The Iowa Child Abuse Prevention & Treatment Act (CAPTA) Grant

FFY 2026 Grant Application

2024-2025 Year End Report

June 2025

IOWA Health and Human Services

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CAPTA Annual Report 2024 – 2025

Following is the Iowa Department of Health and Human Services' (HHS) 2024 - 2025 Annual Child Abuse Prevention and Treatment Act (CAPTA) Report that describes activities funded under CAPTA, the program areas that they fall under, and a description of how CAPTA state grant funds were used in a manner that aligns with and supports the overall goals for the improvement and delivery of child welfare services.

Substantive Changes to Iowa State Law Section 106(b)(1)(C)(i) of CAPTA

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. No new laws or amendments to the Iowa Code, which would affect CAPTA, were passed in State Fiscal Year (SFY) 2025.

INVESTIGATION OF ALLEGED STUDENT ABUSE BY SCHOOL EMPLOYEES – SF659(IOWA CODE SECTION 232E.2)

This bill directs HHS to administer this chapter to provide for the investigation of reports of alleged student abuse by school employees.

CAPTA Program Areas Selected for Improvement SFY 2026 Section 106(b)(1)(C)(ii) of CAPTA

HHS identified specific program areas for improving Iowa's child protection system. Of the 14 program areas set forth in Section 106(a) of CAPTA, HHS targeted six. The six CAPTA program areas that Iowa will focus on in SFY 2026 include:

- The intake, assessment, screening, and investigation of reports of child abuse or neglect.
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.
- Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations and improving legal preparation and representation including:
    - Procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
    - Provisions for the appointment of an individual appointed to represent a child in judicial proceedings.
- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect including the use of differential response.
- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

- Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs:
    - To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
    - To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

The Comprehensive Addiction and Recovery Act of 2016 Section 106(b)(2)(B)(ii)(iii) of CAPTA

SUMMARY OF CARA IN IOWA

HHS continues to fulfill annual reporting requirements under the federal CAPTA, tracking affected infants and ensuring referrals for services occur. Collaborative efforts, such as those from the Drug Endangered Children (DEC) Workgroup and internal HHS teams, was pivotal in refining policies to focus on child safety and well-being.

HHS collaborates with external partners such as the DEC Workgroup, which evaluates suspected child abuse related to substance abuse and recommends statutory changes. Additionally, HHS' internal groups focus on the development of Safe Plans of Care and the revision of policies supporting the safety of these children post-release from medical care.

POLICY AND PRACTICE

HHS' policies for intake, assessment, and case management of CARA cases are as follows:

- Intake:
    - Reports of children born with illegal substances in their body are assessed as Child Abuse allegations. If suspected to be affected by substances or FASD, it is documented in the intake.
    - If there is a concern from a medical provider that an infant is impacted by substances or FASD, but there is no information that meets criteria for a Child Abuse Assessment, a Child In Need of Assistance (CINA) assessment is accepted.
    - If there's an open child welfare case for the family, the intake is directed to the case manager.
- Assessment:
    - The Child Protection Worker (CPW) collaborates with medical providers to assess whether the infant is affected by substances or withdrawal symptoms.

        - If the infant is not affected, this is documented in the assessment.
        - If the infant is affected, the Safe Plan of Care form is completed.
        - If the family refuses to participate in a Safe Plan of Care, a consultation with the County Attorney is required to consider filing a CINA petition.
- Case Management:
    - For open child welfare cases, the Social Work Case Manager (SWCM) works with medical providers to confirm the infant's condition.
        - If the infant is unaffected, this is documented in ongoing case file notes.
        - If the infant is affected, a Safe Plan of Care is created and implemented.
        - If the family is not cooperative with a Safe Plan of Care, the SWCM consults with the County Attorney to determine whether a CINA will be filed, if juvenile court is not already involved.
- County Attorney Consultation
    - HHS follows a standardized process for consultation with county attorneys across Iowa. Variations may occur depending on each county attorney's approach to non-cooperation circumstances, with county attorneys generally supporting a CINA filing when the non-cooperation is a safety concern.

TRAINING AND MONITORING

Training of Health Care Providers and HHS Staff: To ensure understanding and compliance, all health care providers in Iowa received a letter from the HHS Child Welfare Policy Bureau informing them of the changes in state law requiring mandatory reporting of infants affected by substance abuse or withdrawal symptoms.

HHS staff received extensive training, including online webinars accessible via an online learning library system, to ensure familiarity with the Safe Plans of Care process. These webinars are continuously available for new and existing staff.

Monitoring: Monitoring Safe Plans of Care is based on the specifics of each case:

- When HHS is involved, the assigned SWCM monitors the plan's effectiveness, ensuring services are provided and documented in the case plan.
- If there are no ongoing services, but the family is cooperative, medical community providers are responsible for monitoring the Safe Plan of Care.

REVIEWS, EFFORTS, AND ANALYSIS

Recent Efforts and Collaborative Work:

<u>October 2024</u>

Due to the downward trend of Safe Plans of Care data over the past 5 years, Child Protection Policy Program Managers met with the Project Director for the Iowa Choices for Women initiative. This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The initiative serves as a pilot program for pregnant and post-partum women with substance use disorders engaged in outpatient treatment. During the meeting, HHS received an overview of the initiative's focus,

efforts, and goals. The program aims to support evidence-based services designed to reduce substance use among pregnant and post-partum women, ultimately improving both maternal and infant health outcomes.

November 2024
HHS Child Protection Policy Program Managers and supervisor participated in a meeting with the National Center on Substance Abuse and Child Welfare to explore the tools and resources available through their in-depth technical assistance program. This meeting provided valuable insights into best practices for addressing substance use in the context of child protection.

December 2024
A meeting occurred within HHS to address the observed decline in Safe Plans of Care data. The meeting focused on identifying the factors contributing to this trend and developing a comprehensive strategy to ensure that Safe Plans of Care are correctly identified and appropriately implemented in relevant cases. Following the technical assistance meeting and internal discussions, HHS is committed to independently analyzing barriers to implementation and taking targeted actions to enhance the identification and application of Safe Plans of Care within the agency.

January 2025
The Child Protection Policy unit conducted a review of 20 assessments from 2024 to evaluate the implementation of Safe Plans of Care. In 25% of cases, a Safe Plan of Care was either not required or was appropriately completed. This indicates that the process is working as intended in certain situations. However, in the remaining cases, several key challenges were identified.

In 20% of cases, it was unclear whether a Safe Plan of Care should have been implemented, primarily due to insufficient follow-up with medical providers. In 55% of cases, a Safe Plan of Care was required but was not completed. This finding highlights an area for improvement that requires attention.

To further understand the underlying issues, we analyzed cases where a Safe Plan of Care was not implemented despite being required. Several trends emerged, including:

- A lack of follow-up with neonatal medical providers when an infant is affected.
- Failure to implement a plan when a child is removed and placed with a substitute caregiver.

Additionally, due to the voluntary nature of CINA assessments, when a family refuses participation, the child protection worker must consult with a county attorney. In some instances, the county attorney may decide not to pursue a CINA petition, which could contribute to gaps in the Safe Plan of Care process.

The infrequency of cases involving infants affected by substances, combined with the immediate focus on safety during child protective assessments, may contribute to the

Safe Plan of Care not always being prioritized by Child Protection Workers and Social Work Supervisors.

Despite the challenges identified, it is important to highlight that our intake unit is consistently and correctly identifying when an infant is affected by substances. When Safe Plans of Care are implemented, they are done so accurately, in collaboration with medical providers, and are tailored to meet the specific needs of the infant and their caregivers. These plans are comprehensive, addressing the necessary services and ongoing monitoring to ensure the safety and well-being of both the infant and their caregivers.

This analysis identified key barriers to the consistent implementation of Safe Plans of Care. The data collected will inform our strategy to improve both the identification and implementation of these plans. Going forward, we will focus on addressing these challenges by strengthening follow-up processes, enhancing collaboration with medical providers, and ensuring that Safe Plans of Care are prioritized in cases involving infants affected by substances.

February 2025

While pulling data to review and analyze in January 2025, HHS staff noted that our Child Welfare Information System, JARVIS, would benefit from enhancements to assist with the identification of infants affected and the implementation of Safe Plans of Care. HHS staff also noted that a couple of bugs in the system were creating notifications to ongoing workers at incorrect times.

The system is being updated to correct the bugs and add:

- A field to specify which child(ren) in the home was/were identified as an infant affected
- A field to indicate whether referrals relevant to the Safe Plan of Care occurred
- A notification to a SWCM when a Safe Plan of Care is implemented, so they can complete relevant information in the “review” section of their case plans.

Child Protection Policy Program Managers held a follow-up meeting with the Project Director of the Iowa Choices for Women initiative to gain a deeper understanding of the program’s enrollment process, available resources, and tools, as well as potential opportunities for increased collaboration with HHS. The discussion also addressed case monitoring challenges, particularly the difficulty of relying on medical providers to monitor Safe Plans of Care when there is no ongoing HHS involvement. Additionally, HHS was introduced to the work of Dr. Nichole Nidey, a specialist in pregnancy, post-partum substance use, and maternal health at the University of Iowa. Dr. Nidey’s contact information was shared for future collaboration.

CARA DATA

Table 1: CARA Data – CYs 2020-2024					
	CY2024	**CY2023**	**CY2022**	**CY2021**	**CY2020**
Infants affected – identified at intake	152	143	157	185	203

Table 1: CARA Data – CYs 2020-2024					
	CY2024	**CY2023**	**CY2022**	**CY2021**	**CY2020**
Safe Plans of Care completed	45	50	66	70	66
Total number infants affected for whom service referrals were made, including services for the affected parent or caregiver	29	39	62	93	
Total reports accepted for a child protective assessment	29,843	32,857	34,512	35,593	30,151

Data Source: JARVIS; **Can include multiple children on one Safe Plan of Care*

IDENTIFIED SYSTEMIC CHALLENGES

- Services for infants born affected by substance use (including during prenatal drug exposure, withdrawal symptoms, or Fetal Alcohol Spectrum Disorders) and their mothers are more limited in rural areas of Iowa compared to urban centers.
- Participation in programs such as Early ACCESS, Home Visiting, and the Iowa Family Support Program is voluntary, making it difficult to monitor family engagement and compliance—especially in cases where services are provided outside of agency oversight.
- There is a continued need for improved data collection and information-sharing across systems that serve this population.
- Greater cross-system collaboration is needed, particularly among medical, mental health, and HHS providers, to ensure consistent identification of affected infants and provision of appropriate services.

FUTURE STEPS TO SUPPORTING SAFE PLANS OF CARE

To better address these challenges, HHS will continue efforts to strengthen staff understanding and implementation of Safe Plans of Care in alignment with CARA requirements. Planned steps include:

- Forming a statewide workgroup with representation from each social work classification to evaluate practice consistency.
- Updating the Safe Plans of Care form to reflect evolving needs and streamline documentation.
- Hosting a Lean Kaizen event to review and improve internal processes for plan development, monitoring, and collaboration.
- Delivering targeted, in-person training for both HHS field staff and external service providers.

TECHNICAL ASSISTANCE

Recent technical assistance efforts were designed with these systemic challenges in mind. In January 2025, HHS issued a refresher email to all social work staff highlighting key guidance on Safe Plans of Care. This included clarifying when these plans should be initiated, distinguishing them from Safety Plans, and reiterating federal requirements. The communication also reminded staff that Safe Plans of Care are still required even

when a child has been removed from parental custody—addressing confusion noted during past case reviews.

SPoC Refresher Email.pdf

Training has remained a central focus. Safe Plans of Care are covered across multiple training platforms, including:

- Substance Abuse Fundamentals, Foundations for CPWs, and Medical Fundamentals
- Substance Abuse Intermediate and Mental Health Fundamentals
- A required webinar for all new CPWs and SWCMs within the first six months of hire

To support retention and consistency amid workforce turnover, especially among Social Work Case Managers, HHS also made a recorded Lunch and Learn session and written materials available for on-demand access in the training library.

In direct response to the rural service access challenge, HHS plans to strengthen partnerships with the Iowa Choices for Women initiative, which operates statewide and includes rural areas. This collaboration aims to help expand outreach and service options for pregnant and parenting women affected by substance use.

To evaluate how these efforts are impacting practice, HHS is planning a future case review. This review will help assess the effectiveness of ongoing training, the Iowa Choices for Women collaboration, and recent enhancements made to the JARVIS system. Based on the findings, HHS may determine the need for further technical assistance, policy updates, or targeted practice changes to improve how Safe Plans of Care are developed and monitored in Iowa.

Annual Summary of Activities, Training, and Services Section 108(e) of CAPTA

The following sections under the Annual Summary are organized by the CAPTA Program Areas selected by HHS for improvement. The sections include updates on recent activities, training and services supported through Iowa's CAPTA grant, either alone or in combination with other state or federal funds within the six program areas.

Intake, Assessment, Screening and Investigation of Child Abuse or Neglect

HHS POSITIONS

HHS continues to utilize CAPTA state grant funds to support critical functions related to the intake, assessment, screening, and investigation of reports of child abuse or neglect. These funds are instrumental in sustaining three key positions within HHS.

Two Child Protection Program Manager positions play a central role in the development and implementation of child protection policy. These positions encompass both external and internal assignments that collectively support the design, oversight, and execution of policies related to the intake and assessment of child abuse reports.

A Clerk-Specialist position, also funded through CAPTA, continues to support a wide array of intake-related activities with a focus on managing confidential child abuse records and processing background checks.

INTAKE AND ASSESSMENTS OF CHILD ABUSE REPORTS

When HHS receives a report of suspected child abuse that meets Iowa's criteria (victim under 18, involves a caretaker, and aligns with the Iowa Code definition), the report is accepted for a Child Protective Assessment. Reports are then categorized into either a Family Assessment or a Child Abuse Assessment based on the nature and severity of the allegation.

Family Assessments are used for less severe cases, focusing on identifying family strengths and needs, evaluating child safety, and connecting families with voluntary services. The assessment must be completed within 10 business days and does not result in abuse findings or court involvement.

In contrast, Child Abuse Assessments address more serious allegations. These require a determination of whether abuse occurred and may lead to placement on the Central Abuse Registry. This process, completed within 20 business days, includes similar safety and risk evaluations but ends with formal findings such as "Founded," "Confirmed," or "Not Confirmed," depending on the evidence.

