STATE OF IOWA DEPARTMENT OF

Health AND Human SERVICES

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

FFY 2024 Grant Application
2022-2023 Year End Report

Iowa Department of Health and Human Services
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CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) ANNUAL REPORT 2022 – 2023

The Child Abuse Prevention and Treatment Act (CAPTA) requires that a state receiving a CAPTA State Grant submit an annual report describing how the grant award was expended. Following is Iowa's 2022-2023 Annual CAPTA Report which includes the required information 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. The report describes activities funded under CAPTA along with the program areas that they fall under. In addition to the CAPTA funded activities, the report also identifies other Iowa Department of Health and Human Services' (IDHHS) initiatives and activities that align with and support the selected program improvement areas under CAPTA.

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES (IDHHS)

On June 14, 2022, House File 2578 was signed by Iowa Governor Reynolds creating an Iowa Department of Health and Human Services (IDHHS). House File 2578 provides for a one-year transition period for the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) to merge duties and functions into the new Department. The legislation directs the transition to the accomplish the following:

- Manage effectively.
- Establish a IDHHS policy.
- Promote heath and quality of life in the IDHHS field.

The DHS and the IDPH will fully transition into the IDHHS by July 1, 2023. Under the new alignment the current five Service Areas (Western, Eastern, Des Moines, Northern, Cedar Rapids) will remain the same but the counties under some of the Service Areas will be reconfigured based on child populations.

For the reporting that follows, the Department will be referred to as the Iowa Department of Health and Human Services (IDHHS) within each of the Sections unless otherwise indicated.

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 SFY 2023. While there are no new laws affecting CAPTA, there were ten bills signed into law relating to child welfare in Iowa.

CHILD WELFARE LEGAL REPRESENTATION PROJECT HF 113 (IOWA CODE SECTION 13B.13)

This bill extended the state public defender pilot project for child welfare legal representation another year (through June 30, 2025) and expanded the project from six to sixteen counties throughout the state.

CONTINUOUS SEXUAL ABUSE OF A CHILD HF 176 (IOWA CODE SECTION 709.23)

This bill amended the definition of *continuous sexual abuse of a child* to include any person 18 years of age or older who engages in any combination of three or more acts of sexual abuse with the same child and at least thirty days have elapsed between the first and last acts of sexual abuse. Previously, this definition only included any combination of three or more acts of sexual abuse in the second or third degree. The amended definition includes all acts of sexual abuse.

SAFETY PLANS HF 471 (IOWA CODE CHAPTERS 226, 232, 331, 600, 812, 256, AND 331)

This bill provides the ability for IDHHS to enter into safety plans with a child's guardian, in addition to their parent and provides for additional issues relating to mental health and disability services provided by the state as well as, judicial proceedings relating to child in need of assistance proceedings, adoptions, and the confinement of persons found incompetent to stand trial, including a requirement to send notice of adoption hearings to siblings under certain circumstances.

PATERNITY HF 216 (IOWA CODE SECTIONS 232.2, 232.3A, 232.103A, 252.6A, 252C.4, 598.21E, 600B.41A, AND 602.6306)

This bill amended the definition of parent and adds or amends additional laws relating to paternity in certain actions before the juvenile court.

BRIDGE ORDERS HF 359 (IOWA CODE SECTION 232.103B)

This bill adds a new section to provide the option for juvenile court to close a child in need of assistance case through a bridge order which transfer jurisdiction of the child's custody to the district court if certain criteria are met.

REPRESENTATION IN ADOPTION PROCEEDINGS HF 398 (IOWA CODE SECTIONS 13B.9, 600.6 AND 600.11)

This bill requires representation to adoptive parents and children in certain adoption proceedings and modifies filing requirements for adoption petitions and notice requirements for adoption hearings of adults.

TPR HF 400 (IOWA CODE SECTION 600A.9)

This bill provides for a parent to request a vacation or appeal of a termination of parental rights order under certain circumstances.

SAFE HAVEN HF 425 (IOWA CODE CHAPTER 233)

This bill provides additional means for a parent to release custody of a newborn, in accordance with the Newborn Safe Haven Act, to medical staff at a hospital or other facility following delivery of the newborn infant or by relinquishing physical custody of the newborn infant at a hospital, a fire station, or an emergency medical care provider, through a newborn safety device, and provides additional definitions.

SAFE HAVEN HF 474 (IOWA CODE SECTIONS 232.2, 232.78, 232.95, 232.102, 232.104, 233.1, 2331A, 233.2, 233.5, & 233.6)

This bill added adoption service providers as one of the options that a parent of a newborn infant may voluntarily release custody of the newborn infant to, in accordance with the Newborn Safe Haven Act. This bill also requires adoption service providers who will be involved in the surrender of newborns to have CPR and first aid training for infants and adults.

FOSTER PARENTS' RIGHTS AND RESPONSIBILITIES HF 584 (IOWA CODE CHAPTER 237)

This bill provides for rights and responsibilities to individual licensees who provide child foster care.

IOWA'S CAPTA PROGRAM MANAGER AND STATE LIAISON OFFICER (SLO)

The IDHHS Program Manager for Iowa's Child Abuse Prevention & Treatment Act (CAPTA) and Iowa's State Liaison Officer are listed below.

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THE COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016 (CARA)

SECTION 106(b)(2)(B)(ii)(iii) of CAPTA

On July 1, 2017, House File 543 became law. The legislation amended Iowa Code Section 232.77 subsection 2 (b) as follows:

> *b. If a health practitioner involved in the delivery or care of a newborn or infant discovers in the newborn or infant physical or behavioral symptoms that are consistent with the effects of prenatal drug exposure or a fetal alcohol spectrum disorder, the health practitioner shall report such information to the department in a manner prescribed by rule of the department.*

This law was passed in order to implement the federal amendments to CAPTA made by *P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA*). With the passage of House File 543, Iowa came into compliance with CARA. Iowa and child welfare policies and procedures removed the term "illegal" as applied to substance abuse affecting infants in an effort to address the needs of both the caretakers and infants born and identified as being affected by any substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, or of Fetal Alcohol Spectrum Disorder.

Iowa health care providers involved in the delivery or care of such infants are mandated by law to notify the Iowa Department of Health and Human Services (IDHHS). Child welfare policies include Safe Plans of Care and procedures for monitoring those plans to ensure that appropriate services are being provided to the infant and the family. The IDHHS child welfare information system continues to meet the annual data report requirements as set forth in section 106(d) of CAPTA regarding the number of identified infants, the number of infants that have a Safe Plan of Care, and the number of infants for whom a referral was made for services, including services for the affected family or caregiver.

IMPLEMENTATION OF CARA

Much of the groundwork was laid to implement CARA, with external partners, by way of meetings with the Drug Endangered Children (DEC) Workgroup. This workgroup had been tasked by Iowa legislators to evaluate allegations of suspected child abuse involving drugs and to make recommendations for statutory change to support best practice in this area. As CARA had just passed and Iowa was exploring how to implement the required changes it was agreed to make CARA part of the workgroup's discussion and involve the multiple disciplines who were already at the table to assist in working toward a plan for Iowa. The final workgroup report with recommendations for statutory change to support CARA was submitted in December 2016.

The IDHHS also assembled an internal workgroup including representation from the IDHHS centralized intake, field operations/training and policy/program managers for child protective services, contracted services, and the CAPTA Program Manager. The focus of this group was to ensure child safety and well-being following the child's release from the care of medical providers. The IDHHS policies and procedures were also revisited regarding development of Safe Plans of Care for infants born and identified as being affected by (all) substance abuse, or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.

POLICY AND PRACTICE

Following are the IDHHS policies and procedures for intake, assessment, and case management relative to CARA cases.

- Intake:
  - Reports for children born positive for an illegal substance continue to be accepted as Presence of Illegal Drugs in a Child's Body and assessed as a Child Abuse Assessment (this was policy prior to CARA).
  - If abuse criteria is not met and there is no current child welfare case, but the IDHHS receives concerns by a medical provider that an infant is affected by substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, a Child In Need of Assistance (CINA) assessment is accepted.
  - If there is an open child welfare case, the intake is rejected, and information is provided to the social work case manager (SWCM) to address in their open service case.
- Assessment:
  - The child protection worker (CPW) consults with the medical provider to confirm the infant is affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.
    - If the medical provider determines the infant is not affected, the information is documented in the assessment (Child Abuse Assessment, Family Assessment or CINA Assessment).
    - If the medical provider determines the infant is affected, the information is documented on the Safe Plan of Care form.
    - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required for consideration of filing a Child In Need of Assistance petition.
- Case Management:
  - For an existing child welfare case, the SWCM consults with the medical provider to confirm the infant is affected by substance abuse, or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.
    - If the medical provider determines the infant is not affected, the information is documented electronically in a contact note in the Family and Children Services (FACS) system, which is a component of Iowa's child welfare information system.
    - If the medical provider determines the infant is affected, the information is documented on the Safe Plan of Care form.
    - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required for consideration of filing a Child In Need of Assistance petition (if court oversight is not already in place).
- County Attorney Consultation
  - The IDHHS staff in all counties have a process in place in which they consult with their county attorneys. How each county attorney handles the concerns of a family not cooperating with a Safe Plan of Care can vary across the state. If the lack of cooperation becomes a safety concern, it is likely county attorneys will support the filing of a Child In Need of Assistance petition. It is in circumstances where the lack of cooperation does not rise to a safety concern that there may be a variance across the state.
  - As referenced with respect to the DEC workgroup, a part of the workgroup's discussion and ultimate recommendations included the change in state statute to support mandatory reporter laws consistent with Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). County Attorneys were represented on this workgroup.

The implementation of these updated policies and procedures were rolled out to IDHHS field staff and external partners in a multitude of ways. In May of 2017, all health care providers in Iowa were sent a letter from the IDHHS Child Welfare Bureau Chief regarding the state law changes requiring them, as mandatory reporters, to notify the IDHHS of any infant affected by any substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder. This letter also provided basic information regarding their role in the development and approval of a Safe Plan of Care for any infants identified as affected as well as, information on how to access additional information regarding CARA.

The updates were communicated to the IDHHS field staff in July of 2017 through a Bi-Monthly Service CIDS call, which hosts all child welfare field administration and supervisory staff statewide. Field supervisory staff are expected to share the information from these calls with the child protection workers and social work case management staff they supervise. Field supervisory staff have advised that one of the ways in which they communicate the information to their team is by forwarding the CIDS materials on to their staff and follow up on the information during their team meetings. Materials from the CIDS call included an overview of the federal and state law changes, detail regarding practice changes, explanation of the corresponding system changes, and a copy of the letter regarding CARA that was sent to all health care providers in Iowa.

In addition to a CIDS call covering the rollout of the CARA updates, the Service Help Desk followed up with an e-mail to all IDHHS field service staff with a reminder covering the practice expectations. The Child Welfare Information Systems (CWIS) Help Desk also followed up with an e-mail directly to all IDHHS field service staff with the specific system changes in place to assist in documenting the federal reporting requirements for CARA.

Following the letter to health care providers, a number of conversations occurred between the IDHHS and partners in the medical field who were interested in having the IDHHS provide a more formal training for medical staff. Prior to this training, the IDHHS requested the medical field submit any specific questions they had. In September of 2017, an IDHHS policy representative provided a training to health care providers to assist them in navigating the updated mandatory reporter requirements and IDHHS procedures to implement CARA. All of the questions submitted ahead of time were addressed in this training. Additionally, the training was recorded and made available to all hospitals and health care providers across Iowa.

PROCESS OF MONITORING SAFE PLANS OF CARE

How Safe Plans of Care are monitored is dependent upon the circumstances of each case. IDHHS policy requires that all monitoring efforts and activities around Safe Plans of Care be documented on the Safe Plan of Care form.

- In cases where there is ongoing IDHHS services involved with the family, the assigned SWCM plays a larger role in monitoring the Safe Plan of Care and for ensuring that the appropriate services are being provided. The referrals that are made and the provision of services is documented in the family's case plan. In these cases, the SWCM has ongoing interactions with the family and is assessing the safety, need, and effectiveness of services as long as the IDHHS service case is open.
- If a family is cooperative with the Safe Plan of Care and there is not an open IDHHS service case, it is the responsibility of the identified medical/community providers to monitor the plan.

