a community partner, caregiver, or relative who can assist him/her to facilitate twice the amount of visitation that is currently occurring for a family
- Have 1 social worker ask the following two questions at the next family visit: What is your biggest need right now? What would you like me to know about your family?
- Prepare a glossary of court terminology; distribute to 1 community agency to test their understanding

## PDSA Cycles



This is an example. A PDSA can have fewer or more than 6 cycles.

- **PDSA Cycles:** Test the idea several times making changes based on each STUDY. Test with more and more people until the Team decides the new practice is ready for spread.
- **Spread:** Teams begin taking their most successful field-tested and measurable strategies and tools and rapidly introduce them throughout their jurisdiction and/or systems.
- **Sustainability:** Making sure processes and plans are in place to keep the new practices going throughout the jurisdiction.

## PDSA Planning Form: Disproportionality

<b>Team:</b>	
<b>The Big Picture:</b> <i>Looking at our priorities, what are we trying to accomplish?</i>	
<b>Desired Outcome:</b> <i>How will we know we accomplished our goal? What is better?</i>	
<b>Broad Strategy:</b> <i>What new approach can help us reach our goal?</i>	
<b>Components:</b> Practice area most directly connected to this PDSA	<input type="checkbox"/> Engaging the Family Network as Partners <input type="checkbox"/> Engaging Community Partners and Tribes <input type="checkbox"/> Engaging Across Systems <input type="checkbox"/> Addressing Racial Bias at Multiple Levels <input type="checkbox"/> Leadership <input type="checkbox"/> Key Decision Points <input type="checkbox"/> Resources, Supports, and Services <input type="checkbox"/> Cross-System & Community Partners
<b>Impact on Disproportionality:</b> <i>How will this practice change impact disproportionality and disparities for the racial/ethnic/cultural group(s) we are focusing on?</i>	
<b>Team Members:</b> <i>Who is involved in this PDSA? Include as many Team members as possible. Are our Young Adult and Parent Representatives engaged?</i>	
<b>PDSA Title:</b>	
<b>PLAN:</b> <i>What is the practice <u>change</u> being tested? What are we going to do? (Briefly describe in one to three sentences.)</i>	
<u>Who</u> is going to do it?	
<u>When</u> will it be done?	
Hypothesis: <i>What do we expect will happen? How will we know if what we expected to happen actually happened?</i>	
<b>DO:</b> <i>What happened? (Briefly describe in one to three sentences.)</i>	
<b>STUDY:</b> <i>Did what we expect to happen actually happen? What was different than what we expected? What did we learn?</i>	
<b>ACT:</b> <i>Based on what happened when we tested the practice change we will:</i> <ul style="list-style-type: none"> <li>• Repeat/adjust test (second PDSA)</li> <li>• Do a new test (New PDSA)</li> <li>• Discard the test</li> </ul>	

## Policy Change on Larger Level

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CPPC is a statewide program and often times this calls for action on a larger level.

The information here is provided to assist you in communicating effectively with members of the Iowa legislature. This is not a definitive guide to legislative communications. Its purpose is to provide you with support for effective grassroots advocacy, which has its greatest impact coming from local constituents.

### Tips for Meeting with Elected Officials

Meeting with your elected officials and/or their staff is the best way to assure that your voice is heard. This is an excellent opportunity for you to personally educate your elected official about how child abuse prevention programs help families and keep kids safe.

The following tips will help ensure a successful visit:

1. Call and make an appointment – Ask for the elected official’s scheduler. Introduce yourself and briefly explain why you want to meet with the official. **Be sure to mention that you are a constituent.** Keep in mind that elected officials’ schedules can change without notice. Always call to confirm appointments.
2. Prepare for the meeting – Your elected officials have a limited amount of time to spend with you. It is essential that you prepare yourself in advance and make the most of your time. Think carefully about the issues you want to discuss and decide the best way to present them.
3. Research your elected official’s previous support for child abuse prevention – Make sure you know who you’re talking to. Think of ways to link child abuse prevention with other things the official cares about such as education or strong, healthy families.
4. Bring materials to leave behind – Leave your elected official with a profile of your program and any other materials that describe your program’s benefits for kids and families in your community.
5. Leave the door open for another meeting – This lets your elected official know that you are interested in developing a relationship and gives you another chance to help him or her understand the value of child abuse prevention. Offer to provide him/her with your expertise in prevention on an ongoing basis.
6. Send a thank you letter – This is a great way to keep your particular prevention program on their radar screen (and gives them ‘bragging rights’ about what they have done for local constituencies).

