



Iowa Children's Justice Act Grant

FFY 2025 Grant Application

2023-2024 Year End Performance Report

2024 Three-Year Assessment

Iowa Department of Health and Human Services
Division of Family Well-Being and Protection
321 E 12th Street
Des Moines, IA 50319
UEI Number: Q7P9B28J8BY4
EIN Number: 1-426004571-A1

IOWA'S CHILDREN'S JUSTICE ACT (CJA) GRANT
CJA COORDINATOR, TASK FORCE CHAIRS
& FISCAL AGENT

CJA Coordinator:

Patricia A. Barto, MSW

CJA & CAPTA Program Manager
Division of Family Well-Being & Protection
Department of Health & Human Services
321 E 12th Street
Des Moines, IA 50319
pbarto@dhs.state.ia.us
Tel: (515) 377-0321

CJA Task Force Chair:

David A. Dawson

Assistant Woodbury County Attorney
Juvenile Division
822 Douglas Street, #208
Sioux City, IA 51101
ddawson@woodburycountyiowa.gov
Tel: (712) 279-9565

CJA Task Force Vice-Chair:

Steffani Simbric

Director of the Iowa Child Advocacy Board
Division of Inspections & Appeals
Lucas State Office Building
321 E 12th Street
Des Moines, IA 50319
Steffani.simbric@dia.iowa.gov
Tel: (515) 242-6392

CJA Fiscal Agent:

Natalie Storm, CPA, CGFM, MPA, CPM

Director of Accounting Services
Division of Fiscal Management
Iowa Department of Health and Human
Services
321 E 12th Street
Des Moines, IA 50319
Tel: (515) 377-0247
natalie.storm@hhs.iowa.gov

May 5, 2024

Rebecca Jones Gaston
Commissioner
Administration on Children, Youth and Families (ACYF)
Mary E. Switzer Building
330 C Street, SW,
Washington, D.C. 20201

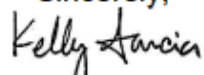
Dear Commissioner Gaston:

The State of Iowa was a recipient of the FY 2023 Child Abuse and Neglect Basic State Grant and continues to comply with the requirements stipulated in Section 106(b) of the Child Abuse Prevention and Treatment Act. Iowa looks forward to this continued federal support in our efforts to promote safety, well-being, and permanence for Iowa's children and families.

The State of Iowa has maintained a State multidisciplinary task force on children's justice, known as the Iowa Child Protection Council. Furthermore, Iowa has adopted or continues to progress in adopting the Council's recommendations, or comparable alternatives to such recommendations.

The State of Iowa will continue to make such reports to the Secretary as may reasonably be required, including an annual report on how assistance received under this program was expended throughout the State, with particular attention to the areas described in paragraphs (1) through (3) of Section 107(a) of the Act. The State will also continue to maintain and provide access to records relating to activities under the Children's Justice Act (CJA) Grant.

The State of Iowa will continue to participate in at least one Federally initiated CJA meeting each year that the grant is in effect, with the authorized use of grant funds to cover travel and per diem expenses for two CJA representatives (the CJA Coordinator and Task Force Chairperson) to attend the meeting when held in person.

Sincerely,

Kelly Garcia
Director

May 5, 2024

Lauren K. Fischman
Office on Child Abuse and Neglect
Children's Bureau/ACYF/ACF/HHS
330 C St., SW
#3420C
Washington, DC 20024

Dear Ms. Fischman:

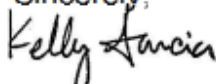
Enclosed you will find Iowa's Children's Justice Act Grant Annual Program Performance Report and Grant Application for Federal Fiscal Year 2024. Iowa's Three-Year Assessment is also included in this report. The State of Iowa continues to be eligible for the Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant and to comply with the requirements stipulated in Section 106(b) of CAPTA.

Iowa will maintain its multidisciplinary State Task Force, the Iowa Child Protection Council, as specified in Sections 107(b)(2) and 107(c)(1) of the Act and will continue working with the Council to adopt recommendations or comparable alternatives to improve child welfare in Iowa.

Iowa certifies compliance with the federal requirement regarding Lobbying. A signed Certification Regarding Lobbying form is enclosed with this letter.

If you have any questions concerning this application, please feel free to contact Tricia Barto, Iowa's Children's Justice Act Grant Coordinator, at 515-377-0321 or at pbarto@dhs.state.ia.us

Sincerely,



Kelly Garcia
Director

CERTIFICATION REGARDING LOBBYING

Listen

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a

prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature *Kelly Hancin*

Title Director

Organization State of Iowa - HHS

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CHILDREN'S JUSTICE ACT GRANT

The Children's Justice Act (CJA) provides grants to States to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. A stipulation of the CJA grant is that States are required to establish and maintain a multidisciplinary State Task Force that includes representatives from a number of different areas of discipline within the child welfare system. The State Task Force is to review the internal practices and procedures of their state's child welfare agency and to conduct a comprehensive evaluation of the system every three years as it relates to child abuse and neglect cases. Recommendations on improving the child welfare system are to be made based on the assessment and are to serve as a focus and guide for the work of the State Task Force over the next three years. In Iowa, the Child Protection Council serves as Iowa's State Task Force under the CJA Grant.

IOWA'S STATE TASK FORCE CHILD PROTECTION COUNCIL (CPC)

The duties of the Child Protection Council (CPC) are carried out in accordance with Section 107(a) of the Child Abuse Prevention and Treatment Act (CAPTA) as amended by the "CAPTA Reauthorization Act of 2010". The Council is governed by a set of By-laws that stipulates the federal mandates of the State Task Force. As such, it is the duty of the Council to review Iowa's child protection system and to make recommendations to the Iowa Department of Health and Human Services (HHS) on the development, establishment and operation of programs and activities that are designed to improve the child welfare system, and which fall within Section 107(e)(1)(A), (B), and (C) of the Child Abuse Prevention and Treatment Act.

IOWA'S STATE TASK FORCE MEMBERSHIP

There are currently 22 members on the Child Protection Council. Members are appointed to 3-year staggered terms with no member being appointed to more than two consecutive terms. Any member appointed to fill a vacancy for a partial term has the option to continue membership through the equivalent of two full terms (6 years). If a member is absent from three consecutive regularly scheduled meetings, that person shall be considered inactive. Inactive members can be terminated and replaced. A Chairperson and Vice Chairperson is elected by the Council from among its members for a term of three years beginning in July of each year. An officer shall be eligible for reelection to the same office for no more than two consecutive terms.

The current membership on the Child Protection Council is composed of professionals with knowledge and experience in the diverse areas of child protective services. These areas include

law enforcement, civil and criminal court proceedings, legal representation, child advocacy, substance abuse, youth housing/shelter programs, mental health, pediatric medicine, and childhood disabilities. In addition to this group of professionals, the Council membership also includes individuals with first-hand knowledge and experience in the child welfare system, as former victims of abuse, parents, and representatives from parent advocacy groups. In Appendix A of this report/application there is a full listing of the Child Protection Council's membership with names, titles, and a brief description of the relevant personal/professional experience of each member along with the designated category they represent on the Child Protection Council. In Appendix B there is a Membership Chart. Each of the required CJA areas of discipline that is specified in Section 107(e)(1) of the Child Abuse Prevention and Treatment Act is currently represented on Iowa's State Task Force. Other members on the Task Force include various child advocates, a prevention expert, a researcher for Iowa ACES 360 and the Director of Iowa's Children's Justice and Court Improvement Program.

IOWA STATE TASK FORCE MEETINGS

The Child Protection Council meets bi-monthly. During this reporting period the Child Protection Council held six regular meetings. The average attendance at the Child Protection Council meetings has been around 81% (see attendance in parentheses below).

- September 12, 2023 (86%) 19 present
- November 14, 2023 (95%) 21 present
- January 16, 2024 (77%) 17 present
- February 27, 2024 (90%) 20 present
- March 27, 2024 (72%) 16 present
- April 16, 2024 (68%) 15 present

Over the past reporting period, standing agenda items for each of the meetings included Iowa's CJA Three-Year Assessment, child welfare legislation, progress reports on CJA activities/projects, and member updates regarding the current work and/or happenings within each of the member's respective areas or agencies. In addition to these standing agenda items, the CJA Coordinator arranged for presentations on various child welfare programs and initiatives at each meeting. The topics and the group discussions that followed supported the Council's work with the three-year assessment process. Below is a listing of the 2023/2024 Council meetings and a brief description of the presentations that were offered.

September 12, 2023

- ***Iowa Department of Health & Human Services (HHS)*** - Dawn Kekstadt, (*Bureau Chief, Iowa Department of Health and Human Services*), provided updates on the current HHS child protective activities, programs, and initiatives including the Sobriety Treatment and Recovery Teams (START) project and the HHS Mandatory Reporter Training program.

- **Safe Haven** - Laura Leise (*Program Manager for Adoption, Safe Haven & Subsidized Guardianship, Iowa Department of Health and Human Services*) spoke to the Council on Safe Haven program. Laura's presentation highlighted the history of the program and the recent Safe Haven legislation that has been passed in Iowa. Laura also talked about the ages of the children who may be involved in this process, the designated places where a child can be accepted, and the process that is followed after a child is relinquished, including how confidential information about the replenishment is handled.
- **Iowa Department of Education** - Elisa Koler (*Education Program Consultant, Title I Part D, Neglected and Delinquent Children, Iowa Department of Education*) presented a summary of the 2023 legislation that was passed which will have a significance impact on Iowa schools (K-12 education). A handout was provided to members that offered a listing and a summary of Iowa's new education bills.
- **Iowa's CJA Three-Year Assessment** – Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) led a group discussion on the upcoming 2024 CJA Three-Year Assessment that must be completed. The federal CJA Program Instructions and mandates regarding the assessment were shared with the group. Members were encouraged to begin thinking about the approach they would like to take in conducting the assessment and what tools and/or activities they may need. Further discussion around the specific approach was scheduled for the November meeting.

November 14, 2023

- **Iowa Children's Justice** - A presentation on the Iowa Children's Justice program was provided by Kathy Thompson (*Executive Director for Children's Justice, Iowa Judicial Branch*). Kathy provided background information on the Children's Justice program which began with a grant in 1995 to provide support and guidance for quality legal representation for parents and children. The grant also supports educational opportunities for Judges and attorneys. The program has since expanded to include family treatment courts with a focus on parental substance abuse. Kathy highlighted the partnership with Dr. Chesnoff in this area, noting that Dr. Chesnoff has done extensive work with the Children's Justice program over the years in providing in-depth assessments and studies around children and families affected by substance abuse. Kathy also spoke about the additional discretionary grants that Iowa has applied for. One grant seeks to improve the delivery time for treatment services and the use of parent partners in Child in Need of Assistance (CINA) cases.
- **Iowa Infant Toddler Court** - Rhonda Rairden-Nelson (*Program Manager, Iowa Infant Toddler Court and Project LAUNCH, Iowa Department of Health & Human Services*) spoke to the Council about the Infant Toddler Court program. Rhonda provided a slide presentation on Infant Toddler Court which spoke to the purpose and need for the court initiative. The goals and the core components of Safe Babies were also highlighted including the use of pre/post removal conferences and family team meetings, and the continuum of services and concurrent planning. National data on Safe Babies was offered and the next steps for the Infant Toddler Court Project in Iowa was shared.

- **Project Launch** - Rhonda Rairden-Nelson (*Program Manager, Iowa Infant Toddler Court and Project LAUNCH, Iowa Department of Health & Human Services*) also spoke to the Child Protection Council about Project LAUNCH. The focus of Project LAUNCH is on infant mental health verses mental illness. The cornerstone of Project LAUNCH is a collaborative relationship between mental health consultants and the adults who care for young children. It was stressed that the program does not involve therapy, a diagnostic evaluation, or working with children alone. The program is a multi-system preventative approach that partners mental health professionals with early childhood staff and their families to improve the social, emotional, and behavioral health and development of young children. The program is designed to build on the capacity of professionals and families in understanding the powerful influence that relationships and interactions have on child development.
- **TANF & Child Welfare Learning Community** - Linda Dettmann (*Case Management Program Manager, Iowa Department of Health & Human Services*) presented on TANF and the Child Welfare Learning Community. Linda shared that the program “Families are Stronger Together Learning Community” (FAST-LC) offers an exciting and unique opportunity for state and tribal TANF and Child Welfare agency teams to work together as part of a community of peers pursuing creative preventive strategies committed to the principle that families are stronger together. Iowa’s Vision of the FAST-LC project was highlighted and what the program offers within the continuum of care was discussed as was the work plan of this initiative going forward.
- **Sobriety Treatment and Recovery Teams (START) Project** - Together, Linda Dettmann (*Case Management Program Manager, Iowa Department of Health & Human Services*) and Rhonda Rairden-Nelson (*Program Manager, Iowa Infant Toddler Court and Project LAUNCH, Iowa Department of Health & Human Services*) provided an update on the START Project. The presentation included background information on the START program, the elements and components of the Model, who the target population is, and the program goals. National data on the outcomes of the program was also shared.
- **Iowa’s CJA Three-Year Assessment** - Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*). A further discussion was held regarding the 2024 CJA Three-Year Assessment. A Power Point was provided which included the legal basis and purpose of the Assessment. Section 107 (e) (1) (A), (B) and (C) of CAPTA was highlighted with regard to the need for new recommendations from the assessment. Iowa’s 2021 recommendations from the previous Three-Year Assessment were revisited and time was spent reviewing the projects and activities that the Child Protection Council has funded and/or supported over the last three years. Several different approaches to conducting the assessment were discussed and from those the group identified the assessment process that would be followed.

January 16, 2024

- **Legal Representation Pilot Project** - Jeff Wright (*State Public Defender, Office of the State Public Defender*) and Nicole Mundy (*Office of the State Public Defender*) spoke

on the Legal Representation Pilot Project. This is a project that the Child Protection Council provided CJA grant funding for in the past. Jeff and Nicole's presentation included a discussion around the eligibility criteria for the pilot, the number of referrals received to date, and the evaluation process that is in place. Jeff shared that they are planning to expand the pilot to include additional counties in the near future. Jeff also spoke briefly about the ongoing need for attorneys who are willing to participate in the project as well as, the need for child welfare attorneys statewide.

- **SFY 25 Children's Justice Act (CJA) Group Project** - Dawn Kekstadt (*Bureau Chief, Iowa Department of Health & Human Services*) thanked the Council for supporting the exploratory work around the START program last year and asked the group to continue to fund the START project for one more year. Dawn reminded the group that START is an Evidence-Based program and highlighted the readiness efforts that have taken place to date in preparation for the implementation of the program in Iowa. Implementing the START project will require further contracting with Child & Family Futures for program development, technical assistance, and training. Additional work going forward will include identifying existing resources that will be used to support the pilot and to build out additional resources and services where needed. Questions were answered and a motion was made and approved that the Child Protection Council will continue to support the START program for SFY25.
- **Iowa's CJA Three-Year Assessment** - Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) provided an overview and updates on the CJA Three-Year Assessment process that the group is currently participating in.
- **Small Group Summary Presentation & Larger Group Review/Discussion** – As part of the Three-Year Assessment a small review group was formed. The Small Group presented their current findings from their review of the reports & materials for the Three-Year Assessment. The group presented the strengths, opportunities for improvement, system barriers, and the trends/themes that they had noted during their review. The group also shared initial draft recommendations to consider based on the review to date. Following their presentation, the Small Group members led a large group discussion around the findings.

February 27, 2024

- **Iowa's Federal Child & Family Service Review & HHS Case Data Review** - Susan Godwin spoke to the Council and provided an overview and information on Iowa's Child & Family Service Review (CFSR). Susan explained what the CFSR is and the federal requirements around it. The current findings and data related to Iowa's last CFSR was presented. Susan also presented the data results of the HHS Child Welfare Case Review. Throughout the presentation Susan highlighted the areas where Iowa is meeting the federal requirements and those areas needing improvement. A group discussion followed the presentation.
- **Iowa's CJA Three-Year Assessment** - Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) summarized the group work and the findings to date on Iowa's CJA Three-Year Assessment. The timeline for the assessment

work was reviewed and the group was reminded of the need for final recommendations which will be discussed and voted on at the April meeting.

- **Small Group Summary Presentation & Larger Group Review/Discussion** - The Small Group presented their current findings on the review material. The group presented the strengths, opportunities for improvement, system barriers, and the trends/themes that they noted during their reading and shared possible draft recommendations based on their findings. The Small Group then led a large group discussion on the findings to date.