If the provider has further concerns, they are to contact the IDHHS abuse hotline, and the intake process would begin again.

SAFE PLAN OF CARE REVIEWS

Since the 2017 implementation of CARA in Iowa, the IDHHS has continued to review and refine policy and practice where necessary to meet the needs of infants and their caregivers. A number of reviews and follow up trainings have been conducted in an effort to continually strengthen the use and effectiveness of Safe Plans of Care.

October 2017 - an internal case review was completed to check in on the IDHHS progress since implementation of CARA earlier that year. The case review team included most of the members who took part in the initial workgroup; representation from the IDHHS centralized intake, field operations/training, and policy/program managers for child protective services and CAPTA. Thirty case files, which indicated an "infant affected" at intake were pulled at random. The intake and assessment documents as well as, system entries were reviewed. While it was clear in the assessment reports that good work was being done to address concerns of substance abuse affecting children and their caretakers, the sample of cases that were reviewed did not meet the expected procedures.

November 2017 – The October 2017 review was followed up with another Bi-Monthly Service CIDS call to revisit the law, policy, and procedures and clarify any information the field staff had questions about. Materials for this CIDS call included a power point presentation covering expectations from intake through assessment and case management, a Q/A document to address some of the more common questions, and the original resource materials that had been provided during the initial rollout.

March 2018 – An informal follow up to the November 2017 review was completed and confirmed that expected procedures for CARA were not being met. It was determined that a more thorough and formal review would be conducted.

August 2018 – ***Children's Bureau On-site CARA Review***. Iowa completed an on-site review with a regional partner to assess the development, implementation, and the monitoring of Safe Plans of Care. This review included the same IDHHS individuals who were involved with the previous review. While a CPW, SWCM, and field supervisor as well as, the IDHHS Service Business Team (SBT) were initially identified to be part of the review, it was determined their availability would more limited. The on-site review is described below.

Five cases with Safe Plans of Care were reviewed with a focus on the Safe Plans of Care and the monitoring of those plans. The cases included a Child Abuse Assessment case, an ongoing case, and a case in which the infant didn't leave mom's care/home, a case that was viewed as a good example, and one that was seen as an example of a tough/challenging case.

Iowa's regional partner had the opportunity to speak with front line field staff who work directly with reporters of suspected abuse as well as, with children and families involved with Safe Plans of Care. Each of these front-line staff participated in a 30-minute, one on one phone conference with the regional partner. IDHHS staff included:

- An Intake Social Worker
- An Intake Supervisor
- A Child Protection Worker

- A Social Work Case Manager
- A Field Social Work Supervisor.

While there was a desire for the regional partner to meet with an existing group who is currently involved with this population (infants affected) to discuss practice successes and challenges in Iowa, there wasn't an opportunity for this meeting during the review. The review team (including the regional partner) however did have an opportunity to debrief with members of the IDHHS SBT. The regional partner was also invited to participate in a follow up call with the SBT on September 11, 2018.

As a result of the review and discussion with front-line staff, policy and practice changes were identified to improve the developing, implementing, and monitoring of Safe Plans of Care in Iowa.

- The actual case review highlighted:
  - Inconsistencies as to when an "infant affected" was identified,
  - Lack of documentation that a Safe Plan of Care was completed, and
  - A general lack of supervisory oversight to the requirements when an "infant affected" is identified.
- The interviews with front-line staff highlighted:
  - The need for additional training,
  - A desire to have a separate form for the Safe Plan of Care, and
  - Misunderstanding about what "affected by" means.
- The changes implemented following this review included:
  - Creation of a separate Safe Plan of Care (effective January 22, 2019) form rather than documenting on the Safety Plan form.
  - Creation of Safe Plan of Care Instructions to provide guidance for completion of the form (published with the form effective January 22, 2019).
  - Updates to the Child Welfare Information System to provide guidance as to what an "infant affected" means and to require supervisory sign off on the determination of any infant affected (effective November 29, 2018).
  - Statewide training for IDHHS staff and stakeholders (took place January 17, 2019).

<u>February 2020</u> – A review was conducted by Iowa's Child Protection Council /State Citizen Review Panel (CPC/CRP) in collaboration with IDHHS staff. In preparation for the CARA Case Review, the CPC/CRP members were provided an overview of how the review process would flow. In addition, they were presented with an overview of CARA, the IDHHS child abuse intake and assessment process, and the HHS procedures required to comply with CARA. As part of the review process the CPC/CRP members were divided into 5 groups and paired with an IDHHS representative to assist with the review and to be available to answer questions. A total of 21 cases were reviewed.

A Case Review Tool was utilized for each case reviewed. The tool captured information under the following topics:

- General Information
- Intake
- Assessment
- Safe Plans of Care
  - Infant Health Needs and Services
  - Family/Caregiver Health and Substance Abuse Treatment Needs and Services
  - Monitoring of the Safe Plan of Care

Upon completion of the reviews, the groups came together to discuss strengths, opportunities for improvement, identified barriers, and recommendations to improve the development and monitoring of Safe Plans of Care in Iowa. Areas of strengths that were identified by the group included family engagement, the Safe Plan of Care being completed with the family, and timely service referrals. Areas for improvement included follow-up consultations with medical providers, the completion of Safe Plans of Care, and a need to better identify who will be monitoring the services. Based on the results of the case review, four recommendations were made. The four recommendations and the IDHHS actions that were taken in response to them included:

- Recommendation #1: Training
  Further training should be offered on the CARA initiative regarding when a Safe Plan of Care is needed, the requirements of a Safe Plan of Care, who should be involved in the development of the plan, services needed and the monitoring of the plan and the need for good documentation throughout the process.
    - Bi-Monthly Service CIDS – On May 21, 2020, policy staff reviewed the CARA requirements, state law related to CARA as well as, IDHHS policy and practice expectations around Safe Plans of Care during a Bi-Monthly Service CIDS call. The Bi-Monthly Service CIDS calls, which include supervisors and administrators, are not intended for training purposes as such but rather as a means to introduce new policy or reinforce current policy. The information from these calls, along with the power points, documents, and other resources provided are expected to be taken back to the field and presented and discussed with front line staff by supervisors. With regard to Safe Plans of Care, the IDHHS trained extensively on this in 2010 with the initial requirement involving illegal drugs or Fetal Alcohol Spectrum Disorder. As such, the idea of needing to expand training to apply to Safe Plans of Care for all drugs wasn't initially thought to be a significant change. However, as reviews proved that more work was needed in this area, the requirements were reinforced, and a form was created.
        - In addition to an overview, the Safe Plan of Care form, its purpose, and how to complete it were discussed in detail as well as, the system enhancements in place to assist in prompting staff to complete a Safe Plan of Care when needed and to capture data, which meets federal reporting requirements. Supportive documents previously provided to staff were also reviewed and remain available for reference.
    - Field Service Training – In September 2020, the IDHHS training team provided an updated training on Safe Plans of Care, touching upon all of the recommendations identified in the case reviews. This training was recorded and is available for staff who began employment with the IDHHS after September 2020. Participation was mandatory for all current Social Worker 3/Child Protection Workers, Social Worker 2/Social Worker Case Managers, and Supervisors of both positions. This topic has also been incorporated into other trainings that IDHHS staff are required to complete. Safe Plans of Care are covered briefly in basic trainings for CPWs, SWCMs, and supervisors and in the substance abuse fundamentals training as well as the mental health fundamentals course. Additional trainings are consistently being reviewed to see where it may be appropriate to include additional information specific to the requirement for Safe Plans of Care. Additionally, policy, practice, and system enhancement encourage supervisors to play a larger role in confirming that Safe Plans of Care are completed and completed accurately.

- Recommendation #2: Services and Monitoring
  Identified services along with timeframes for participation and how monitoring will be conducted should be clearly stated on the Safe Plan of Care.
    - These issues are clarified on the Safe Plan of Care form, in the form instructions, and were addressed during the May 21, 2020, Service CIDS as well as, the September 2020 training.

- Recommendation #3: Medical
  Increased consultations with medical providers are needed to confirm whether or not the infant is affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder and that the medical provider has reviewed the Safe Plan of Care when used and agrees that the needs of the infant and family will be met through the Safe Plan of Care.
    - While the Safe Plan of Care form and instructions identify the need for this medical consultation, time was dedicated during the May 21, 2020, Service CIDS and September 2020 training to express the importance of the role the medical providers play in the success of Safe Plans of Care. Procedures to confirm with medical providers that an infant is affected, to collaborate and to identify services, and have the medical provider sign off that the identified services are adequate to meet the infant and caregiver's needs were discussed.

- Recommendation #4: Native Americans
  Native American heritage should be asked and noted at intake or during the assessment process and if the child and family are part of a tribe, the Safe Plan of Care should be developed in conjunction with the family, the tribal Social Worker and the CPW.
    - A reminder of the importance to follow the expected policy and procedures with our tribal partners and families was also highlighted during the May 21, 2020, Service CIDS and September 2020 training.

CARA DATA

	CY2022	CY2021	CY2020	CY2019	CY2018
Infants affected – identified at intake	157	185	203	247	278
Infants affected – identified during CPA	76	93	100	172	544
Safe Plans of Care completed	66	70	66	160	543
Total number infants affected	75	97*	103*	175*	552*
Total number infants affected for whom service referrals were made, including services for the	62	93			

affected parent or caregiver					
Total reports accepted for a child protective assessment	34,512	35,593	30,151	33,004	34,328

**Can include multiple children on one Safe Plan of Care*

A total of 75 infants were identified as affected in Calendar Year (CY) 2022. This is a decrease from the 2021 total of 97, the 2020 total of 103, and the 2019 total of 175. It is significantly less than the 2018 total of 552.

It is believed practice change impacted the decrease of the total number of infants affected that occurred between CY 2018 to CY 2019. While the intake percentages remained consistent at .8% in 2018 and .7% in 2019, the total number of infants affected (as identified during the course of an assessment) lowered drastically between CY 2018 and CY 2019. In CY 2018, infants affected made up 1.6% of reports that were accepted for assessment (552 of 34,328) and as mentioned above, that percentage in CY 2019 was .5%.

In review of CY 2020 data as it compares to CY 2019, the decrease is believed to be a direct result of lower total number of reports in general (which are contributed to the global pandemic of COVID-19). In CY 2019, the IDHHS completed a total of 33,004 reports that were accepted for assessment. Infants affected made up .5% of that total (175 of 33,004). That percentage of infants affected nearly paralleled in CY 2020. In CY 2020, the IDHHS completed a total of 30,151 reports that were accepted for assessment and infants affected made up .3% of that total (103 of 30,151).

Comparing CY 2021 data to CY 2020, the total number infants affected decreased very slightly (by 7), but because the total reports increased by 5,442, the percentage of infants affected remained the same at .3% (97 of 35,593).

The total number of infants affected continued to drop in CY 2022. With a slight decrease in the total number of reports that were accepted for assessment, infants affected dropped slightly as well, making up .2% (75 of 34,512).

Intake training and practice on when to identify an infant as affected has remained fairly consistent with much less turn around with intake staff than the field workers. Upon a deeper dive into the data, it was identified that field staff were routinely identifying an infant as affected very liberally when the allegations included drugs, particularly Presence of Illegals Drugs in a Child's System (PIDS). However, there was an administrative decision made during CY 2019 that testing positive for a substance alone would not be considered "affected by substance abuse" unless a medical professional identified the child as being affected. So while a PIDS case is founded due to an illegal drug being present in a child's system, the child may not have had any affects identified by a medical professional.

Following the decision, field staff were provided clarification that PIDS in and of itself did not automatically identify an infant as affected. There had to be information that the infant was affected by the substance, such as having withdrawal symptoms, and that ultimately it was a determination to be made by a medical professional and not field staff. Additionally, the "new is new" practice (leading to

additional assessments) that existed from February 2017 through September of 2018 would also reflect why the numbers were higher in 2018.