## Tips for Writing an Effective Letter or Email to Your Legislators

- Individually written letters, rather than mass-generated form letters, make a greater impression on your legislator. Type your name, address, and phone number at the top.
- Most state legislatures are only in session part of the year. The Iowa State Legislature is in session January through April. When the legislature is out of session, it may be more effective to send your letter to your legislator's district office. Also, information provided to legislators when they are OUT of session is likely to get more of their attention.
- Be specific. Your purpose for writing should be stated in the first paragraph of the letter. If your letter pertains to a specific piece of legislation, be sure to identify its full name and number, e.g. House Bill: HB\_\_\_\_\_, Senate Bill: SB\_\_\_\_\_. Try to send your letter while the issue is still alive.
- State your position. Explain why you support or oppose this particular issue. Keep in mind that local examples concerning the impact of this legislation are very powerful. Be courteous and to the point, keeping your letter focused on one issue.
- Ask for a response. Indicate to your legislator that you would appreciate a reply containing his/her position on the issue.
- Follow up. If you agree with your legislator's vote, take the time to let him/her know that. Similarly, if you disagree with his or her vote, inform your legislator.
- Addressing correspondence:

To a State Senator:  
The Honorable (Full Name)  
State Capitol  
Des Moines, Iowa

To a State Representative:  
The Honorable (Full Name)  
State Capitol  
Des Moines, Iowa

## Tips for Phoning Your Legislators

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Keep in mind that most state legislatures are only in session part-time, so try to get the number for your legislator's district office. Telephone calls are often taken by a staff member and not the actual legislator. Ask to speak with the aide who handles the issue to which you wish to comment. If they are not available, you may also leave a message. If you speak with someone other than your legislator, write down their name, title and phone number in case you want to contact him/her again.

Upon reaching your state legislator (or staff person) on the phone, follow these four basic steps:

- IDENTIFY yourself by name and the organization you represent and the town from which you are calling.
- EXPLAIN why you are calling: "I am calling to support/oppose House Bill: HB\_\_\_\_\_, Senate Bill: SB\_\_\_\_\_." Be polite and concise. Creating one or two talking points (key messages) will focus the content of your message. Too much information may confuse your message.
- ASK your legislator his/her position on this issue. Don't assume that your legislator has prior knowledge of your issue. Be calm, respectful, and be prepared to educate, using local examples and stories to accentuate your point.
- REQUEST a written response to your phone call if you did not speak to your legislative member. If the legislator requires further information, provide it as soon as possible.
- THANK the person who took the phone call for their time and consideration.

## Examples of Policy and Practice Change

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Policy and Practice Change does not always have to come from a formal assessment or evaluation of current policies and practices. Policy and Practice Change is seen as changing legislation, but there are many ways to modify policy and/or practice to demonstrate use of this strategy. A good example of this is took place in an Iowa community at a Child Abuse and Domestic Violence Conference.

Domestic Violence (DV) advocates as well as police officers were present at the conference. There was standard practice and procedure about providing safety for DV victims. In this practice, DV victims were to meet DV advocates outside of the police station. This was perceived by law enforcement as a secure approach for both the victim and the advocate. However, if the perpetrator were to witness this meeting, it could escalate and endanger the lives of both.

When this was called to the attention of law enforcement, they recognized that their perception of safety had unintended consequences. To resolve the issue, these two groups met over coffee to discuss possible practice/policy change. They identified locations that had 24 hour security where DV advocates and victims could meet with lower the risk for all involved. By changing this simple practice/policy, it opened the door for collaborative work between these two agencies.

Parent Partners is an approach that is an example of Policy and Practice Change within the Community Partnership initiative. The Parent Partners program celebrates individuals who have overcome obstacles through change, recovery, and accountability, and uses their skills to mentor families who are currently navigating through the child welfare system as their children are in foster or kinship care. Parent Partners demonstrate advocacy and effective communication while holding families accountable.

Other examples of developing and implementing plans to address barriers to and gaps in services and to incorporate best practice approaches in the delivery of services are listed below:

- Promoting authentic family and youth engagement
- Reducing minority disproportionality and disparity in the child welfare system
- Expanding the availability and enhancing the quality of family team meetings
- Implementing youth-centered transition planning for youth leaving foster care