March 27, 2024

- **Iowa's 2025 Child & Family Services Plan (CFSP)** - Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) provided an overview of Iowa's 2025 Child & Family Service Plan (CFSP) that is currently being written by HHS. It was explained to the group that each State must complete an CFSP every five years which describes the overarching vision and goals of the State's child welfare agency, the individual program goals and objectives, and a description of the planned activities and initiatives going forward. Iowa's 2025- 2029 CFSP vision, goals, and objectives were shared with the Council and members were given the opportunity to offer feedback on them.
- **Iowa's CJA Three-Year Assessment** - Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) provided an update on the progress being made with the 2024 Three -Year Assessment. The timeline for the assessment work was discussed and updated and the group was reminded again of the need to be thinking of what final recommendations should be made based on their review. The recommendations will be discussed and voted on at the April meeting.
- **Small Group Summary Presentation & Larger Group Review/Discussion** - The Small Group presented a summary of their findings of the recent reports and materials they have reviewed. The group presented the strengths, opportunities for improvement, system barriers, and the trends/themes that they noted during their review. A group discussion followed with the larger group members sharing their individual findings and draft recommendations based on their review.

April 16, 2024

- **Iowa's 2024 Three-Year Assessment**- Tricia Barto (*CJA & CAPTA Program Manager, Iowa Department of Health & Human Services*) provided a summary to the Council of the work done on Iowa's 2024 Three -Year Assessment.
- **Small Group Summary Presentation & Group Review/Discussion – A Master Report Review Tool** that had been sent out to all Council members prior to the meeting. The Tool contained a summary of the Small Group's findings throughout the review process around the strengths, opportunities for improvement, system barriers, trends/themes and draft proposals. The group was also provided with a document that summarized the issues found during the review. The issues, along with draft proposals were grouped under the appropriate categories in Section 107(e) (1) (A) (B) and (C) of the Child Abuse

Prevention and Treatment Act (CAPTA). These documents and findings were reviewed and discussed with the larger group. The group discussion then moved to what recommendations would be put forward from Iowa's 2024 Three-Year Assessment. Four recommendations, based on the findings and the issues identified, were voted on and accepted.

CHILD PROTECTION COUNCIL'S LINKAGES TO CHILDREN'S BUREAU PROGRAMMING

EQUITABLE CHILD WELFARE SYSTEM

As the Iowa Child Protection Council looks ahead to their efforts to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect cases they are mindful of the need for a more equitable child welfare system and are committed to advancing equity for children and families of all racial and ethnic backgrounds. Through their ongoing review of the child welfare system and the projects and activities that they support, the Council has the opportunity to highlight policies and practices of inequality and to be a strong advocate in advancing equity within the child welfare system in Iowa. With this focus, the Council will continue to identify institutional inequities within the system and promote efforts to advance equity to better serve and engage underserved populations. In addition, the Council will review its membership and develop strategies to ensure that it is reflective of the populations served within the State and that it includes racial and cultural diversity.

ANTI-TRAFFICKING EFFORTS

A previous project supported by the Child Protection Council included the establishment of a Human Trafficking Database. The database allows for the sharing of information across different systems and agencies regarding trafficking cases. The database allows for better identification and tracking of children and youth who have been or who are at risk of trafficking. Through the use of the database, the Iowa Department of Health and Human Services (HHS) and other agencies are better able to identify youth who are at risk of human trafficking. The use of the Database also supports and encourages a stronger collaborative effort between HHS its partners around this type of abuse.

The Human Trafficking database project is supported by the Central Iowa Commercial Sexual Exploitation of Children (CICSEC) Multi-Disciplinary Team (MDT) that includes representatives from a number of agencies and organizations that are involved with victims of human trafficking. The mission of the CICSEC MDT is to collaborate with local professional service providers to identify and ensure the safety and healing of human trafficking victims, while also investigating and prosecuting the trafficker. To this end, once a youth at risk is identified, the MDT meets to discuss the appropriate approach to the case and to identify any needed services, treatment,

and/or placement. The Child Protection Council continues to follow the work being done in this area with updates being provided by a member of the Council who also serves on the CICSEC MDT team.

CHILD & FAMILY SERVICE PLAN (CFSP) & CHILD & FAMILY SERVICES REVIEW (CFSR)

To ensure that the members of the Child Protection Council are knowledgeable of and regularly updated as to the work related to Iowa's Child and Family Services Plan (CFSP) and the Child and Family Services Review (CFSR) the HHS Program Manager who has oversight of the CFSP and the CFSR is frequently asked to speak at Child Protection Council meetings. Presentations have included an overview of the collaborative effort between federal and state governments in promoting continuous quality improvement in the child welfare system and a description of how States are evaluated relative to the CFSR. Council members are also updated on the ongoing efforts in these areas and are encouraged to participate in individual interviews, focus groups and surveys related to the work. Following each presentation, a group discussion is held and Council members are given the opportunity to provide their feedback.

Over the past three years the Council as a whole and members as individuals representing their various agencies, have served on HHS focus groups and participated in interviews and surveys in support Iowa's CFSP and the CFSR assessment process.

In February and March 2024, presentations were made to the Council on the Iowa's CFSR and the CFSP. The federal requirements around the CRSR were shared as was Iowa's ongoing work related to this effort. HHS Child Welfare Case Review data was also shared with the areas highlighted where Iowa is meeting the federal requirements and those areas needing improvement. This year, HHS is in the process of writing their next 5 - Year CFSP. The HHS vision, goals, and objectives for the CFSP along with a summary of the planned HHS activities and initiatives going forward were presented to the group. Discussions followed each of these presentations in which Council members were asked to provide their feedback on the information presented.

Other statewide review activities that Council members have taken part in and which have supported the CFSP and the CFSR work, includes the group's participation in the Iowa's 5-Year Administrative Rules Review around the State's child abuse laws and procedures. The mandated rules review requires that state agencies review the Iowa Code chapters every 5 years and identify items that are incorrect, outdated and/or obsolete. Iowa Code chapters are also to be reviewed with regard to the accuracy of the rule references and cross-references. As part of this process, state agencies are required to involve stakeholders and constituent groups in the review process and to gather their input and recommendations. The Child Protection Council members were asked to assist in the review of the Iowa Code chapters specific to child protection intake and assessment. The review time for this activity spanned two CJA reporting periods under this grant. Other past activities have included a comprehensive review of the HHS Child Abuse Intake Unit. In 2021 the Council partnered with HHS to review the policies and

practices of the HHS Intake Unit which accepts and assigns child abuse referrals that are received. In addition to this review, the Child Protection Council has also participated in two HHS Case Reviews with regard to the CAPTA/CARA initiative.

COURT & LEGAL REPRESENTATION IMPROVEMENT WORK

The Children's Bureau strongly encourages collaboration to improve the work around the Courts and legal representation for parents and children. In line with these efforts, the Child Protection Council approved CJA funding in 2021 to support the evaluation efforts of a Legal Representation Pilot Project in Iowa. This pilot project allows families and children's legal services prior to any juvenile court filing. Under current Iowa law, legal services are not available to children and families until a court filing is made. The goal of the pilot project is to provide legal services as early as possible in an effort to help families avoid court involvement and to keep children from entering the child welfare system. If proven successful, the strategies learned from the pilot project can be expanded statewide. In the past year, the Iowa legislature approved measures to extend the timeframe for the pilot project. To date, the Child Protection Council continues to follow the project.

COURT IMPROVEMENT PROGRAM

In Iowa, HHS and Children's Justice collaborate in a number of different ways. Some of these efforts represent memberships on on-going committees and other efforts are tied to specific projects or educational opportunities. One of the on-going committees includes the CJA State Task Force. The Executive Director of Iowa's Court Improvement Project is a member of the Child Protection Council (CPC) and as such, provides regular updates to the Council on the work being done in this area and on any new initiatives and legislation involving the court and child welfare proceedings. Other collaborative efforts with the Court Improvement Program are related to specific HHS initiatives or short-term pilot projects. One of those projects is the START Model in which the Executive Director is a member of the statewide HHS team for the pilot project. The START Model is discussed in detail later in this report.

CHILDREN & FAMILIES IMPACTED BY DOMESTIC VIOLENCE

Other duties under the Iowa CJA Coordinator position, which is funded by this grant, includes work with the statewide Domestic Death Review Team. The group is made up of professionals from various disciplines that are mandated by Iowa Code to come together and review cases in which a domestic assault has occurred. The purpose of the group is to identify common indicators in the cases that may have been present and/or were missed. The role of the CJA Coordinator is to review each case that comes before this group and to report out if HHS has been involved with the children in these cases and if so, what services were or may have been provided to the children or the parents prior to the incident. The knowledge gained from this review process assists in better responses for children and families impacted by domestic violence.

IOWA'S STATE TASK FORCE

2021 RECOMMENDATIONS

In 2021 the Child Protection Council completed the required CJA Three-Year Assessment. From that assessment common themes and areas needing improvement were identified and recommendations were made that supported each of the three categories under Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). Over the last three years, the recommendations have served as a guide for the focus and work of the Child Protection Council. Listed below are Iowa's 2021 recommendations. Where more than one recommendation falls under a category they are listed in order of priority.

RECOMMENDATIONS

Substance Use Disorders

Iowa Department of Human Services social workers should have a working knowledge of substance use disorders/involvement including: behavioral indicators and the impact that substance use has on a child's wellbeing, how to assess a parent's ability relative to their drug usage to meet the needs of the child, and the importance of coordinating with treatment providers to provide an effective continuum of care for the child and the family including Safe Plans of Care for infants impacted by substance use while keeping in mind trauma informed care practices for both parents and children.

Interagency Collaboration

Increase the use of meaningful collateral contacts and enhance interagency collaboration during Child Protective Assessments and with Safe Plans of Care and Safety Plans for Children by developing and nurturing effective communication and working relationships across systems and programs and between professionals versus an approach to collaborating based solely on mandates or by formal agreements.

Legal Representation for Parents & Children

Ensure that parent and children's rights are protected through quality legal representation in an effort to make parents and children aware of their rights, the significance of the court proceedings, and the mandates of the child welfare system.

Safe Plans of Care

Safe Plans of Care will be consistent with and support other treatment plans in which the child and family are involved. Safe Plans of Care must address how medical providers and other informal and formal supports will assist in maintaining the health and safety of the child and caregivers and provide appropriate services for substance use.

Mandatory Reporters

Support and clarify the role and responsibilities of Mandatory Reporters in the reporting of suspected incidents of child abuse and neglect.

SECTION 107(E)(1)(A)(B)(C) OF CAPTA

Each of the five recommendations from Iowa's 2021 Three-Year Assessment falls within one of the three categories under Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA).

Category A:

Activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.

- The **substance abuse recommendation** falls within Category A. The recommendation highlights the need for additional training for child protection workers, increased collaboration efforts with substance abuse treatment providers, and encourages the use of Safe Plans of Care for infants impacted by substance use while keeping in mind trauma informed care practices for both parents and children. This work supports the improvement of the investigative, administrative, and judicial handling of child abuse and neglect cases, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions.
- The recommendation around **interagency collaboration** also falls under Category A as it promotes meaningful collateral contacts and the need to enhance interagency collaboration during child protective assessments and with Safe Plans of Care and Safety Plans for children. These activities serve to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.

Category B:

Support of experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation

cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused.

- The recommendation regarding **Legal Representation for Parents and Children** supports and is in alignment with Category B as the recommendation seeks to improve the work and effectiveness of juvenile court proceedings and legal representation in child abuse and neglect cases by ensuring that parents and children are aware of their rights in court and that they understand the court proceedings that they are involved in as well as, the mandates of the child welfare system.

Category C:

Reform of State laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children, which may include those children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as the intrastate, interstate, Federal-State, and State-Tribal, from child abuse and neglect, including sexual abuse and exploitation, while ensuring fairness to all affected persons.

- The **Safe Plans of Care** recommendation falls within Category C as it highlights the need to reform the protocols, procedures, and services around Safe Plans of Care in order to provide comprehensive protection for infants impacted by substance use while also providing appropriate services to caregivers.
- The **Mandatory Reporter** recommendation also aligns with Category C as it calls for the reform of the State laws and regulations to better support and clarify the role and responsibilities of Mandatory Reporters around the reporting of suspected incidents of child abuse and neglect.

2023-2024 ANNUAL CJA SUMMARY YEAR- END PERFORMANCE REPORT

Following is the Performance Report for the Iowa Children’s Justice Act (CJA) Grant. This report highlights the activities/projects that Iowa’s State Task Force, the Child Protection Council, was involved with and/or supported with CJA grant funding over the 2023- 2024 reporting period. The activities/projects include Council Support and the first year of the START Project. Below is a detailed description of each of these activities/projects, the 2021 State Task Force recommendation(s) that support each of them, and the category from Section 107(e)(1)(A) (B) and (C)) of the Act that they fall under. Reporting sections include program activities, output and outcomes, evaluation and results, funding, and the alignment of the

activities/projects with the State's Child and Family Services Plan (CFSP) and Iowa's Child and Family Services Review.

COUNCIL SUPPORT

CJA COORDINATOR

The Child Protection Council (CPC) recognized the need for a fulltime staff member within the Department of Health and Human Services (HHS) to coordinate the State Task Force meetings, write the annual CJA performance report and grant application, and to assist in the implementation and oversight of the identified activities/projects under the CJA grant. In addition to the duties related to the Child Protection Council, the position of the CJA Coordinator within the Department's Division of Family Well-Being and Protection also includes the oversight and management of a number of activities and program areas. Below is a list of the duties and responsibilities under the HHS CJA Coordinator position. The activities and program areas assigned to the CJA Coordinator position are of particular interests to the Child Protection Council and provides for expertise in topics relative to the focus of the Children's Justice Act Grant.

:

- Iowa's Children's Justice Grant Act Grant (CJA Coordinator)
- Iowa's Child Abuse Prevention and Treatment Act Grant (CAPTA Program Manager)
- Iowa's three Citizen Review Panels (CRPs) (Citizen Review Panel Coordinator)
- Iowa's Child Protection Centers/Child Advocacy Centers (Program Manager)
- Project Harmony (Child Protection Center/Child Advocacy Center located in Omaha, Nebraska). (Contract Manager)
- Statewide HHS Drug Testing Program (Program Manager)
- Child Abuse Mandatory Reporter Training (Program Manager)
- Statewide Domestic Abuse Death Review Team (HHS Child Protection Representative)
- Traumatic Brain Injury Initiative (Contract Manager)

TRAVEL SUPPORT

In addition to a fulltime CJA Coordinator position within HHS, Council Support funds also included travel costs for conferences/trainings for members relative to the work of the Council and expenses for Iowa's CJA Coordinator and the Chairperson of the State Task Force to attend in-person, the Annual Children Justice Act Grantee's meeting in Baltimore, Maryland.

CHILDREN'S JUSTICE GRANT REQUIREMENTS

2021 Recommendations:

- Council Support was in alignment with all five recommendations from Iowa's CJA 2021 Three-Year Assessment. The work of the CJA Coordinator and the travel expenditures encompassed and supported the areas of substance use disorders, interagency collaboration, Safe Plans of Care, mandatory reporters, and legal representation for parents and children.

Section 107(e) (1) (A) (B) and (C) of the CAPTA:

- Council Support included elements within all three categories under Section 107 (e)(1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). The duties of the CJA Coordinator to implement and monitor the grant activities/projects included a range of areas and topics that fell within each of the three categories; A, B, and C.

PROGRAM ACTIVITIES

A full-time position in the Division of Family Well-Being and Protection within HHS was funded through the Children's Justice Act (CJA) Grant. In addition to providing staffing support and technical assistance to the Child Protection Council, the CJA Coordinator was also responsible for writing the annual CJA Performance Report and Application and for the implementation and oversight of the annual grant activities and projects that were recommended by the Council for CJA funding.

As a Program Manager within HHS, this individual was also charged with duties related to Iowa's Child Abuse Prevention and Treatment Act Grant (CAPTA). Duties included writing the annual CAPTA performance report and grant application and providing oversight of the CAPTA budget and related activities under the grant. In addition, the CJA Coordinator was tasked with providing support and oversight to Iowa's three Citizen Review Panels (CRPs). The work of the CRP's plays an important role in Iowa's child welfare system by providing valuable input and recommendations for improving Iowa's child welfare system.

Other responsibilities of the CJA Coordinator included oversight of the Memorandums of Understandings (MOUs) between HHS and Iowa's six Child Advocacy Centers. Iowa also contracts for child advocacy services with Project Harmony which is located in Omaha, NE and provides services to children and families located in southwest Iowa. Child Advocacy Centers are key partners in limiting trauma for child abuse victims and for providing medical and forensic interviewing services for HHS during the course of child abuse assessments.

Another responsibility of the CJA Coordinator was the management of the HHS statewide drug-testing program. This program includes oversight of two statewide drug testing contracts. One contract involves drug testing collections, and the other is for laboratory services. The contracts provide drug testing services during child abuse assessments and for ongoing case management services. Along with the oversight of the contracts is the responsibility for writing

the statewide drug testing policies, procedures, and protocols for HHS field staff needing to drug test children and/or parents. Substance abuse and its impact on infants and children have been an area of focus for the State Task Force for some time. Several of the Council's past and current recommendations and projects have been related to substance abuse. As such, the CJA Coordinator's work with drug testing is an important connection for the Council.