In addition to the total number of infants affected, the IDHHS is continuously evaluating Safe Plans of Care. While multiple children can be identified on one Safe Plan of Care, ongoing reviews are continuing in order to affirm that Safe Plans of Care are being completed when an infant is identified as affected. Additionally, reviews are also assisting to confirm that the Safe Plans of Care are being completed thoroughly and adequately to address the needs, services, and monitoring of the infant and their caregiver(s). Data from the reviews are being used to determine whether we've seen progress in practice and to inform what information needs to be reiterated in trainings. With regard to individual follow up with staff, supervisors were asked to play a larger role in the oversight of confirming Safe Plans of Care are being completed thoroughly and accurately. Each supervisor is able to drill the data down to each of their workers and are also expected to review the specific Safe Plans of Care created during a Child Protective Assessment (CPA) prior to signing off on approval of the CPA.

MULTI-DISCIPLINARY OUTREACH, CONSULTATION & COORDINATION

House File 543 was passed in the Iowa Legislature to implement the federal requirements under CARA. Below is a list of internal efforts and activities the IDHHS initiated following the enactment of House File 543.

- A CAPTA-CARA Workgroup was established to identify the policies, procedures and system changes that would be needed to implement CARA.
- On March 16, 2017, CARA and the related changes in policies, procedures and system changes were presented and discussed on a Bi-Monthly Service CIDs call with IDHHS field supervisors.
- Added supports including communication documents and instructional releases were provided to the IDHHS staff from the Central Office Policy Division and the Service Help Desk.
- System changes were implemented within the JARVIS (IDHHS Child Welfare Data System).
- The Iowa Administrative Code (IAC) or "Rule", the IDHHS Employee's Manual and related forms were updated to reflect the new law changes.
- Policy Program Managers composed and distributed a Letter of Notification and a Guidance Document for external stakeholders and partners regarding the passage and implementation of CARA.
- Reviews were regularly conducted to assess the compliance and success in identifying and providing the appropriate services to infants and their caregivers affected by substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder.

In addition to the internal preparations, the IDHHS reached out to groups and agencies across Iowa to ensure that they are aware of the passage of the federal requirements regarding CARA and of the 2017 law change in Iowa that implements CARA. External efforts in this regard included:

- Information regarding the passage of CARA and how that impacts Mandatory Reporters was posted on the IDHHS Website.
- The CARA Letter of Notification and the Guidance document was shared with the legacy agency of Iowa Department of Public Health (IDPH) and was posted on the IDPH Mandatory Reporter Training web page.
- A presentation, accompanied by the Guidance document, was offered to the Child Protection Council/Statewide Citizen Review Panel (CPC/CRP). This group consists of members who represent a number of different disciplines such as medical, child advocacy and prevention, law

enforcement, the University of Iowa, juvenile justice, and Iowa's Child Advocacy Centers. Each of these professionals was asked to share this information within their areas of practice.

- The Cara Letter of Notification and Guidance document were sent to the Juvenile Justice Division to be shared statewide with Juvenile Justice personal and Juvenile Judges.
- The CARA Letter of Notification was distributed through the Iowa Medicaid Enterprise (IME) Division to all health providers of Medicaid in Iowa.
- The reviews regularly conducted by the IDHHS included a multi-discipline of professionals to help assess the compliance and success in identifying and providing the appropriate services to infants and their caregivers affected by substance abuse, or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder.

CARA & EARLY ACCESS (IDEA PART C)

Early Intervention Services or Early ACCESS (EA) as the IDEA Part C program is referred to in Iowa is a collaborative partnership between two State agencies, IDHHS *and the Iowa Department of Education (IDOE)*), and the Child Health Specialty Clinics (CHSC). These agencies and clinics promote, support, and administer Early Access services. The IDOE is the lead agency responsible for administering the program.

Early ACCESS services are available to any child in Iowa from birth to three who:

a) Are the subject of a substantiated case of child abuse or neglect.
b) Are identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or
c) Have been identified as developmentally delayed.

Infants that fall under the Comprehensive Addiction and Recovery Act (CARA) are eligible for a referral to Early ACCESS. This includes infants born with and identified as being affected by any substance, not just illegal substances. Children who meet the criteria under the CARA Act are included in the automatic referral process to Early ACCESS. Early ACCESS services are discussed in more detail later in this report.

IDENTIFIED CHALLENGES AND LESSONS LEARNED

Since the 2017 implementation of CARA, the IDHHS has continued to review practice and refine policy where needed to meet the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Observations and lessons learned during the first years of CARA included:

- The availability of services for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder and their mothers with substance use disorders, is more limited in the rural parts of Iowa as compared to the urban areas in the state.
- In Iowa, services such as Early ACCESS, Home Visiting, and the Iowa Family Support program, which are all targeted for this population of children, are voluntary services. As such, it is difficult to monitor a parent's participation and compliance with the program. This is also true of the non-agency voluntary services to which many families are referred.
- There is a need for additional data collection and sharing across systems for this population group.

- Based on the case reviews, compounded by field staff turnover (particularly with Social Work Case Managers), there is a need for ongoing training to assure the proper use and monitoring of Safe Plans of Care.
- There is a need for continued collaboration and sharing across systems (Medical, Mental Health, IDHHS, etc.) regarding internal protocols and approaches in identifying these infants and providing the needed services.
- Confidentiality across systems can be an issue at times (particularly outside of the course of a child abuse protective assessment) and can affect the degree of collaboration between systems.

FUTURE STEPS TO SUPPORTING SAFE PLANS OF CARE

Efforts will continue to support IDHHS field staff in meeting the CARA requirements. Service Areas are encouraged to continue to make Safe Plans of Care a standing agenda item during monthly meetings between Social Work Administrators (SWAs) and field supervisors and to identify any system barriers that are impacting the field's efforts in identifying these cases and completing Safe Plans of Care. In addition to these steps, supervisors are being encouraged to play a bigger role in confirming that Safe Plans of Care are being completed and are completed accurately. Data on CARA cases and Safe Plans of Care is also available for review by Service Areas and supervisors. With regard to assessing progress, local Service Areas are responsible for oversight on a day-to-day basis. Continued periodic reviews will inform us whether or not supervisory and local administrative oversight is happening.

The IDHHS is also committed to continuing targeted case reviews related to CARA. Findings from the February 2020 CARA Case Review were used to identify areas needing further analysis. Based on the results these areas included:

- Infants affected are being identified at intake.
- Infants affected are being correctly identified during the course of the assessment.
- All allegations are being addressed and factored.
- Safe Plans of Care include all of the required elements.
- Identified services are appropriate.
- County Attorneys are consulted when a family is not cooperative with agreement.
- Safe Plans of Care include how the plan will be monitored.
- The person/agency responsible for monitoring the Safe Plan of Care is identified.
- Duration time for monitoring each service is appropriate.

In 2022, the IDHHS and Unity Point hospital in Des Moines, Iowa re-engaged in conversation to discuss opportunities to improve our State's response to infants affected, as required by CARA. We collaborated well at implementation and a need to circle back to our process was determined to be necessary. The IDHHS recognizes the work needed internally to improve our follow up related to infants affected and we wanted to hear from our medical partners about how they feel they are doing and how we could better collaborate. The goal shared between both of us, is to improve our State's response to infants affected by working better together to assure we (the Child Welfare System as a whole) are identifying infants and providing the most appropriate services to them and their caretakers.

For next steps, Unity Point wanted to regroup internally to discuss their role in identifying infants affected. The overarching plan is to reach out across the statewide healthcare systems, through the Iowa Hospital Association or another means to see if Iowa health practitioners could come to more of a consensus on policies around "affected". We are waiting to hear back from Unity Point about their

internal discussions and how they hope to proceed, not just with other healthcare practitioners, but also in how they can better collaborate with the IDHHS to identify infants affected and create effective Safe Plans of Care.

In the meantime, the IDHHS has had more conversations internally and externally about how the research presented by Dr. Ira Chasnoff can be used to inform practice, both internally and with external partners. While it is known that prenatal alcohol and drug use effects a growing child, it is not always recognized how little it takes to have a grave impact upon a child's development.

When it comes to behavioral issues with a child, children who were prenatally exposed to substances are often written off with ADHD or ODD diagnoses. Treatment for diagnoses such as ADHD and ODD looks much different and is therefore ineffective for prenatally exposed children. Dr. Chasnoff created a toolkit for parents to use and for professionals to use with parents as well. IDHHS staff were provided with this toolkit in the spring of 2022. The tool kit includes videos, articles, briefs, and references to answer some of the most common questions and concerns regarding children who are affected by exposure to alcohol or drugs during pregnancy. The goal of the toolkit is to look beyond the label and the behaviors of a child and focus on a path for intervention and treatment that addresses the basis of that behavior.

TECHNICAL ASSISTANCE

As was noted above, recommendations were made regarding the February 2020 CARA Case Review. In response to the recommendations, the IDHHS used the statewide Bi-Monthly Service CIDS in May 2020 to reinforce current policy around CARA cases. Documents, power point and resources were provided on the topic. The information presented was then taken back and shared with the field. In addition to the Bi-Monthly CIDS, the IDHHS approved the development of a statewide training specific to Safe Plans of Care. The Safe Plan of Care training webinar, was offered in September 2020. The training was recorded and remains available for all staff. The objective of the course is to ensure that learners understand what a Safe Plan of Care is, the need for a Safe Plan of Care, and when it is required in the course of their work. Included within the course content is a discussion about fostering partnerships with the family and professionals to ensure a comprehensive plan is developed and implemented. The course also provides instructions on how to complete the Safe Plan of Care form.

As a follow up to this, the IDHHS conducted a review of its current trainings and identified areas where the topic of Safe Plans of Care should be included. Safe Plans of Care are now being covered briefly in basic trainings for CPWs, SWCMs, and supervisors and in the substance abuse fundamentals training. To date, the training team has confirmed that CARA-Safe Plans of Care are currently covered in Substance Abuse Fundamentals, CP200 Foundations for Child Protection Workers, and Medical Fundamentals. The Substance Abuse Intermediate course, the Mental Health Fundamentals course, and the Intermediate course include this topic as well.

As a result of turnover seen, not only in CPW and SWCM positions, but also with supervisory positions, the IDHHS has identified a need to review this topic for staff. While new staff are still required to complete the Safe Plan of Care training that was recorded in September 2020, a Lunch and Learn was offered on May 27, 2022, to review CARA and Safe Plan of Care for all staff. This training served as a refresher on the role and responsibilities IDHHS staff have to infants affected and their families and it provides an opportunity to ask any questions they have as well.

Another case review would be beneficial to evaluate the impact that the training efforts have had on practice. Depending upon the results of a future case review, IDHHS may determine there is a need for technical assistance to address issues and review what policy and practice changes are needed to improve the development and monitoring of Safe Plans of Care in Iowa.

IOWA HHS

PROGRAM AREAS SELECTED FOR IMPROVEMENT

SECTION 106(b)(1)(C)(ii)of CAPTA

IDHHS has identified specific program areas for improving Iowa's child protection system. Of the fourteen program areas set forth in section 106(a) of CAPTA, IDHHS has targeted seven. The seven CAPTA program areas that Iowa will focus on in SFY 24 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.
- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.
- 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.

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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 that have been selected by IDHHS 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 seven program areas.

INTAKE, ASSESSMENT, SCREENING AND INVESTIGATION OF CHILD ABUSE OR NEGLECT

IDHHS POSITIONS

The support of intake, assessment, screening, and investigation of reports of child abuse or neglect continues to be a program area in which the IDHHS utilizes CAPTA state grant funds. Grant funds are used to support a policy position within the Division of Family Well-Being & Protection and a position within the IDHHS Intake Unit.

The policy position within the Division of Family Well-Being & Protection is titled Child Protection Program Manager. The IDHHS Child Protection Program Manager also serves as Iowa's State Liaison Officer (SLO). The Child Protection Program Manager plays an important role in developing and implementing policy as it relates to the intake and assessment of reports of suspected child abuse. The duties under this position include the following:

- Management of policy and the employee manual as it relates to intake and assessment of child abuse and technical assistance for the Service Help Desk and IDHHS field staff as needed.
- Participation in the implementation of state and federal legislative mandates impacting the child protection program.
- Preparation of services requests, review of business requirements and the testing of the child welfare information system affected by changes to the law or system improvements as needed.
- Assistance with the development and delivery of training for IDHHS field staff.
- Presentations on Bi-Monthly Service CIDS calls as it relates to child protection policy.
- Assisting with information for federal reports and performance measures for the child protection program.
- Legislative work including recommending and developing amendments to Iowa Code and preparing bill reviews and fiscal notes regarding how proposed legislation may impact the child protection program, the agency, and constituents.
- Exceptions to IDHHS Policy, providing preliminary decisions on approving exceptions to policy.
- Requests for Information (RFIs), providing IDHHS policy to the requestor and as needed, preparing reports and public information materials for IDHHS personnel, legislators, other state agencies, and the community.
- Providing oversight to the maintenance of the Child Abuse Registry including reviewing requests for access to the Child Abuse Registry via Iowa's Single Contact Repository (SING).