If a report does not meet the criteria for either assessment, it is rejected; however, intake staff still screen for potential CINA concerns, which may warrant juvenile court intervention.

To reflect how fluid assessment decisions can be in practice, it is notable that in SFY 2024, 2,470 Family Assessments were re-assigned as Child Abuse Assessments. This shift often occurs when new or escalating safety concerns emerge during the assessment process. Common reasons for re-assignment include:

- The child is determined to be unsafe on a Safety Assessment
- The family cannot be located, or there are concerns the family may flee
- The family refuses to participate in the assessment
- A child must remain outside of the home at the conclusion of the assessment due to ongoing safety issues

For a full statistical analysis of assessments, visit the Iowa HHS website: Microsoft Power BI

HHS CHILD PROTECTIVE ASSESSMENT DATA

Historically, the majority of Child Protective Assessments (CPA) conducted by HHS result in a Not Confirmed determination. This trend is consistent with national data and reflects broader patterns observed in child protection systems across the country.

Families whose assessments result in a Not Confirmed outcome, a Confirmed outcome accompanied by a Low or Moderate Risk score, or who participate in a Family Assessment, are eligible to receive Non-Agency Voluntary Services (NAVS). These services are designed to support families in addressing identified needs and promoting child and family well-being without formal agency involvement.

In contrast, when a case involves a Founded abuse determination or a Confirmed abuse finding with a High-Risk score, the case is referred to a specialized team of HHS case managers. These families are enrolled in HHS Case Management Services, through which ongoing support and oversight are provided to ensure child safety and facilitate long-term stability.

The table below outlines the total number of Child Protective Assessments completed by HHS during Calendar Year (CY) 2024. The data is disaggregated to show the number of assessments completed as Family Assessments and Child Abuse Assessments, with further breakdowns identifying outcomes categorized as Not Confirmed, Confirmed, and Founded.

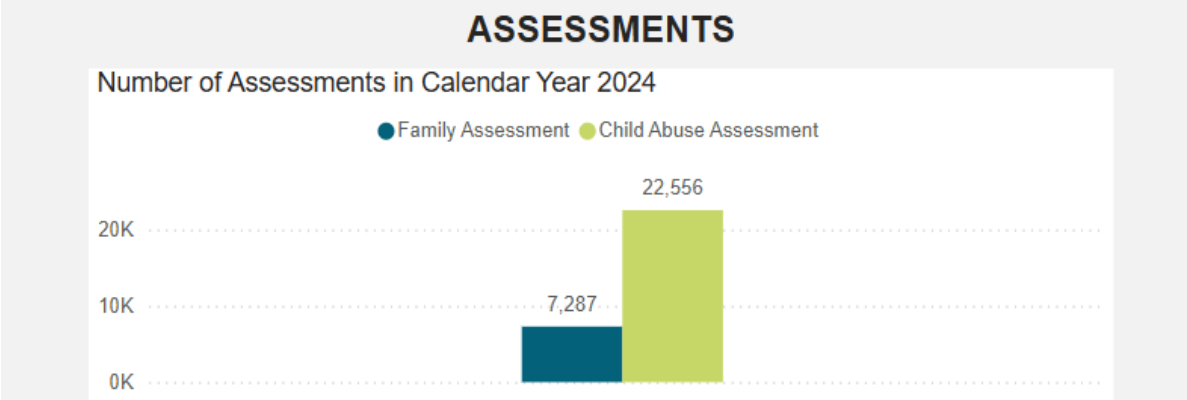

Table 2: HHS Child Protective Assessments (CY 2024)	
Total Assessed Reports	29,843
Family Assessments (Percentage)	7,287 (24%)
Assessments Not Confirmed (Percentage)	15,667 (53%)
Assessments Confirmed and Founded (Percentage)	6,889 (23%)

The full Child Welfare data report can be found on the HHS website at: Child Abuse Statistics | Health & Human Services

CENTRALIZED SERVICE INTAKE UNIT (CSIU)

The Centralized Service Intake Unit (CSIU) manages all reports of suspected child abuse, routing them through a dedicated hotline that operates 24 hours a day, 7 days a week, and 365 days per year. Given the need to handle fluctuating call volumes, staffing levels and shift schedules are carefully designed to ensure prompt handling of abuse reports.

STAFFING STRUCTURE

To maintain continuous coverage, a variety of job classifications are employed. The staff positions and their numbers are as follows:

- Social Worker 3, Intake Specialists: 39 positions
- Social Worker 4, Intake Mentor/Trainer: 4 positions
- Social Work Supervisors: 8
- Clerical: 1
- Social Work Administrator: 1

STAFFING SCHEDULE AND COVERAGE

The staffing schedule is designed to ensure continuous coverage and minimize wait times for all incoming reports.

- Social Work Supervisors cover a wide range of shifts throughout the week, including weekends and overnight hours.
- Social Worker 4 staff work from early morning to late evening, including weekends
- Social Worker 3 staff have shifts that cover around the clock, with many working daytime hours
- Clerical and Administrative roles are covered during traditional business hours, with administration providing on-call support for emergent situations.

EFFICIENCY AND IMPACT OF 24/7 OPERATIONS

Operating a 24/7 hotline improves efficiency, standardizes processes, and ensures consistency in decision-making related to suspected child abuse reports. With intake functions now centralized in the CSIU, local field staff can respond more quickly and focus more on assessments.

CAPTA funding supported the acquisition of essential equipment and technical enhancements necessary for maintaining the 24/7 operations of CSIU.

TRAINING OF NEW CSIU STAFF

Objectives

As the first point of contact for Iowa's child welfare system, it is essential that intake staff possess the knowledge, skills, and tools required to accurately assess and document reports of suspected abuse. Staff must navigate the complexities of maintaining confidentiality, particularly in sensitive and nuanced situations. Additionally, they are expected to respond to reporters and callers with empathy, professionalism, and a clear understanding of available resources, ensuring that everyone is informed and supported throughout the intake process.

Overview

CSIU Intake provides comprehensive, in-house training for Social Worker 3 positions, led by experienced Social Worker 4 staff. These trainers develop detailed, individualized training plans tailored to the specific experience of each new hire. The training program combines instruction, hands-on practice, and close collaboration, ensuring a thorough learning process.

Structure

New hires undergo a 6-month training period, with the core focus on the first 8 weeks. The program involves utilization of simulations and real-life scenarios, supervision and mentoring, and ongoing professional development.

The core training areas are:

- **Policy and Procedures:** In-depth training on child abuse categories, indicators of abuse, advanced questioning techniques, and criteria for classification and response.
- **Technology and Data Systems:** Extensive hands-on training in child welfare management systems, enabling staff to input intake data, track cases, and access historical records and registry information.
- **Confidentiality:** Rigorous focus on safeguarding confidential information.

Results

The effectiveness of the training program is evaluated through assessments, feedback and direct observation, ensuring that each intake specialist is well-prepared to make informed decisions in child abuse matters.

Many CSIU staff praised this training program as one of the most effective that they encountered in their careers, contributing to high job satisfaction and retention rates within the unit.

ALERTMEDIA APP

As part of our ongoing commitment to improving child protection services and promoting the safety and well-being of children, Iowa invested CAPTA funds in the implementation of the AlertMedia communication platform for our child protection workers. This reliable, real-time messaging system enhances our response capabilities by allowing staff to quickly receive critical updates and communicate efficiently, especially in emergency situations. By streamlining communication, the AlertMedia app helps improve the quality of child protection services, ensuring that our staff can act swiftly and effectively to safeguard children and families. Furthermore, this tool supports our efforts to maintain safe and healthy environments for both our employees and the families we serve, particularly during high-stress, volatile moments.

Enhancing the General Child Protective System by Developing, Improving, and Implementing Risk and Safety Assessment Tools and Protocols, Including the Use of Differential Response

Safety Assessment Tool

HHS continues to utilize the Structured Decision Making (SDM) Safety Assessment tool to support consistent and accurate safety decisions. This tool, developed in partnership with Evident Change and rolled out statewide in February 2022, remains a required component of every Child Protective Assessment.

No updates occurred to the SDM Safety Assessment tool, training materials, or guidance during the past year. However, HHS continues to monitor its use and effectiveness through regular feedback from field staff and supervisors to ensure alignment with best practices.

Creating and Improving the Use of Multidisciplinary Teams and Interagency, Intra-agency, Interstate, and Intrastate Protocols to Enhance Investigations; and Improving Legal Preparation and Representation

Central Iowa Commercial Sexual Exploitation of Children

The Central Iowa Commercial Sexual Exploitation of Children (CICSEC) Multi-Disciplinary Team (MDT) is a collaborative alliance of professionals from multiple agencies and organizations dedicated to supporting victims of human trafficking. This coordinated team brings together expertise from across systems to address the complex needs of youth vulnerable to or affected by commercial sexual exploitation.

The primary mission of the CICSEC MDT is to work in partnership with local service providers to ensure the safety, healing, and long-term well-being of exploited youth, while also supporting the criminal investigation and prosecution of traffickers. Upon identification of a youth who is at risk or suspected to be a victim of trafficking, the MDT convenes to develop a comprehensive and individualized response plan. This includes determining appropriate services, treatment options, and placement decisions to support the youth's recovery and protection.

While the CICSEC MDT is based in Polk County, its services extend to the broader Des Moines Service Area. The long-term vision is to replicate this collaborative model across all service areas throughout the state of Iowa, with the intention of aligning such teams with each service area's respective Child Protection or Advocacy Center. Discussions regarding the expansion of this model statewide are actively in progress in partnership with administrators from HHS.

A central component of this initiative is the development and implementation of the High-Risk Victims (HRV) database—a secure, cross-agency tool designed to enhance the identification and tracking of youth at elevated risk of commercial sexual exploitation. The HRV database strengthens communication and information-sharing across agencies, enabling earlier identification of patterns, improved service coordination, and more effective intervention strategies. It also fosters deeper collaboration among HHS and its partners in addressing this serious form of child abuse.

The table below outlines the total number of children referred to the CICSEC MDT, along with the corresponding case status, offering a snapshot of the scope and impact of this critical work.

High Risk Victims

Table 3: High Risk Victims - 2025									
Year	**Referral Pending**	**Cases Pending**	**Active**	**High Priority**	**Inactive**	**Open with other jurisdiction**	**Screened Out**	**Closed**	**Total**
2025	0	34	6	13	29	0	24	2	**108**

Data Source: CICSEC MDT

SHARING CONFIDENTIAL INFORMATION

The CICSEC MDT employs a coordinated, multi-agency approach to address the complex and sensitive nature of child sexual exploitation and human trafficking cases. Given the multidisciplinary composition of the team and the intricate nature of the cases, which often require joint investigations, cross-system assessments, and comprehensive service planning, effective information sharing is essential to ensure timely and appropriate support for victims.

Recognizing the critical need for cross-agency collaboration and the legal barriers posed by existing confidentiality laws, proposed legislation during the 2019 Iowa legislative session would authorize the sharing of confidential information among CICSEC MDT members. As a result, 2019 Iowa Acts, Chapter 125, §1 (HF 642) was enacted, with an effective date of July 1, 2019. This legislative provision allows HHS to disclose confidential information to the CICSEC MDT beyond the traditional boundaries of the 20-day child abuse assessment period or an open service case.

Importantly, the CICSEC MDT is currently the only multi-disciplinary team in Iowa that meets the statutory requirements to receive confidential information under this legal exception. All other MDTs operating under valid agreements with HHS remain subject to the confidentiality parameters set forth in Iowa Code chapter 235A and Iowa Administrative Code section 441—175.36.

The primary function of the CICSEC MDT is to identify and coordinate services for children who are victims of human trafficking or are at heightened risk of exploitation. While the MDT is based in Polk County, it frequently engages in inter-jurisdictional collaboration due to the regional and national movement of trafficked youth. Children from across the state of Iowa, as well as from other states and countries, may come into contact with law enforcement or service providers in Des Moines and Polk County. As such, the CICSEC MDT regularly partners with agencies beyond the local area to ensure that the needs of these children are comprehensively addressed, regardless of geographic boundaries.

Procedures for Appealing and Responding to Appeals of Substantiated Reports of Child Abuse or Neglect

Child Abuse Appeals Summary

An appeal is a formal process to challenge a child abuse assessment decision. It is distinct from a request for correction and may be submitted in writing or electronically. The timelines for submitting both are the same. Procedures for handling appeals remain unchanged this year and CAPTA continues to support a full-time position within the Appeals Unit.

While the process remained stable, appeals data continues to inform quality improvement efforts. For example, in response to trends observed in appeal outcomes—particularly in complex sexual abuse cases—HHS is refining practice to better support case decisions. Specifically, HHS is moving toward factoring out up to three applicable sub-categories of sexual abuse, rather than only the most serious. HHS expects this approach to strengthen assessment documentation and improve the defensibility of findings during the appeals process.

CHILD ABUSE APPEALS DATA

Table 4: Child Abuse Appeals Data January 1, 2024 – December 31, 2024	
Abandoned by Appellant	410
Affirmed	149
Dismissed	581
Modified	18
Reversed	40
Withdrawn	154
Denied	436
TOTAL	**1,788**

Data Source: HHS

Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of the

Child Protection System and the Nature and Basis for Reporting Suspected Incidents of Child Abuse and Neglect, Including the Use of Differential Response

Child Abuse Mandatory Reporter Training

CAPTA funding continues to be used to support the Briljent contract for the Mandatory Reporter Training Program and for user charges for the Child Welfare Learning Management System (CW LMS).

Effective July 1, 2024, HHS discontinued the Child Abuse Recertification course. This change aligns with the passage of House File 2404 by the Iowa Legislature, which removed the recertification requirement. Under the new legislation, all mandatory reporters are now required to complete the core training curriculum only. This law change provided HHS with the opportunity to update the Memorandum of Understanding (MOU) with a Non-Exclusive License Agreement (Agreement) between any licensee for use and delivery of HHS's Iowa Mandatory Reporter Training (MRT).

The following outlines the key assumptions and parameters associated with the services and support to be provided by Briljent as part of the course update project. These assumptions reflect the mutually agreed-upon expectations regarding project scope, timelines, responsibilities, and deliverables. They intend to guide implementation and ensure alignment between HHS and Briljent throughout the duration of the project.

CONTENT REVIEW TIMELINE
All updated materials will be submitted to HHS for a single consolidated review. HHS will have a period of one week to complete this review. Any delays in returning consolidated feedback may result in adjustments to the project timeline initially established during planning.