The CJA Coordinator is also the Program Manager of the HHS Mandatory Reporter Training program. In Iowa, HHS is charged with providing statewide training for all mandatory reporters for child abuse. The CJA Coordinator was responsible for ensuring that the training is current and accessible to all participants. Other duties under the CJA position included work with the statewide Domestic Death Review Team. The group is made up of professionals from various disciplines that are mandated by Iowa Code to come together and review cases in which a domestic assault has occurred. The purpose of the group is to identify common indicators in domestic abuse cases that may have been present and/or missed. The role of the CJA Coordinator on the team is to review each case and report out to the group if HHS was involved with the children in these cases and if so, what services were provided to the children and/or the parents prior to the incident. The Traumatic Brain Injury initiative is a new HHS pilot project in eastern Iowa that the CJA Coordinator is providing oversight and contract management services for.

In addition to the salary and benefits associated with a fulltime CJA Coordinator position within HHS, Council Support funds were used for conferences and trainings for members relative to the work of the Council. Council Support funds also allowed for the CJA Coordinator and the Chairperson to attend the Annual Children Justice Act Grantee's meeting in Baltimore, Maryland in April of 2023.

PROGRAM OUTPUTS & OUTCOMES

With Council Support funding for a CJA Coordinator position, Iowa was able to continue meeting the eligibility requirements of the Children's Justice Act grant. Over the past year, the CJA Coordinator facilitated and provided oversight services for the activities of the Child Protection Council and ensured that the proposed initiatives and projects under the grant, supported the Council's recommendations and fell within the designated categories specified in Section 107 (e)(1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA).

Additional State Task Force outputs and outcomes that can be attributed to having a CJA Coordinator include: the continuity of membership, consistent member attendance, and success in recruiting new members from across the State for membership on the Child Protection Council. Iowa has worked hard to maintain a fully staffed State Task Force and has met the CJA requirements regarding the various disciplines that must be represented on the Council.

Other outputs and outcomes involve the HHS duties of the CJA Coordinator. These include the oversight and responsibility for major program areas within the State's child welfare system. As stated previously, the CJA Coordinator is the HHS Program Manager for drug testing,

mandatory reporter training and Iowa's Child Protection Centers. This person is also responsible for a number of contracts related to CJA and HHS activities and projects. Program outputs and outcomes of the work completed in these areas included management of the two statewide drug testing contracts and writing and providing oversight of the drug testing field policies, procedures, and practices. The CJA Coordinator is also responsible for ensuring that the State's mandatory reporter training for child abuse is updated and accessible to all mandatory reporters in Iowa. Outputs and outcomes also include the management of the State's the Memorandums of Understanding (MOUs) between HHS and the six Child Advocacy Centers (CAC) in Iowa and the CAC contract with Project Harmony to ensure medical and forensic services are available for child abuse victims and their families. The CJA Coordinator is also responsible for contracting and providing oversight of the HHS Traumatic Brain Injury initiative.

In addition to the outputs and outcomes above, the duties of the CJA Coordinator include writing the annual CJA performance report and grant application and the annual Child Abuse Prevention and Treatment Act (CAPTA) grant which were each submitted timely last year and approved. The CJA Coordinator also provided support and oversight for Iowa's three Citizen Review Panels, one of which is the Child Protection Council. In this role, the CJA Coordinator is responsible for writing and submitting the Annual Statewide Citizen Review Panel Report that is required under the CAPTA grant.

Funding under Council Support was also used for the travel expenses for the CJA Coordinator and the Council's Chairperson. The use of these funds allowed for the CJA Coordinator and the Chairperson to attend the Annual Children Justice Act Grantee's meeting in Baltimore, Maryland in April of 2023 and for members of the Council to attend in-state conferences and training related child protection issues and the improvement of the child welfare system.

PROGRAM EVALUATION & RESULTS

Having a fulltime CJA Coordinator has allowed for adequate planning for the preparation work needed for Council meetings and for the oversight and monitoring efforts required for the CJA activities and projects supported by the Council. As a result of the activities and work under Council Support, knowledge of the child protection system has expanded, communication has been enhanced, and collaboration has increased across the various disciplines. Council members have benefited by attendance at the State Task Force meetings as the meetings provide members from a variety of discipline areas with updated information and data related to the current issues around the investigative, administrative, and judicial handling of child abuse cases in Iowa. The knowledge gained by members is most evident during group discussions regarding current child abuse issues and in the deliberations regarding what CJA activities and projects the Council should fund for the coming year.

Funding was also used to cover the travel expenses for the CJA Coordinator and the State Task Force Chairperson's attendance at the national CJA Grantee meeting which was held in Baltimore, Maryland. In addition to providing an opportunity to network with other States as to their CJA activities and projects, attendance at the conference provided an important learning experience with regard to new information and research on child abuse and neglect issues at

both the state and national level. The information gained from attendance at the national grantee meeting has since been shared with the State Task Force members and has contributed to their skills and increased their awareness of current policy and practice issues at the national level with regard to the assessment and investigation of suspected child abuse and neglect. Attendance at local conferences and participation in trainings have also benefited Council members by adding to their professional skills and increasing their understanding of Iowa's child welfare system.

CHILDREN'S JUSTICE ACT GRANT FUNDING

For the 2023 – 2024 reporting period, funding for Council Support was in the amount of \$120,000.00

Funding included:

- The CJA Coordinator Position (Salary & Benefits).
- Travel expenses related to attendance at the National CJA Grantee Meeting.
- Council member's participation in CJA supported activities and statewide conferences and trainings.

Under last year's 2024 CJA grant proposal, Council Support funding included member expenses associated with travel to the bi-monthly Council meetings. No Council Support funding was used for this activity over last fiscal year as the Child Protection Council voted to continue to hold meetings virtually. With Iowa being a rural State, members felt that the time spent driving to and from meetings (3 hours one-way for some members) outweighed the time spent in the meeting. It was also noted that attendance is higher with the option of using a virtual format for the meetings.

CHILD AND FAMILY SERVICE PLAN (CFSP) & CHILD AND FAMILY SERVICE REVIEW (CFSR)

There has been a concerted effort by the CJA Coordinator to ensure that Council members are aware of and are kept updated on Iowa's work and progress with the State's CFSP and the CFSR. The HHS Program Manager responsible for writing the CFSP and for tracking the work and data for Iowa's CFSR is routinely asked to speak at Council meetings to provide updates on the work being done statewide and within the various HHS program areas to meet the goals and objectives of the CFSP & the CFSR.

Each year, Council members has been invited to participate in different activities that support the State's efforts with the annual APSR and this year with the Final Report and the CFSP. The Council has also participated in the HHS 5- Year Administrative Rules Review. This review allowed for the Council's input and recommendations regarding changes to Iowa's Administrative Rules which govern the State's child protection policies and procedures.

Over the last reporting period, the duties and work under Council Support were in alignment with the Iowa's CFSP goals and objectives and the outcomes and strategies of the CFR. Specifically, Council Support aligned with Iowa's Safety Outcome 1: Children are first and foremost protected from abuse and neglect and Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

SOBRIETY TREATMENT & RECOVERY TEAMS (START) PROJECT YEAR I

Parental substance use disorder (SUD) and child maltreatment are issues of particular interest to the Child Protection Council as the majority of HHS child abuse cases have involved some type of substance abuse (Appendix D). Two of Iowa's 2021 recommendations are focused on this issue. The recommendation on substance use disorder supports the need for social workers to increase their knowledge of substance abuse and highlights the importance of providing an effective continuum of care for children and families affected by an SUD. The recommendation involving Safe Plans of Care also speaks to the need for appropriate services for parents dealing with an SUD.

In an effort to address the issue of substance abuse, HHS submitted a proposal to the Child Protection Council requesting the group's support and funding for the Sobriety Treatment and Recovery Teams (START) project as one of their 2024 CJA activities/projects. START, an evidence-based program, is a specialized child welfare delivery model that has been shown to improve outcomes for young children and their families who are impacted by both parental substance uses and child maltreatment. The model emphasizes the importance of collaboration and systems change across partners, including child welfare agencies, the court and mental health systems and substance abuse treatment providers, to better support families. The START model is designed to serve families involved in the child welfare system with at least one child aged 5 or younger, and one parent diagnosed with a substance use disorder. The implementation of START requires technical assistance, training and consultation services with Children and Family Futures (CFF) in order to maintain the fidelity of the Model.

The HHS proposal for CJA funding for the START Model included the initial contract with CFF to explore and study the feasibility of establishing the program in Iowa. The Council reviewed the proposal along with the basic tenets and the essential elements involved in the START project and found that the initiative supported the Council's recommendations regarding substance abuse and child maltreatment and the need for a continuum of care for families experiencing parental substance abuse. The model also supported the Council's recommendation for increased collaboration between child welfare partners. The START Model which utilizes peer mentor support in combination with intensive SUD treatment and case management services

promotes collaboration as a key component of the program. Following a review of the Model, the Child Protection Council voted to approve CJA funding for the first year of the new initiative.

CHILDREN'S JUSTICE GRANT REQUIREMENTS

2021 Three-Year Recommendations:

- The START Model Project is in alignment with three of the five recommendations from Iowa's 2021 Three-Year Assessment. These include the recommendations regarding substance use disorders, Safe Plans of Care, and interagency collaboration. The Start Model supports all three of these recommendations with its focus on improving outcomes for parents and children affected by parental substance use disorders (SUD) and child maltreatment and the emphasis on cross-system collaboration between agencies involved with these children and families.

Section 107(e) (1) (A) (B) and (C) of the CAPTA:

- The START Model Project includes elements under all three of the categories within Section 107 (e)(1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). The activities under the START Model fall within Category A regarding the investigative, administrative, and judicial handling of child abuse and neglect cases and under Category B, as an innovative approach to reforming the system and includes techniques which may enhance the effectiveness of judicial and administrative action in child abuse and neglect cases. The Model also supports Category C as the implementation of the START Model will reform existing protocols and procedures which will provide a more comprehensive system of protection for children.

PROGRAM ACTIVITIES

In 2023 Children and Family Futures (CFF) began working with HHS to explore the feasibility of implementing the START Model in Iowa. Initial program activities involved establishing the framework and supports that were needed to conduct the assessment. Below is a description of the program activities.

Virtual, phone and email based Training and Technical Assistance (TTA).

To begin exploring the feasibility of implementing a START Model in Iowa, the modes for communication were agreed upon and a standard meeting schedule for planning activities and the coordination of TTA was developed.

START Exploratory Planning Committee

A START Exploratory Planning Committee was formed. This committee was comprised of members selected by HHS. Members included representatives from HHS staff, Family Treatment Court, the Iowa Parent Partner Program, and CFF. Group discussions included the feasibility of adopting the Model, site readiness and selection, staffing needs, potential

programmatic issues, the alignment of START with other HHS initiatives, program evaluation and continuous quality improvement (CQI), and the ongoing sustainability of the Model in Iowa.

Internal CFF Planning and Project Management Meetings

CFF TTA Internal Team Planning Meetings were also held throughout the exploratory process to discuss progress, challenges and plan the overall TTA approach. Technical assistance triage and strategy planning work provided a forum for the CFF team to manage contract deliverables, plan the scope of work activities, stay apprised of challenges and progress, disseminate work assignments to TTA staff, and to collaborate across the project areas.

Project Management and Administration Activities

In addition to Internal Team Planning meetings, project management and administration activities were occurring that included meeting preparation and monitoring, IT support services, preparation for and follow-up time for TTA support, background research on Iowa demographics and the child welfare system, a review of HHS child protection policies and practices, and a review of current HHS initiatives/programs.

Materials – A Crosswalk of HHS Programs & START

Activities also included work on the development of a Crosswalk document to be used in the planning process. The Crosswalk of Iowa's current initiatives/programs included Iowa's Parent Partner Program, Family Treatment Court, Infusion Court, Safe Babies Court, and the START Model. The Crosswalk included what services are offered, the eligibility criteria, the location(s) and the referral timeframes for each program.

Training Activities

Training activities were also important at the exploratory stage. CFF began preparations to provide training for HHS staff and their partners on the START Model. The training would include an overview of the START Model, the essential components of the program and current outcomes.

PROGRAM OUTPUTS & OUTCOMES

To explore the feasibility of implementing START in Iowa and to support the program activities a standard meeting schedule for planning activities and the coordination of Training and Technical Assistance (TTA) was developed and followed. TTA activities provided by CFF included assisting the state planning team with selecting appropriate implementation sites, providing guidance with developing the program evaluation plan, providing virtual and on-site training, providing direct assistance to selected sites to support implementation, facilitating planning meetings, and meetings with HHS leadership. All TTA activities were conducted virtually and were planned, coordinated, and facilitated by CFF.

A first step to the assessment work was the formation of a START Exploratory Planning Committee. The committee that was made up of representatives from HHS, their partners and CFF staff met virtually, twice a month. Topics discussed included site readiness and selection,

staffing needs, potential programmatic issues, alignment with other HHS initiatives, program evaluation and continuous quality improvement (CQI), and the sustainability of the Model.

In addition to the START Exploratory Planning meetings, internal CFF Planning and Project Management Meetings were held. Members of this group planned the assessment approach, tracked the progress made, and addressed challenges as they arose. Other outputs and outcomes included the provision of TTA services, IT support, and research. CFF completed extensive research in learning about the demographic makeup of Iowa, the child welfare system in Iowa, HHS child protection policies and practices, and other HHS initiatives/programs.

To assist in decision making process regarding the feasibility of establishing a START program in Iowa and to help determine what pilot sites in Iowa would be best, a detailed Crosswalk document was developed. The document included other current HHS initiatives that offer services to the same target population as the START program. The HHS Parent Partner Program, Family Treatment Court, Infusion Court, Safe Babies Court, and START are listed on the Crosswalk along with a program description for each, eligibility criteria, target population, location, and referral timeframes. The Crosswalk is being used to identify gaps in services, avoid duplication of services and identify programs that complement and build on each other. The Crosswalk document will continue to be used by leadership in the planning process and eventually be used by front line staff in the referral process.

CFF also developed and presented training on the START Model for HHS staff and their partners. Fifty-nine persons participated in the training and the reviews were positive. Below is a description of the training.

- Foundations I: Introduction to START – This was a six-hour training for child welfare and treatment provider leadership, front line staff, and community partners. The training provided an overview of the National START Model and an introduction to the Essential Components of the program and the Fidelity Standards that are followed. Topic areas within the training included:
 - The Effects of Parental Substance Use in Families
 - Changing the System with START as a Catalyst
 - START Values & Beliefs
 - START Essential Components: The Framework for the Model
 - START Outcomes: What Research Tells Us

PROGRAM EVALUATION & RESULTS

While work around specific areas and issues continue, the overall results from the work completed to date on assessing the feasibility of establishing and implementing the START project in Iowa are good. HHS is planning to move forward with a pilot project and is looking to establish two pilot sites. The locations for the pilot sites are still being considered as CFF and HHS continue to review data, caseloads, and capacity around potential sites.

HHS also continues to work with CFF over the need to align the START program with existing HHS initiatives in terms of the services and eligibility between the programs. The committee continues to work on questions such as, would a family be participating in both START and another initiative at the same time or should each initiative have their own lane. Participation in two programs offering intensive services may cause a duplication of support and could overwhelm the family. Other issues still being addressed are the number of existing supports and resources in each of the HHS Service Areas and their counties. Treatment and recovery services are critical to the START program as parents in START need immediate, intensive treatment services. HHS is looking at what additional services and resources may be needed, and the timeline for getting them established and operational. Staffing needs is another area that is being reviewed. In the START Model, teams of two or more staff work with the family under one supervisor per site. This enables the staff to function as a team. The concern is how to implement START in areas that may be understaffed due to the current worker shortage that HHS is experiencing.

Work also continues on an evaluation plan. Once the START Model Project is established and implemented in Iowa, program evaluation data will be gathered throughout the pilot project with a focus on continuous quality improvement for the agencies involved. Fidelity monitoring will offer timely feedback and access to the data with the following anticipated results and outcomes:

- Increased client compliance with treatment goals.
- A reduction in the number of child abuse referrals among the families participating in the pilot project.
- A reduction in the number of re-abuse cases;
- Increased visitation for children who are placed out of the home.
- Appropriate services and supports for children and families.
- Immediate access to substance use disorder treatment services.
- Enhanced coordination of resources for families and children.
- Improved parent and child protective factors and resilience.

CHILDREN'S JUSTICE ACT GRANT FUNDING

The funding recommendation to explore the feasibility of implementing the START Model in Iowa was \$70,968.00 for FFY 2024.

CHILD AND FAMILY SERVICE PLAN (CFSP) & CHILD AND FAMILY SERVICE REVIEW (CFSR)

The overarching goals of the START Model are to ensure child safety and well-being, prevent and/or decrease out-of-home placements, increase parental recovery, increase parenting

capacity and family stability, reduce repeat child maltreatment, and improve system capacity for addressing parental substance use and child maltreatment. These goals align with the HHS goals and objectives for Iowa's 2025 – 2029 CFSP and support the outcomes and strategies of Iowa's CFSR.