- Providing content expertise in the development and maintenance of the Child Abuse Mandatory Reporter Training.
- Representing the IDHHS on Iowa's Child Death Review Team, the Central Iowa Commercial Sexual Exploitation of Children MDT, the Network Against Human Trafficking, and other various interagency workgroups and public meetings with external partners.
- Providing case consultation to the Department of Inspection and Appeals as the entity that responds to abuse in state operated facilities.

A Clerk Specialist position within the IDHHS Intake Unit is also funded under the State CAPTA grant. Duties under the Clerk Specialist position include:

- Processing child abuse background checks for a wide range of entities while adhering to IDHHS legal requirements.
- Receiving and processing various requests for the release of child abuse information based on the requester's legal access to the highly confidential information contained in the child registry.
- Performing background checks that require the proficient use of multiple data systems and accurate interpretation of the data from those systems.
- Explaining and answering questions from various employers and their potential employees regarding the Record Check Evaluation process.
- Explaining to callers the process for obtaining copies of their abuse assessment and referring individuals to the appeals section if the person requests a change to their child abuse finding/registry status.
- Assisting Record Check Evaluation staff in obtaining assessments.
- Serving as the Child Abuse Registry contact person for the Single Contact Repository (SING) website. Verifying the accuracy of SING responses and responding to inquiries from employers, school districts, various agencies and the Department of Administrative Services (DAS) to verify appropriate abuse registry access through a new or established SING account.
- Facilitating the release of founded/unfounded child abuse reports as outlined by Iowa Code.
- Releasing on behalf of the Administration, portions of archived files to federal and state entities and individuals that have legal access to time sensitive, critical information regarding persons who have been incarcerated in juvenile facilities.
- Advising callers on the process of obtaining their own sealed records from Iowa Juvenile Home and or Eldora Training School records.
- Preparing draft responses at the request of the Service Area Manager and providing pertinent information regarding the Child Abuse Registry related to formal Requests for Information (RFI's).
- Acting as an informational resource on dissemination and general operation of the registries for IDHHS field workers and support staff.

INTAKE AND ASSESSMENTS OF CHILD ABUSE REPORTS

When IDHHS receives a report of suspected child abuse and the allegation meets the three criteria for abuse in Iowa (the victim is under the age of 18 years, the allegation involves a caretaker for most abuse types, and the allegation meets the Iowa Code definition for child abuse), IDHHS accepts the report of suspected abuse for a Child Protective Assessment. On January 1, 2014, Iowa implemented a Differential Response (DR) System. Under the DR System, when IDHHS intake staff accepts a report of suspected abuse, the staff assigns the report to one of two pathways for assessment, a Family Assessment or a Child Abuse Assessment.

IDHHS staff assigns accepted reports of suspected abuse to a Family Assessment when only Denial of Critical Care is alleged with no imminent danger, death, or injury to a child and other criteria as outlined in 441 Iowa Administrative Code (IAC) 175.24(2)(b) is also met. Cases eligible for a Family Assessment are less serious allegations of abuse. During the course of a Family assessment, the HHS child protection worker (CPW):

- Visits the home and speaks with individual family members to gather an understanding of the concerns reported, what the family is experiencing, and engages collateral contacts in order to get a holistic view;
- Evaluates safety and risk for the child(ren);
- Engages the family to assess family strengths and needs through a full family functioning assessment; and
- Connects the family to any needed voluntary services.

CPWs must complete Family Assessment reports by the end of 10 business days, with no finding of abuse, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made. Successful closure of a Family Assessment indicates the children are safe without further need for intervention. CPWs make recommendations for services available in the community for families with low risk; they offer families at moderate and high-risk non-agency voluntary (state purchased) services. To align with IDHHS efforts to implement the Family First Prevention Services Act, these non-agency voluntary services are encouraged to use the Solution Based Casework approach and are required to complete service plans for each case.

If at any time during the Family Assessment the CPW receives information that makes the family ineligible for a Family Assessment, inclusive of a child being "unsafe", the IDHHS staff reassigns the case to the Child Abuse Assessment pathway. The same CPW continues to work the case.

The Child Abuse Assessment is Iowa's traditional path of assessing reports of suspected child abuse. The CPW utilizes the same family functioning, safety and risk assessments as under the Family Assessment pathway. However, by the end of 20 business days, the CPW must make a finding of whether abuse occurred, consider whether a perpetrator's name meets criteria to be placed on the Central Abuse Registry, and determine whether court intervention will be requested. Findings include:

- *"Founded"* means that a preponderance (more than half) of credible evidence supports that child abuse occurred and the circumstances meet the criteria for placement on the Iowa Central Abuse Registry.

- *"Confirmed"* means that a preponderance (more than half) of credible evidence supports that child abuse occurred but the circumstances did not meet the criteria for placement on the Iowa Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. (Only the abuse types of physical abuse and denial of critical care, lack of supervision or lack of clothing, can be confirmed).

- *"Not Confirmed"* means there was not a preponderance (more than half) of credible evidence to support that child abuse occurred.

If a report of suspected child abuse does not meet the criteria to be accepted for assessment, HHS intake staff reject the report. IDHHS intake staff must screen a rejected report to determine if the report meets the criteria for the child to be adjudicated a Child In Need of Assistance (CINA) in

accordance with Iowa Code §232.96A. IDHHS uses CINA Assessments to determine if juvenile court intervention should be recommended for a child and also examines the family's strengths and needs in order to support the families' efforts to provide a safe and stable home environment for their children.

IDHHS CHILD PROTECTIVE ASSESSMENT DATA

Most child protective assessments are Not Confirmed, as indicated in the data below and as aligned with National data. When abuse is Founded, a separate group of HHS case managers supervise ongoing services for children and their families through IDHHS Case Management Services.

The following chart lists the total number of IDHHS Child Protective Assessments for the calendar years (CY) 2010 – 2022. For each year, the number of Family Assessments, Assessments Not Confirmed, and those Confirmed and Founded Assessments are also provided.

In reviewing the chart, it is noted that the percentage of Family Assessments has decreased since Differential Response (DR) was implemented. It is believed this is due to the change in the law. Upon implementation of DR in 2014, only Denial of Critical Care (DCC) allegations were eligible for a Family Assessment. Most DCC allegations involving substance abuse were eligible for a Family Assessment unless the allegations included the use of meth and a victim under the age of 5 years. In 2017, the manufacturing of meth category was modified to include the use, possession, manufacture, cultivation, and distribution of any dangerous substance, including meth, amphetamines, chemical combinations that pose a risk of fire, explosion, or other danger, cocaine, heroin, and opium/opiates. Because most substances now fall under the Dangerous Substance category of abuse (and not DCC only), they are no longer eligible for a Family Assessment, thus, leading to a decrease in the percent of Family Assessments that has held steady since 2017.

Table 2(n): IDHHS Child Protective Assessments (CY 2010-2022)

Calendar Year (CY)	Total Assessed Reports	Family Assessments (Percentage) **	Assessments Not Confirmed (Percentage)	Assessments Confirmed & Founded (Percentage)
2022	34,512	6,302 (18%)	19,693 (57%)	8,517 (25%)
2021	35,593*****	6,727 (19%)	20,323 (57%)	8,543 (24%)
2020	30,151****	6,450 (21%)	15,766 (52%)	7,935 (27%)
2019	33,004	6,543 (20%)	17,947 (54%)	8,514 (26%)
2018	35,029***	6,958 (20%)	19,328 (55%)	8,743 (25%)
2017	33,418***	7,136 (21%)	17,724 (53%)	8,558 (26%)
2016	25,707	7,457 (29.0%)	11,766 (45.8%)	6,484 (25.2%)
2015	24,298	7,469 (30.7%)	10,787 (44.4%)	6,042 (24.9%)
2014	23,562**	7,769 (33.0%)	10,259 (43.5%)	5,534 (23.5%)
2013	26,129	NA	17,218 (65.9%)	8,911 (34.1%)
2012	28,918	NA	19,302 (66.7%)	9,616 (33.3%)
2011	30,747*	NA	21,035 (68.4%)	9,712 (31.6%)
2010	26,413	NA	17,432 (66.0%)	8,981 (34.0%)

Source: SACWIS

**The number of total assessed reports increased 16% in CY2011 due to a policy clarification regarding confidentiality and the need to split out assessment reports.*

***Family Assessments began in CY 2014 with the implementation of a Differential Response (DR) System.*

****The number of total assessed reports increased 11% in CY2017 and increased slightly again in CY2018 due to factors that included a practice change resulting in new allegations being addressed in a separate report as well as, additional reports resulting from a number of high-profile cases. This practice change was in place from February 2017 through September 2018. A process to link intakes was implemented in September 2018 to allow new allegations to be addressed in a report that was already open for assessment.*

*****The decrease in total assessed reports in 2020 is believed to be a result of the global pandemic from COVID-19. As children were not being seen as regularly when schools closed and in-person non-emergency medical and mental health appointments ceased for many months, fewer children were being seen by mandatory reporters which resulted in less reports of suspected abuse.*

****** As schools and professional office visits resumed in-person, it was not a surprise to see the total number of assessed reports in 2021 increase by 5,442 assessments when compared to 2020. Assessment totals for 2021 realigned with where totals were pre-pandemic and remained consistent in 2022 as well.*

CENTRAIZED SERVICE INTAKE UNIT (CSIU)

Prior to the establishment of a statewide intake call center child abuse referral calls were being accepted within IDHHS Service Areas. Once a call was received, the information was then forwarded to the appropriate county or Intake Division within the Service Area. A major concern under this system was whether the calls were being accepted or rejected appropriately across Service Areas and if the accepted cases were being forwarded for assessment within the required timeframes established by state policy. Other issues included the potential for different questions being asked of callers and the amount of documentation.

In 2010, IDHHS established a statewide intake call center or "hotline" to promote consistency with regard to intake practice and procedures. The Centralized Service Intake Unit (CSIU), located in Des Moines, Iowa accepted calls Monday thru Friday from 8:00am-4:30pm. At the intake call center CSIU personnel answer calls and determine if the information provided meets the legal definition of child abuse in Iowa. Once a referral is accepted, Intake personnel gather as much background data as possible to determine the appropriate assessment pathway (Family Assessment or a Child Abuse Assessment) and assign a corresponding response time to observe the child victim(s) and address safety. The case information is then routed to designated Service Area staff for case assignment. All rejected calls are reviewed by a Supervisor to confirm they were adequately assessed and rejected. Rejected intakes are also screened to determine if a CINA Assessment should be opened and rejects are also forwarded as appropriate.

With regard to the call center, IDHHS collects data on the total number of rejected and accepted intakes, the number of total intakes broken down by Service Area, by county and their percentages statewide, the number of total intakes broken down by assessment path (child abuse assessment, family assessment, or CINA assessment) and the total number of intakes by state fiscal year and month. This data is available on a dashboard on the IDHHS website: https://hhs.iowa.gov/dashboard_childwelfare. IDHHS uses the data to inform whether it remains in the same range each year and if there are substantial changes, the data is evaluated further to assess the cause and what if anything needs to be done to address the change.

Issues regarding the after-hours intake practices and procedures remained despite the move to a statewide intake call center. After-hours calls were still being routed to a "hotline" answered by the Iowa State Training School in Eldora, Iowa. Upon receiving a call, the operators at the school would take down the reporter's contact information and then contact the on-call CPW (Child Protection

Worker) for the identified Service Area. The CPW was then required to call back the reporter and document the intake information. If a caller wished to remain anonymous, the operators at the school were required to document the information given and provide it to the on-call CPW. Concerns with the after-hours system included the consistency of the questions being asked of the reporter, the documentation of the information being gathered, and the need to relay the information in a timely manner to the on-call person. In situations in which the reporter asked to remain anonymous, the CPW was dependent upon the information that the operator was able to gather.