VISUAL DESIGN UPDATES
To accommodate the accelerated schedule, Briljent will update course branding elements—including logos, fonts, and color schemes—where current text and background combinations do not align with Iowa HHS branding guidelines. The overall design structure, course templates, page layouts, and activity functionalities will remain unchanged. Updates to stock images will be limited to those specifically identified by HHS in the initial feedback documentation.

CONTENT AND AUDIO REVISIONS
Briljent will implement revisions to course content and audio narration as specified by HHS during the initial review process.

VISUAL ENHANCEMENTS
Visual updates are limited to a maximum of 10 hours per course.

LEARNING MANAGEMENT SYSTEM (LMS) COORDINATION
Briljent will not assume responsibility for LMS administration. However, the team will collaborate with the LMS Administrator to confirm that SCORM package updates are functioning correctly within the newly deployed LMS environment.

LMS ACCESS AND REPORTING
Briljent will not be responsible for LMS access, certificate configuration, or reporting functions.

PROJECT DELIVERY METHOD
All work will be conducted virtually. No travel or in-person service delivery is anticipated or included in this scope.

NARRATION AND AUDIO PRODUCTION
Original voice talent will be retained for course narration. If the original voice actor is unavailable, and a substitute is required, additional development efforts—such as full narration replacement and potential avatar updates—may be necessary. These efforts are not included in the current project estimate.

The table below provides a cost breakdown for the updates and support associated with online training courses as implemented by Briljent. These updates are part of a larger initiative to ensure training content and delivery aligns with HHS branding standards, accessibility requirements, and updated policy expectations. The visual captures both the financial investment and the scope of activities involved in the course enhancement

process. The investment supports HHS' commitment to delivering high-quality, compliant, and user-friendly training for mandatory reporters across the state.

Table 5: Mandatory Reporter Training Updates		
Course	**Activities**	**Pricing**
Child Abuse	Activities include: • Updates to visual elements, including logo, as well as fonts and colors for Iowa HHS' style guide changes • Course content updates in alignment with comments from HHS in the initial meeting and course review • Updated Narration and Transcription (English and Spanish) • LMS Support • Agreement Implementation Support (LMS) • Project Management	$17,431

CHILD ABUSE MANDATORY REPORT TRAINING DATA

The following provides SFY 2025 data on the number of training certificates issued for each course offered under the MRT Program**.** The data includes certificates issued both through direct training access and under established Agreements.

Table 6: Child Abuse Mandatory Reporter Training Number of HHS Certificates Issued July 1, 2024, - March 31, 2025			
Mandatory Reporter Trainings	**DS 169 Child Abuse MRT Core Course (English Version)**	**DS 169 Child Abuse MRT Core Course (Spanish Version)**	
July 2024	6,038	10	
August 2024	7,589	27	
September 2024	5,544	17	
October 2024	6,726	24	
November 2024	5,178	12	
December 2024	5,079	11	

Table 6: Child Abuse Mandatory Reporter Training Number of HHS Certificates Issued July 1, 2024, - March 31, 2025			
Mandatory Reporter Trainings	**DS 169 Child Abuse MRT Core Course (English Version)**	**DS 169 Child Abuse MRT Core Course (Spanish Version)**	
January 2025	7,091	20	
February 2025	5,271	23	
March 2025	5,547	26	
Totals	**54,063**	**170**	**54,377**

Data Source: CW LMS

Agreement users are required to track and report the number of Child Abuse Mandatory Reporter Training Certificates they issue for each course, both English and Spanish versions. These counts must be submitted to HHS on a quarterly and annual basis.

Table 7: Child Abuse Mandatory Reporter Training Number of Agreement Certificates Issued – English and Spanish July 1, 2024, - March 31, 2025		
Mandatory Reporter Trainings	**DS 169 Child Abuse MRT Core Course (English Version)**	**DS 169 Child Abuse MRT Core Course (Spanish Version)**
July 1, 2024 – March 31, 2025	39,153	803

Data Source: CW LMS

Developing and Enhancing the Capacity of Community-Based Programs to Integrate Shared Leadership Strategies Between Parents and Professionals to

Prevent and Treat Child Abuse and Neglect at the Neighborhood Level

Multiple initiatives within HHS seek to develop and enhance community-based programs and shared leadership strategies to prevent and treat child abuse and neglect at the neighborhood level.

Iowa Child Abuse Prevention Program and Community-Based Child Abuse Prevention Program

CAPTA continues to fund the Iowa Child Abuse Prevention Program (ICAPP) and the Community-Based Child Abuse Prevention (CBCAP) Program along with other state and federal funding sources.

HHS aimed to align local Community-Based Volunteer Coalitions or Councils with Early Childhood Iowa (ECI) geographical areas to enhance service delivery. Iowa has 99 counties, and in fiscal year 2024, there were 34 ECI local boards. To strengthen partnerships and collaboration, HHS created a Request for Proposal (RFP) to encourage similar Boards and Councils to unite within shared communities and counties. If a county within an ECI area did not align with a Coalition or Council, multiple ECI boards could provide letters of support to ensure broader consideration for proposed projects. Geographical areas with more than one county would be designated as a proposed service area. If a county was not included in an awarded application or if a contract was terminated, HHS could request a current contractor—preferably contiguous—to continue the project. If multiple contractors expressed interest, HHS could determine awards based on RFP scoring or other criteria deemed beneficial, potentially issuing a new RFP for unserved areas.

HHS used child population numbers to set the base dollar amounts for the RFP.

Table 8: Child Population Ranges and Base Amount

Population Range	0-17 Child Population	Base Amount
Low Population	Under 10,000	$30,000
Low-Medium Child Population	Between 10,000-20,000	$50,000
Medium-High Child Population	Between 20,000-99,999	$75,000
High Child Population	100,000+	$125,000

Data Source: HHS

The intent of the RFP was to leverage resources, with HHS utilizing data from ICAPP listening sessions to customize an approach that effectively meets the needs of families. A key element of this strategy involves enhancing opportunities for local collaboration. A qualitative summary was compiled, categorizing information from each individual Iowa-area listening session. These sessions consisted of community program leaders and providers, ranging from well-funded/operated entities to smaller team non-profit organizations. Parents served by community programs were encouraged to attend; when they were unable, providers spoke on behalf of parents.

Community input was categorized by responses specific to areas of strengths and needs. Responses were classified into one of the following categories:

- Health (e.g., Mental health)
- Community Action and Collaboration (e.g., Service routes/communication)
- Critical (and/or Population specific) (e.g. Housing, Basic needs, Demographics)
- Political (e.g., Restrictions, Funding)
- Education: (e.g., Learning or progressive forward strategies)

Listening sessions occurred across six geographically distributed areas of the state. The discussions revealed trends and patterns related to both community strengths and barriers. Information was gathered from a wide, diverse, and representative population, including programs serving communities, parents, and leaders advocating on behalf of families within communities.

All six communities, and the programs or entities that participated in the listening sessions, identified educational components as key strength areas with capacity for supporting priorities and initiatives. All Iowa areas spoke to preventative measures and having forceful educational entities in place to support the development of a foundation of knowledge within communities. All sessions spoke to the criticality of prevention measures, versus crisis only supports. All community areas identified multiple educational programs and resources in place, growing, or improvement plans.

All six communities identified strengths and empowerment with the understanding and commitment to one another through collaborative efforts. There was consensus in understanding that community programs working together create the recipe for full support to families and children. The importance of partnership programming was also recognized, highlighting the strength found in mutual commitment. Continued initiatives to grow capacity with community partnerships, communicative efforts to collaborate efficiently and build systems, which foster the smooth delivery of services through collaborative efforts, was a key component in trends to build upon collaborative strengths of partnerships.

Below is a list of consensus trends identified by the communities:

Consensus Trend #1: Backed by strengths-based community qualities: There is a need for an efficient and smooth system to coordinate services to families and communicate efficiently between services in a timely, effective, efficient, and

progressive follow-up manner in order to meet the needs of families in the best way possible. All communities have the commitment and program collaboration piece; and also spoke to the criticality of intake struggles and an understanding of all services available, without a system that joins all of the program players to families.

Consensus Trend #2: Backed by evidence-based research: Crisis programs and supports are in place and are necessary resources within all listening session communities. There is a widespread trend within the feedback offered, that programs understand the criticality of providing educational resources and prevention strategies through Early Intervention programs, prenatal initiatives, and early access to young families. However, communities are seeing consistent upward trends with frequency, duration and intensity of needs within community families. Partnerships and programs are often reverting to crisis strategies, due to immediate and obvious needs in crisis. The criticality of crisis in communities has pulled priorities away from foundational educational programming, which all six communities recognized as the only way to decrease crisis with any sort of sustainability.

Consensus Trend #3: All communities identified the crisis with an increased need to support critical basic needs for families. Critical basic needs are a part of the cycle identified as a trend within all communities that include loss of jobs, depression, transportation, lack of quality childcare, increasing cost of living, living wage not keeping up: Poverty disabling families to meet their own basic needs.

Consensus Trend #4: All communities identified health needs within communities as a critical missing component, such as helplessness due to a cycle and overwhelm. Limited or no specialists/medical providers in rural areas or significant travel required. Prevention pieces are missing. Mental health crisis is upon communities (trend), with limited resources and critically changing mental health needs. Health overall is impacting prevention of the whole picture of the healthy Iowan family.

Consensus Trend #5: Funding streams, lack of local control, soft-money, insufficient funds, and sustainability of programs through short-term initiatives were consensus trends: All communities voiced increasing populations, and individual communities having individual needs; calls for local control and funding that stays long term to support long term growth.

ICAPP CORE SERVICE DESCRIPTIONS

In the new RFP there were three project options provided to applicants to choose to apply for within their Council and ECI area geography. These project opportunities focused on evidence-based home visitation services, community-based collaboration, and sexual abuse prevention.

EVIDENCE-BASED HOME VISITATION SERVICES

Home Visitation services are designed to support families by providing education, resources and health services directly in the family home. In the RFP, applicants were

asked to submit documentation that they were affiliated with either Parents as Teachers (PAT) or Healthy Families America (HFA). If applicants were in the process of becoming affiliated/accredited, they have 12 months from Contract start date to complete the affiliation or accreditation process. They were asked to identify the number of families projected to be served per family support professional, aligned with model fidelity. Family support professionals are required to complete on-going documentation within the Family Support Statewide Database (FSSD) DAISEY. Programs will also develop and issue a parent satisfaction survey to be distributed to families annually.

COMMUNITY CAPACITY BUILDING

Community capacity building may involve establishment or support for Family Resource Centers or resource hubs as a way to reach families in need. Community capacity services shall be paired with the distribution of “Concrete Goods” to improve family health, well-being, and/or self-sufficiency. Concrete Goods shall be paired with any of the following three activities. This pairing will help families establish a network of supportive relationships and connect them to essential goods to help them along a pathway to economic stability and family well-being.

Community capacity efforts shall include one or more of the following activities:

1. **Group-Based Parent Programming.** This includes programs that facilitate the development of informal caregiver/guardian/parent networks. Examples may include, but are not limited to, parent and coffee groups with supervised child play options, and/or social gatherings with the guided purpose of parent engagement with connections to on-going service options to meet developing needs. Gatherings should include a parent education component to increase skill building, while social networks are encouraged. The use of the Parent Cafe model may also be used.

2. **Parent Development.** These services include, but are not limited to, parenting instruction, parent-child interaction programs, social support programs, and parent leadership services. These services may be delivered in group settings or public locations. This service may also be targeted toward specific populations at greater risk, for example young parents, parents of children with disabilities, or other special populations.

3. **Resource Navigation.** Resource navigation will align with HHS’ developing approach to partner with families to complete resource applications, establish relevant referrals to programs or resources in the community, and actively engage with community members equipped to help families participate in on-going services. Resource navigators will actively collaborate with HHS team members to simplify access to services and capture our core value of “Iowans helping Iowans to be healthy and successful.”

Applicants for these components are required to submit quarterly service reports including number of participants served, services offered, and project narrative.

SEXUAL ABUSE PREVENTION

Applicants were given curricula to choose from that is focused on teaching skills to adults to understand how to protect children, is adult-focused, and trauma informed from the following list of options:

Darkness to Light

- Stewards of Children

Prevent Child Abuse Vermont:

- Brain Development and Learning Consent During Childhood
- CARING Adults (Child Anti-trafficking Resources, Instruction, and Norms Growth)
- Everything Everyone Needs to Know About Sexual Abuse
- Keeping Adolescent Youth Safe on the Internet
- Nurturing and Safe Environments for Children with Disabilities
- Nurturing Healthy Sexual Development
- Overcoming Barriers to Protecting Children from Sexual Abuse
- Technicool: Keeping Kids Safe on the Internet
- Understanding and Responding to the Sexual Behaviors of Adolescents
- Understanding and Responding to the Sexual Behaviors of Children
- Understand, Recognize, and Respond to Grooming Behaviors

Instruction may be delivered to adult audiences via a certified trainer. Instruction may occur in an in-person, virtual, or asynchronous setting. This may include training with adult audiences such as parents, caregivers, law enforcement, educators, childcare providers, social workers, and employees or volunteers of child-serving organizations. Allowable activities may also include consultation with decision makers and/or child serving entities responsible for services involving children and youth aged 0-17 for development or enhancement of policy, protocol, and practice procedures for sexual abuse prevention.

Applicants for this component must train at a minimum 75% of the identified populations who engage with adults who serve and/or interact with children and youth, provide on-going attendance lists and collect and report their training session evaluation data aligned with the delivered curriculum.

ICAPP DATA

ICAPP has a crucial role in HHS preventing child maltreatment in the state. The table below shows families served, children served, counties served, and the funds allocated to the ICAPP program for SFYs 2021-2024.