CHILDREN'S JUSTICE ACT GRANT PROPOSED ACTIVITIES & PROJECTS FFY 25

It is the recommendation of the Child Protection Council that the activities and projects described below be supported through the Iowa's Children's Justice Act Grant for FFY25. The activities and projects include:

- Council Support
- Sobriety Treatment and Recovery Teams (START) Project (Year 2)

PROPOSED ACTIVITY: COUNCIL SUPPORT

CJA COORDINATOR

The Child Protection Council recognizes the importance of continuing to fund a full-time position in the Division of Family Well-Being and Protection within the Iowa Department of Health and Human Services (HHS). The position ensures that Iowa will continue to meet the requirements of the Children's Justice Act (CJA) grant as this person will serve as the coordinator of the grant and will be responsible for writing the grant application, facilitating the State Task Force, and for overseeing the implementation of Iowa's CJA grant activities and projects.

In addition to the duties related to the CJA grant this person is also responsible for the management and oversight of a number of different HHS initiatives and program areas. Following is a list of the HHS duties and responsibilities under the CJA Coordinator position:

- Iowa's Children's Justice Grant Act Grant (CJA Coordinator)
- Iowa's Child Abuse Prevention and Treatment Act Grant (CAPTA Coordinator)
- Iowa's three Citizen Review Panels (CRPs) (Citizen Review Panel Coordinator)
- Iowa's Child Protection Centers/Child Advocacy Centers (Program Manager)
- Iowa's Child Protection Center Grant Program (Partnership)
- State contract with Project Harmony (Child Advocacy Center in Omaha, Nebraska).
- Statewide DHS Drug Testing Program (Program Manager)

- Child Abuse Mandatory Reporter Training (Program Manager)
- Statewide Domestic Abuse Death Review Team (HHS Representative)
- Traumatic Brain Injury Initiative (Contract Manager)

TRAVEL SUPPORT

In addition to a fulltime CJA Coordinator position within HHS, proposed funding under Council Support will also include costs for conferences and training, Council members participation in activities related to the review of Iowa's child welfare system, and the attendance of the CJA Coordinator and Chairperson of the State Task Force at the Annual Children's Justice Act Grantee's Meeting.

CHILDREN'S JUSTICE ACT GRANT REQUIREMENTS

2024 Three-Year Recommendations:

- Council Support is in alignment with all four recommendations from Iowa's 2024 Three-Year Assessment as the duties of the CJA Coordinator and the travel expenditures encompass each of the designated areas within the recommendations that include substance use disorders, services and supports for families, legal representation for parents and children, and trauma informed supervision practices.

Section 107(e) (1) (A) (B) and (C) of the CAPTA:

- Council Support includes elements of each of the three categories under Section 107 (e) (1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). The duties of the CJA Coordinator to implement and monitor the grant activities/projects cover a range of areas and topics that are relevant to Categories A, B, and C.

PROJECT GOALS & OBJECTIVES

As noted above, the Coordinator of the Children's Justice Act (CJA) grant will be responsible for writing the grant application, facilitating the Child Protection Council (Iowa's State Task Force) and for overseeing the implementation of the CJA grant activities and projects. Goals and objectives under this activity will include the following:

- Iowa will continue to meet the eligibility requirements of the CJA grant.
- The CJA Coordinator will ensure that activities funded through the grant align with CJA objectives as outlined in the CAPTA Reauthorization Act of 2010.
- The activities and/or projects will be carried out per the recommendations of the Child Protection Council (Iowa's State Task Force).

- The Child Protection Council will maintain the required memberships and will experience continued group stability.
- Iowa will participate in the Annual Children's Justice Act Grantee's Meeting in 2025.
- Members of the Child Protection Council will have access to presentations and multidisciplinary trainings related to child abuse and neglect which will provide the necessary skills required to review Iowa's child welfare system and to make informed decisions regarding the funding of CJA activities.

In addition to a fulltime CJA Coordinator position within HHS, Council Support funds will also be used for travel costs, conference and training fees, and CJA supported activities. Goals and objectives under this activity include the following:

- Member participation in activities related to the review of Iowa's child welfare system.
- Member attendance at statewide conferences and multidisciplinary trainings related to the categories within Section 107 (e) (1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA).
- Attendance of Iowa's CJA Coordinator and the State Task Force Chairperson at the Annual Children's Justice Act Grantee meeting.

APPROACHES & ACTIVITIES

The HHS will maintain a fulltime position within the Division of Family Well-Being and Protection to act as CJA Coordinator. The duties and the activities of the CJA Coordinator as they relate to the CJA grant will include:

- Writing the annual CJA report and grant application.
- Assuring CJA activities/projects align with CJA objectives and are carried out per the recommendations of the Child Protection Council.
- Providing technical assistance for Council meetings, such as: coordinating presenters, providing information, preparing the agenda and minutes for each meeting, and posting public notices of the bi-monthly meetings.
- Contracting as needed for CJA activities and programs.
- Processing invoices for reimbursement for Council related expenses.
- Assuring alignment between the CJA grant activities and the CAPTA basic grant and other federal and state child welfare plans and initiatives.
- Sharing information in a timely manner with Council members regarding available training, conferences and publications related to child abuse and neglect.

In addition to the salary and benefits associated with a fulltime position within HHS, Council Support funds will be used to support travel expenses and other related CJA activities. Members will be reimbursement for travel expenses related to attendance and participation in child welfare review activities sponsored by the Council and/or HHS. Council Support will also include costs associated with registration and travel expenses for Council members attending CJA related conferences and multidisciplinary trainings and will be used to support the attendance of the CJA Coordinator and the Chairperson at the Annual Children’s Justice Act Grantee meeting in 2025.

In addition to the duties related to the Child Protection Council, the position of the CJA Coordinator within the Department’s Division of Family Well-Being and Protection will also include the management and oversight of a number of different activities and program areas. Following is a list of the duties and responsibilities under the CJA position:

- CJA Coordinator for Iowa’s Children’s Justice Grant Act Grant
- CAPTA Coordinator for Iowa’s Child Abuse Prevention and Treatment Act Grant
- Citizen Review Panel Coordinator for Iowa’s three Citizen Review Panels, one of which is the Child Protection Council (Iowa’s State Task Force)
- HHS Program Manager for Iowa’s six Child Advocacy Centers
- Program and Contract Manager for Project Harmony, a Child Advocacy Center, located in Omaha, NE.
- A Partner with the State’s Child Protection Center Grant Program
- Program Manager of the Statewide HHS Drug Testing Program
- Program Manager of the HHS Mandatory Reporter Training Program
- HHS Representative on the Statewide Domestic Abuse Death Review Team
- Contract Manager of the Traumatic Brain Injury Initiative

FUNDING RECOMMENDATION

Funding for Council Support is estimated to be \$120,000.00 for FFY 2025.

Funding includes:

- The CJA Coordinator’s salary and benefits.
- Registration and travel costs for Child Protection Council members to participate in CJA supported activities and statewide trainings and conferences.
- Travel expenses related to the attendance at the Annual CJA Grantee Meeting.

EXPECTED RESULTS & EVALUATION

The following results or outcomes are anticipated as a result of Council Support:

- Stability and continuity of membership on the Council, as noted by continued high rates of member attendance and fulfillment of all required memberships.
- Continued expansion of the Council's knowledge, skills, and awareness as it relates to the assessment, investigation, and judicial handling of cases of suspected reports of child abuse or neglect.
- Improvements in inter/intra agency collaboration and communication as it relates to policy and practice issues in the assessment and investigation of suspected child abuse and neglect cases.
- An increase in recommendations to HHS on needed improvements to the child protection system in Iowa.

REFORM OF STATE CHILD PROTECTION SYSTEM

Council Support funding will be used to support Iowa's CJA State Task Force, the Child Protection Council. The funding will allow for the Council to meet regularly, access current child abuse laws, policies, and practices, and make formal recommendations for reform to Iowa's child welfare system which will improve the assessment, investigation, and judicial handling of cases of suspected child abuse and neglect.

Council Support will also support the salary and benefits for a CJA Coordinator position within HHS. The current activities and program areas that are assigned to the CJA Coordinator position will include areas of particular interests to the Child Protection Council and provides for expertise in topics relative to the focus of the Children's Justice Act Grant.

CHILD AND FAMILY SERVICE PLAN (CFSP) & CHILD AND FAMILY SERVICE REVIEW (CFSR)

The duties and work of the CJA Coordinator and the travel expenses under Council Support are in alignment with and support of the HHS goals and objectives under Iowa's 2025-2029 CFSP and the CFSR. Specifically, Council Support aligns with Iowa's CFSR outcomes and strategies under Safety Outcome 1: Children are first and foremost protected from abuse and neglect, and Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

PROPOSED ACTIVITY: SOBRIETY TREATMENT & RECOVERY TEAMS (START) PROJECT YEAR 2

START MODEL

START is a specialized model that has been shown, when implemented with fidelity, to improve outcomes for very young children and their families who are impacted by both parental substance use and child maltreatment. The model emphasizes the importance of collaboration, and systems change across programs and partners, including child welfare agencies, the court system, mental health (MH), and substance use disorder (SUD) treatment providers to better support families of young children. The START model is designed to serve families involved in the child welfare system with at least one child aged 5 or younger, and one parent diagnosed with an SUD. Implementation of the START program requires technical assistance, training and consultation services with Children and Family Futures (CFF), a nonprofit organization and the propriety owner of the START program and materials which include the START manual, training curriculum, the certification process, and program documents.

In 2023 the Iowa Department of Health and Human Services (HHS) staff completed a search of the Title IV-E Prevention Services Clearinghouse to identify an evidence-based practice model that met the needs of Iowa's child welfare system around the issue of substance abuse. The Title IV-E Prevention Services Clearinghouse maintains an updated list of evaluated and tested prevention services and programs. Of the 14 evidence-based practices that address substance use disorders on the Clearinghouse, the national START model is the only model to be rated based on child permanency to avoid out-of-home placement. Other models exist, but they are specific to certain groups, youth substance misuse, or parental substance misuse without specific programming to avoid out-of-home placement.

In reviewing the START Model, it was found that the Model meets the needs of Iowa's child welfare system based upon the following criteria:

- START is an evidence-based practice model that is listed on the Title IV-E Prevention Services Clearinghouse whose target population is families involved in the child welfare system with at least one child aged 5 or younger and one parent dealing with an SUD. The majority of Iowa's open service cases fit the age group of children ages birth through five. Of the total number of abused or neglected children in Iowa, 4,822 (46%) were 5 years of age or younger, 2,686 (26%) were between 6-10 years, and the remaining 2,951 (28%) were older than 11 years. (Iowa Department of Health & Human Services, 2023 Child Welfare by the Numbers)
- The focus of the START model is on the continuum of care between systems and agencies that provide services to children and families whose parent(s) is diagnosed

with a substance use disorder (SUD). Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. A significant percentage of Iowa's open cases with children ages birth through five years of age involve parents diagnosed with a substance use disorder. (Appendix D)

In 2023 the Iowa Department of Health and Human Services (HHS), with the help of CJA funding for FFY 24, entered into an exploratory contract with Children and Family Futures (CFF) to examine the feasibility of implementing the Sobriety Treatment and Recovery Teams (START) Model in Iowa. The exploratory work has been completed (see the 2023 -2024 Year-End Performance Section in this report) and the results were positive with HHS planning to move forward in FFY 25 on establishing and implementing two pilot sites. To this end, HHS submitted a proposal to the Child Protection Council requesting that CJA funding for the START Project continue for another year. The Council reviewed the proposal along with the results of the exploratory work and voted to continue to support the START Model for FFY25.

CHILDREN'S JUSTICE GRANT REQUIREMENTS

2024 Three-Year Recommendations:

- The START Model Project with its focus on improving outcomes for parents and children affected by a substance use disorder (SUD) and child maltreatment and its emphasis on cross-system collaboration between agencies involved with these children and families is in alignment with and supports the substance abuse recommendation from Iowa's 2024 Three-Year Assessment (see Iowa's 2024 Three-Year Assessment Section in this report). The 2024 recommendation regarding substance abuse highlights the need for HHS staff to better understand substance abuse and the impact it can have on the child's wellbeing and the importance of timely and intensive services, including drug testing when needed, for parent's suffering from an addiction. To avoid out of home placement, the substance abuse recommendation also supports Safe Plans of Care for infants in these cases and promotes interagency collaboration around services.

Section 107(e) (1) (A) (B) and (C) of the CAPTA:

- Under Section 107 (e)(1)(A)(B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA) the START Model Project is in line with and supports the elements within Category A regarding the investigative, administrative, and judicial handling of child abuse and neglect cases. The initiative supports Category B to the extent that the model is an innovative approach that includes techniques which will enhance the effectiveness of judicial and administrative action in child abuse and neglect cases and also Category C in that the planned implementation of the START Model in Iowa

will reform existing HHS policies, protocols and procedures intended to provide comprehensive protection for children.

PROJECT GOALS & OBJECTIVES

The overarching goals of START Model are to ensure child safety and well-being, prevent and/or decrease out-of-home placements, increase parental recovery, increase parenting capacity and family stability, reduce repeat child maltreatment, and improve system capacity for addressing parental substance use and child maltreatment.

The objectives under the START program reflect the basic tenets and essential elements of the Model. The objectives include:

- Child Safety is first and foremost. Children will be kept safe whenever possible.
- The program will include the use of Family Mentors who have successfully recovered from substance abuse disorders.
- CPWs are trained in the START Model of practice.
- START Trainings and technical support will be provided for IDHHS staff, SUD treatment providers and the courts.
- Collaborative partnerships between agencies and treatment providers will be established to ensure the coordination of services and shared outcomes.
- Intensive out-patient substance use treatment services will be available to families.
- Partnerships with the courts.
- Individual and family mental health counseling services will be available for participants.
- Decision making will be shared by families, providers and IDHHS protective staff.
- Trauma informed care will be included in treatment services for children and families'
- Timeframes/timelines within the project will be adhered to.

APPROACHES & ACTIVITIES

Approaches

A number of evidence-based theories such as crisis theory and the stages of change theory will guide the START project. A System of Care approach which provides an overarching framework for working with clients who require services across different systems will be followed during the pilot project. Intervention activities will include:

- Ensuring intensive SUD recovery services for parents in their community or home.
- Recruiting and engaging parents in SUD treatment.
- Coaching to help parents with parenting and life skills.

- Providing intensive Child Protective Services (CPS).
- Providing individual, group, and/or family counseling for parents, children and other family members as needed.
- Providing cross-training between systems of care.
- Engaging and securing agreements between the judicial system and other agencies.
- Identifying service needs and development where needed.
- Facilitating Family Focused Meetings.
- Co-locating different services together.
- Recruiting family mentors.

The START Model includes a total of eleven Essential Components that must be implemented to fidelity. Five of these components relate to infrastructure, and six components relate to practice. Those components are:

1. Child Welfare Based: Services are initiated by, and based in, child welfare for families with the presenting issue of both parental substance use and child maltreatment.
2. Collaboration with Partners: A strong collaborative partnership with treatment providers for SUD, co-occurring MH, and other family serving entities is required to develop a coordinated system-of-care.
3. Family Mentors: Family mentors are people in long-term recovery from a SUD with experiences that sensitize them to child welfare. Family mentors have a similar role to Iowa's Parent Partner initiative, with an emphasis on a history of SUD.
4. The START Dyad: One family mentor is paired with one child welfare worker to form a dyad.
5. Program Evaluation: Local and state START jurisdictions must be engaged in continuous quality improvement guided by program evaluation data.
6. The START Timeline: START adheres to a rapid timeline that ensures early identification of eligible families after the initial child welfare report and quick access and early retention in SUD/MH treatment services.
7. Minimum Work Guidelines: Child welfare staff must meet the START minimum work guidelines that represent a more intensive approach to service delivery than traditional child welfare practice.

8. Substance Use and Mental Health Disorder Treatment: Treatment providers use current best practices and evidence-supported interventions in SUD and co-occurring mental health and trauma treatment.
9. Shared Decision Making: START must use shared decision-making with families, child welfare staff, and service providers.
10. Unifying Families: START keeps children safely with their parents or family whenever possible or reunifies the family when parental recovery is stable and safety factors have been remediated.
11. Family-Centered Intervention: START views the family unit as the client and the focus of the entire team and aims to promote a nurturing parent-child relationship and improved parenting capacity.

Activities

In 2023, HHS entered into an exploratory contract with CFF to assess the feasibility of establishing a START Model in Iowa. Through contracted work with CFF, HHS received assistance with forming a START Exploratory Planning Committee and Training and Technical Assistance (TTA) around the needs of the program and site readiness and selection. TTA services were also provided around programmatic issues including the alignment of the START Model with other HHS initiatives, program evaluation and continuous quality improvement, and the sustainability of the program.