24/7 STATEWIDE INTAKE CALL CENTER

Over the years various studies and different groups recommended that the CSIU be made a 24/7 call center. In response, IDHHS conducted an internal review of the after-hours intake processes. At the conclusion of the review options were discussed and a proposal for a 24/7 call center was developed. Implementation of the 24/7 call center was realized on January 4, 2021.

Currently, all reports of suspected child abuse are funneled through the CSIU "hotline" that is staffed 24 hours a day, 7 days a week, and 365 days a year. Equipment and technical enhancements were made, and additional staff were hired to support a 24/7 CSIU. To operate 24/7, 15 additional intake workers, 2 additional mentors/trainers, and 4 additional supervisors were hired to cover the multiple shifts. The charts below indicate the number of staff, the job classifications, and the days and hours of the different shifts.

Staffed Positions	Total Before 24/7 Intake	Total With 24/7 Intake
SW3 Intake Workers	23	38
SW4 Mentor/Trainers	2	4
Social Work Supervisors	4	8
Clerical	1	1
Social Work Administrator	1	1

Social Worker Administrator

1	Monday – Friday	8:00 AM – 4:30 PM

Clerical

1	Monday – Friday	8:00 AM – 4:30 PM

Social Worker Supervisor

2	Monday – Friday	8:00 AM– 4:30 PM
1	Monday – Thursday	7:00 AM -5:00 PM
1	Tuesday – Friday	8:00 AM – 6:00 PM
1	Monday – Friday	2:00 PM – 10:30 PM
1	Monday – Thursday	10:00 PM – 8:00 AM
1	Saturday – Monday	10:00 AM – 10:00 PM
1	Friday – Sunday	10:00 PM – 10:00 AM

Social Worker 4

1	Monday – Thursday	7:00 AM – 5:00 PM
1	Tuesday – Friday	7:00 AM – 5:00 PM
1	Saturday – Monday	9:30 AM – 10:00 PM

1	Friday – Sunday	9:30 AM – 10:00 PM

Social Worker 3

10	Monday – Friday	8:00 AM – 4:30 PM
6	Monday – Friday	8:30 AM – 5:00 PM
3	Monday – Thursday	7:30 AM – 6:00 PM
3	Tuesday – Friday	7:30 AM – 6:00 PM
3	Monday, Tuesday, Thursday, Friday	7:30 AM – 6:00 PM
4	Monday – Friday	2:00 PM – 10:30 PM
2	Monday – Thursday	10:00 PM – 8:30 AM
2	Friday – Sunday	10:00 AM – 10:30 PM
2	Saturday – Monday	10:00 AM – 10:30 PM
2	Friday – Sunday	10:00 PM – 10:30 AM

With the CSIU now operating 24/7, a greater level of efficiency, standardization, and more consistent decision-making on reports of suspected abuse is happening. Local staff in the field have improved response times and have additional time to focus on the assessment requirements now that the intake functions have been shifted solely to CSIU. CAPTA funding was used for the additional equipment and technical enhancements that were needed to implement the 24/7 operation of the CSIU.

EVALUATION

The 24/7 CSIU began operations on January 4, 2021. In October 2021, IDHHS collaborated with the Child Protection Council/ State Citizen Review Panel to evaluate the performance expectations, training, and staffing of the 24/7 CSIU. The Case Review data highlighted the strengths that were found that included: staff engaging reporters in a supportive and encouraging way, routinely asking clarifying questions during the calls, summarizing the concerns back to the reporter, exploring collateral contacts as needed, and maintaining confidentiality at all times. Overall, the group was impressed with the level of data collected and how it is used to monitor performance. CSIU answers calls timely, manages the calls efficiently, and has an effective quality assurance and training process in place.

The opportunities for improvement that were identified included workers asking leading questions of the reporter and, at times, the need for more descriptive questions to include what/where/when in exploring the allegations. While these opportunities for improvement may help to identify specific areas to explore further, it is also important to note that these concerns were limited to a very small number of cases in this review.

The review also included a comparison between Iowa's CSIU with that of other states having similar centralized abuse intake units. As part of the review, Kansas, Kentucky, Missouri, and Nebraska provided data around the operation of their centralized abuse intake unit. In reviewing and comparing this data, the group determined that Iowa's staffing levels, standards, training, and performance expectations are aligned with or exceed that of other reporting states.

IOWA HHS

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

An identified need within child protective services was to ensure that staff were utilizing the safety assessment tool as the tool to support consistent decision about safety. In response to the need, the IDHHS requested a review of the existing Safety Assessment Tool and the corresponding Safety Plan, through a Lean Kaizen event, to determine how the tool and plan could be enhanced and/or if needed, be replaced altogether.

To begin the review, a small group of IDHHS Supervisors and Policy Program Managers were charge with researching Safety Assessments, Safety Plans, and corresponding user guidance which is being used in other States. While this was happening, a larger IDHHS Workgroup, comprised of IDHHS staff from the field, service help desk, training, and policy was pulled together to identify the needed enhancements and/or replacements for Iowa's Safety Assessment Tool and the corresponding Safety Plan. The goal was to clarify the continuum from safety to risk to danger and identify any IT system changes that would be required.

Following are the tasks that were completed by the workgroup:

- Research was completed on Safety Assessments, Safety Plans, and corresponding user guidance utilized in other states.
- Manual guidance was revised regarding the completion of the current Safety Assessment and Safety Plan.
- Staff training materials on the use of the current Safety Assessment and Safety Plan were reviewed.
- Recommendations were made regarding changes/replacement for the Safety Assessment tool that provided for a scored, validated finding.
- Findings from the Safety Assessment were utilized to directly inform the Safety Plan and Case Permanency Plan.
- Considerations were made on how the Safety Assessment and Safety Plan information could better inform referrals and recommendation for practice changes and enhancements.
- A finalize draft format was completed of the recommended Safety Assessment and Safety Plan with corresponding description of how each field should be scored/answered to include guidance/definitions that will be added to JARVIS (IDHHS Child Welfare Data System) as "hover over" assistance for the end user. This included identifying which fields should be required by the system to be completed and any other recommended validations.
- The Information was identified from the Safety Assessment that should be made available to "pull through" JARVIS to inform and that may be edited in the Safety Plan.
- The information was identified that should be made available to "pull through" JARVIS to inform and that could be edited in the Case Permanency Plan.
- Recommendations were made for training structure and training content for the IDHHS staff related to the changes.

A final summary of recommendations based on the tasks of the IDHHS workgroup were presented to the IDHHS Administration Team. The research results on what other States were utilizing with regard to Safety Assessments, Safety Plans, and corresponding user guidance was also submitted to the team. Ultimately, this workgroup determined the Structured Decision Making (SDM) tools had proven to be the most successful evidenced-based tools available. IDHHS was particularly interested in an SDM Safety Assessment that belonged to Evident Change, formerly the National Council on Crime & Delinquency (NCCD) and the Children's Research Center, which is a nonprofit that uses data and research to improve our social systems.

In line with the recommendations that resulted from the research and review conducted by the IDHHS workgroup, the IDHHS Administration Team made the decision to contract with the NCCD to conduct research and provide technical assistance and direct support to IDHHS in the development of an SDM safety assessment tool and a safety planning practice guide specific to Iowa. The contract began in February 2020. Funding for this project includes CAPTA, Children's Justice Act (CJA) Grant and Casey Family Program dollars. In December 2020, NCCD changed their name to Evident Change.

DEVELOPMENT & DESIGN ACTIVITIES

Activities began with project planning meetings and a review of IDHHS policy. A Web-based survey and phone interviews with the IDHHS workgroup and external partners, including providers and representatives of Iowa's judicial system, was also completed. The workgroup met with Evident Change via virtual call four times between September 2020 through July of 2021 (09-15-20, 09-25-20, 02-02-21, and 07-13-21). During these meetings the SDM Safety Assessment and guidance documents were drafted and finalized in accordance with the standards to maintain the research and evidenced-based decision-support system of SDM.

In addition to these events, Evident Change presented a face-to-face SDM Core Concepts Training for internal IDHHS trainers to support their understanding and delivery of SDM core concepts prior to the release of the new SDM Safety Assessment. This training also included content on critical concepts related to the completion of the safety assessment including danger versus risk, household composition, action and impact, and connections to child abuse investigation practices.

Evident Change also completed the initial SDM Safety Assessment Analysis based on the data extract that IDHHS has provided to them. Evident Change will conduct another SDM Safety Assessment Analysis after the implementation of the new SDM Safety Assessment. The purpose of the SDM Safety Assessment Analysis is to compare and determine how well the new safety assessment is functioning and whether it is having the desired effects. Some of the items that are tracked include:

- SDM safety assessment completion rates.
- Frequency of which safety assessment items are selected.
- Safety assessment results by location, families, and other factors.
- Comparisons of safety decisions, pre-and post-implementation.

Evident Change has also completed work on the safety assessment customization process which involved developing and finalizing the safety assessment along with corresponding definitions, policies and procedures. Inter-rater Reliability (IRR) testing to ensure that the assessment design and item definitions yield consistent ratings across workers has also been completed. This included providing a

web-based tutorial for testing participants that provides basic instruction for completing the IRR testing. Participants in the testing were provided with the draft assessment and testing manual along with a link to a website where they completed the assessments for each vignette during the IRR testing period. Evident Change then analyzed the IRR test data and recommended assessment items and definition revisions as needed. The final recommendations were then shared with IDHHS.

IDHHS FIELD ACTIVITIES

Following IRR testing, Evident Change conducted field testing. The purpose of the field test is to allow workers to use the assessment model in the field to identify any issues with the assessments, policies, procedures, or process flow prior to statewide implementation. Evident Change provided participants with manuals, including the assessment form, item definitions and policies and procedures for the field testing. Following the conclusion of the testing Evident Change analyzed the feedback reported the findings to IDHHS.

Next steps included Evident Change working with IDHHS to develop comprehensive requirements and specifications along with design documents and testing plans that allow for the direct integration of SDM components into the IDHHS IT system. Upon successful conclusion of this effort, IDHHS was provided documentation certifying their system is "SDM system compliant". Their work also included the development of the SDM core concepts training on the critical concepts related to the safety assessment. This was followed by the deployment of the training curriculum (for caseworker and supervisor training) to the IDHHS trainers.

The efforts with Evident Change align with work completed in early 2020 to update the Safety Plan to clarify the role of the safety plan and provide transparency to the parents and other participants about their roles and responsibilities. A Next Steps document was also created during work on the Safety Plan to be utilized as a refrigerator list of next steps that weren't directly related to the Safety Plan. Both forms were implemented in September 2020.

Child Protection Workers, Social Work Case Managers, and Supervisors were initially trained on the SDM Safety Assessment tool through eight full-day sessions of SW 714 Structured Decision-Making Safety Assessment held November and December of 2021. On January 14, 2022, the two-hour SW 614 Structured Decision-Making Safety Assessment Supervisory Webinar was required for all Supervisors. This webinar was designed as a follow-up to the original field training to help Supervisors support staff in implementing the Safety Assessment tool.

The new SDM Safety Assessment was implemented for all assessment with the intake dates of February 8, 2022, or after. In order to give staff an opportunity to utilize the SDM Safety Assessment first, additional training on how the Safety Assessment informs the Department's Safety Plan wasn't offered until April 2022. Ten 3-hour sessions of SW 714 Structured Decision-Making Safety Assessment were offered in March and April 2022. The training was required for all Child Protection Workers, Social Work Case Managers, and Supervisors of both positions. The original training, the follow ups supervisory webinar, and the additional Safety Plan trainings were recorded and are available for any staff who require the training in the future. During the statewide training rollout for this project, Evident Change provided support to the IDHHS Trainers.

SDM TOOL

As a result of this project, an Iowa specific research based SDM safety assessment tool and a safety planning practice guide, which will enhance the corresponding Safety Plan, was developed and implemented. This SDM tool and case planning strategies will help to guide workers in a more consistent, evidence-based process when determining whether an out of home placement is needed or if the child can remain safely in the home. Additionally, Evident Change provided the tool and guidance resources in Spanish in July 2022. Funding from CAPTA was used toward this project as well.