Table 9: ICAPP FFY 2023-2024 Program Data				
ICAPP	**Families Served**	**Children Served**	**Counties Served**	**Total Funds**
SFY 2021	1,428	5,698	43	$1,748,109.00
SFY 2022	1,326	6,258	44	$1,730,632.00
SFY 2023	1,276	5,622	44	$1,753,177.00
SFY 2024	1,128	7,382	42	$1,667,788.00

Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the Child Protective Service System, and Agencies Carrying Out Private Community-Based Programs

- To Provide Child Abuse and Neglect Prevention and Treatment Services (Including Linkages with Education Systems), and the Use of Differential Response
- To Address the Health Needs, Including Mental Health Needs, of Children Identified as Victims of Child Abuse or Neglect, Including Supporting Prompt, Comprehensive Health and Developmental

Evaluations for Children Who are the Subject of Substantiated Child Maltreatment Reports

Early ACCESS (IDEA Part C)

While states are mandated to have provisions and procedures in place to refer any child under the age of three who is involved in a substantiated case of child abuse or neglect, for Early Intervention Services, known as Early ACCESS in Iowa, no CAPTA funds are utilized for this program. For more information on HHS' Early ACCESS program, please see *Section V: Update on the Service Descriptions, Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1), Services for Children Under the Age of Five* in the Annual Progress and Services Report (APSR) for the annual update.

Traumatic Brain Injury Pilot Project

HHS continues to utilize CAPTA funding for the Traumatic Brain Injury (TBI) Pilot Project. As the Neuro Resource Traumatic Brain Injury Pilot Project (CWC Pilot Project) matured and gained new insights, additional changes occurred to the catchment areas served as well as eligibility criteria to increase the number of participants eligible for the CWC Pilot Project. Over the past year the following changes occurred:

- Since last year's report, two more counties were added, bringing us to a total of six counties eligible for the CWC Pilot Project
- Program referrals are bi-directional
    - It is not necessary for a referral to come from HHS (referrals may be initiated by behavioral health service providers)

In addition to the changes in eligibility, education/trainings and other steps were identified and initiated:

- Iowa was accepted into the 2025 Leading Practice Academy. The focus of this cycle is to engage direct support professionals in the substance use, mental health and domestic violence professions as these are often the issues parents face that put their children at risk for out of home placement.
    - A dedicated brain injury and child welfare track was created for states
- The family-centered service provider, serving the catchment area, joined our monthly team meeting.
- A day long summit occurred in Des Moines with 44 providers from around the state to learn more about this intersection and ways to get involved.
- On May 5th and 6th four trainings will be held in Eastern Iowa. The target audience are HHS child welfare assessors and social work case managers, as well as family-centered service providers serving our pilot. The focus of the trainings is noted below:
    - A brief brain injury 101

- How to talk with caretakers, using a trauma informed/motivational interviewing approach, about brain injury
- How to modify case plans based on behavioral symptoms/functional limitations resulting from the brain injury.

REFERRALS

Since the program began there have been 39 referrals. Of those, 21 individuals were screened and functional assessments completed for 86% of the caretakers. One hundred percent (100%) of the caretakers screened positive for a lifetime history of brain injury, with 24% also screening positive for a non-traumatic brain injury.

Sixty-four percent (64%) were eligible for the CWC Pilot Project due to substance abuse issues with 48% being survivors of domestic violence. Forty-six percent (46%) reported mental health concerns and 38% were noted to have parent skill deficits.

NATIONAL WORKGROUP

Iowa continues to co-facilitate a national workgroup via the Administration for Community Living Traumatic Brain Injury State Partnership Program grant addressing this intersection. Over the past year training was provided to brain injury and child welfare leadership in Texas and New York. Iowa was an invited presenter at the Michigan Brain Injury Association annual fall conference and Iowa's delegation were invited presenters at the National Association of State Head Injury Administrators (NASHIA) state of the state conference last fall. While the focus of these presentations was to bring awareness of the co-occurring connection between brain injuries among caretakers in the child welfare system engaged in behavioral health services, the NASHIA presentation was an opportunity to highlight data from our CWC Pilot Project.

AMERICAN RESCUE PLAN ACT 2021

Following is a description of how Iowa continues using the CAPTA supplemental funding provided under the American Rescue Plan Act (ARPA) 2021.

Native American Children

ATTORNEY GENERAL

HHS continues to utilize an Attorney General (AG) who works as a conflict counsel representing the Western Service Area, where the majority of complex cases involving Native American children are located, provides guidance and direction to HHS staff and administrators on the complex cases, and attends various meetings with local Tribes, representatives from law enforcement, judiciary, attorneys, and other local community partners to find resources and support for Native families.

In April 2025, judges gave their perspective from the bench on ICWA cases, and in May 2025, the focus was on attorneys (County Attorneys, Guardian Ad Litem, Parent's Attorneys & AG) involved in ICWA cases. The next step is to break out into work groups

to identify and address ways to fill gaps in ICWA case processing while improving the court process.

By fostering relationships with Tribes and local community partners, the AG has been able to re-engage with ICWA cases, approaching them with a deep understanding of the historical and generational traumas that led to ICWA's establishment. As a result, the relationship between Tribes and HHS has significantly improved compared to previous years, with ongoing collaboration strengthening further through each new initiative undertaken by HHS.

TRIBAL CUSTOMARY ADOPTION INITIATIVE

Since program initiation in February 2021, multiple efforts took place in Iowa to build a fulsome Tribal Customary Adoption (TCA) process. Work included negotiations between the parties, researching legal options, and developing court forms. The TCA initiative work has continued and has succeeded in making TCA a permanency option for Native American children and their families. To date, there were 14 successful TCA cases and seven (7) additional cases in process of TCA throughout the state.

TCA remains an incredibly positive permanency option for our ICWA applicable youth where the court designates TCA as the permanency goal. The TCA initiative focus is to help Native American children, and their families maintain their Tribal heritage while simultaneously achieving permanency through TCA. The TCA is a permanency option which can be recommended by HHS and pursued in CINA actions involving Native American children to whom ICWA applies. TCA allows Native children to achieve permanency in a manner consistent with their tribal heritage in cases where reunification efforts were unsuccessful despite the provision of active efforts. TCA requires concurrent jurisdiction in both the Iowa juvenile court and in a partnering tribal court.

Through this cooperation, the Native child receives the benefits of adoption, including applicable IV-E subsidies, without the culturally unsuitable requirement of an accompanying termination of parent rights. To achieve this, there is a need to find a balance between State law and Tribal custom when a Native child is involved in State proceedings and when a long-term placement is needed. The AG works with the Tribes, HHS staff, and the courts in providing legal counsel to help address the legal issues while respecting and attempting to preserve tribal cultural issues that must be considered with this initiative.

Child Abuse Mandatory Reporter Training

HHS continued to utilize ARPA funds for CW LMS technical support. This included the Administrator position to assist external entities who have an Agreement with HHS and a Clerk-Specialist position that serves as the resident expert for front end users with the HHS' Child Welfare Learning Management System (CW LMS).

BARRIERS/CHALLENGES

Iowa has not experienced any barriers or challenges in accessing or in using the supplemental funding provided under the American Rescue Plan Act of 2021 for these positions.

Child Abuse Prevention & Treatment Act (CAPTA) Annual State Data Report Section 106 OF CAPTA SFY 2024

Education and Qualifications

The Iowa Department of Administrative Services (DAS) maintains job descriptions, including education requirements, qualifications, and regular duties for all State employees, including Child Protection Services (CPS) personnel. In *Appendix A* of this report are the current state job descriptions for the position of a Social Worker III, those social workers responsible for the intake, screening, and assessment of cases of suspected child abuse and/or neglect and for a Social Work Supervisor position that is responsible for providing supervision for all frontline social workers.

Any Child Protection Workers (Social Worker III) must meet or exceed these education/qualification requirements to be considered for employment. Demographics on the specific breakdown of educational level and qualifications of all State employees in this classification is not readily available without conducting a comprehensive review of personnel files. Therefore, a field survey was administered to obtain this information.

Of the 385 staff identified as having a role in the intake, screening, and assessment of child abuse and neglect there were 181 responses to the survey (47% response rate). The educational data is summarized in the tables below:

Table 10a: Social Worker Classification and Highest Degree Obtained

Types of Social Worker Classifications	Count	Highest Degree Obtained	Count
Social Work Administrator	9	Associate degree	2
Social Work Supervisor	64	Bachelor of Arts/Bachelor of Science (BA/BS)	142
Social Worker 3	104	Master's Degree	36
Social Worker 4	4	Doctorate	1
Total	**181**	**Total**	**181**

Table 10b: Area of Degree for Bachelor's and Master's Degrees			
Bachelor's Area of Degree	**Count**	**Master's Area of Degree**	**Count**
BA/BS in Social Work	33	Master's in Social Work	17
BA/BS in a HS Related Field	99	Master's in a HS Related Field	11
BA/BS in another area	9	Master's in another area	8
Total	**141**	**Total**	**36**

Table 10c: Social Work Licensure Level if Applicable	Count
LBSW (Licensed Bachelor Social Worker)	5
LMSW (Licensed Master Social Worker)	3
LISW (Licensed Independent Social Worker)	1
Total	**9**

HHS Training Requirements

All new HHS social workers are required to complete New Worker Training. Social Worker IIs or Social Work Case Managers (SWCMs) and Social Worker II supervisors must complete 236 hours of new worker training. Social Worker IIIs or Child Protection Workers (CPWs) and their supervisors must complete 211.5 hours of new worker training. A listing of the required coursework for new worker training for SW IIs, SW IIIs and their respective supervisors can be found in *Appendix B* of this report.

In addition to the training hours listed above, all new Social Worker IIs and IIIs and their supervisors must complete approximately 5 hours of online course work required under the Iowa Department of Administrative Services (DAS).

A listing of these courses can also be found in *Appendix B*.

After the initial 12 months with HHS, ongoing training requirements include:

- Minimum of 15 hours child welfare training annually for all Social Workers
- Minimum of 15 hours child welfare/supervisory training annually for all Social Work Supervisors

Demographic CPS Data

HHS maintains demographics data on all social work personnel. The following data includes demographic information on those specific "social worker" classifications involved in the intake, screening, and assessment process. This includes intake and assessment workers (Social Worker IIIs), team lead intake workers (Social Worker IVs), Social Work Supervisors, and Social Work Administrators. The data is broken down then by front line social workers and management positions.

Table 11a: Total Breakdown by Job Title	
276	Social Worker 3s and 4s (Screening, Intake, Assessment)
96	Social Work Supervisors
13	Social Work Administrators
385	**Total**

Table 11b: Gender Distribution			
Frontline (Social Worker 3s/4s)		**Management (Supervisors/Administrators)**	
41	Male (16%)	13	Male (13%)
214	Female (84%)	90	Female (87%)
255	**Total**	**103**	**Total**

Table 11c: Race/Ethnicity Distribution			
Frontline (Social Worker 3s/4s)		**Management (Supervisors/Administrators)**	
17	African American (7%)	3	African American (3%)
0	American Indian/Alaska Native	1	American Indian/Alaska Native (1%)
3	Asian/Pacific Islander (1%)	0	Asian/Pacific Islander
8	Hispanic/Latino (3%)	3	Hispanic/Latino (3%)
5	2 + Races (2%)	0	2+ Races
222	White (87%)	96	White (93%)
255	**Total**	**103**	**Total**

Table 11d: Age Range			
Frontline (Social Worker 3s/4s)		**Management (Supervisors/Administrators)**	
9	18-27 years (4%)	1	18-27 years (1%)
57	28-37 years (22%)	13	28-37 years (13%)
98	38-47 years (38%)	37	38-47 years (36%)
68	48-57 years (27%)	43	48-57 years (42%)
23	58- 68 years (9%)	9	58- 67 years (9%)
255	**Total**	**103**	**Total**

HHS Caseload Data

HHS does not currently set a “maximum” caseload for workers in any given period as time factors involved in every case may vary greatly depending upon the area of the State and the needs of the family. Although caseloads in rural areas may, on average, be lower than cases in major metropolitan areas, the travel time involved to visit families can be greater as many rural offices cover multi-county areas.

HHS child protective workers (those performing child abuse assessments) were assigned an average of 12 cases a month in calendar year 2024. HHS case managers (those providing ongoing case management services) had an average child welfare caseload of 21 cases. These numbers represent individual cases.

Juvenile Justice Transfers

- FFY 2024 totaled 25
- FFY 2023 totaled 51
- FFY 2022 totaled 61

The Juvenile Justice Transfers count is obtained by using the HHS Data Warehouse. This approach offers a precise method of counting transfers as it is based on case load movement from the HHS worker to a Juvenile Court Officer (JCO) as opposed to reliance on an HHS worker manually entering data in an electronic field. By using the Data Warehouse, the count can be viewed on a daily basis. This method of collection continues to be the most accurate count.

Juvenile Justice transfer counts decreased from FFY 2023 to FFY 2024. HHS has recently increased supports for adoptive families and created more specialized and separate programming for delinquent youth in Crisis Intervention, Stabilization and Reunification Services (CISR) contracts, which may be one reason for the decrease in transfers. It is also becoming more common for HHS and JCS to manage cases concurrently, sometimes referred to as Dual Status youth. This allows court cases to remain open and for both HHS and Juvenile Court Services (JCS) to remain involved with youth that may require assistance and oversight of both systems. Finally, JCS increased their utilization of MCO-funded services and supports, which may account for less cases shifting from JCS to HHS, as the youth can access mental health and other wraparound services from their individual MCO.

Iowa's Citizen Review Panels Section 106(c)(6) of CAPTA

In SFY 2025 Iowa had three Citizen Review Panels (CRPs) in the State. The Annual Reports for each CRP can be found under *Appendix C* of this report. The States' Response to the recommendations from the CRPs can be found in *Appendix D*. Iowa's Citizen Review Panels include:

The Child Protection Council/State Citizen Review Panel (CPC/CRP)

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

Child Death Review Team/State Mortality Review Committee

Jill Lange
Iowa Department of Health and Human Services
321 E. 12th Street
Des Moines, IA 50319
jill.lange@hhs.iowa.gov
(515) 829-0498

The Community Initiative for Native Children and Families (CINCF)

Shane Frisch (HHS Liaison)
Iowa Department of Health and Human Services
822 Douglas Street
Sioux City, IA 51101
shane.frisch@hhs.iowa.gov
(712) 255-2913

APPENDIX A

State of Iowa Job Descriptions and Minimum Qualifications SFY 25

(HHS Social Worker III & Supervisor)

Class Code: 03016
23016

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES ENTERPRISE

SOCIAL WORKER 3

DEFINITION

Performs intensive social work services, protective service assessments/evaluations, or lead-work duties in a county, area, regional office, or institution; performs related work as required.

The Work Examples and Competencies listed are for illustrative purposes only and not intended to be the primary basis for position classification decisions.