Training was also offered. CFF provided foundational training on the START Model to HHS staff and community stakeholders that highlighted the critical components and elements of model and the anticipated outcomes. A Crosswalk document was also completed which identifies how START aligns with Iowa's existing initiatives including, Parent Partners, Safe Babies, Family Treatment Courts, and Infusion Courts. The Crosswalk will assist HHS leadership in their planning decisions and serve as a reference for field staff in making referrals. As the overall results were positive around the feasibility study, HHS is now planning to move forward in FFY 25 on establishing and implementing two START pilot sites. The sites will be selected by a START Steering Committee with the possibility of expanding to additional sites in the future.

To date, work continues around addressing the implementation challenges that were identified during the exploratory phase of this initiative. One challenge is the need to align the START Model with current HHS initiatives and programs in terms of the services and eligibility between programs. Questions such as, should a family be participating in both START and another HHS initiative at the same time. Participation in two programs offering intensive services may cause a duplication of support and services which may overwhelm the family, or should each initiative have their own lane and if so, which program should take precedence over the other, and what eligibility criteria should determine this. Court involvement and court ordered services would also be factors to consider at this stage.

Another challenge being addressed are the number of available supports and resources at potential pilot sites. Treatment and recovery services are critical to the START program as parents in START need immediate, intensive treatment services. Going forward, HHS will be reviewing with its partners and CFF what additional services and resources are needed, and the timeframe it will take to get additional supports and services established and operational where needed. There is also a need for adequate staffing. Under the START Model a shared decision-making process is followed. This requires the use of an HHS staff person teamed with a family mentor to form a dyad. A dedicated and unified dyad is important to provide consistent messaging, oversight, family contacts, and service delivery. The teams of two or more staff, work with the family under one supervisor per site and have a limited caseload in order to provide the support and services needed for the family. The challenge is how to implement the START Model in areas that may be understaffed due to the current worker shortage that HHS is experiencing.

A final challenge is getting the buy-in and ongoing support for the START Model from HHS partners, stakeholders, treatment service providers, and the courts. The Model emphasizes the importance of collaboration and systems change across partners, including child welfare agencies, the court system, mental health (MH) and substance use disorder (SUD) treatment providers, to better support families of young children. To date, the response has been good but over time more effort in this area will be needed to sustain support for the program. Efforts will require ongoing conversations, meetings, trainings, and the sharing of the results and outcomes of the program.

In addition to resolving the challenges described above, other activities will include: the final selection of the appropriate pilot sites in Iowa based on the identified challenges, the development and implementing of an evaluation plan, on-site training for HHS & their partners, and the development of an Iowa START Toolkit to support the implementation of the START Model. Each of the activities will require further TTA services and assistance from CFF.

FUNDING RECOMMENDATION

The funding recommendation for the implementation of the START Model Pilot Project in Iowa is \$70,704.00 for FFY 2025.

EXPECTED RESULTS & EVALUATION

Results

With the implementation of the START Model Project in Iowa, the following results and outcomes are anticipated:

- Increased client compliance with treatment goals.
- A reduction in the number of child abuse referrals among the families participating in the pilot project.
- A reduction in the number of re-abuse cases.

- Increased visitation for children who are placed out of the home.
- Appropriate services and supports for children and families.
- Immediate access to substance use disorder treatment services.
- Enhanced coordination of resources for families and children.
- Improved parent and child protective factors and resilience.

Evaluation

Specific treatment components and strategies are critical to the success of the START Model. To protect the fidelity of the Model, best evidence supported practice must be adhered to. CFF will provide additional training and technical assistance (TTA) to HHS and their partners on implementing the practices with fidelity to the components and strategies of the program. Evaluation data will be gathered throughout the pilot project with a focus on continuous quality improvement for the agencies involved. Fidelity monitoring will offer timely feedback and access to program data for all staff.

As evaluation is an important part of this project, HHS plans to contract with a local evaluator to monitor progress around the implementation of the START Model and to assess program outcomes. In addition, CFF will continue to provide TTA services around the results and evaluation of the START Model in Iowa.

REFORM OF STATE CHILD PROTECTION SYSTEM

Implementation of the START program will require changes in HHS policies, practices, and procedures as well as in how child welfare agencies collaborate and how services are provided to children and families. It is anticipated that these changes will promote shared goals and outcomes that will:

- Strengthen the current child protection system for children and families affected by substance use disorders.
- Reduce the number of re-abuse cases;
- Reduce the number of children entering foster care.
- Increase visitation between parents and children in foster care.
- Increase the number of parents with substance use disorders who will participate in substance abuse treatment services.
- Increase child protective factors and resiliency.

CHILD AND FAMILY SERVICE PLAN (CFSP) & CHILD AND FAMILY SERVICE REVIEW (CFSR)

The overarching goals of the START initiative are to ensure child safety and well-being, prevent and/or decrease out-of-home placements, increase parental recovery, increase parenting

capacity and family stability, reduce repeat child maltreatment, and improve system capacity for addressing parental substance use and child maltreatment. As such, the START initiative aligns with the HHS goals and objectives under Iowa's the 2025 – 2029 CFSP and the outcomes and strategies of the State's CFSR.

Proposed CJA Budget FFY 25

Council Support \$120,000.00

- ✚ CJA Coordinator Salary/Benefits
- ✚ Conferences & Training
- ✚ CJA System Review Activities
- ✚ Annual Grantee Meeting

Sobriety Treatment & Recovery Teams
(START Project Year 2)

\$ 70,704.00

Total \$190,704.00*

**Due to the timing of the report/application, funds for these projects may be used across FFYs.*

Iowa's Children's Justice Act Grant

2024 Three-Year Assessment

Under the Children's Justice Act (CJA) grant States are required to conduct a comprehensive review of their child welfare system every three years in an effort to improve the State's child welfare system. States must submit an assessment documenting a review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect within their State. From the Three-Year Assessment, recommendations are to be made that support the findings and the intended work under the grant. The recommendations must fall within one or more of the three categories under Section 107 (e) (1) (A), (B) and (C) of CAPTA. States receiving the CJA grant must also establish and maintain a State Task Force to oversee the grant operations and to conduct the Three-Year Assessment. The set of recommendations from the assessment process are to serve as a guide in determining the CJA programming and work of the State Task Force over the next three years. In Iowa, the State Task Force is the Child Protection Council.

IOWA'S STATE TASK FORCE: CHILD PROTECTION COUNCIL (CPC)

FUNCTION & PURPOSE

The Council's duties are carried out in accordance with Section 107(a) of the Child Abuse Prevention and Treatment Act as amended by the "CAPTA Reauthorization Act of 2010". The Council is governed by a set of By-laws that stipulates the federal mandates of the State Task Force. As such, it is the duty of the Council to review Iowa's child protection system and to make recommendations to the Iowa Department of Health and Human Services (HHS) on the development, establishment and operation of programs and activities that are designed to improve the child welfare system, and which fall within Section 107(e)(1)(A), (B), and (C) of the Child Abuse Prevention and Treatment Act.

HISTORY OF STATE TASK FORCE

Iowa first established a Children's Justice Task Force in April of 1988. The Task Force met on several occasions pursuant to the duties outlined in the Children's Justice and Assistance Act Of 1986, (Public Law 99-401). During this same period of time another group, the Focus Committee, was also convening for the purposes of improving child protection services. As the mission of both groups was to improve and enhance child safety and welfare it was proposed and agreed upon in July of 1988 that the Focus Committee would be incorporated into the Iowa's Children's Justice Task Force. Following were the identified duties of the new group:

1. Make recommendations for changes in the investigative, administrative, and judicial handling of child abuse cases to reduce additional trauma to child victims while ensuring procedural fairness for the accused.
2. Make recommendations for the reform of state laws, policies, and procedures that are necessary in order to provide comprehensive protection to children from abuse.

In June of 1989, the Iowa Children's Justice Task Force convened again and expanded its membership to represent all of the areas of discipline specified in the federal Children's Justice Act. During the next two years, the Iowa Children's Justice Task Force continued to meet and support activities and programs aimed at reforming Iowa's child abuse system and improving the investigative, judicial, and administrative processes specific to cases of child abuse and neglect.

In 1991, the Iowa Department of Human Services, which is now the Iowa Department of Health and Human Services (HHS), proposed that the Iowa Children's Justice Task Force merge once again with another child protection group, the Council on Child Protection. The membership of the Council on Child Protection was made up primarily of professionals connected with Iowa's three child advocacy centers. The justification for the merger was based on the premise that the shared goal between the two committees was to improve Iowa's child protection system. By combining the two groups, the overall effectiveness of each group would be enhanced and would reduce the unnecessary duplication of efforts toward the same goal.

Independently the two committees were presented with the idea of joining forces and both groups agreed with the proposed merger. The combined committees were then jointly renamed the Child Protection Council (CPC). The Council's first meeting was held in December of 1991 and the group continued to meet on a quarterly to bi-monthly basis with their focus and goals centered on the improvement of Iowa's child welfare system. The combining of these two groups proved to be valuable as it allowed the group to draw on their members' various expertise, conserve resources, and ultimately have a greater influence on the child protection system in Iowa.

In the fall of 2005, it was proposed and voted on that the Child Protection Council should also become Iowa's statewide Citizen Review Panel (CRP). As the statewide Citizen Review Panel, the Child Protection Council became one of three CRPs in Iowa.

2021 THREE- YEAR RECOMMENDATIONS & SYSTEM IMPROVEMENTS

In 2021 the Child Protection Council completed the required CJA Three-Year Assessment. From the assessment common themes and areas needing improvement were identified and recommendations were made that supported and/or encompasses each of the three categories under Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). Over the last three years, the recommendations have served as a guide for the focus

and work of the Child Protection Council. Listed below are Iowa's 2021 recommendations. Where more than one recommendation falls under a category, they are listed in order of priority.

RECOMMENDATIONS

Substance Use Disorders

Iowa Department of Human Services social workers should have a working knowledge of substance use disorders/involvement including: behavioral indicators and the impact that substance use has on a child's wellbeing, how to assess a parent's ability relative to their drug usage to meet the needs of the child, and the importance of coordinating with treatment providers to provide an effective continuum of care for the child and the family including Safe Plans of Care for infants impacted by substance use while keeping in mind trauma informed care practices for both parents and children.

Interagency Collaboration

Increase the use of meaningful collateral contacts and enhance interagency collaboration during Child Protective Assessments and with Safe Plans of Care and Safety Plans for Children by developing and nurturing effective communication and working relationships across systems and programs and between professionals versus an approach to collaborating based solely on mandates or by formal agreements.

Legal Representation for Parents & Children

Ensure that parent and children's rights are protected through quality legal representation in an effort to make parents and children aware of their rights, the significance of the court proceedings, and the mandates of the child welfare system.

Safe Plans of Care

Safe Plans of Care will be consistent with and support other treatment plans in which the child and family are involved. Safe Plans of Care must address how medical providers and other informal and formal supports will assist in maintaining the health and safety of the child and caregivers and provide appropriate services for substance use.

Mandatory Reporters

Support and clarify the role and responsibilities of Mandatory Reporters in the reporting of suspected incidents of child abuse and neglect.

SECTION 107(E)(1)(A)(B)(C) OF CAPTA

Each of the five recommendations from Iowa's 2021 Three-Year Assessment falls within one of the three categories under Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA).

Category A:

Activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.

- The **substance abuse recommendation** falls within Category A. The recommendation highlights the need for additional training for child protection workers, increased collaboration efforts with substance abuse treatment providers, and encourages the use of Safe Plans of Care for infants impacted by substance use while keeping in mind trauma informed care practices for both parents and children. This work supports the improvement of the investigative, administrative, and judicial handling of child abuse and neglect cases, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions.
- The recommendation around **interagency collaboration** also falls under Category A as it promotes meaningful collateral contacts and the need to enhance interagency collaboration during child protective assessments and with Safe Plans of Care and Safety Plans for children. These activities serve to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.

Category B:

Support of experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused.

- The recommendation regarding **Legal Representation for Parents and Children** supports and is in alignment with Category B as the recommendation seeks to improve the work and effectiveness of juvenile court proceedings and legal representation in child abuse and neglect cases by ensuring that parents and children are aware of their rights in court and that they understand the court proceedings that they are involved in as well as, the mandates of the child welfare system.

Category C:

Reform of State laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children, which may include those children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as the intrastate, interstate, Federal-State, and State-Tribal, from child abuse and neglect, including sexual abuse and exploitation, while ensuring fairness to all affected persons.

- The **Safe Plans of Care** recommendation falls within Category C as it highlights the need to reform the protocols, procedures, and services around Safe Plans of Care in order to provide comprehensive protection for infants impacted by substance use while also providing appropriate services to caregivers.
- The **Mandatory Reporter** recommendation also aligns with Category C as it calls for the reform of the State laws and regulations to better support and clarify the role and responsibilities of Mandatory Reporters around the reporting of suspected incidents of child abuse and neglect.

SYSTEM IMPROVEMENTS

What follows are brief descriptions of some of the initiatives/projects/activities that have been implemented over the recent years in support of the CJA 2021 Three-Year Assessment recommendations listed above. Each of the initiatives/projects/activities have resulted in improvements in Iowa's child welfare system. The majority of the initiatives/projects/activities below have received support through CJA funding.

In response to the need to address the impact that substance use disorders have on children and families, an exploratory study on the feasibility of implementing the Sobriety Treatment & Recovery Teams (START) Model in Iowa was begun last year. This initiative supported the 2021 recommendations related to substance use, Safe Plans of Care, and interagency collaboration. Other system changes in support of the substance abuse and Safe Plans of Care recommendations were the redesign of the HHS Drug Testing Authorization System and the Safety Assessment Project which provided a structured decision-making tool for use during child abuse assessments to assist in determining when there was a need for an out of home placement. The Legal Representation Pilot Project supported the recommendation that parents and children receive quality legal representation and are aware of their rights in juvenile court proceedings. The redesign of the online HHS Mandatory Reporter Trainings supported the mandatory reporter recommendation and over the last year 56,000 persons completed the child abuse courses. While there were not specific 2021 recommendations for either the Centralized Service Intake Unit (CSIU) Operations Review or around the Safe Sleep Project, both initiatives resulted in system improvements. The review indicated areas needing improvement around intake policies and procedures and the Safe Sleep Project continues to date as a statewide effort in reducing sleep related maltreatment deaths.

Sobriety Treatment & Recovery Teams (START) Project

- The Child Protection Council approved CJA funding for the START program. The focus of the Sobriety Treatment and Recovery Teams (START) model is on the continuum of care between systems and agencies that provide services to children and families whose parent(s) is diagnosed with a substance use disorder (SUD). Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. The implementation of the START program involves technical assistance, training, and consultation services with Children and Family Futures. Additional information on this project can be found in the grant application section of this report. CJA funding was used to support the exploratory work that was done to determine the feasibility of establishing the START Model in Iowa.

HHS Drug Testing Authorization Project

- Over time the practice of drug testing in child welfare cases has increased due to the number and availability of drugs (legal and illegal), the number of child abuse cases that include substance abuse issues, and the role of the court in ordering drug testing. While the intent of drug testing in child welfare is to better protect children, HHS recognized the need for a more targeted approach to testing, as testing is just one of many ways to assess child safety. In addition to a new approach to testing, there was a need to support HHS child welfare workers in determining the type of testing that is appropriate to use as well as, the frequency and duration of testing that should be authorized. To address these needs, HHS moved forward to redesign the agency's Drug Testing Authorization System. The authorization system now limits drug testing to cases in which there are behavioral indicators that support the need for testing. In addition, drop down boxes within the system offer guidance for workers in choosing the appropriate type, frequency, and duration of testing. CJA funding was used in combination with other funding sources to support the redesign of HHS Drug Testing Authorization System.

Legal Representation Pilot Project

- The State Public Defender's Office continues to support a pilot project in Iowa which is intended to address the need for legal representation for indigent parents prior to any formal court proceedings. By current law in Iowa, the State Public Defender's Office is prevented from representing clients until a court case is filed. Evidence from similar projects throughout the country have suggested that attorney representation prior to the necessity of filing a court action may prevent the need for removal of a child from the home, the opening of a court case, and may shorten the length of placements in foster care or other locations outside of the home. The Child Protection Council reviewed the Legal Representation Pilot Project and supported the need for legal representation for indigent parents involved in child abuse assessments. The Council allocated CJA grant funding to be used for the evaluation and analysis piece of the initial pilot project. To date, this project continues in operation and is expanding to additional counties.

Safety Assessment Project

- An identified need within child protective services was a structured decision-making process with regard to when an out of home placement is required. In response to that need, HHS requested a review of the existing Safety Assessment Tool and the corresponding Safety Plan to determine how the tool and plan could be enhanced and/or replaced altogether. The result of this project was the development of an Iowa specific research-based Structure Decision Making (SDM) safety assessment tool and a safety planning practice guide to enhance the Safety Plan in child abuse cases where out of home placement may be needed. The Child Protection Council allocated CJA funding in support of this project.