Administrative Rules around Safety Plans and Voluntary Placement Agreements that resulted from Safety Assessments were in process to tighten the timeframes around how long each safety plan would last as well as, how often safety plans were being reviewed with local administration, county attorneys, and the Attorney General's Office, Governor Reynolds signed Executive Order 10 on January 11, 2023. Order 10 put into place a moratorium on administrative rulemaking while executive agencies devoted resources to a comprehensive evaluation and rigorous cost-benefit analysis of existing administrative rules to eliminate or simplify unnecessary or unduly burdensome rules and regulations. This evaluation process is expected to be completed by the close of calendar year 2026.

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

MULTIDISCIPLINARY TEAMS

The definition of a Multidisciplinary Team (MDT) under Iowa Code (235A.13, subsection 8) is as follows:

> *"Multidisciplinary team" means a group of individuals who possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases and who are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, or law enforcement, or a group established pursuant to section 235B.1, subsection 1.*

The Iowa Code also establishes the following requirement of the IDHHS as it relates to MDTs (232.71B, subsection 11):

> *In each county or multicounty area in which more than fifty child abuse reports are made per year, the department shall establish a multidisciplinary team, as defined in section 235A.13, subsection 8. Upon the department's request, a multidisciplinary team shall assist the department in the assessment, diagnosis, and disposition of a child abuse assessment.*

On May 24, 2022 HF 2507 was signed into law on. The legislation was a prefile by IDHHS to update Iowa Code chapter 232 (Juvenile Justice) to better align with Family First initiatives. The bill included a new provision to chapter 232.71B, subsection 11 that allowed for multi-disciplinary teams to be utilized during ongoing case management services. Prior to this, the use of multidisciplinary teams was limited to child abuse assessments.

IOWA'S MDTS

There are a number of established Multidisciplinary Teams (MDT's) across the state. An MDT can be used for both child and dependent adult abuse. MDT's operate under a Multidisciplinary Agreement that is signed by everyone who is a member of the team. As Iowa is a rural state, one agreement can include four or more counties or a regional area. There are several advantages to an MDT Team that spans a larger area. A multicounty or regional MDT can help protect confidentiality in the more rural areas where the families may be well known. In addition, the membership of the MDT is more likely to include critical child welfare providers and professionals, many of whose services also span a number of counties or regions.

As noted above, new legislation was passed last year that allows for the use of MDTs to assist in the assessment, diagnoses and provision of services following a child abuse assessment. In response to this law change, the Department began planning for a statewide review and expansion of the MDT program. Additional support was needed as the use of MDTs was significantly impacted during the pandemic and the ongoing remote work, as the field struggled with the limitations of virtual MDT meetings and the need to obtain original signatures on the MDT Agreements. The purpose of a statewide review of the program is to identify the current issues that the field is experiencing with MDTs and the resources that will be needed to better support and expand the program. The start date of the review has not yet been determined due to the merger of the Department of Public Health and the Department of Human Services. The merger, which will be effective July 1, 2023, will result in a reconfiguration of the counties within the current Service Areas. This reconfiguration will impact local and regional MDTs in terms of the counties and regional areas they cover. It is anticipated that once the merger has been completed, work on the statewide review and expansion of the MDT program will begin. Currently, no CAPTA funding is being used for MDT support.

CENTRAL IOWA COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CICSEC)

The Central Iowa Commercial Sexual Exploitation of Children (CICSEC) Multi-disciplinary team (MDT) includes representatives from a number of agencies and organizations that are involved with victims of human trafficking. The mission of this 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. This MDT is specific to Polk County but is available to all of the Des Moines Service Area. The intent is to eventually build the same type of MDT within each service area across the state, likely in collaboration with each service area's Child Protection/Advocacy Center.

A key component to this group is the development of a Human Trafficking Database, referred to as the High-Risk Victims (HRV) database. Through the use of the HRV database, the Iowa Department of Health and Human Services (IDHHS) and other agencies involved with the CICSEC MDT are better able

to identify youth who are at risk of human trafficking as it allows for the sharing of information across different systems and agencies regarding trafficking cases. The use of the HRV database also supports and encourages a stronger collaborative effort with IDHHS partners around this type of abuse. The chart below highlights the total number of children who have been referred to the CICSEC MDT with a corresponding status:

High Risk Victims									
Year	Referral Pending	Cases Pending	Active	High Priority	Inactive	Open With Other Jurisdiction	Screened Out	Closed	Total
2020	0	0	15	4	13	0	4	0	36
2021	0	1	17	18	14	0	4	0	54
2022	0	12	10	13	23	0	10	0	68
2023	0	17	10	18	23	0	10	0	78

SHARING CONFIDENTIAL INFORMATION

The CICSEC MDT is using a multidisciplinary approach to address cases of child sexual exploitation and human trafficking as many of these cases involve joint investigations/assessments and have complex service needs. However, in order for the CICSEC MDT to function effectively they needed to be able to share confidential information that is protected by law. To address this issue, a bill was proposed during the 2019 legislative session to allow this particular group to share confidential information across agencies. The 2019 Iowa Acts, chapter 125, §1 (HF 642) was passed, effective July 1, 2019, to allow for the sharing of confidential information specifically for this group. Confidential Information Sharing HF 642 / 2019 Iowa Acts, Chapter 125, §1 – provides for the IDHHS to share confidential information outside of the 20-day child abuse assessment period with the CICSEC MDT. The CICSEC MDT is currently the only MDT that meets the legal requirements to share confidential information outside of the 20-day assessment period. All other IDHHS MDT's with valid MDT Agreements are bound by Iowa Code chapter235A and Iowa Administrative Code section 441-175.36

The CICSEC MDT exists to identify services for children who are victims of, and children at risk of becoming victims of human trafficking. The CICSEC MDT currently operates in Polk County. However, because children from other parts of the state as well as children from other states or countries come into contact with Des Moines and Polk County law enforcement, this MDT works to collaborate with other agencies outside the city of Des Moines and Polk County to address the needs of the child.

READY TO STAND CURRICULUM

At the close of 2021, an opportunity became available for the CICSEC MDT to attend an online training by the National Criminal Justice Training Center to improve our multidisciplinary team response to Child Sex Trafficking. The training was held December 6-9, 2021 and 10 members of our team were able to participate. Our team had the opportunity to discuss our practices and how they fell in line with our MOU and protocols. We also reviewed how we are fostering coalitions and networks, promoting community awareness, educating community providers, strengthening our individual knowledge and skill, and continuing care for children. We discussed our current status and changes we wanted to see in

each of these areas. The CICSEC MDT continues to work toward the goals we set forth for improvement to our team.

At the start of 2022 one of the CICSEC MDT Members who represents the Des Moines Public Schools (DMPS) as an Educational Liaison for IDHHS, asked for the CICSEC MDT support for a partnership they were entering into with the University of Nebraska-Lincoln (UNL) and the Set Me Free Project to evaluate the READY to Stand Curriculum as a tool to prevent Commercial Sexual Exploitation of children among racially and ethnically diverse urban youth. Nebraska researchers collaborated with DMPS educators on a five-year project, funded by the Centers for Disease Control and Prevention, that aims to prevent sex trafficking of children by delivering the READY to Stand Curriculum to students in Des Moines.

Developed by the Set Me Free Project, the curriculum provides information on healthy relationships, safe people and resources, self-esteem, and other social media safety. One of the foundations in the curriculum is that each person has an intrinsic value that no one can take away. The goal is that students walk away with an understanding of their worth and value. READY to Stand is presented to students through learning modules that use age-appropriate videos and group discussions by trained adult program educators. Additionally, school personnel participate in a training module focused on effectively managing youth disclosures and rejecting all forms of violence, including sex trafficking of children.

The project will launch at two Des Moines high schools in 2023 and will later expand to reach students in six additional high schools. UNL Researchers will assess student surveys to determine whether participation in READY to Stand reduces child sex trafficking, teen dating violence, and sexual assault victimization and perpetration, and whether the program increases bystander intervention in exploitation situations. While the CICSEC MDT is not directly involved in providing the READY to Stand Curriculum through this research project, any victims or potential victims of human trafficking identified through the project may be staffed with the CICSEC MDT to aid in the identification of services as well as potential criminal investigation and prosecution of the trafficker(s).

PROCEDURES FOR APPEALING AND RESPONDING TO APPEALS OF SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

CHILD ABUSE APPEALS

The IDHHS recognizes the rights to due process for any person accused of child abuse and has in place a process by which individuals can appeal a decision made by IDHHS and request a hearing before an Administrative Law Judge. Under Iowa law, a person who is the subject of a child abuse report and who believes that the conclusion or any part of the child abuse summary report is in error, may request correction of the information by contacting the local IDHHS office within 90 days of the date on the child abuse notice they receive. If they are the person alleged to be responsible for the abuse, they may file a written appeal.

An appeal is a separate motion from a request for correction. A request for correction is not required prior to filing an appeal. To file an appeal, the person must either send a written and signed statement to the IDHHS Appeals Section which explains why they disagree with the child abuse assessment, or they may file an appeal electronically. The timelines to request correction and/or appeal are the same. If an appeal hearing is requested by the person alleged to be responsible for the abuse and it is granted, all other subjects of the report will be notified by the IDHHS Appeals Section of the opportunity to file a motion to intervene in the appeal hearing (Iowa Code section 235A.19).

In handling child abuse appeals and requests for corrections a significant amount of preparation and follow up work is required by IDHHS staff. To meet this need and facilitate the appeals process, CAPTA funds are currently being used to support the salary and staff time for a full-time position in this area. The title and location of this position is a Clerk Specialist within the IDHHS Appeals Unit.

The duties and responsibilities of the Clerk Specialist position include:

- Serving as the Child Abuse Registry Appeal Liaison in conjunction with the IDHHS Appeals Section and the Attorney General's office.
- Proficiency in the use of various internal IT systems related to child abuse records and their appeals.
- Tracking the date and name of the appellant on the appropriate IT system and printing copies of the assessments and notices for the IDHHS appeals section and the Attorney General's office.
- Ensuring copies of the assessments are also emailed to the appeals section.
- Gathering and categorizing supporting documentation received from the field offices which may include copies of related criminal and juvenile court actions, police, and medical reports, as required by the Attorney General's office.
- Upon receipt of an Order Implementing Settlement Agreement (OISA), sending an email to notify the field office as to what the decision is and the time frame in which it is due.
- Logging the OISA information, the proposed decision, and the final appeal decision, into JARVIS (IDHHS Child Welfare Data System).
- Providing the statewide Child Death Review Team with all child abuse assessments regarding a family before and after a child's death.
- Receiving "Request for Child Abuse Information" forms and sending out the requested information to the subject of the assessment.
- Receiving calls, processing requests, and addressing issues from past and present appellants.
- Providing the Attorney General's office with child abuse information concerning the current appeal, any past appeal and/or any other information regarding the child abuse history of the family or requester.

PROVISIONS FOR THE APPOINTMENT OF AN INDIVIDUAL APPOINTED TO REPRESENT A CHILD IN JUDICIAL PROCEEDINGS

LEGAL REPRESENTATION PILOT PROJECT

Quality legal representation has been linked to a well-functioning child welfare system and the reduction of family and child trauma. In recognizing the importance of legal representation during juvenile court proceedings, the Children's Bureau has stated that legal representation is critical at each phase of the court process and should be available to all parties involved including parents. Evidence from various

studies and projects throughout the country have promoted the idea that attorney representation prior to filing a court action is critical in protecting parents' rights. In many cases, it has been found that legal representation during the early stage of a case may prevent the need for: removing a child from the home, the opening of a court case, and/or may shorten the length of foster care or other placements of the child outside of the home. In response to these latest findings, the Iowa legislature proposed Senate File 2182 which supported a pilot project in Iowa that would allow for legal representation for indigent parents prior to the filing of any court proceedings. Under current Iowa law, the State Public Defender's (SPD) office is prevented from representing clients until a court case is filed. Senate File 2182 was signed by the Governor in July 2020. Per the legislation, the SPD was charged with oversight of the new pilot project.