WORK EXAMPLES

Assists a supervisor by performing, in accordance with set procedures, policies and standards, such duties as instructing employees about tasks, answering questions about procedures and policies, distributing and balancing the workload and checking work; may make occasional suggestions on reassignments.

Obtains and evaluates referral information from mandatory and permissive reporters to determine if a child abuse assessment, dependent adult abuse assessment or Child in Need of Assistance assessement should be completed. This information may be gathered in person (face to face interview) or via the telephone utilizing active listening, probing questions to fill in gaps in information or to clarify inconsistencies. The information is the first step in the assessment process and will subsequently be provided to child/adult protective assessment workers so that safety and risk can be assessed and appropriate services to families, children and/or dependent adults can be provided.

Provides intensive casework services for clients with difficult, complex and complicated problems, possibly requiring a reduced caseload on a full-time basis.

Deals with individuals and groups having sociopathic personalities, impulsive behavior that may be self-destructive or depredatory, and others with chronic mental illness, mental retardation or a developmental disability.

Makes professional decisions and recommendations that can have a serious impact on the life of the person served.

Provides or directs the preparation of necessary records and reports.

Gives advice and consultation when unusual, difficult, or complex cases are encountered.

Functions as a case management program specialist by reviewing case records of case managers and providing written and verbal feedback related to performance, compliance with applicable standards and policies.

Evaluates reports of child or dependent adult abuse; assesses strengths/needs of clients and recommends service interventions.

Serves as a member of an institutional interdisciplinary treatment team; provides casework and group work services.

Performs outreach activities gathering and evaluating information regarding clients or programs, developing an assistance or treatment program, and coordinating activities with relevant community agencies, as directed.

Completes or directs the preparation of necessary records and reports.

SOCIAL WORKER 3 ▼ Class Code: 03016/23016

COMPETENCIES REQUIRED

Knowledge of casework methods, technique, and their application to work problems.

Knowledge of the principles of human growth and behavior, basic sociological and psychological treatment and therapy practices.

Knowledge of interviewing skills and techniques.

Knowledge of group work methods, and basic community organization techniques.

Knowledge of environmental and cultural factors inherent in social work.

Knowledge of federal, state, and local legislation relative to public assistance and welfare programs.

Knowledge of federal and state rules, policies, and procedures as they relate to the sector of responsibility.

Ability to deal courteously and tactfully with other public and private agencies.

Ability to use interviewing skills and techniques effectively.

Ability to plan, instruct, and guide others in social work services.

Ability to interpret rules, regulations, policies, and procedures.

Displays high standards of ethical conduct. Refrains from dishonest behavior.

Works and communicates with all clients and customers providing professional service.

Displays a high level of initiative, effort, attention to detail and commitment by completing assignments efficiently with minimal supervision.

Follows policy and cooperates with supervisors.

Fosters and facilitates cooperation, pride, trust, and group identity and team spirit throughout the organization.

Exchanges information with individuals or groups effectively by listening and responding appropriately.

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

Graduation from an accredited college or university with a Bachelor's degree and the equivalent of three years of full-time experience in a social work capacity in a public or private agency;

OR

graduation from an accredited college or university with a Bachelor's degree in social work and the equivalent of two years of full-time experience in a social work capacity in a public or private agency;

OR

a Master's degree in social work from an accredited college or university;

OR

an equivalent combination of graduate education in the social or behavioral sciences from an accredited college or university and qualifying experience up to a maximum of thirty semester hours for one year of the required experience;

OR

employees with current continuous experience in the state executive branch that includes the equivalent of one year of full-time experience as a Social Worker 2 shall be considered as qualified.

SOCIAL WORKER 3 ▼ Class Code: 03016/23016

NECESSARY SPECIAL REQUIREMENTS

For designated positions in case management, the appointing authority may request those applicants possessing a Bachelor's degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human services administration, or social sciences and the equivalent of 12 months of full-time experience in the delivery of human services in the combination of: chronic mental illness, developmental disabilities, and intellectual disabilities as a Targeted (Medicaid) Case Manager;

OR

an Iowa license to practice as a registered nurse and the equivalent of three years of full-time nursing or human services experience with the above population groups.

Applicants wishing to be considered for such designated positions must list applicable course work, experience, certificate, license, or endorsement on the application.

NOTE:

At the time of interview, applicants referred to Glenwood and Woodward State Hospital-Schools will be assessed to determine if they meet federal government employment requirements as published in the Federal Register, Section 20-CFR-405.1101.

Effective Date: 04/15 KF

Class Code: 03025

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES ENTERPRISE

SOCIAL WORK SUPERVISOR

DEFINITION

Directs, plans and supervises a unit of social workers providing intensive casework services in a county, service area or institution, or performs specialist and supervisory duties related to social work programs in a county, service area or in the central office; performs related work as required.

The Work Examples and Competencies listed are for illustrative purposes only and not intended to be the primary basis for position classification decisions.

WORK EXAMPLES

Supervises and evaluates the work of lower level specialists/subordinate staff; effectively recommends personnel actions related to selection, disciplinary procedures, performance, leaves of absence, grievances, work schedules and assignments, and administers personnel and related policies and procedures.

Plans, directs, and supervises a statewide program in providing consultant services to community social service organizations.

Assists in planning and implementing the goals and objectives of programs and projects; assists in budget preparation; directs special projects requested by the organization; formulates policies, procedures, and guidelines for the concerned area of program responsibility.

Works collaboratively to determine what projects should be initiated, dropped, or curtailed; analyzes budget allocations and keeps the organization/unit informed of the status of funds.

Provides consultant services in a defined geographic area of the state; meets with interested groups and individuals to implement the goals, objectives, and purposes of the project.

Advises specialists/subordinates in reaching decisions on the very highly complex problem cases.

Prepares or directs the preparation of records and reports, including data entry.

COMPETENCIES REQUIRED

Knowledge of the principles of supervision, including delegation of work, training of subordinates, performance evaluation, discipline, and hiring.

Knowledge of the administrative process of planning, organizing, staffing direction, budgeting, and controlling as it is applied to a public agency.

Knowledge of casework methods, techniques, and their applications to work problems.

Knowledge of the rules, regulations, and goals related to social work programs.

Knowledge of the purposes, goals, and objectives of social work programs.

Knowledge of interviewing skills and techniques.

Knowledge of the principles of human behavior.

Knowledge of the basic principles of community organization.

Ability to plan, organize, direct, and evaluate the work of subordinates.

Ability to interpret and apply multiple rules and policies regarding employee relations in a collective bargaining environment.

SOCIAL WORK SUPERVISOR ▼ Class Code: 03025

Ability to make logical and accurate decisions based on interpretations of program rules and regulations and administrative support data.

Ability to interact with elected officials, community representatives, volunteer groups, regional planning committees, and other groups in order to develop and maintain effective working relationships related to the delivery of services.

Ability to interact with subordinates, supervisors, clients, the general public, and the news media in order to establish effective working relationships.

Ability to project staffing and program needs for the administrative area based on resources available, existing personnel, and budget constraints.

Ability to evaluate state and federal service and financing program operations.

Ability to effectively communicate orally and in writing in order to persuade, interpret and inform subordinates, clients, general public, public and private officials.

Displays high standards of ethical conduct. Refrains from dishonest behavior.

Works and communicates with all clients and customers providing professional service.

Displays a high level of initiative, effort, attention to detail and commitment by completing assignments efficiently with minimal supervision.

Follows policy and cooperates with supervisors.

Fosters and facilitates cooperation, pride, trust, and group identity and team spirit throughout the organization.

Exchanges information with individuals or groups effectively by listening and responding appropriately.

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

Graduation from an accredited four year college and experience equal to four years of full-time work in a social work capacity in a public or private agency;

OR

professional experience in a social work capacity may be substituted for the required education on the basis of one year of qualifying experience for each thirty semester hours of education;

OR

a Bachelor's degree in social work from an accredited four year college or university and experience equal to three years of full-time experience in a social work capacity in a public or private agency;

OR

a Master's degree in social work from an accredited college or university and experience equal to one year of full-time work in a social work capacity in a public or private agency;

OR

any equivalent combination of graduate education in the social or behavioral sciences from an accredited college or university and qualifying experience up to a maximum of thirty semester hours for one year of the required experience;

OR

employees with current continuous experience in the state executive branch that includes experience equal to 24 months of full-time work as a Social Worker 2, or 12 months as a Social Worker 3/4 or Social Work Supervisor 1 or any combination of the above equaling 24 months shall be considered as qualified.

SOCIAL WORK SUPERVISOR ▼ Class Code: 03025

NOTE:

At the time of interview, applicants referred to Glenwood and Woodward State Hospital-Schools will be assessed to determine if they meet federal government employment requirements as published in the Federal Register, Section 20-CFR-405.1101.

Effective Date: 03/12 BR

APPENDIX B

New Worker Training Plans
(HHS Social Worker II, Social Worker III & Supervisors)

SWCM and SWCM Supervisor – New Worker Training Plan FY25

Required Coursework					
Completion Timeframe[1]	#	Course	Modality	Hours[2]	Complete
Within the First 2 Days	CC 364	Confidentiality and Dissemination	Recording	1.75	☐
	CC 390	Secure Use of Smartphones	Recording	.25	☐
Within the First Week		New Worker Orientation – Service Training	Recording	.25	☐
	CC 306	AlertMedia Mobile Safety App	Recording	.5	☐
	DS 168	Mandatory Dependent Adult Abuse Reporter Training	Online	2	☐
	DS 169	Mandatory Child Abuse Reporter Training	Online	2	☐
	SP 101	History of Child Welfare (Certification Series of a 3 Part Video)	Recording	1	☐
	SP 500	Changes to Random Moment Sampling (RMS) for CPS staff	Recording	1.5	☐
	SP 512	Partnering for Success: What to Expect as a Mentee	Recording	.5	☐
Within the First 3 Months	CC 307	TOP PSP Functionality Training	Recording	<.25	☐
	CC 321	Safe Sleep Education	Recording	2	☐
	CC 371	How to be an Effective TOP Rater	Recording	1	☐
	CC 384	In-Depth Care Match Training	Recording	.5	☐
	CC 387	Assessing and Planning Around Safety	Recording	2	☐
	CC 409	Lunch and Learn - Strengthening Our Documentation Regarding Best Practice	Recording	1	☐
	CC 584	TOP Level of Need Training	Recording	<.25	☐
	CC 585	TOP Multi-Rater Report Training- Iowa DHS/JCS	Recording	<.25	☐
	CC 586	TOP Alerts Training- Iowa DHS/JCS	Recording	<.25	☐
	CC 587	TOP Client Report Training	Recording	<.25	☐
	CC 588	Top Wellness Check Training	Recording	1	☐
	CC 595	Family Risk Reassessment Tool	Recording	.5	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.

[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.

[3] Case assignment to new staff prior to completion of SW 020 is at SWA discretion.

[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

	CC 873	Court 101	Recording	.5	☐
	SP 001	New Worker Cohort (13 sessions delivered by Service Area Trainers)	Classroom	20	☐
	SP 110	Overview of Title IVE (Take before attending SW 020 Part 2)	Recording	1	☐
	SP 509	Concurrent Planning	Recording	3	☐
	SP 510	Virtual Home Simulation Discussion (Take between SW 020 Part 1 and Part 2, but after having completed SP 102)	Webinar	2	☐
	SP 513	Case Plan Goal Writing	Recording	3	☐
	SW 020[3]	Foundations of Social Work Case Manager Practice	Classroom	45.5	☐
	SW 020s	Systems Training for New Social Work Case Managers (Certification series of 5 separate recordings)	Recording	4	☐
	SW 072	Testifying in Juvenile Court	Classroom	6.5	☐
	SW 705	Danger vs. Risk	Recording	1	☐
Within the First 6 Months	CC 319	Family Interaction Planning	Recording	3	☐
	CC 377	Worker Webinar - Initial Case Permanency Plan & Action Plan	Recording	1	☐
	CC 379	Transition Planning Worker Webinar	Recording	1	☐
	CC 392	Drug Testing Module Webinar for SWCMs	Recording	1	☐
	CC 430	Lunch and Learn - Professional Writing: Tips and Tricks	Recording	1	☐
	CC 598	Indian Child Welfare Act (ICWA): Social Work Practice with First Nations	Recording	1.5	☐
	CC 708	Safe Plan of Care	Recording	1	☐
	CC 715	Kinship Caregiver Payment Program	Recording	1	☐
	SP 100	Overview of Child Welfare eLearning	Online	2	☐
	SP 105	Substance Abuse eLearning (Currently unavailable)	Online	4.5	☐
	SP 150	Child Welfare in Iowa (Currently unavailable)	Online	4.5	☐
	SP 270	Mental Health Fundamentals	Classroom	6.5	☐
	SP 309	Domestic Violence Fundamentals	Classroom	6.5	☐
	SP 310	Substance Use Fundamentals	Classroom	6.5	☐
	SP 311	Trauma Fundamentals	Classroom	6.5	☐
	SP 312	Medical Fundamentals	Classroom	13	☐
	SP 314	Engagement Fundamentals	Classroom	13	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.

[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.

[3] Case assignment to new staff prior to completion of SW 020 is at SWA discretion.

[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

	SP 316	Quality Visits and Documentation	Recording	2.5	☐
	SP 338	Reunification	Recording	3	☐
	SP 504	SafeCare	Webinar	2	☐
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework)	Online	5	☐
	SP 539	Lyssn Motivational Interviewing (Completed in the Lyssn platform)	Online	2	☐
	SP 812	CFSR Fundamentals	Classroom	6.5	☐
	SW 071	Legal Aspects of Social Work	Classroom	12	☐
	SW 073	Permanency & Termination of Parental Rights	Classroom	6.5	☐
Within 12 Months	CC 305	Family Focused Meetings - What to Expect	Recording	.75	☐
	CC 389	Social Security Benefits for Kids in Care	Recording	1	☐
	CC 433	Lunch and Learn - How to Handle Obscene Material	Recording	1	☐
	CC 506	CC 506 Multiethnic Placement Act (MEPA)	Recording	1	☐
	CC 592	Building a Foundation for Adulthood - 4 Part Video Series	Recording	1	☐
	CC 616	Adoption Lunch and Learn - Subsidized Guardianship Fundamentals	Recording	1	☐
	CC 875	Dangerous Substance: What it Is, What It Isn't	Recording	1.5	☐
	SP 303	SP 303 Medical Cannabis, Consumable Hemp, and CBD	Recording	2	☐
	SP 535	Assessing throughout the Case	Classroom	6.5	☐
	SW 500	Social Work Ethics (Currently unavailable)	Recording	3	☐
			Total Hours	**236**	

Department of Administrative Services (DAS) Required Coursework for Those New to HHS[4]				
Completion Timeframe	#	Course	Modality	Complete
Within the First 2 Days		HHS – Acceptable Use Policy 09.2024	Online	☐
		HHS - HR - Confidentiality and Nondisclosure Statement 9-24	Online	☐
		HHS - HR - HHS Employee Handbook 7.1.23	Online	☐
		HHS – Security Awareness Training Program	Online	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.