Iowa's Five-Year Administrative Rules Review

- Members of the Child Protection Council participated in the HHS 5- Year Administrative Rules Review. Iowa Code requires that every five years, each state agency in Iowa must conduct an ongoing and comprehensive review of the agency's Administrative Rules. The purpose of the review is to identify and eliminate any rules that are outdated, redundant and/or inconsistent with current statute. Council members were asked to review Iowa Code Chapter 441-175 Abuse of Children and Chapter 441-119 pertaining to Child Abuse Record Check Evaluations and to propose any needed changes. Recommendations from the Council were documented and provided to HHS.

Mandatory Reporter Trainings

- Upon transitioning the mandatory reporter trainings to the new HHS Learning Management System (LMS) it was discovered that the two-hour Child Abuse Mandatory Reporter Training course was not compatible with the Department's LMS. Adjustments were made but the functionality of the course remained an issue for learners. To adequately address the problem a redesign of the course was needed. At this time, HHS was also needing to develop the new required one-hour Child Abuse Mandatory Reporter Recertification Course. The need for a functional redesign of the two-hour Child Abuse core course and the development of a one-hour recertification training course was presented to the Child Protection Council for consideration as a CJA funded project. Upon reviewing the request, the Council voted to support the redesign of the existing core course and the development of the recertification training.

Safe Sleep Project

- The Child Protection Council supported Iowa's Safe Sleep initiative. The Council recognized the need to educate parents and caregivers about ways to reduce the risk of sleep-related causes of infant deaths. The project, which was targeted for families involved with HHS, included a research-based strategic plan for supporting safe sleep practices with the goal of reducing sleep related maltreatment deaths. CJA funding was allocated for this project.

Centralized Services Intake Unit (CSIU) Operations Review

- On October 14 & 15, 2021 a work group comprised of both internal HHS staff and Child Protection Council members participated in an operational review of the 24/7 HHS Centralized Services Intake Unit (CSIU) for the purpose of evaluating and making recommendations regarding the performance expectations, training, and staffing within the unit which had recently been redesigned to create a centralized location and practice for receiving child abuse reports.

IOWA'S 2024 CJA THREE-YEAR ASSESSMENT PROCESS

APPROACH

In preparation of Iowa's 2024 Three-Year Assessment, the Child Protection Council (CPC) began discussions in the fall of 2023 regarding the approach they would take in completing the work and the timeline that would be followed. As part of the discussions a number of different options were considered including a statewide survey, a paper review, the use of focus groups, and/or individual interviews with Department of Health and Human Services (HHS) leadership and their child welfare partners. As these options were being considered by the group, HHS had just released the Change & Innovation Agency (CIA) report. HHS had contracted in 2022 with CIA to conduct an extensive review of the functional areas within the agency including organizational wide and its partners, intake, assessment, case management, adoption/kinship and licensing. The 217-page report addressed the challenges and the opportunities within each of these areas and included individual and group interviews with leadership, staff and customer focus groups, and an extensive policy and practice and data review. Recommendations within each of these areas was also included in the report.

After reviewing this 2023 in-depth report, the Council questioned the added value of conducting more surveys, focus groups and/or interviews around the intake and assessment areas for the CJA Three-Year Assessment. From this, the discussion moved to the many other recent reports and recommendations that are regularly and annually prepared and made available for review by various agencies, groups, and programs across the child welfare system. After further discussion on this point, the Council voted that a paper review would be conducted for Iowa's 2024 Three-Year Assessment

REPORTS, MATERIALS & DATA

The next step involved identifying and collecting the reports, materials, and data that the group would review. In choosing the information to be reviewed it was agreed that it had to be recent (within the last two years) and that it contained information and data relative to the front end of the child welfare system around intake, assessment, and the judicial area. The group also recognized that in a number of cases annual or quarterly reports may not have been required and/or completed. If this was true of a key area that the group would like to review, it was agreed that the program manager or administrator of the program area would be asked to speak

to the group and provide current updates and data on the challenges and the progress being made in that area.

In addition to a paper review and the use of in-person presentations, the Council decided to include information learned from previous program presentations at Council meetings. On average 2-3 presentations on different child welfare programs and initiatives are offered during each Council meeting. As such, handouts and data from these presentations were previously provided to the group. In addition to this material, it was agreed that the group would request special presentations regarding the HHS work currently being done for Iowa's 2025 -2029 CFSP and an update on Iowa's work under the CFSP.

Below is a listing of the different reports, materials, data and presentations that were reviewed by the Child Protection Council as part of their 2024 Three-Year Assessment.

- HHS Drug Testing Practice, Policy & Protocols (Speaker & Report)
- Iowa Child Death Review Team, 2022-2023 Annual Report with Data
- HHS Centralized Services Intake Unit (CSIU) (Structured Interview Script & Procedures and the official HHS Intake form)
- Change & Innovation Agency (CIA 2023 Report with Data & Recommendations)
- HHS Response to the CIA Report
- Iowa Project Launch (Infant & Early Childhood Mental Health Initiative) (Speaker) & handouts)
- Iowa Parent Partners Annual Reports (2021- 2023)
- Evident Change (SDM Safety Assessment Post- Implementation Analysis)
- The Community Initiative for Native American Families and Children (CINCF,) 2023 Annual Report & Recommendation
- Iowa Child Advocacy Board (icab), Citizen Review Panel, 2023 Annual Report & Recommendations
- Iowa Court Improvement Project (Speaker & Handout)
- Infant Toddler Court Program (Speaker & Handout Material with Data)
- Iowa Project LAUNCH (Speaker & Handout)
- TANF & Child Welfare Learning Community (FAST-LC) (Speaker & Handout)
- Legal Representative Pilot Project, 2023 Annual & Quarterly Reports with Data (Speaker)
- Iowa's Child & Family Services Review (CFSP) (Speaker & Handout Materials & Data)
- Iowa's Child & Family Services Plan (CFSP) (Speaker & Handout Materials & Data)
- Iowa Child Advocacy Annual Report (Speaker & 2023 Annual Report & Data)
- Health Management Associates (HMA) Service Delivery Alignment Assessment & recommendations (2023)
- Safe Haven Initiative (Speaker & Handout)
- Iowa Area Education Agency (Speaker & Handouts)
- Safe Sleep (Speaker)

- Community Partnerships for Protecting Children (Survey & Focus Project SFY 2022)
- 2023 Child Welfare by the Numbers (Child Abuse Data) Iowa Department of Health & Human Services
- 2023 -2024 Child Welfare data. Statewide Tracking of Assessment Reports (S.T.A.R.) module in JARVIS, Iowa Department of Health & Human Services Child Welfare Information System

REPORT REVIEW TOOL

After identifying and compiling the reports, materials, and data which the Child Protection Council would review for the 2024 Three-Year Assessment, a Tool was needed to track individual and group findings during the review process and to ultimately serve as a guide in making final recommendations regarding improvements to the child welfare system. To this end, a Report Review Tool was developed. Sections on the Report Review Tool were titled: Identified Strengths, Opportunities for Improvement, Identified System Barriers, Identified Trends/Themes, and Recommendations. The Recommendation section was reserved for the reviewer to write any initial draft Policy and/or Training recommendations that the reviewer may want to propose as a result of their review. In addition to these sections, reviewers were also reminded to consider their findings in terms of the HHS CFSP goals and objectives, the CFR outcomes and strategies, and to note any systemic issues around disproportionality and disparities for children and families of diverse and ethnic backgrounds.

To encourage the completion of the Report Review Tool responses could be bulleted. Findings from different reports and materials could be combined on one Report Review Tool depending upon the length of the document being reviewed but if combined, reviewers were asked to reference what report/materials they were taken from. The Report Review Tool (Appendix C) was dispersed to all Child Protection Council members to be used throughout the assessment process.

TIMELINE & PROGRESS CHART

Following the development of the Report Review Tool, a Timeline & Progress Chart was created to ensure that the assessment work was moving forward on schedule and to track the work that was being completed as well as, the meeting dates and agenda items. The chart also allowed for the tracking of important notes and preparation needs for the meetings and space for listing accomplishments and outcomes. The Timeline & Progress Chart was updated each week as work was completed, and meetings were held. The updated document was sent out to Council members prior to each meeting.

PARTICIPANTS, PROCEDURE & MEETINGS

Once the Review Report Tool and the Timeline and Progress Chart was developed, Council members discussed who should participate in the assessment and the procedure that should be followed. It was agreed that all 22 Council members would participate in the assessment and that a Small Group, consisting of nine Council members would be formed to lead the

assessment process. The procedure that would be followed was also agreed upon. Prior to each Council meeting the reports, materials, and/or data to be discussed that day would be sent out to all Council members with the expectation that each member would review the documents and come prepared to discuss them at the Council meeting. Members were encouraged to document their findings on a Report Review Tool for discussion purposes.

Meanwhile, the Small Group would meet between each Council meeting. Their duty was to individually review the material to be presented at the next Council meeting and to document their findings on a Report Review Tool to be shared during their small group discussions. In discussing their findings Small Group members were to note what key elements and data found in the reports and materials would be important to highlight and discuss during the larger group review. Proposed draft recommendations were also to be documented on the Tool relative to identified issues and areas of concern. Small Group members were also to plan the order of the large group discussion and who would lead it. Following each Small Group meeting, the findings and draft recommendations on the individual Report Review Tools would be combined on one Tool and used as talking points during the larger review discussion at the Council meetings.

Following the last meeting of the Small Group, a Master Report Review Tool was put together which included all of the findings and draft recommendations from each meeting. This Master Report Review Tool was sent out to each Council member to be used as a reference during the Council's discussion around the final recommendations. In addition to a Master Report Review Tool, a Summary document was put together. The Summary document highlighted the recurring issues that were identified in the review along with the proposed draft recommendations from the Master Report Review Tool that addressed the area of concern. These groupings were then separated by the categories that they fell within under Section 107 (e) (1) (A) (B) (C) of CAPTA.

Working with the Master Report Review Tool containing all the findings and proposed draft recommendations gathered during the assessment process and the Summary document that highlighted the reoccurring trends/themes and issues, the Council was able to discuss and vote on final recommendations from the 2024 Three-Year Assessment.

Due to the number of reports, material, and data to review for the Three- Year Assessment and the time required for in-person presentations, the Council recognized the need for additional meetings to complete the assessment. Following are the types of meetings (Small Group meetings and Child Protection Council meetings) and the dates that each meeting was held.

Small Group Meetings:

- December 18, 2023
- January 11, 2024
- February 22, 2024
- March 21, 2024

Child Protection Council Meetings:

- September 12, 2023

- November 14, 2023
- January 16, 2024
- February 27, 2024
- March 27, 2024
- April 16, 2024

SUMMARY OF FINDINGS

Iowa's 2024 Three-Year Assessment was conducted over a six-month period and included the review of numerous reports, materials, data, and in-person presentations on current child welfare programs and initiatives within Iowa's child welfare system. During the review process Council members identified strengths, opportunities for improvement, system barriers and trends/themes from the material that was reviewed. Within the trends and themes four main issues or areas needing improvement were identified. These included needs around substance use disorders, services and supports for families whose referrals did not meet the criteria for assessment, legal representation services in Iowa, and supports for child welfare workers. Below is a short summary of the assessment findings in each of these areas.

Substance abuse was an area of concern that was noted throughout the review. In calendar year 2023 the statewide number of Child Abuse intakes involving substance abuse issues totaled 59,798. In Polk County alone, which is Iowa's largest county, the number of intakes involving substance abuse was 9,372 (Appendix D, Intakes Involving Substances). In reviewing the needs around substance abuse issues, the group noted that their previous substance abuse recommendation from Iowa's 2021 Three-Year Assessment was still applicable. The findings continued to support the call for child welfare workers to better understand drug addiction and how it can impact the parent's ability to meet the needs of the child. Workers should also be knowledgeable about behavioral indicators and how the presence of these can be used in determining the need for drug testing. Accessibility to drug testing sites and the lack of substance abuse treatment services across the state were also recurring themes throughout the assessment process. Based on the findings around substance abuse, the Council voted to keep the previous substance abuse recommendation in place with some modifications and additions around drug testing services.

The need for appropriate services and supports for children and families whose child protection assessment was not substantiated was a reoccurring theme throughout the review. This also included families whose referrals did not meet the criteria for an assessment. Council members felt strongly that these children and families should be referred for services and supports at Intake to help prevent any further referrals to child protection services. Below is the 2023 HHS child abuse data that supports this finding.

2023 CHILD WELFARE BY THE NUMBERS (Iowa Department of Human Services (HHS))
HHS Child Abuse Assessment data and findings:

32,857 assessments for child abuse or neglect in calendar year 2023

- 6,244 (19%) family assessments were conducted
 - Family assessments involved 7,980 unique children
- 26,613 (81%) child abuse assessments were conducted
 - 18,674 (70%) of child abuse assessments resulted in a finding of “not confirmed”
 - Not confirmed child abuse assessments involved 18,239 unique children
 - 1,459 (6%) of child abuse assessments resulted in a finding of “confirmed” abuse
 - “Confirmed” abuse means that the abuse was minor and isolated and not likely to re- occur; and the perpetrator is not placed on the child abuse registry
 - Confirmed child abuse assessments involved 1,828 unique children
 - 6,480 (24%) of child abuse assessments resulted in a finding of “founded” abuse
 - Founded child abuse assessments involved 8,632 unique children

Another area needing improvement was related to the low number of child welfare attorneys practicing in Iowa and the quality of legal representation for children and parents. Iowa is currently experiencing a shortage of child welfare lawyers and as a result, those practicing in the juvenile court system are handling multiple cases which can prevent them from spending the time needed with children and parents who are involved in the court system. This concern was most evident during the presentation to the Council by the State Public Defender who spoke on the Legal Representation pilot project that is currently operating in a number of counties across the state. In the presentation the shortage of parents’ and children’s attorneys and/or Guardian Ad Litem across the State was highlighted as were some of the potential factors causing the shortage. The State Public Defender noted that they were even having a difficult time ensuring there were enough attorneys for the pilot project. The Child Protection Council recognizes that high quality legal representation is needed in all stages of the child welfare proceedings, including the front-end stage that is the focus of the CJA program. Child welfare attorneys are critical to the judicial process in advocating for services and supports for families and to ensure that parents and youth understand their rights in judicial proceedings. Child Welfare Attorneys can also be pivotal in highlighting potential inequities within the judicial system and advocate for the clients they serve. Based on these needs, the recommendation of the Child Protection Council is to support the recruitment, retention, and training of legal representative for parents and children.

Iowa is also experiencing a shortage of child welfare workers. The CIA report highlighted this concern and discussed in detail a number of factors that may be contributing to the high turnover in HHS field staff. Iowa is not alone in this as a high turnover in the child welfare workforce is a nationwide concern. To improve the quality of child welfare practice and to better protect children, there is a need to invest in the recruitment and retention of child protection workers. The Council’s recommendation is to better support the confidence, competence, and consistent practice of the child welfare workforce by establishing trauma informed supervision practices across the state.

IOWA'S 2024 THREE-YEAR ASSESSMENT RECOMMENDATIONS

RECOMMENDATIONS

From the 2024 Three-Year Assessment and review process described above, a set of final recommendations was arrived at by the Child Protection Council. The 2024 recommendations will be used to formulate the overall focus and programming work of Iowa's State Task Force over the next three years. Below are the four recommendations and the categories under Section 107 (e) (1) (A) (B) (C) of CAPTA that they each fall within. The two recommendations under Category A are listed in order of priority.

Substance Abuse

- Iowa Department of Health and Human Services social workers should have a working knowledge of substance use disorders to include behavioral indicators around usage, the impact that substance use has on a child's wellbeing, how to assess a parent's ability relative to their drug usage to meet the needs of the child, and the importance of coordinating with treatment providers to provide an effective continuum of care for the child and the family including:
 - Safe Plans of Care for infants impacted by substance use while keeping in mind trauma informed care practices for both parents and children.
 - Procurement and expansion of timely substance abuse treatment services for families struggling with substance use as these cases are more likely to result in the child being placed out of the home.
 - Increasing client access to HHS Drug Testing Sites through extended hours of operation, expanding the number of site locations, and assisting with transportation to drug testing sites.

Supports & Services

- Increase referrals for services and supports to families when the Child Protection Assessment is not substantiated.

Legal Representatives

- Engage with Judicial Court, Court Partners, and HHS to work toward the recruitment, retention, and training of legal representatives of parents and children in a collaborative and multidisciplinary way.

Child Welfare Workforce

- Support the confidence, competence, and consistent practice of the child welfare workforce by establishing trauma informed supervision practices across the state.

SECTION 107(E)(1)(A)(B)(C) OF CAPTA

Each of the four recommendations from Iowa's 2024 Three-Year Assessment support one of the three categories under Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). Where more than one recommendation falls under a category, they are listed in order of priority.

Category A:

Activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.