GOALS OF THE PILOT PROJECT

For the development and management of the Legal Representation Pilot Project the SPD partnered with the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP). In designing the project, it was agreed that the pilot would be offered in six counties which would include both rural and urban settings. This would provide an opportunity to discover which system or systems work best in what type of location. The identified goals of the project are to: prevent the opening of a court case when possible, reduce the number of children entering foster care, decrease the length of time a child spends in foster care and reduce the number of children returning to foster care.

MULTIDISCIPLINARY APPROACH

In designing the pilot project, it was determined that a pre-petition multidisciplinary attorney program would be implemented. This would involve attorneys who have experience and expertise in working with child welfare cases and ancillary legal issues of families who are involved with the state child welfare agency. The pilot program would provide access to pre-petition legal services and to a multidisciplinary team of social workers and parent mentors to address both the legal and social needs of the families. The premise of using this type of multidisciplinary approach is built on the belief that parents are more likely to trust the process, understand the seriousness of the case and do what they need to do to resolve the concerns if they feel supported and heard. As such, they will be more engaged in the process and the services needed while their legal issues were resolved. In doing so, the needs of the children are met, and fewer children will enter foster care and those that do will have shorter stays.

In situations in which a pre-petition case results in the removal of the child from the home, the attorney team will remain with the family. Attorneys appointed early in the process have a better understanding of the family's needs as they have been meeting with the family on a regular basis. In return, parents feel more engaged and have a higher rate of compliance as they understand the court process and are more likely to attend court hearings, visitations with their children and engage in the case plan. Together, these actions support and promote timelier reunification.

RESEARCH DESIGN & EVALUATION

The evaluation piece of the project is a mixed-method approach with quantitative and qualitative components. This includes a process evaluation to explore the fidelity of the process and an outcome evaluation. The research will be informed by two sets of guiding questions. A set of process evaluation questions will inform the fidelity of the implementation model. A second set of outcome evaluation questions will assess the effectiveness of the intervention. Following are the process and outcome evaluation questions.

Process Evaluation Questions:

- What strategies, practices, or activities (including core project components) were implemented?
- How did the site prepare for implementation (increase readiness and build
- capacity) of the strategies, practices, or activities?
- How did sites' readiness for implementation change overtime?
- Were the strategies, practices, or activities implemented as intended?
- What services did sites deliver to families or communities?
- To what extent were the strategies, practices, or activities integrated within the existing system?
- What steps did sites take to support continuation of the program strategies and
- activities beyond the life of the current project period?

Outcome Evaluation Questions:

- To what extent did the strategies, practices, or activities improve permanency outcomes?
- What effects did the strategies, practices, and activities (including dosage of services)
- have on key outcomes? (See those listed in the logic model)
- Does the intervention improve the root causes identified by the site?
- What was the degree of collaboration between partnering organizations and the
- extent to which interagency collaborations affected the outcomes?
- Was there a reduction of court costs?

Program level data is being collected throughout the project which tracks entry into the program, participants served, the type of services provided, and the number of hours of spent with the families. This data is being used to describe the program reach and explore the fidelity to the model. This method was selected as it is most efficient in examining basic information about the program.

Multiple data collection activities will be used to answer the research questions. The data collection activities are designed to collect the variables related to the immediate, short-term, and long-term outcomes. The data collection activities include a number of different surveys and forms including an attorney intake survey, a client satisfaction survey, focus groups, and one-on-one interviews.

The process and outcome evaluation activities will take place over the entirety of the grant with ongoing data collection and analysis.

SFY 23 LEGAL REPRESENTATION DATA

Enrollment to Date

The project team reports that there have been 111 families evaluated for enrollment to date.

Referral Status

- 4 families is in progress
- 1 family is approved.
- 5 families have been initiated.
- 61 families have an attorney referral.
- 20 families were closed and not enrolled due to factors such as location and removal was not imminent.
- 16 are under review by the SPD project director.
- 9 referral status being confirmed.

Referral Source

- 107 IDHHS
- 1 family drug court
- 1 probation officer
- 1 school nurse
- 1 Parent Partner referral

Enrollment Over Time

To examine the increase of cases over time, the number of referrals for each county per quarter was calculated. As shown in Figure 1 and Table 1, there was a steady increase in enrollment for most counties through quarter 3 of calendar year 2022 (Q3 CY2022). There was a slight decline in Q42022 and Q1 CY2023, but it should be noted that only the cases in the evaluation folder are shown. There may be additional cases under evaluation which have not been added to the folder to date.

Figure 1. Project to Preserve Families Enrollment Over Time per Quarter

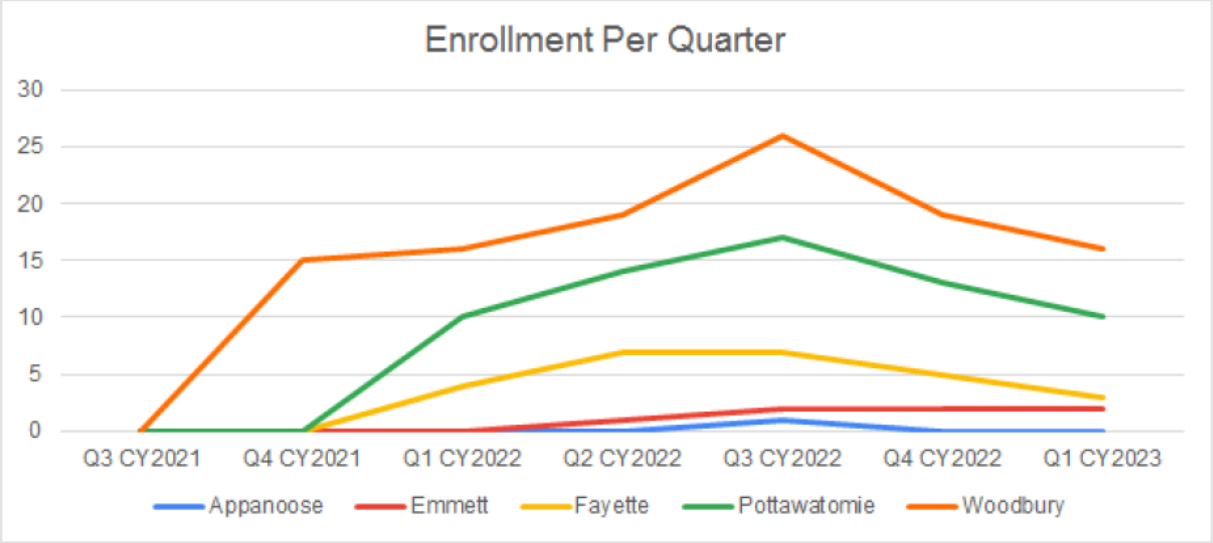

Table 1. Families Enrolment Per Quarter

	Q3 CY2021	Q4 CY2021	Q1 CY2022	Q2 CY2022	Q3 CY2022	Q4 CY2022	Q1 CY2023	Total
Appanoose					1			1
Emmett				1	1	2	2	6
Fayette			4	6	5	3	1	19
Pottawatomie			6	7	10	8	7	38
Woodbury		15	6	5	9	6	6	47
Total		15	16	19	26	19	16	111

FUTURE ACTIVITIES

The project team continues to enroll families into the pilot. They are communicating with the research team on enrollment numbers and attorney engagement. Further expansion continues. Cases have been

identified in Emmett County, Woodbury County, Pottawattamie County and Fayette County. Appanoose county is no longer part of the pilot project, an additional county will be identified. The project manager and research manager met to discuss client evaluation. It was agreed that it would be most appropriate for the team working with the client to deliver the client satisfaction survey. These will be uploaded to the secure project site where CJJP can access them for evaluation.

This spring (2023), HF 113 was passed which extended the state public defender pilot project for child welfare legal representation another year (through June 30, 2025) and expanded the project from six to sixteen counties throughout the state. IDHHS welcomes the expansion of the pilot as the expectation is that the evaluation and analyses of the Legal Representation Pilot Project will be used to guide IDHHS and the Office of the State Public Defender in identifying and establishing effective strategies to help stabilize families and minimize trauma to young children who are involved in the juvenile court system. In addition, if the pilot project is found to be effective it will likely be expanded and become best practice across the state.

While no CAPTA funds are currently being used for the Legal Representation Pilot Project, the project is highlighted in this report as it aligns with and supports the targeted IDHHS program improvement area regarding the creation and improvement of legal preparations and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings. Currently, the project is being funded through Iowa's Children Justice Act (CJA) Grant with $80,000 allotted to the project; other funding sources are through the State Public Defender's Office, who is charged with oversight and operating the pilot project.

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

In SFY 2019, prior to the merger of the Iowa Department of Public Health (IDPH) and the Iowa Department of Human Services (DHS) into what is now the Iowa Department of Health and Human Services (IDHHS), a Mandatory Reporter Training bill (HF 731) was passed by the Iowa legislature. HF 731 modified Iowa's mandatory child abuse and dependent adult abuse reporter training requirements. Most significant to this law was that it moved the responsibilities for the trainings from what was the IDPH to DHS and required DHS to provide a core training curriculum for all mandatory reporters in Iowa. Mandatory reporter training HF731 also modified the mandatory child abuse (and dependent adult abuse) reporter training requirements as follows:

- Removed legacy IDPH's responsibility to review and approve mandatory reporter training curricula.

- Required legacy DHS to develop and provide a core two-hour child abuse mandatory reporter training curriculum for all mandatory reporters in Iowa.
- In addition to the core training curriculum, the bill allowed for an employer to provide supplemental training as it relates to their professional practice,
- Required the development of a one-hour child abuse recertification training for all mandatory reporters in Iowa.
- Maintained that every mandatory reporter must complete two hours of training within six months of employment or self-employment and required additional training every three years (as opposed to every five years).
- The child and dependent adult abuse trainings can no longer be combined into one two-hour course. Both the child and dependent adult abuse core trainings are to be two hours each.
- All mandatory reporters are required to take the core (two-hour) training initially but will be allowed to take a one-hour recertification training every three years thereafter, so long as it is completed prior to the three-year expiration period.
- The bill clarified that all valid mandatory reporter training certificates issued prior to July 1, 2019 would remain effective for five-years.

CHILD ABUSE MANDATORY REPORTER CORE TRAINING

With the enactment of House File 731 IDHHS was required to provide a two-hour child abuse core course and a one-hour recertification course for all mandatory reporters in Iowa. As such, it was decided that Department would host the courses online and that the courses would be developed with the goal to ensure that the training was comprehensive and reflected current Iowa law with regard to child abuse.

The effort began by identifying the scope of work that would be required to achieve this including the technical needs, the user experience requirements and engagement, and the content requirements. It was also determined that the development and the design of the two-hour child abuse core course and a one-hour recertification course would be similar. Other specifics around the scope of work included the following:

- The core two-hour training would be hosted on the IDHHS website and made available by July 1, 2019.
- The one-hour recertification course would be posted online by July 1, 2022. Per the legislation, this was based on the first date that learners would require the core course for their licensure. The development of the recertification course would begin in late 2021.
- IDHHS would contract with a partner to design and develop the courses.
- An English and Spanish version would be developed for both courses.
- The trainings would include voiceover features and closed captions.
- The contract would provide for ongoing maintenance and support services regarding the functionality of the courses, content updates as needed, and ongoing support services for outside agencies who host the trainings.
- The trainings would be online and accessible 24/7.
- A link to the courses will be posted on the IDHHS website.
- To access the trainings, learners would complete an enrollment process and create a password.
- The courses would be offered at no cost.
- The trainings would be designed to accommodate persons with disabilities.
- The curriculum for both courses would accurately reflect current Iowa Code, Iowa Administrative Rules, and IDHHS policies and practices regarding child abuse.

- To ensure that the training results in the appropriate skill needed to identify and report child abuse, Learning Checks and a post-test would be included in the trainings.
- To successfully complete the courses a certain level of understanding would be required. To achieve this, the trainings would include a post-test to ensure competencies are attained. Learners would need to attain a certain score on the post-test in order to be issued a Certificate of Completion.
- Certificates of completion would be offered immediately to learners who successfully complete the post-test.
- Following the completion of the project, IDHHS would implement and sustain quality control through continued oversight and maintenance of the online child abuse mandatory reporter curriculum and certification process.
- A link to the course would be posted on the IDHHS website.
- Technical support would be offered to learners through email and phone call-back services.
- Due to the expected number of users, ongoing technical support would also be required.