[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.

[3] Case assignment to new staff prior to completion of SW 020 is at SWA discretion.

[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

		State of Iowa Employee Handbook	Online	☐
		Workday Learning for Employees Course	Online	☐
		Confidentiality 101 Training: Iowa HHS Data	Online	☐
		HHS Advanced HIPAA Training 003	Online	☐
		2025 Preventing Sexual Harassment for Employees	Online	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.
[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.
[3] Case assignment to new staff prior to completion of SW 020 is at SWA discretion.
[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

CPW and CPW Supervisor – New Worker Training Plan FY25

Required Coursework					
Completion Timeframe[1]	#	Course	Modality	Hours[2]	Complete
Within the First 2 Days	CC 364	Confidentiality and Dissemination	Recording	1.75	☐
	CC 390	Secure Use of Smartphones	Recording	.25	☐
Within the First Week		New Worker Orientation – Service Training	Recording	.25	☐
	CC 306	AlertMedia Mobile Safety App	Recording	.5	☐
	DS 168	Dependent Adult Abuse Mandatory Reporter Training	Online	2	☐
	DS 169	Child Abuse Mandatory Reporter Training	Online	2	☐
	SP 101	History of Child Welfare (Certification Series of a 3 Part Video)	Recording	1	☐
	SP 500	Changes to Random Moment Sampling (RMS) for CPS staff	Recording	1.5	☐
	SP 512	Partnering for Success: What to Expect as a Mentee	Recording	.5	☐
Within the First 3 Months	CC 321	Safe Sleep Education	Recording	2	☐
	CC 374	Risk Assessment	Recording	.5	☐
	CC 387	Assessing and Planning Around Safety	Recording	2	☐
	CC 409	Lunch and Learn - Strengthening Our Documentation Regarding Best Practice	Recording	1	☐
	CC 873	Court 101	Recording	.5	☐
	CP 200[3]	Foundations of Child Protection Worker Practice	Classroom	45.5	☐
	CP 200S	Systems Training for New Child Protection Workers (Certification Series of 6 Separate Recordings)	Online	5.5	☐
	SP 001	New Worker Cohort (13 sessions delivered by Service Area Trainers)	Classroom	20	☐
	SP 315	Assuring Safety On Call	Webinar	3	☐
	SP 510	Virtual Home Simulation Discussion (Take between CP 200 Part 1 and Part 2, but after having completed SP 102)	Webinar	2	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.
[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.
[3] CP 200 must be completed prior to any case assignments.
[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

	SW 705	Danger vs. Risk	Recording	1	☐
Within the First 6 Months	CC 319	Family Interaction Planning	Recording	3	☐
	CC 369	Making a Case for Sexual Abuse: Corroborating Evidence	Recording	1	☐
	CC 370	Interview of Alleged Perpetrators During Protective Assessments	Recording	.5	☐
	CC 391	Drug Testing Module Webinar for CPWs	Recording	1	☐
	CC 430	Lunch and Learn - Professional Writing: Tips and Tricks	Recording	1	☐
	CC 598	Indian Child Welfare Act (ICWA): Social Work Practice with First Nations	Recording	1.5	☐
	CC 708	Safe Plan of Care	Recording	1	☐
	CC 875	Dangerous Substance: What it Is, What It Isn't	Recording	1.5	☐
	SP 100	Overview of Child Welfare eLearning	Online	2	☐
	SP 105	Substance Abuse eLearning (Currently unavailable)	Online	4.5	☐
	SP 150	Child Welfare in Iowa (Currently unavailable)	Online	4.5	☐
	SP 270	Mental Health Fundamentals	Classroom	6.5	☐
	SP 309	Domestic Violence Fundamentals	Classroom	6.5	☐
	SP 310	Substance Use Fundamentals	Classroom	6.5	☐
	SP 311	Trauma Fundamentals	Classroom	6.5	☐
	SP 312	Medical Fundamentals	Classroom	13	☐
	SP 313	Legal Fundamentals for Child Protective Workers	Classroom	6.5	☐
	SP 314	Engagement Fundamentals	Classroom	13	☐
	SP 316	Quality Visits and Documentation	Recording	2.5	☐
	SP 504	SafeCare	Webinar	2	☐
	SP 509	Concurrent Planning	Recording	3	☐
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework)	Online	5	☐
	SP 539	Lyssn Motivational Interviewing (Completed in the Lyssn platform)	Online	2	☐
	SP 812	CFSR Fundamentals	Classroom	6.5	☐
	SW 074	Testifying Fundamentals for Child Protective Workers	Classroom	6.5	☐
Within the First 12 Months	CC 305	Family Focused Meetings - What to Expect	Recording	.75	☐
	CC 371	How to be an Effective TOP Rater	Recording	1	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.

[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.

[3] CP 200 must be completed prior to any case assignments.

[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

	CC 376	Court Involvement to Compel Home Visits	Recording	1	☐
	CC 384	In-Depth Care Match Training	Recording	.5	☐
	CC 433	Lunch and Learn - How to Handle Obscene Material	Recording	1	☐
	CC 506	CC 506 Multiethnic Placement Act (MEPA)	Recording	1	☐
	CC 588	TOP Wellness Check Training	Recording	1	☐
	SP 303	SP 303 Medical Cannabis, Consumable Hemp, and CBD	Recording	2	☐
	SW 500	Social Work Ethics (Currently unavailable)	Recording	3	☐
			Total Hours	**211.5**	

Department of Administrative Services (DAS) Required Coursework for Those New to HHS[4]				
Completion Timeframe	#	Course	Modality	Complete
Within the First 2 Days		HHS – Acceptable Use Policy 09.2024	Online	☐
		HHS - HR - Confidentiality and Nondisclosure Statement 9-24	Online	☐
		HHS - HR - HHS Employee Handbook 7.1.23	Online	☐
		HHS – Security Awareness Training Program	Online	☐
		State of Iowa Employee Handbook	Online	☐
		Workday Learning for Employees Course	Online	☐
		Confidentiality 101 Training: Iowa HHS Data	Online	☐
		HHS Advanced HIPAA Training 003	Online	☐
		2025 Preventing Sexual Harassment for Employees	Online	☐

[1] The completion timeframe for each course is a recommended guideline, the completion timeframes can be extended to 18 months when deemed appropriate by the Supervisor. Social Work Administrators (SWAs) may also adjust attendance based on the needs of staff. Please consult with your Supervisor before registering for coursework to develop a training schedule that balances attending coursework, on-the-job training, and position responsibilities.
[2] The training hours for coursework is rounded up to the nearest .25 training hour to approximate the total training hours.
[3] CP 200 must be completed prior to any case assignments.
[4] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.

APPENDIX C

Iowa's Citizen Review Panels
SFY 2025 Annual Reports

Child Protection Council/State Citizen Review Panel Annual Report

The Child Protection Council/State Citizen Review Panel (CPC/CRP) is a statewide group and one of three Citizen Review Panels in Iowa. In addition to the CPC/CRP being the statewide Citizen Review Panel in Iowa, it also serves as Iowa's State Task Force under the Children's Justice Act (CJA) Grant.

Duties of CPC/CRP

The duties of the CPC are carried out in accordance with Section 107(a) 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 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 CAPTA.

Membership

There are currently 23 members on the CPC/CRP. 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 are 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 CPC/CRP 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. Other members on the CPC/CRP 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.

CPC/CRP Meetings

The CPC/CRP meets bi-monthly. During this reporting period the CPC/CRP held five regular meetings. The average attendance at the meetings was approximately 81%. Attendance data is as follows:

- September 10, 2024 (87%) 20 Present
- November 12, 2024 (96%) 22 Present
- January 28, 2025 (78%) 18 Present
- March 25, 2025 (91%) 21 Present
- April 22, 2025 (55%) 12 Present

Over the past reporting period, standing agenda items for each of the meetings included proposed child welfare legislation, progress reports on CJA funded activities/projects, and member updates regarding the current work and happenings within each of the member's respective area or agency. In addition to these standing agenda items, at each meeting the CJA Coordinator arranged presentations on current, new, and proposed child welfare programs and initiatives. The topics and the group discussions that followed each presentation supports the Council's work in reviewing Iowa's child welfare system. Below is a list of the 2024/2025 Council meetings and a brief description of the presentations that were offered.

September 10, 2024

- Iowa's 2024 Children's Justice Act (CJA) Grant - The group was informed that Iowa's CJA Grant Review & Application and the Three-Year Assessment Report has been reviewed and approved by our federal partners.
- HHS Family Centered Services - Sara Buis, HHS Family Centered Services (FCS) Program Manager, spoke to the group regarding FCS and the transition to Motivational Interviewing. It was explained what Motivational Interviewing is and the four processes that it includes. Family focused meetings, the use of a "warm handoff", and the benefits of the approach were highlighted and discussed.
- Legal Representation Pilot Project - A presentation on the Legal Representation Pilot Project was provided by Wendy Ringgenberg, Justice Systems Analyst, Iowa Department of Management and Melinda Mattingly, Criminal and Juvenile Justice Planning Research Coordinator, Performance Results Office, Iowa Department of Management. Background information was provided as were the current county locations of the pilot project. Wendy & Melinda also talked about the referral process that is followed, the eligibility criteria, and the provision of services. Information was offered on a number of data points including the number of referrals to date, the number of referrals by county, referring agency types, enrollment to date, number of active child abuse investigations during the referral process, and parental issues affecting children.
- Sobriety, Treatment and Recovery Teams (START) Project- Rhonda Rairden-Nelson, HHS Project Director, Iowa Infant Toddler Court and Project LAUNCH, Division of Family Well-Being and Protection, provided an update on the START Project.

November 12, 2024

- Meeting Schedule for 2025 -A 2025 proposed Child Protection Council/State Citizen Review Meeting Schedule was presented to the group. The 2025 schedule was reviewed and approved by the group.
- HHS Drug Testing Collections and Laboratory contracts - Council members were informed that the HHS Drug Testing Collections and Laboratory contracts will expire June 30, 2025. In anticipation of the new contracts, focus groups will be held to gather feedback on ways to improve drug testing services. Focus groups will include HHS field staff, Parent Partners, Providers, Judges, County Attorneys, Parent & Child attorneys, Child Advocates and other Judicial Partners. Council members were also asked to provide feedback.
- Interstate Compact on the Placement of Children (ICPC) - A presentation on the HHS ICPC was provided by Cara Bockes, HHS Deputy Compact Administrator, Bureau of Title IV-E, ICPC & ICJ. In providing an overview of the program, Cara highlighted the ICPC regulations and processes that are followed and talked about the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). Cara also gave an overview of the NEICE system that is used across States to share case information. Data regarding the current number of children who have been served was also provided.
- Traumatic Brain Injury Initiative (TBI) -Andrea Dencklau, MSW, Research and Systems Innovation Director, Iowa ACES 360, spoke to the Council about the TBI that is currently providing services at selected HHS sites. The goal of the initiative is to increase the number of children/youths who remain in the custody of their families through brain injury screening, assessment and support. A neuro-resource facilitator is used in the screening process to complete assessments and to recommend accommodations and supports in case planning to prevent the removal of a child from his/her home. In describing the program, Andrea highlighted the intersection of TBI services and the many multi-occurring conditions that are seen in child welfare cases.

January 28, 2025

- Iowa Child Death Review Team - Analisa Pearson, MSN RN, HHS Child Death Review Team Coordinator, Division of Community Access & Eligibility, provided an overview of the Iowa Child Death Review Team. Analisa shared the history of the team and its current membership. Data was provided along with an explanation of what cases are reviewed and the review process that is followed. Key findings around areas of concern were highlighted which included the annual number of unsafe sleep deaths, early childhood maltreatment, suicide deaths among children, and issues that underscored health disparities.
- HHS Group and Shelter Care Services - Kati Swanson, HHS Youth Residential Setting Program Manager, Division of Family Well-Being and Protection, spoke to the group about her program areas including group and shelter care services. Kati gave an overview of the goals and services under each of the programs and spoke of the target population for each and the eligibility criteria that must be met. She also shared the HHS website page that showcases these programs,

pointing out where to access current reports and data, as well as detailing the services and resources available in each category.

March 25, 2025

- Iowa's Sobriety Treatment & Recovery Teams (START) - Children & Family Futures; Meredith Russo and Lynn Posze spoke to the Council about Iowa's START initiative. This initiative is designed to serve families involved in the child welfare system who have at least one child 5 years or younger and one parent who has been diagnosed with a substance use disorder (SUD). The START model was designed to recruit, engage, and retain parents in SUD treatment while keeping children safe. The START model places families at the center of treatment and includes them in the decision-making team during treatment and case planning. Intervention activities include: (1) intensive SUD recovery services, (2) coaching to help parents with parenting and life skills, (3) intensive Child Protective Services (CPS) case management, and (4) individual, group, and/or family counseling for parents, children, and other family members. Teams are responsible for monitoring families' progress and coordinating their care across agencies and providers, including CPS, family mentors, SUD treatment providers, the judicial system, and family service agencies. Family mentors also provide peer support to families.
- Children's Mental Health Care System - Jenny Erdman, HHS Quality/Innovation & Medical Policy Bureau Chief, and Dex Walker, HHS, spoke to the Council about the Iowa Responsive Excellent Care for Healthy youth initiative (Iowa REACH). Iowa REACH is a new approach to mental and behavioral health services, aimed at helping youth remain in their communities, and connecting the development of community-based services across Iowa. REACH is a comprehensive approach focused on providing core services to meet the unique mental and behavioral needs of Iowa's children.
- Safe Kids Initiative- Kristin Konchalski, HHS Bureau Chief, Division of Family Well-Being and Protection, provided an overview of the Safe Kids Initiative regarding the transformation of child protective services in Iowa. In an effort to improve child welfare services, it was explained how feedback has been collected over the past several years through listening sessions, assessments, staff surveys, and town halls with staff and providers. The areas where HHS will improve outcomes were highlighted. The timeline for this was discussed, as was who will help lead the work.