- The **substance abuse recommendation** aligns with Category A as it seeks to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect through additional training for child welfare workers around substance use disorders and behavioral indicators. The recommendation also highlights the importance of coordinating with substance abuse treatment providers to provide an effective continuum of care for the child and the family including the use of Safe Plan of Care and increasing client access to HHS Drug Testing Sites.
- The recommendation to increase referrals for **services and supports** to families when the Child Protection Assessment is not substantiated also supports Category A with regard to improving the investigative, administrative, and judicial handling of cases of child abuse and neglect. The recommendation seeks to provide service and supports to families with the intent to prevent further referrals to child protection services.

Category B:

Support of experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused.

- The recommendation regarding **legal representatives** falls within Category B as recognizes the vital need for an adequate number of child welfare attorneys and the importance of having quality legal representation in child abuse and neglect cases.

Category C:

Reform of State laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children, which may include those children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as the intrastate, interstate, Federal-State, and State-Tribal, from child abuse and neglect, including sexual abuse and exploitation, while ensuring fairness to all affected persons.

- The recommendation to implement **trauma informed supervision** to better support the child welfare workforce aligns with Category C. The recommendation recognizes the critical role that child welfare workers have in protecting children and that many can experience secondary traumatic stress from their work. The reform of child welfare policies and practices around supervision is needed to better support this workforce.

IOWA'S RECOMMENDATIONS & FUTURE ACTIVITIES FFY 2025-2028

Over the next three years the recommendations from Iowa's 2024 Three-Year Assessment will direct the focus and guide the work of the Child Protection Council. Looking to FFY25 the Council is recommending that CJA funding be used to assist in establishing and implementing the Sobriety Treatment and Recovery Teams (START) Model in Iowa. The focus of the START Project is on the continuum of care between systems and agencies that provide services to children and families whose parent(s) is diagnosed with a substance use disorder (SUD). Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. As such, the START project aligns with and supports the Council's 2024 recommendation on substance abuse which speaks to the importance of coordinating and collaborating with treatment providers to provide an effective continuum of care for the child and family experiencing a substance use disorder (SUD). The substance abuse recommendation also calls for the procurement and expansion of timely substance abuse treatment services including drug testing, and the use of Safe Plans of Care for infants impacted by their parent's SUD.

The Start Model also aligns with the Council's recommendation around services and supports for children and families when the child abuse assessment is not substantiated. There is a need in Iowa for additional services and supports for children and families referred to protective services. The START Model requires that an adequate number of services be available to children and families. Iowa's efforts in building out services for this Model will benefit all families needing services, whether or not they are participating in the START project.

Going forward, the Council will be looking to Iowa's Court Improvement Program as a key partner in supporting the recommendation for the recruitment, retention, and the training of legal representatives of parents and children. As the Director of Iowa's Court Improvement Project is a member of the State Task Force, this offers the opportunity to explore more closely what new strategies and innovative approaches can be taken to address the low number of child welfare attorneys in Iowa and how to improve the quality of legal representation.

The Council will also be working to support the child welfare workforce by promoting trauma informed supervision practices across the state. The Council believes strongly in the need to invest in the child welfare workforce and that implementing trauma informed supervision practices will better support and improve practice and will ultimately serve to better protect children.

Appendix A

IOWA CHILD PROTECTION COUNCIL MEMBERS PROFESSIONAL BACKGROUNDS & EXPERIENCE

CJA REQUIRED MEMBERSHIPS

Law Enforcement Community

Chief Tricia Thein, Decorah Police Department Decorah Iowa

Tricia has worked in law enforcement for 27 years, starting her career in Waukon Iowa. She worked there for 6 years, and moved to Marshalltown Iowa where she had the opportunity to work in many specialty fields over her 20 years there. She worked in Gang investigations, school resource officer, peer support, team leader in negotiations, and patrol operations, and major crime investigations. Tricia was promoted to Sergeant in 2012, and then to Lieutenant in 2016. Tricia had the opportunity to attend the Northwestern School of Police Staff and Command, graduating in 2016, as well as the coveted FBI National Academy, graduating in 2022. In July of 2023, Tricia was appointed as the Chief of Police of the Decorah Police Department. From Line officer to Chief of Police, Tricia has always felt and continues to feel that the welfare of children is one of the most important responsibilities in policing. Tricia describes herself as being a strong advocate for children everywhere.

Criminal Court Judge

Daniel P. Vakulskas, District Associate Judge, Third Judicial District of Iowa

The Honorable Judge Daniel P. Vakulskas is a District Associate Judge currently assigned to Plymouth and Sioux counties in Iowa's Third Judicial District. Judge Vakulskas presides over criminal, civil, and juvenile cases (both CINA and Delinquencies). Prior to being appointed to his current position, Judge Vakulskas served as a Magistrate in Woodbury County. He was also in private practice in Sioux City, Iowa.

Civil Court Judge

Linnea Nicol, District Associate Judge, First Judicial District of Iowa

The Honorable Judge Nicol graduated from Luther College, Decorah, Iowa with a BA, attended law school at Valparaiso School of Law in Valparaiso, Indiana, was admitted to the Iowa Bar by examination in 1990. As a young lawyer, Judge Nicol worked for Legal Services Corporation of Iowa (now Iowa Legal Aid) in their Waterloo and Sioux City, Iowa Offices. In 1995 Judge Nicol joined the Office of the State Public Defender in the Sioux City Office, and then the Waterloo Juvenile Public Defender's Office. In 2018 Judge Nicol was appointed to the bench. Judge Nicol presides over juvenile court in seven rural counties in northeast Iowa.

Prosecuting Attorney

David A. Dawson, Assistant Woodbury County Attorney

David Dawson is currently an Assistant County Attorney for the Juvenile Division of the Woodbury County Attorney's Office in Sioux City, Iowa. He is a certified Child Welfare Law Specialist by the National Association of Counsel for Children and the American Bar Association. He received his Bachelor of Science degree at Iowa State University and his law degree at the University of California at Los Angeles School of Law. Upon completion of law school, David worked for 3 years in the corporate litigation department at the law firm of Winston & Strawn in Chicago, Illinois. Over the last 18 years, David has worked as a solo practitioner for over 5 years and a prosecutor for over 12 years, during which time he has specialized in juvenile court and family law cases. David previously served as an Iowa State Representative from 2013 to 2016.

Defense Attorney

Penny B. Reimer, Reimer Mediation & Law, PLLC

Penny Reimer is a law attorney at Reimer Mediation & Law, PLLC. Penny has experience representing both parents and children in Child in Need of Assistance and Delinquency proceedings. She is involved with the Safe Babies Court Team in Polk County that serves families with children 0 to 3 years of age and is involved with their community stakeholder meetings and trainings to promote best practices with these families. Penny is also involved in a multi-disciplinary Model Court Team that brings presenters to the table monthly to educate our juvenile court teams regarding best practices and opportunities for improvement in the juvenile justice system. She participated in the Iowa Department of Human Services Initial Targeted Child Welfare Review Conducted by The Child Welfare Policy and Practice Group as part of an attorney/review discussion aimed at bettering juvenile court services for families. Prior to her legal career, Penny was a Healthy Start/Empowerment Case Manager working with at-risk, primarily Spanish-speaking families to promote healthy development, skill-building and resources to families at a targeted pre-school to help families move from crisis management to prevention and thriving family goals.

Child Advocate; Attorney for Children

Andrea McGinn, The Law Shop by Skogerson McGinn LLC

Andrea McGinn is a practicing juvenile and family law attorney in Van Meter, IA. Andrea practices collaborative divorce and family law at The Law Shop by Skogerson McGinn LLC. About half of her case docket is made up of representation of parents and children in juvenile court. Andrea served as a CASA (Court Appointed Special Advocate) prior to practicing law. She is an executive member of the Central Iowa Academy of Collaborative Professionals and the Iowa State Bar Association Family & Juvenile Law Section. Andrea is the IAJ representative on the Iowa Domestic Violence Death Review Team and a board member for the Guardian Scholars Foundation, who provides college scholarships to foster children. Andrea attended law school to fuel her passion of working with children and families and with hopes that her education would empower her to make changes in the area of child and family welfare.

CASA Representative

Steffani Simbric, Director of the Iowa Child Advocacy Board (ICAB)

Steffani Simbric has worked in various capacities for more than 20 years serving people who have suffered from domestic violence, sexual abuse, human trafficking and homelessness. Her career started at Cedar Valley Friends of the Family in Waverly, Iowa where she assisted in opening the first domestic violence shelter in northeast Iowa, served as the transitional housing program manager, and ultimately assistant director of the agency. Subsequently, Steffani provided leadership for the Story County SART (Sexual Assault Response Team), based out of the Iowa State University Police Department. Prior to taking the position with ICAB, Steffani worked at the Iowa Law Enforcement Academy, providing instruction regarding identification of and responding to incidents of human trafficking. Steffani currently serves as the Director of the Iowa Child Advocacy Board, an organization that oversees the operation of both the Iowa Court Appointed Special Advocate (CASA) program and the Iowa Citizen Foster Care Review Board. Steffani's education includes a Bachelor's degree in social work from the University of Northern Iowa, as well as a Master's degree in public administration from Iowa State University.

Health Professional

Cheryll A. Jones ARNP, CPNP, Health Services Coordinator Ottumwa Regional Center

Cheryll Jones is currently employed as the Health Services Coordinator for the Ottumwa Regional Center of Child Health Specialty Clinics, Iowa's Title V Program for Children with Special Health Care Needs. She has held this position since 1977. In her capacity as Health Services Coordinator, she provides diagnosis, evaluation, and care coordination services for children with special health care needs that include children exposed to drugs prior to or after birth. As part of the services provided through CHSC, Cheryll participates in the evaluation and follow-up of children with special health care needs through the use of telehealth. Cheryll also works as a Pediatric Nurse Practitioner at Ottumwa Regional Health Center, Ottumwa, Iowa. In this capacity she provides newborn nursery care.

Health and Mental-Health Professional

Gladys Noll Alvarez MSW, LISW, Orchard Place/Child Guidance Center

Gladys Noll Alvarez MSW, LISW, is a Trauma Informed Care (TIC) Project Coordinator at Orchard Place/ Child Guidance Center. In this capacity, Gladys provides clinical therapeutic services for children and families who have experienced trauma. In her role as the TIC Project Coordinator, she coordinates the networking of the TIC Project Stakeholder's group and provides trainings on trauma informed care throughout the state and nationally. Gladys has worked with children and families since 1976 when she was a counselor with the Upward Bound program at Coe College. Gladys earned her BA at Luther College in Social Work and Psychology, her Masters in Social Work at the University of Iowa and has been engaged in 2 separate year-long learning collaborative cohorts through the National Child Traumatic Stress Network. Gladys is trained in Trauma Focused-Cognitive Behavior Therapy (TF-CBT) and is rostered nationally in Child Parent Psychotherapy (CPP). In 2018 she received the Michigan Association for Infant Mental Health Endorsement as an Infant Mental Health Mentor – Clinical and is the first Level IV IMH-E ® in Iowa. Gladys has been a member of a number of groups and initiatives throughout her career. She was a member of the C.A.N. Prevention Council, was part

of the Court Improvement Task Force in 2005/2006, and a Charter Board Member of Shalom Zone Ministries from 1997-2005. Currently, Gladys chairs the Steering Committee for the Regional Child Protection Center and is a member of the Model Court Team in Polk County, the Zero to Three Safe Babies Court Team in Polk County, and the Iowa Association of Infant & Young Children's Mental Health. In 2011, Gladys received the Michele A. Moore Award of Distinction for her work in child advocacy. Gladys has also co-authored 2 children's books on trauma.

Individual Experienced in Working with Children with Disabilities

Libby Lamphere, MSW, LISW, Medical Social Worker, ChildServe

Libby Lamphere received her MSW from the University of Iowa. Libby is currently a Medical Social Worker at ChildServe on their Long-Term Care unit. Prior to this, she worked as a Medical Social Worker on the Transitional Care Unit that is a certified Brain Injury Rehabilitation unit at ChildServe. These units provide skilled nursing care for patients with complex medical needs and cognitive or physical disabilities, ages 0-30. Before coming to ChildServe, Libby was a Mental Health Therapist at Orchard Place Child Guidance Center.

Parent & Parent Group Representative

Deanna Tipton, Parent Partners

Deanna was appointed to the Child Protection Council in 2019. Deanna has received child welfare services in the past when she was raising her family. It was through this experience that Deanna first became aware of the services that Parent Partners provide to families. Deanna has since gone on to become a Parent partner. Deanna is on the event committee for family treatment court and is very active in the recovery community in her area.

Adult Former Victim of Child Abuse or Neglect

Kayla Powell, Consultant, Youth Policy Institute of Iowa, NYTD and Youth Development Coordinator, Iowa Department of Human Rights

Kayla Powell (she/her) is the National Youth in Transition Database (NYTD) and Youth Development Coordinator at the Iowa Department of Human Rights. In this position, Kayla primarily focuses on overseeing the state's NYTD efforts (data collection on older youth in and transitioning from foster care), advancing youth engagement and positive youth development within state agencies and contributing to juvenile and criminal justice research activities using participatory models. Outside of this role, Kayla is also a national and federal child welfare consultant, providing technical assistance to states as they seek to improve their authentic youth engagement and independent living services for older youth in foster care. Kayla has over 9 years of lived child welfare experience and 8 years of professional child welfare experience.

Individual Experienced in Working with Homeless Youth

Hope Metheny graduated from Iowa State University in 2003 with a degree in Psychology. She started her career with Youth & Shelter Services Inc. (YSS) in 2005 in the residential treatment program for substance abuse, where she worked until 2011. While counseling the females in residential treatment she obtained her CADC (Certified Alcohol and Drug Counselor) certification through the state of Iowa. She currently still maintains this certification. In 2011 she transitioned to working with homeless youth, an area she is still working in today. Over the past decade Hope has led and chaired many groups focused on ending homelessness/awareness. Hope believes that every youth deserves a place to call home and spends her time ensuring this dream becomes a reality for many transitional aged youths. Hope uses her strong background in substance abuse counseling to advocate for the housing first model for those youth that are experiencing homelessness with co-occurring issues such as substance use issues. She currently is a board member for the Balance of State CoC and chairs the Coordinated Service Regions sub-committee. She is also currently serving as a board member of the Story County Housing Trust and has been serving on that board since it was developed. She has been a member of the Iowa Council on Homelessness since 2018. When Hope isn't working, she enjoys spending time with her family and her dog (Spooky) and traveling.

Child Protection Services Agency

Patricia Barto, MSW, CJA Coordinator & CAPTA Program Manager, Iowa Department of Health and Human Services

Patricia Barto, MSW, has over 30 years of experience in the child welfare field. Patricia began her career with the Iowa Department of Health and Human Services (HHS) in Child Abuse and Case Management Services. After ten years in the field, Patricia accepted a position in the HHS Central Office as a Policy Program Manager. In her current position, Patricia is responsible for the oversight and management of a number of statewide child welfare programs, contracts, and federal grants under child protection services. Patricia completed her undergraduate degree at the University of Northern Iowa and received her Master's Degree in Social Work from the University of Iowa.

Members at Large

Iowa's Child Protection Centers

Katherine Strub, MA, LMHC, Supervisor, Allen Child Protection Center

Katie Strub received her undergraduate degree in psychology from the University of Northern Iowa (UNI) in Cedar Falls, Iowa. She also received her Master of Art's degree in Mental Health Counseling from UNI and is a Licensed Mental Health Counselor (LMHC) in the State of Iowa. Ms. Strub was a child and family therapist for children residing in a Psychiatric Medical Institution for Children (PMIC). Ms. Strub then worked as a Social Worker II for the Department of Human Services (DHS) until she began her position with the Allen Child Protection Center as a forensic interviewer in 2010. Ms. Strub worked part-time for a local mental health agency providing individual and family counseling until 2012. Since ACPC opened in 2010, Ms. Strub has conducted approximately 1700 forensic interviews of children and dependent adults who

are suspected victims of abuse or who have witnessed violence. She has testified as an expert witness on child abuse dynamics and forensic interviewing throughout the state of Iowa. Ms. Strub provides training in various topics including interviewing children, child abuse reporting, child abuse prevention, multi-disciplinary team collaborations and others throughout the state each year. Ms. Strub became the Supervisor of the Allen Child Protection Center in 2015 and oversees the daily operations of ACPC.

Julie Kelly-Molander, MS, LMSW, Manager, St. Luke's Child Protection Center

Julie Kelly-Molander is the Manager of UnityPoint Health – St. Luke's Child Protection Center. Julie started out as a Forensic Interviewer at the Center in 1994 and was later promoted to Supervisor. Julie has served as Manager of the Child Protection Center for the past 8 years. Julie received her undergraduate degrees in Psychology and Sociology from Wartburg College in Waverly. She received her graduate degree from Iowa State University with majors in Child Development and Family Environment. Julie is also a Licensed Master's level Social Worker. Julie currently serves on the Child Protection Council/State Citizen Review Panel, Linn County Case Review Team and is President of the Iowa Chapter of Children's Advocacy Centers.