April 22, 2025

- Early Intervention and Support: Shelley Horak, HHS Director of Early Intervention and Support, provided a comprehensive and insightful review of the State's current and future prevention programming initiatives. The foundational principles guiding this work are to build on existing successes, identify new opportunities, and create more good days for Iowa's children and families.

The Division of Early Intervention and Support is structured into three bureaus:

- Early Childhood Services
- Family Services
- Community Services

The division's efforts are anchored by the following key guideposts:

- Hope Science: Empowering families to identify their own goals and seek support proactively, recognizing the transformative power of hope.
- Social Capital: Strengthening positive informal support networks and leveraging community connections to enhance family resilience.
- Third Space: Engaging community organizations to develop innovative strategies that reduce family stress and social isolation.
- Building Better Childhoods: Promoting the understanding that child abuse is preventable and empowering parents to recognize their ability to create nurturing, safe, and improved childhood experiences for their children.

These principles reflect Iowa's commitment to a family-centered, community-driven approach to child abuse prevention and the promotion of child and family well-being.

- Safe Sleep: Casey Manser, Executive Director of the Iowa SIDS Foundation, provided an overview of current data trends and initiatives related to safe sleep practices in Iowa. The Iowa SIDS Foundation offers safe sleep education and support services to all Iowa families. Their work includes providing education on safe sleep practices, as well as bereavement services for families who have experienced the loss of a child due to SIDS.

In addition, the Foundation distributes free pack-and-play cribs to families who lack access to safe sleep arrangements for their children. To date, 44 cribs have been provided for families across the state.

The Foundation's work addresses the critical link between access to preventive education and the risk of unsafe sleep habits. While there is no known cure for SIDS, increased caregiver education remains a proven strategy to reduce unsafe sleep practices and improve infant sleep safety statewide.

- Child Advocacy Centers Annual Report: Danica Haas, Executive Director of the Iowa Chapter of Child Advocacy Centers, presented the highlights of the 2024 Annual Report. In 2024, Iowa's Network of Child Advocacy Centers and Child Protection Centers, along with Project Harmony—located near Iowa's border in Nebraska—provided critical services to children and families across all 99 counties in Iowa.

Key accomplishments include:

- 4,179 children were served statewide.
- 2,903 forensic interviews were conducted.
- 2,638 medical examinations were performed.

- 2,260 children received mental health treatment or were referred for mental health services.
- 62% of referrals were related to allegations of sexual abuse.
- 115 trainings were delivered to 3,884 participants to strengthen the multidisciplinary response to child abuse.

The Iowa Chapter of Child Advocacy Centers continues to play a vital role in providing comprehensive services and supporting the healing and protection of Iowa's most vulnerable children.

Iowa's Child Protection Council's Linkages to Children's Bureau Programming

Following are examples of how Iowa's Child Protection Council supports programing under the Children's Bureau in the areas of human trafficking, child and family service reviews and plans, legal representation, court improvement and domestic violence.

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 and 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)

In the spring of 2024, presentations were made to the Child Protection Council regarding Iowa's upcoming CFSR and the five-year CFSP. The federal requirements around the CFSR and the CFSP were shared as was Iowa's ongoing work related to these efforts. HHS Child Welfare Case Review data was also presented that included the areas where Iowa is meeting the federal requirements and also those areas needing improvement. Discussions followed each of these presentations in which Council members were asked to provide their feedback on the information presented. Later that same year, the Child Protection Council participated in a focus group regarding Iowa's vision, goals, and objectives for the 5-Year CFSP. Focus groups were being held in an effort to gather input from external partners on this work.

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 CPC/CRP 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 CPC/CRP continues to follow the project.

Court Improvement Program

In Iowa, HHS and Children's Justice collaborate in a number of ways. Some of these efforts represent memberships on on-going committees while others 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 cases that may have been present and/or were missed. The role of the CJA Coordinator was 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 2024 Three-Year Assessment 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 each fall within.

Substance Abuse

- HHS 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)(B)(C) of 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 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.

Child Death Review Team/State Mortality Review Committee

The Child Death Review Team (CDRT) replaced the Iowa Child Advocacy Board Citizen Review Panel over the last reporting period. However, on May 17, 2024, Governor Kim Reynolds signed Senate File 2385 into law, which resulted in changes to boards, commissions, committees, councils and other entities in state government. The legislation established a State Mortality Review Committee (SMRC). The plan is for the SMRC to assume the responsibilities previously carried out by the CDRT, Maternal Mortality Review Committee (MMRC), and Domestic Abuse Death Review Team (DADRT).

HHS will establish and provide staffing support for the new SMRC. The purpose of the SMRC is to aid in the reduction of preventable deaths by promoting communication, discussion, cooperation, and the exchange of ideas and information, as well as by making recommendations for changes in policy and practice. The committee is responsible for conducting reviews of maternal deaths or other deaths in Iowa and making recommendations for system changes to prevent future deaths. The SMRC may also establish temporary or permanent subcommittees.

The establishment of the SMRC is still ongoing. The SMRC will create a new process and plan, which will include the identification of subcommittees and subcommittee members, and a timeline for action.

The Community Initiative for Native American Families and Children Woodbury County Citizen Review Panel Annual Report – 2025

The Community Initiative for Native American Families and Children (CINCF) meets every month in Sioux City, Iowa the Woodbury County Citizen Review Panel is part of this team. The members also attend conferences, events, and trainings throughout the year related to their work on CINCF team. The goal of CINCF is to better understand, articulate, and address issues contributing to the disproportionate and disparate number of Native American children and families involved with Department of Human Services of Woodbury County. The Woodbury County Citizen Review Panel Report is posted on the IHHS website. Members of the public can direct comments and questions to the Department or State Coordinator through this website.

Summary of Panel Activities in SFY 2025

CINCF meetings were scheduled and/or held during SFY 2025 each month from 1:30pm to 3pm in Sioux City, Iowa.

Presenters, Activities, and /or Topics Covered

January 2025

- SUNs, Native Resilient Grant updates- trying to enlist more families to the SUNs program. Native resilience-5-year grant and on last 6 months. SUNs grant is on its second year.
- HHS update -Doesn't want to break down by tribe because of confidentiality. Interviews being held for Service area person. County Native data for January was provided.
- Native American Community Advocate & Elder update- No update currently.
- Graduated a class of FMS in December. Visited jails and Women & Children first part of December.
- Urban Native Center – Val working on an event to bring native communities, entities, programs etc. together by creating a meeting to work in cohort. Looking at March for time to start meeting.
- Sioux City Housing Authority (Claire) Outreach supervisor-183 household entry list-without housing. Large families on the list up to 11 people for family size. Has had families on the waiting list for 2 years.

- January 23: Meeting with people without housing, going to encampments. Large Native population without housing.
- The city is working on more affordable housing around the city-units for people without housing. Developments are in the works.
- January 27th: Street project meeting @ 1:00 pm @ SC Public Library.
- Hope Street update - Waiting list is 19 which is low.
- Became a member of NAR. Funding for the clientele while staying at Hope Street. There are 26 residents at Hope Street currently.
- First Choice Services- 5-year grant for Iowans to apply for health insurance. (Piolet program) located next to Terry in the Francis Building.
- Helps Iowans apply for Medicaid.

February 5, 2025

- In May there will be a community Wellness conference in Vegas.
- Fatherhood is Sacred is being held Monday and Tuesday nights at TJ's office. Seven people have signed up to attend.
- Currently there are 388 families on the housing waiting list Native American childcare center is trying to make things happen including fundraising due to scarcity of funding.
- Jeremy McClure promoted to the Sioux City Police Department Citizens Academy.
- The Omaha reservation has lost 15 to 20 human lives in the last month so morale on the reservation is down. On the other hand, child welfare numbers are going down which is positive.
- Nebraska DHHS announced its first annual equity conference in Nebraska on June 3rd and 4th in Omaha and it is free of charge.
- Healing Indigenous Men is a nonprofit created by Miss Gootee and TJ was asked to be on the board.
- The Santee Sioux tribe has five open cases in Iowa and the Winnebago tribe has five open cases in Iowa.
- 35% of CASA cases are native kids. In order to be a CASA you have to be 20 years or older, pass a background check, and advocate for children
- March 30, 2025, there will be a multicultural fair. To get a table you can call 279-6985.

March 2,2025

- Libby Beckman is the new social work administrator for HHS. HHS is starting a new program to pilot it in Woodbury County. It includes a social worker and a family mentor working with families that have substance abuse issues. Will be onboarding a staff member to work directly in the Crittenton Center shelter.
- Brandy Baker is working with Kitty and Jill at nick quick as part of her practicum.
- Hope Street is looking for volunteer opportunities for the men.
- Carrie Hall shared that there is an education forum on March 22nd and following that will be a legislative town hall.

April 9, 2025

- Native Resilient Communities is working on a business plan and a final report for the five-year grant cycle.
- SUNs programming is focusing on youth participation, education and increasing opportunities for youth to participate in the community.
- HHS update focused on data and discussion surrounding the Nebraska project and their data and tool was highlighted.
- Urban Native Center update- the community center door got kicked in. They are looking for a new building. The Sioux City Youth Police Academy has four native youths participating. May 13th is the native graduation from 5:30 to 7:00 at the Lewis and Clark Interpretive Center. Yanked and Sue is holding some meetings in the city to encourage knowledge. Cultural affair conference end of May. Summer programming in June.
- Housing update: The Housing Authority will get their budget mid-May. Security deposits are available. Currently there are 450 families on the waiting list and the waiting list is 12 to 18 months long.
- Local updates: The Omaha Tribe of Nebraska has a new deputy director. Tina Meth Farrington from the attorney general's office spoke about the District 3 ICWA Children's Justice informative monthly meetings.
- The second Tuesday of the month is the Cultural Connections group for native youth and native foster families.
- April is ribbon skirt month.
- AMP meetings are being held on the fourth Tuesday of each month at 505 Francis Building.
- Big Brothers & Big Sisters is always looking for male mentors. There are 30 kids on the wait list. Junior Bags is a high school kids mentor.
- Child abuse prevention walk is from 11:00 AM - 1:00 AM at Land of Wellness in Winnebago.
- The Nebraska DHS Equal conference is June 2nd and 3rd.
- The Boost Program was present and provided information that they had 105 participants, and they were extended by one year.
- The Human Rights Commission talked about the city of Sioux City's budget hearing and said that the Human Rights Commission’s budget was going to be cut 39%. There was text messages found proving discrimination against Karen. Any city of 39,000 or more must have a Human Rights Commission. The final budget meeting is April 14th. This year the Human Rights Commission has served 2,000 people making up 40 - 50 cases.
- Omaha Tribe foster families are having a 21st annual walk/run from 10 AM to 12:00 PM.

June 4, 2025

SUNs, Native Resilient Grant updates:

Val is out until June 16th. Starting June 9th, the Summer Youth Program will host Native youth at 1501 Geneva Ave, from 9 am-12:00 p.m.

HHS update:

Total Active Native cases for May 2025: 71 (who self-identify as Native American.)
Total Families – 41
Number of Native Foster Homes – 5
Total ICWA Applicable Children: 47
Total Non-ICWA Applicable Children: 24

ICWA Applicable Children Placement
Relative Placement: 9 (50%)
Foster Care Placement: 9 (50%)
1 child in Native Foster Home

Non-ICWA Applicable Children Placement
Relative Placement: 4 (50%)
Foster Care Placement: 4 (50%)
0 children in Native Foster Home

Pilot Program beginning July 1st, 2025, a Sobriety Treatment Program. START-a family mentoring program. Life of the program goes until case closure.

Native American Community Advocate & Elder update: Terry Medina Native American Advocate Office:

- HHS: Picked up two new ladies from Rosecrance who need assistance with getting their children back, visitation, and communication with HHS. Had three mothers come see me and things are looking up for these women and the children. Have not heard back from Omaha Nation on the update I gave last month. 32 relatives
- JAIL VISITS: This month I had 17 men and 15 women in the Empowerment Circle, thankful and grateful to be of service to the relatives in the Iron House. 32 relatives.
- BOARDS & COMMITTEES: Stopped in the warming shelter this past month to visit with the relatives, they are always thankful and happy to see me. Warming shelter has a few big events coming up as fund raisers. 44 relatives.
- S.T.O.P.: We had our first graduation, five women completed, we gave a presentation at the Strengthening Families & Communities conference in Winnebago at Little Priest Tribal College. Powerful and impactful to the relatives there and on the Zoom. Since that time over 20 women reached out and want to take the classes. Over 100 relatives were present during our presentation.
- DIVERSITY: Met with Manny from RTF, on a sit-down training on the unique needs and views of our Native Relatives will be happening soon.
- TRIBAL: The conference drew over 100 people present and averaged 50 plus on the Zoom, great conference by Miskoo Petite and HHS.
- ROSECRANCE WOMEN: The Motherhood classes are going great, every other Wednesday. I have close to 35 to 40 women in class.

- 77 relatives.
- ROSECRANCE MEN'S UNIT & HEALTH CENTER: Start the new classes on June 10th, they are looking forward to this, some of the men helped clean up the Sweat Lodge area.
- ROSECRANCE ADOLESTENT UNIT: We start the Attitude Adjustment class on Tuesday June 10, 2025.
- SUCCESS STORY: One of the women in the STOP program was so inspired and empowered that they had the courage to leave the domestic violence situation she was in, being with other women who have experienced what she was going through she finally said NO MORE! Beyond proud of her and the other women.
- Total numbers this month were over 400

Urban Native Center update – Val Uken

- Val is out until June 16th. Starting June 9th Summer Youth Program will host Native Youth at 1501 Geneva Ave, from 9 am-12:00 p.m.

Sioux City Housing Authority update – Amy Tooley

- Issuing vouchers again. 6-12 month waiting list. Money for security deposits.
- No longer accepting applications for rental assistance program (for individuals who have fallen behind on rent).
- Working with the Domestic Violence Program to relocate DV survivors.
- There were no referrals for the month of May.
- Finding housing in Sioux City is scarce and not foreseeing homes opening to rent.
- Developing a homeless court in Sioux City-upcoming and TBA.
- SHA Care ACT HUD funding is ending 2026. This is Emergency housing voucher and 2 months' rent with security deposit.