Tamra Jurgemeyer, LISW, Executive Director, Iowa Chapter of Children's Advocacy Centers (ICCAC)

Tamra Jurgemeyer is the Executive Director of Iowa Chapter of Children's Advocacy Centers. Tamra brings over 25 years of experience working in a variety of non-profit community and clinical settings. Preceding this position, Tamra was the Program Director at Young Women's Resource Center for 4 years, Associate Vice President at Orchard Place/Child Guidance Center for 8 years and the Therapy Supervisor at Children & Families of Iowa for 11 years. Prior to her supervisory roles, Tamra was a Foster Care Specialist with the Iowa Department of Human Services for 10 years. Tamra has a background of both managerial and hands-on involvement in creating successful program promotion and communicating effectively with key decision makers. Tamra completed her Master's Degree in Social Work from the University of Iowa and is a Licensed Independent Social Worker. She has been particularly concerned with childhood loss and trauma and improving interventions to support resiliency for better mental, physical and emotional health. Tamra is focused on providing quality services to the children, youth and families served and building effective teams and strong community partnerships.

Child Advocates

Elisa Koler, Education Program Consultant at the Iowa Department of Education

Ms. Koler graduated from the University of Washington with a Master's in Elementary Education. She then worked as a primary school teacher in rural Alaska, establishing a new Preschool program and participating in a number of grant-funded projects related to Athabascan language and culture, indigenous arts and outdoor education. During her time there, she discovered a love of training teachers, creating and presenting workshops in curriculum fidelity, cultural competency and skill building for new teachers. She then pivoted those skills to adult education, teaching high school and GED test preparation to adult males at the Arizona State Prison Complex - Lewis. Following that, she was hired by the Arizona State Board for Charter Schools, working in contract compliance and program evaluation for the over 500 charter schools in the state. Her passion for compliance then brought her to the Arizona Department of

Education, where she worked as an Average Daily Membership auditor. She now works at the Iowa Department of Education, combining her love for training and passion for compliance in her role supervising the programs for Neglected and Delinquent Children (Title I Part D), alternative education and foster care. She is also a former foster parent and an aspiring CASA.

Children's Justice/ Court Improvement Project

Kathy Thompson, Executive Director of Children's Justice in State Court Administration

Ms. Thompson received her MSW from the University of Iowa and has over 30 years of experience in the child welfare field. Prior to joining the Judicial Branch, Ms. Thompson worked in the private, non-profit sector providing family-centered, adoption and foster care services. Her previous position was Supervisor of the Adoption and Child Welfare Mediation programs in Davenport, Iowa. Ms. Thompson served as Project Co-Director for the Iowa Mediation for Permanency Project. She has served as guest lecturer for social work at St. Ambrose University and Blackhawk College. Ms. Thompson has provided training and technical assistance locally, statewide, and nationally in the area of child welfare mediation and the nexus of substance abuse and child welfare. She has successfully written and managed twelve federal grant awards from OJJDP, SAMHSA and the Children's Bureau with a focus on statewide system reform for Family Treatment Courts, timely permanency for children, adoption preservation, and child welfare mediation. Ms. Thompson is currently serving as a member of the NADCP National Family Drug Court Standards Advisory Group which is a project supported by a grant award from OJJDP.

Prevent Child Abuse Iowa

Sharon Miller, Executive Director of Prevent Child Abuse Iowa

Sharon Miller is the Executive Director of Prevent Child Abuse Iowa. Sharon brings over 20 years' experience in the prevention/public health field. Sharon has degrees in nursing, community health education and child development. She has been active in the American School Health Association serving on the Board of Directors for two terms, various committees, subcommittees, conference reviewer and received her Fellow status. Sharon was recognized by her peers and received the Distinguished Service Award in 2020 from the American School Health Association. She serves on the West Des Moines Community School Districts health and wellbeing committee and on the family and consumer sciences education curriculum review committee. She is an active member of Survivors of Suicide group and advocates for mental health services which includes increasing access and funding for students at schools. Sharon works with families trying to reduce the stigma surrounding suicide and navigating the guilt and trauma associated with losing a loved one to stigma.

Iowa ACES 360

Andrea Dencklau, LMSW, Research and Systems Innovation Manager

Andrea is an experienced social worker working in nonprofit and public agencies for over twenty years. She began her career working with women and their children in a transitional housing program in Kansas City, MO. Andrea quickly recognized that while families began to heal with the safety and security of housing stability and support, families were often faced with societal

and community barriers that prevented them from achieving their goals. Motivated by the desire to develop inclusive policies and practices that liberate families, Andrea went back to school earning her Master's in Social Work from the University of Kansas with a focus on administration and advocacy. Andrea went on to work in many settings in the areas of homelessness, child welfare and early childhood in Iowa and Kansas City. Most recently, Andrea worked as the Senior Policy Associate with the Youth Policy Institute of Iowa partnering with young people to improve outcomes for youth aging out of foster care. She is now the Research and Systems Innovation Manager at Iowa ACES 360 committed to advancing healing-centered youth serving systems. Andrea is a fellow with Mid Iowa Health Foundation and currently a member of the Coalition for Children and Families in Iowa Vision Council, Iowa Task Force for Young Women, Iowa DHS Cultural Equity Alliance and the Child Protection Council.

APPENDIX B

CHILD PROTECTION COUNCIL (CPC)

05/01/2024

Required CJA Areas of Discipline/Members/Term/Organization Represented

Required CJA Area of Discipline	CPC/CRP Members	Organization
Law Enforcement	Lt. Tricia Thein	Decorah Police Dept.
Criminal Court Judge	Judge Linnea Nicol	District Associate Judge, First Judicial District, Fayette Co
Civil Court Judge	Judge Daniel Vakulskas	District Associate Judge, Third Judicial District, Plymouth Co
Prosecuting Attorney	David Dawson (CPC/ Chairperson)	Assistant Woodbury County Attorney Juvenile Division
Defense Attorney	Penny Reimer	Reimer Mediation & Law, PLLC
Child Advocate (Attorney for Children)	Andrea McGinn	The Law Shop By Skogerson McGinn, LLC
Court Appointed Special Advocate (CASA)	Steffani Simbric (Vice Chairperson)	Iowa Child Advocacy Board, DIA
Health Professional	Cheryl Jones	Ottumwa Regional Center of Child Health Specialty Clinics
Health Professional	Katie Strub	Allen Child Protection Council, Waterloo, Iowa
Health Professional	Julie Kelly-Molander	St. Luke's Child Protection Center, Cedar Rapids, Iowa
Health Professional	Tamra Jurgemeyer	Iowa Chapter of Children's Advocacy Centers
Mental Health Professional	Gladys Noll Alvarez	Orchard Place/Child Guidance Center, Des Moines, Iowa
Individual with Experience Working with Children with Disabilities	Libby Lamphere	ChildServe , Johnston, Iowa
Individual Experienced in Working with Homeless Youth	Hope Metheny	Youth & Shelter Services, Inc.

Parent & Representative of Parent Groups	Deanna Tipton	Iowa Parent Partners
Adult Former Victim of Child Abuse or Neglect	Kayla Powell	Department of Human Rights (CJJP & Public Defenders Office)
Additional Members		
Child Advocate	Andrea Dencklau	Consultant, YPII and ACES 360
Child Advocate	Elisa Koler	Iowa Department of Education
Child Advocate	Sharon Miller	Executive Direct Prevent Child Abuse Iowa
Children's Justice		
Iowa's Court Improvement Project	Kathy Thompson	Director of Children's Justice, Judicial Branch
Iowa Department of Health & Human Services		
Child Protective Services Agency Representative	Roxanne Riesberg	Child Protection Program Manager, Iowa Department of Health and Human Services
Child Protective Services Agency Representative	Tricia Barto	CJA & CAPTA Program Manager, Iowa Department of Health and Human Services

APPENDIX C

CHILD PROTECTION COUNCIL (CPC)

CJA 3-YEAR ASSESSMENT 2024

REPORT REVIEW TOOL

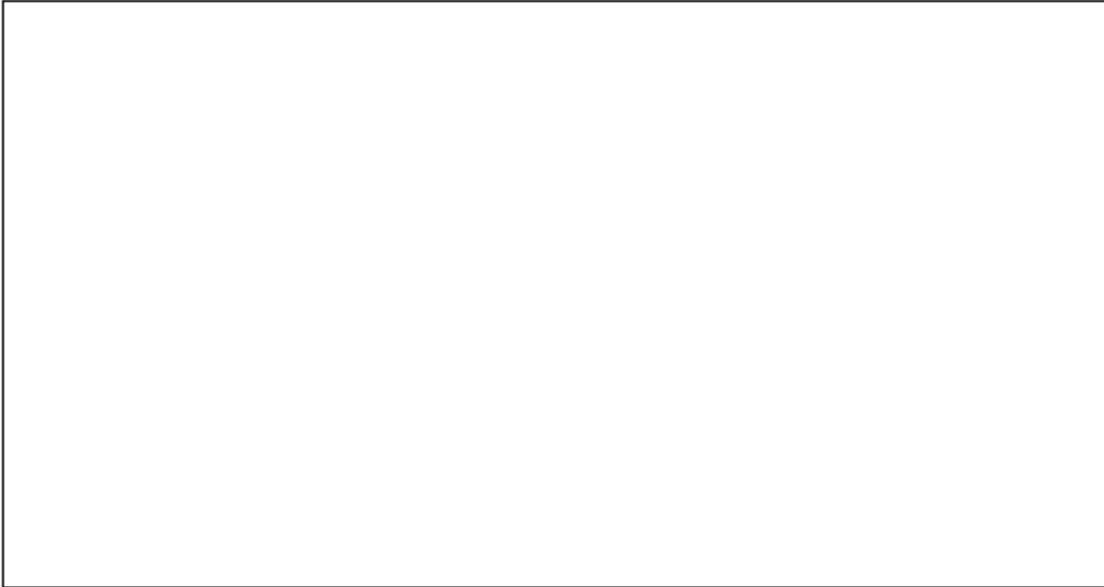
Directions:

For each Report reviewed, please complete the following boxes. Responses can be bulleted and/or written out (the boxes will expand).

For the last box titled “Draft CPC Policy and/or Training Recommendations” please write out any policy and/or training recommendations you would like to propose based on your reading. The recommendations must fall within and/or encompass one or more of the three categories of Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA). The three categories are listed above the box.

Identified Strengths

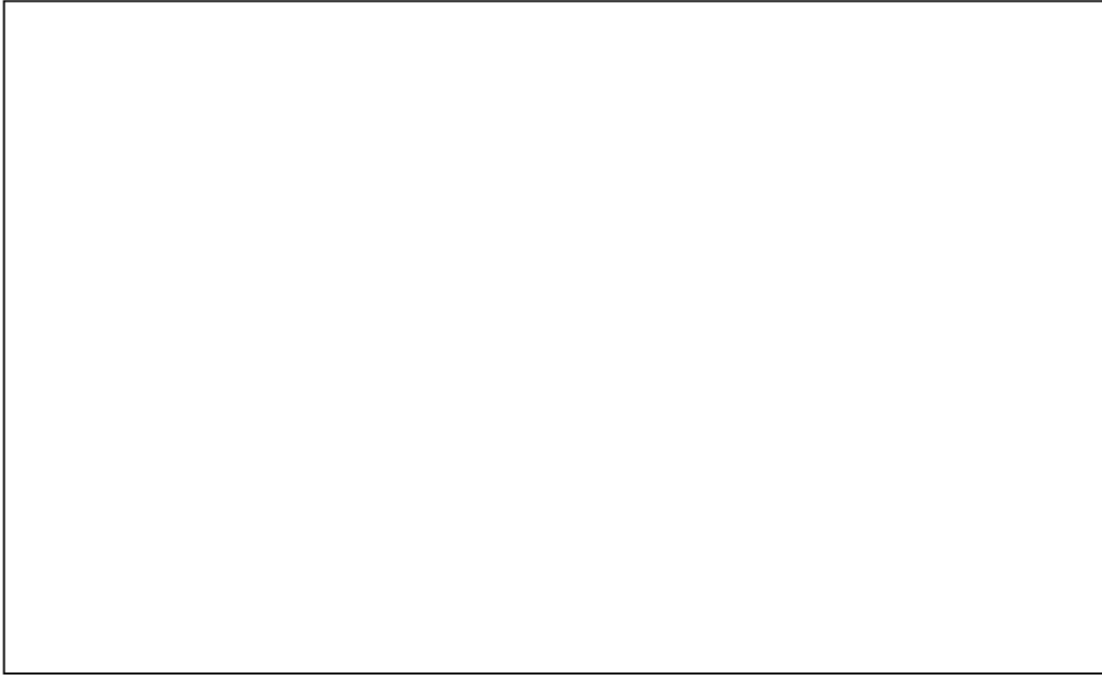
Opportunities for Improvement



Identified System Barriers



Identified Trends/Themes



Any Notable Recommendations from the Report



CJA 3-Year Assessment Policy and/or Training Recommendations

Section 107(e) (1) (A) (B) and (C) of the CAPTA

The Children's Justice Act grant requires that recommendations from a Three-Year Assessment fall within and/or encompasses one or more of the three categories of Section 107(e) (1) (A) (B) and (C) of the Child Abuse Prevention and Treatment Act (CAPTA) which include:

- A. Activities to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused;
- B. Support of experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused; and
- C. Reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children, which may include those children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as the intrastate, interstate, Federal-State, and State-Tribal, from child abuse and neglect, including sexual abuse and exploitation, while ensuring fairness to all affected persons.

Draft CPC/CRP Policy and/or Training Recommendations

APPENDIX D
HHS Child Abuse Intakes Involving Substances
01/01/2023 – 12/31/2023



Iowa Department of Human Services

Intakes Involving Substances

1/1/2023 - 12/31/2023

	Polk County	Statewide
Total Intakes	9,372	59,798
Intakes Accepted	6,115	39,779
Intakes Rejected	3257	20,016
Intakes Open	0	3
Intakes Accepted With Substances Involved	2902	19,209
Intakes Rejected With Substances Involved	501	2,817
Accepted CAA Cases With Substances Involved	2550	16,667
Accepted FA Cases With Substances Involved	331	2,450
Family Assessments With Substances Involved Re-Assigned to CAA	69	345

Polk County - Substance Use Alleged in Child Abuse Assessments by Outcome*

Substance	Confirmed		Founded		Not Confirmed			
Alcohol	13	6%	101	44%	118	51%	232	8%
Cocaine	4	2%	48	22%	167	76%	219	8%
Marijuana	34	4%	245	31%	500	64%	779	27%
Methamphetamine	8	1%	200	31%	443	68%	651	22%
Other	4	2%	49	28%	121	70%	174	6%
Opioid	0	0%	52	33%	108	68%	160	6%
	63		695		1,457		2,215	

* More than one substance may be identified on a single assessment and the substance use must be alleged to impact parenting to be accepted for assessment.

Polk County - Substance Use Alleged in Family Assessments by Outcome*

Substance	Family Assessments Reassigned to Child Abuse						Family Assessment	Total		
	Confirmed		Founded		Not Confirmed					
Alcohol	5	3%	10	6%	11	7%	131	83%	157	5%
Marijuana	2	1%	11	5%	26	12%	187	83%	226	8%
Other	0	0%	1	2%	6	15%	34	83%	41	1%
	7		22		43		352		424	



Iowa Department of Human Services

Intakes Involving Substances

1/1/2023 - 12/31/2023

* More than one substance may be identified on a single assessment and the substance use must be alleged to impact parenting to be accepted for assessment.

Statewide - Substance Use Alleged in Child Abuse Assessments by Outcome*

Substance	Confirmed		Founded		Not Confirmed			
Alcohol	188	11%	674	41%	797	48%	1,659	10%
Cocaine	35	3%	334	26%	916	71%	1,285	8%
Marijuana	283	6%	1,617	32%	3,129	62%	5,029	30%
Methamphetamine	69	1%	1,763	35%	3,200	64%	5,032	30%
Other	49	4%	330	27%	865	70%	1,244	7%
Opioid	14	2%	204	32%	423	66%	641	4%
	638	4%	4,922	33%	9,330	63%	14,890	

* More than one substance may be identified on a single assessment and the substance use must be alleged to impact parenting to be accepted for assessment.

Statewide - Substance Use Alleged in Family Assessments by Outcome*

Substance	Family Assessments Reassigned to Child Abuse						Family Assessment	Total		
	Confirmed		Founded		Not Confirmed					
Alcohol	24	12%	72	36%	53	26%	53	26%	202	7%
Cocaine	0	NaN	0	NaN	0	NaN	0	NaN	0	0%
Marijuana	15	5%	50	18%	109	39%	109	39%	283	10%
Methamphetamine	0	0%	2	25%	3	38%	3	38%	8	0%
Other	4	5%	16	21%	28	37%	28	37%	76	3%
Opioid	1	50%	0	0%	0	0%	1	50%	2	0%
	44	12%	140	37%	193	51%	194		571	

* More than one substance may be identified on a single assessment and the substance use must be alleged to impact parenting to be accepted for assessment.