City of Sioux City Neighborhood Services update – Clara Coly:

- 286 households on the list, numbers have gone up. 399 individuals served. 33 intakes scheduled and 25 attended appointments.
- Individuals who have a plan in other areas for housing were given bus vouchers for relocation. Funds for that have been spent. Replenished funds will be July 2025.

Memorial March to Honor Lost Children update -Jennifer Walker-Lopez

- Fundraising letters are completed and ready to be mailed. Looking for new donors.
- An application will be distributed to individuals who want to participate in Memorial March meetings. This will be to track meetings and attendees. Also, to track ideas, thoughts, or concerns.
- Website development for the Memorial March.
- Briar Cliff will offer Education classes and funds brochures and flyers for the event.

- Education event will include Healing Engagement and how it relates to the community. Jennifer mentioned they are still looking for ideas for the Education component. The group is working with Andrea.
- The University of Iowa Native Center for Behavior Health will be included with the Education portion. The group will circle back to this per director Matt of SHIP.
- Art flyers are completed for students who want to participate and submit their artwork. The group is asking to include a buffalo skull logo in the students art piece.
- Meeting with Winnebago (WinnaVegas Casino) about donations. They have donated box lunches and water for the event in the past.

Siouxland Community Health update - Marcia Williams

- Marcia Williamson was unable to attend due to sickness but rescheduled to be at the August CINCF meeting.

Local Agencies update:

- Karen Mackey announced PRIDE month will be Saturday at the Sioux City Museum and Convention Center. Free food and resource tables.
- Native American Cultural Connection Group: 2nd Tuesday of the Month. 5:30 pm-7:00 pm located at the Urban Native Center 1501 Geneva Street. Group participated in powwow to learn two steps and dance. July change to becoming a foster family kinship will receive full payment after 2 weeks of kinship payments.
- Achieving Max Potential (AMP)- support group to teach life skills. Advocate at the Hill/legislation. Jason is out of town but is still pushing for initiatives for foster families. AMP meets 4th Tuesday of every month. Transportation has been an issue for participants.
- University of Iowa Native Center for Behavioral Health partnered with SHIP on the 'Mental Health & Wellness: Tools for Working with Native Families & Children' a one-day forum on June 10, 2025, for Natives and non-Natives who serve urban and tribal American Indians/Alaska Natives in the greater Sioux City, Iowa, region and beyond. Topics range from substance use disorders, the specific needs of Native military families, and mental awareness training to Native considerations in special education and promoting healthy relationships throughout life.

Annual Recommendations

Community Initiative for Native American Families and Children

Recommendations of the Panel are as follows:

1. Increase Native American foster families by 6 to a total of 12. This will continue to be a priority. Strong collaboration between the HHS Native unit, CINCF, Sioux City community and LSI is key to recruitment efforts. The idea to form a support group for Native American foster parents has yet to come to fruition. Unfortunately, we're losing Native American foster homes no new homes have been identified recently.

2. Identify opportunities to build/strengthen capacity for programming and resources for the Urban Native American community. Native Resilient Communities is a 5-year pilot program which strategically assisted Siouxland Human Investment Partnership, CINCF and SCCAN to perform a community needs assessment, strategic planning and media campaign. This has been a huge investment which assisted us in finding new resources, partnerships, efficiencies, etc. We are coming up in the final year of this grant and it is vital to find additional financial support for sustainability purposes.

3. Provide multiple affirmative youth and family engagement opportunities, consistently. This was an identified need when the community needs assessment was completed as a part of the Native Resilient Community pilot program. Over the last 3-4 yrs youth programming has been implemented on a fairly consistent basis on Mondays and Tuesdays each week. Recently, evidence-based group programming has been added on Wednesdays. By providing engagement on a consistent basis, youth and families can create stronger report and trust with service providers.

4. The Community Initiative for Native Children & Families serves as a local grassroots coalition that meets monthly to gather community partners and providers to share updates on service delivery and programming. This collaborative spirit creates a platform to elevate the discussion and consider policy and practice change. CINCF may gain a larger community reach by introducing mission and vision statements. This would help tell it's story in a succinct way, helping the urban Native community members and service agencies find alignment.

Progress and Implementations of Prior Recommendations

In Fiscal Year 2024, one of the Citizens Review Panel's primary objectives was to expand the number of Native American foster families in Woodbury County. Only minimal progress was made in increasing new Native foster home placements. Efforts, including sharing recruitment strategies and available training opportunities, will continue into the next fiscal year.

The community remained actively involved in the data collection phase for the Native Resilient Community retreat. Input from both service providers and community members helped identify strengths and gaps, guiding the formation of a comprehensive strategic plan.

Tribal customary adoption became fully implemented in Woodbury County and is now a regularly practiced permanency option. The Office of the Attorney General and the Woodbury County Native American Unit have extended their expertise to support other jurisdictions in expanding this initiative. Notably, Polk County HHS established a Native American Unit, creating a dedicated in-house specialist role for Native-specific cases. This development marks a culturally affirming shift in policy by providing alternatives to the termination of parental rights.

The "Motherhood and Fatherhood is Sacred" program continues to be delivered both in-person and virtually by CINCF coalition members. Community partners have expressed enthusiasm for continued and expanded training opportunities.

Throughout the year, the Citizens Review Panel sustained its participation in monthly CINCF meetings. This ongoing collaboration contributes meaningfully to efforts aimed at promoting the health, safety, and well-being of the local urban Native American population.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The Woodbury County Citizen Review Panel is focusing on advancing strengths-based, and evidence-supported programs within the community—an approach aligned with trends in public funding priorities. Key goals include engaging Native American families with children ages 0–5 to foster school readiness and long-term educational success, aiming to interrupt cycles of generational poverty. The panel also intends to promote healthcare and social work professions among Native Americans by removing educational barriers, which could lead to more representative and effective service delivery. Central to their work is building trust through consistent family engagement that strengthens community ties and participation.

APPENDIX D

State Response to Citizen Review Panel Recommendations

Child Protection Council/State Citizen Review Panel Recommendations & State Response

Recommendation

Substance Abuse

- HHS 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.

State Response

(Social Work Training)
HHS continues to offer substance abuse training to all field staff via a mixture of eLearning (online) and face-to-face trainings. The training materials include information on substance use disorders and on behavioral indicators and how they can indicate possible usage and the need for drug testing. The trainings also highlight different types of drugs and the effects of them. In addition to these courses, substance abuse information is interspersed throughout a number of other statewide child abuse trainings as substance abuse can have far reaching effects into different areas. Below is a list and description of the current HHS Drug Testing courses for Social Workers:

CC 601– Behavioral Indicators of Substance Abuse and Drug Testing
This training's objective is to provide workers with information on how to identify if there are potential concerns of substance abuse and when to do drug testing. The training includes material on substance abuse, indicators of potential use, and how to approach drug testing.

SP 310 Substance Use Fundamentals
This course provides learners with an interactive learning platform in which workers are introduced to the fundamentals of substance abuse and how to

connect behavioral indicators to the safety of children. In addition, workers learn how to reference the state's Drug Testing Policy and how to make a successful referral based on the indicators.

SP 410 Substance Use Intermediate
This training assists workers in supporting families struggling with substance use disorders through the treatment and recovery process to help keep families together. SP 310 Substance Use Fundamentals is a pre-requisite for this training.

(Safe Plans of Care)
The HHS continues to support efforts to improve practice regarding the CARA initiative and Safe Plans of Care for infants affected by substance abuse, or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. The focus of these efforts is to ensure that Safe Plans of Care are being completed thoroughly and adequately to address the needs, services, and the monitoring of the infant and their caregivers. To improve and support practice, a statewide training was developed specific to CARA and the use of Safe Plans of Care. This training was mandated for all field staff. The training was recorded and is now required for all new hires going forward. Other efforts have included a presentation on the statewide Bi-Monthly CIDS call with HHS supervisors regarding the requirements of CARA. A Lunch and Learn was also hosted that reviewed CARA and Safe Plans of Care for all staff that highlighted the role and responsibilities of HHS staff in dealing with CARA cases.

(Continuum of Care & Substance Abuse Treatment Services)
HHS has just entered into a contract with Children and Family Futures (CFF), which is the nonprofit organization and the propriety owner of the Sobriety Treatment and Recovery Teams (START) Model. CFF is assisting Iowa in establishing and implementing the START Model in the State. 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/are diagnosed with a SUD. Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. The START initiative aligns with and supports the Child Protection Council/State Citizen Review Panel's recommendation on substance abuse as it 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 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.

(Drug Testing Sites)
HHS recognizes the need for clients to have access to the HHS drug testing sites and that the location of the site, the hours of operation, and/or transportation to the site can be an issue. Currently, there are 55 drug testing sites across the state. The location of the sites is based on usage as are the hours of operation. HHS will review the current drug testing locations, hours of operation, and usage to determine if the current

configuration meets the needs of local areas and where there may be gaps. In cases where transportation is the issue, HHS will remind staff that special provisions are needed in these cases, and that in-home testing is available to families.

Recommendation

Supports & Services

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

State Response

When the Child Protection Assessment is not substantiated, HHS staff will refer families to services and/or supports when appropriate. As the services or supports are voluntary in these cases, the family must agree to participate. HHS does not track if these families follow through with services.

Recommendation

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.

State Response

HHS recognizes the critical role of legal representatives in the child welfare system and supports the recommendation for the recruitment, retention, and training of legal representatives of parents and children in a collaborative and multidisciplinary way. Going forward, HHS will be looking to Iowa's Court Improvement Program as a key partner in the efforts of identifying and implementing new strategies and innovative approaches around the recruitment and retention of child welfare attorneys in Iowa and as well as, what the training needs are for this group.

Recommendation

Child Welfare Workforce

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

State Response

HHS supports trauma informed supervision practices. While a trauma informed supervisory training is being offered to HHS staff, the Department recognizes the ongoing need to continue to promote the practice in an effort to better support field staff. The Department believes strongly in the need to invest in the child welfare workforce and agrees that one way to do this is through trauma informed supervision. Trauma

informed supervision will support and improve direct practice which will ultimately serve to better protect children.

The Community Initiative for Native Children and Families Woodbury County Citizen Review Panel

The SFY 2024 recommendations of The Community Initiative for Native Children and Families (CINF) continued to be worked on through SFY 2025. The State responses are listed below.

Recommendation

Increase Native American foster families by 6 to a total of 12: This will continue to be a priority. Strong collaboration between the HHS Native unit, CINCF, Sioux City community and LSI is key to recruitment efforts. The idea to form a support group for Native American foster parents has yet to come to fruition. Unfortunately, we're losing Native American foster homes no new homes have been identified recently.

State Response

HHS agrees with the recommendation to increase Native American Foster families and is committed to maintaining relationships with the HHS Native Unit, CINCF, Sioux City Community Partners, and LSI. Currently, there has been a decrease in foster homes across Iowa. HHS continues to provide efforts and assistance to LSI to increase foster care recruitment. Due to the decrease in Native Foster Homes, HHS recognizes the barriers this creates when looking for a placement for NA children.

The following was discussed over the last year in The Community Initiative for Native Children and Families (CINCF) meetings the licensing, recruitment, and retention of Native foster parents in the area:

- Lutheran Services in Iowa (LSI)'s efforts to market and work with area Tribes to increase Native foster homes, e.g., marketing. LSI continues to host events to attempt to recruit new families at their building in Sioux City. LSI continues to reach out to tribes and HHS to help move those efforts forward.
- Lutheran Social Services of Iowa continues to provide Native Family Information Sessions on becoming a foster or adoptive parent in Iowa through LSI in the Iowa RRTS program.
- As of July 2023, the contract moved to Four Oaks to cover Statewide Services.
- Four Oaks and LSI continue to collaborate in hosting a monthly orientation/information session to promote the importance of maintaining Native American culture, assisting families with the paperwork if they choose to meet in person, or a virtual option is available.

- 1 Native Family went through the licensing process but closed out once kinship was given to them.
- There have been 2 Resource families who have been licensed, although they have been listed as adopt only not foster.
- As of December 2023, there were 6 total Native Foster homes overall identified.

HHS also recognizes the value of a support group for Native American foster families and would support efforts to this end. Currently, there is a similar group happening in Nebraska through the Nebraska Indian Child Welfare Coalition. This group could potentially offer guidance around the efforts needed to establish a support group in Iowa and serve as an opportunity for collaboration.

Recommendation

Identify opportunities to build/strengthen capacity for programming and resources for the Urban Native American community. Native Resilient Communities is a 5-year pilot program which strategically assisted Siouxland Human Investment Partnership, CINCF and SCCAN to perform a community needs assessment, strategic planning, and media campaign. This has been a huge investment which assisted us in finding new resources, partnerships, efficiencies, etc. We are coming up on the final year of this grant and it is vital to find additional financial support for sustainability purposes.

State Response

HHS continues to support the Native Resilient Community Pilot Project. HHS was excited to see the implementation of this program and the additional community resources that it has provided. HHS is open to exploring funding options to continue to support and expand the pilot project.

Recommendation

Provide multiple culturally affirmative youth and family engagement opportunities, consistently. This was an identified need when the community needs assessment was completed as a part of the Native Resilient Community pilot program. Over the last 3-4 years youth programming has been implemented on a fairly consistent basis on Mondays and Tuesdays each week. Recently, evidence-based group programming has been added on Wednesdays. By providing engagement on a consistent basis, youth and families can create stronger report and trust with service providers.

State Response

HHS recognizes the importance of providing culturally affirmative youth and family engagement opportunities on a consistent basis and how these activities strengthen the community and promote trust between the youth and families and service providers. HHS supports the programming and is open to exploring the option of continuing the Native Resilient Community Pilot Project.

Recommendation

The Community Initiative for Native Children & Families serves as a local grassroots coalition that meets monthly to gather community partners and providers to share updates on service delivery and programming. This collaborative spirit creates a platform to elevate the discussion and consider policy and practice change. CINCF may gain a larger community reach by introducing mission and vision statements. This would help tell its story in a succinct way, helping the urban Native community members and service agencies find alignment.

State Response

HHS supports the development of a mission and vision statement for the CINCF coalition. A mission and vision statement would provide clarity and direction to the group as well as, providing guidance and support during strategic decision-making processes. The ICWA/Cultural Equity Manager is open to assisting the coalition with this.