To meet the development needs and the course requirements for the mandatory training, the Department contracted with Iowa State University to design the two-hour Child Abuse Mandatory Reporter Training core course and to provide technical support to learners.

The two-hour Child Abuse Mandatory Reporter Training course was made available to IDHHS staff and the public beginning July 1, 2019. CAPTA funding was used for the development of the core course and for ongoing technical support.

CHILD WELFARE LEARNING MANAGEMENT SYSTEM (CW LMS)

In July 2020 IDHHS transitioned to a new specialized Child Welfare Learning Management System (CW LMS) for the development, delivery and support of training for IDHHS staff and affiliated external entities. With the transition, the two-hour core Child Abuse Training courses (English and Spanish) were moved to the new CW LMS platform. With the move to the new Learnsoft platform the functionality of the courses became an issue. Leaners were reporting problems with not being able to get into the training and once in the trainings, not being able to move forward. In addition, Certificates were not being issued. While the ongoing tech support continued to be provided it was determined that major adjustments were needed to make the courses compatible with the new CW LMS system and the work would need to be contracted out.

CHILD ABUSE MANDATORY REPORTER RECERTIFICATION COURSE

While the issues with the two-hour core Child Abuse Mandatory Reporter courses on the CW LMS system were being assessed, IDHHS was also preparing to start the design and the development of the one-hour Child Abuse Mandatory Reporter Recertification Course. HF 731 required that all mandatory reporters in Iowa complete a one-hour Child Abuse Mandatory Reporter Recertification Course every three years following the completion of the initial two-hour core course. In considering the design of the Child Abuse Recertification Course it was determined that it would be similar to the core course and be offered on the IDHHS Learning Management System (LMS) platform. An English and a Spanish version of the course would be developed and that it would include voiceover features and closed captions. The training will be offered online 24 hours a day, 7 days a week and will be free of charge. The course will be open to IDHHS staff and the general public at large. The Recertification Course would also include a post-test to ensure competencies are attained. At the completion of the training, a certificate would be issued to the learner. As with the core course, learners would be required to complete an enrollment process and create a password to access the trainings. As with the core course

a link to the training will be posted on the IDHHS website. The one-hour Child Abuse Recertification Course was made available online to the public beginning July 1, 2022.

IDHHS TECHNICAL SUPPORT

In July 2021 IDHHS posted a bid to contract with a provider to develop the one-hour Child Abuse Recertification Course and to redesign the existing core child abuse training. As part of the proposed contract, IDHHS would continue to implement and sustain quality control through oversight and maintenance of the online curriculum and the certification process. Technical support will continue to be offered to learners. This support would be provided by a IDHHS Management Analyst and a Clerk-Specialist to assist with the Child Welfare Leaning Management System (CW LMS). The two staff would be primarily responsible for the administration, update, and support of the CW LMS where the Child Abuse Mandatory Reporter Training courses are housed. The positions were filled in July 2021. CAPTA funding is being used to support the two positions. A description of the duties for these two positions is as follows:

- The Management Analyst serves as the lead worker and business analyst for the CW LMS. In this capacity, this person provides technical analysis, critical system configuration, and technical support of the application. This person is also responsible for trouble shooting any training software issues, communicating planform operation issues to the CW LMS platform provider, and for posting trainings and training materials to the CW LMS.

- The Clerk-Specialist serves as the resident expert for end users (IDHHS staff and the public at large) of the CW LMS. This person is responsible for providing expeditious, accurate and consistent responses to questions and issues related to the IDHHS trainings, including the Child Abuse Mandatory Reporter Training that is offered on the CW LMS system. End user support services include problem solving by answering routine questions, assisting with user access setup, addressing standard access and navigation issues, and technical issues related to the virtual trainings.

MEMORANDUM OF UNDERSTANDING (MOU)

Under the proposed contract the bidder would be responsible for providing limited technical support services to outside agencies and facilities that have asked and been approved by IDHHS to host the Child Abuse Mandatory Reporter Trainings on their own LMS system. These agencies and facilities must have signed a Memorandum of Understanding (MOU) with IDHHS. Under the agreement, the courses cannot be changed or altered in any way and the certificates of completion must include the name of the entity that is hosting the training and the MOU contract number. Support services provided by the bidder would be limited to questions received from MOU users regarding the electronic files, guidance on what browser is most compatible with the courses, and tips on improving the functionality of the courses using other browsers. The MOU holder who posts the Child Abuse Mandatory Reporter courses to their LMS are responsible for answering any questions or issues they may receive from their learners.

BRILJENT, LLC

In the fall of 2021, a contract for the Mandatory Reporter Training Project was awarded to Briljent, LLC, an out of state contractor that specializes in training development. The Mandatory Reporter Training Contract began in December 2021. Funding sources for this contract include a combination of CAPTA and CJA funds.

During the development of the courses various meetings between IDHHS and Briljent were held. The meetings included the following:

- Kickoff meeting - to review the contract, answer questions of both parties, and create a timeline for the work.
- Requirements meeting(s) – to discuss detailed requirements for project and to address any training issues. This included IDHHS Administration, Subject Matter Experts, Technical experts and the Briljent development team.
- Invoicing meeting – to discuss the invoice schedule. Persons attending included the IDHHS Program Manager and the Briljent Project Manager.
- Monthly meeting (s) – monthly meetings between Briljent Project Manager and the IDHHS Program Manager.

During the development of the one-hour recertification courses and the redesign of the two-hour Child Abuse Mandatory Reporter Training, IDHHS Subject Matter Experts worked closely with Briljent to provide the material and resources needed to build the content of the training. IDHHS Subject Matter Experts were also involved with the revising and updating the post-tests for each course. Following are the additional elements that were agreed upon during the design and development of the courses:

- As part of the curriculum design the modules or sections and pages would be locked down until they are viewed. This prevents learners from jumping forward in the training.
- The modules or sections in the courses can be revisited any time by the learner after completion.
- When not in use, the course modules or sections would be collapsed.
- The page navigation would include the following: a next button to advance to the next page, a back button to return to the previous page, an audio progress bar, a pause and rewind button, and specific features for the activities within the trainings.
- While taking the courses, the learner can exit at any time and return where they left off.
- Audio narration would be available within both courses.
- The trainings would be adapted for persons with disabilities. For the hearing impaired there would be a Transcript Tab with written audio script by page (not synced closed captioning). For sight impaired persons there would be a text only version of the course. These features would include both the English and Spanish courses. Within the courses there will not be any drag and drop or matching activities that require manual dexterity.
- The courses would be accessible/viewable on desktop, tablet and/or on mobile devices.
- The courses would include diversity in representations. All stereotypes will be removed.

LEARNING EXPERIENCE

The trainings are designed to achieve a higher level of learning both in the application and the analysis of the content. This was done through the use of scenario-based and case study activities throughout the trainings. In addition, each of the trainings include 1-2 Learning Checks per section or module within the courses. After completing a training, the learner must respond to the question(s) posed by the Learning Checks in order to move forward. If the learner does not answer the question(s) correctly, the right answer is provided. The purpose of the Learning Checks is to help prepare the learner for the post-test at the end of the course.

Learners must pass the post-test in order to successfully complete the courses. Learners have six attempts to score 80% to pass the post-test after which they must retake the course. This ensures that upon completing the course a certain level of understanding has been attained and recorded. Upon successfully completing the course a PDF Certificate of Completion is immediately issued for the learner which they may print off.

IOWA HHS

MOU SUPPORT

As part of the contract Briljent hosts a private website where MOU users can access the training SCORM packages as well as, assist MOU users who may experience difficulties in uploading the new and the redesigned Child Abuse Mandatory Reporter courses. At the request of IDHHS, Briljent must also complete updates to the trainings as needed to reflect any changes in state law and/or IDHHS protocols.

CHILD ABUSE MANDATORY REPORTER RECERTIFICATION COURSE

In May 2022 the Child Abuse Mandatory Reporter Recertification Course (in both English and Spanish) were completed and posted on the CW LMS. An announcement regarding the posting and directions on how to access the Child Abuse Mandatory Reporter Training Recertification Courses were posted on the IDHHS website. In addition, new amendments extending MOUs were completed and MOU users were provided a link to Briljent's webpage to download the new recertification trainings. In December of 2022 IDHHS program managers worked with Briljent to update the Child Abuse Mandatory Report Core Courses to reflect recent changes in Iowa Child abuse laws and IDHHS policy. The updates to the child abuse courses, in both English and Spanish, were completed in May 2023 and were posted on the CW LMS. MOU users were informed of the changes and received directions on accessing the training packages on Briljent's site. At the same time amendments to the MOUs were sent out extending the Agreements for SFY 24.

In the coming fiscal year, the IDHHS will again be looking at a redesign of the child abuse courses with regard to the merger between the two Departments. The redesign will include new branding and formatting to reflect the new name of the Department. In addition, any needed updates related to changes in Iowa law or policy will also be completed at this time.

CHILD ABUSE MANDATORY REPORT TRAINING DATA

The total number of IDHHS Child Abuse Mandatory Reporter Training certificates issued from 06/01/21- 05/31/22 for the Child Abuse Core Course was 53,393. This included 53,346 for the English course and 47 for the Spanish course. During this reporting period there were the only two child abuse courses (English and Spanish) being offered.

The data below from July 1, 2022 to May 31, 2023 includes the new Child Abuse Recertification Course in both English and Spanish. The data indicates the number of certificates issued for each of the courses.

CHILD ABUSE MANDATORY REPORTER TRAINING (MRT)
NUMBER OF IDHHS CERTIFICATES ISSUED
JULY 1, 2022 TO MAY 31, 2023

Mandatory Reporter Trainings	DS 169 Child Abuse MRT Core Course (English Version)	DS 169 Child Abuse MRT Core Course (Spanish Version)	DS 171 Child Abuse MRT Recertification Course (English Version)	DS 171 Child Abuse MRT Recertification Course (Spanish Version)
July 2022	4,954	7	1553	
August 2022	6661	305	2153	1
September 2022	5398	3	1873	2
October 2022	5381	9	1585	
November 2022	5105	5	1571	1

December 2022	4771	3	1520	
January 2023	6251	5	2321	3
February 2023	4868	5	1811	
March 2023	5424	5	2071	2
April 2023	4529	9	1722	2
May 2023	4975	6	1521	1
Totals	**58,317**	**362**	**19,701**	**12**

As was expected, the numbers increased significantly with the redesigned of the two-hour Child Abuse Mandatory Reporter Core Courses and the addition of the Recertification Courses.

MOU users are also required to track the number of child abuse mandatory reporter certificates they issue for each of the courses (English and Spanish) and to report that number quarterly and annually to IDHHS. The following data is from July 1, 2022 – March 31, 2023.

CHILD ABUSE MANDATORY REPORTER TRAINING (MRT)
NUMBER OF MOU CERTIFICATES ISSUED
JULY 1, 2022 TO MARCH 31, 2023

Mandatory Reporter Trainings	DS 169 Child Abuse MRT Core Course (English Version)	DS 169 Child Abuse MRT Core Course (Spanish Version)	DS 171 Child Abuse MRT Recertification Course (English Version)	DS 171 Child Abuse MRT Recertification Course (Spanish Version)
English	20,934	1	7,417	3

SAFE SLEEP PROJECT

The IDHHS supports the need to educate parents and caregivers about ways to reduce the risk of sleep-related causes of infant deaths. In response to this concern, the IDHHS has developed a research-based strategic plan for supporting safe sleep practices with IDHHS involved families as a means of reducing sleep related maltreatment deaths. It is also expected that the project will help to reduce the Risk of Sudden Infant Death Syndrome (SIDS) and other sleep related infant deaths. No CAPTA dollars are being used for this project.

A IDHHS Safe Sleep Workgroup was established in 2019 to review safe sleep practices and how to incorporate this initiative into best practices with IDHHS involved families. As a result, it was identified that IDHHS practices and procedures for child abuse intake, assessment, and case management needed to be strengthened around this issue. As a result, a safe sleep strategic plan was developed.

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SAFE SLEEP STRATEGIC PLAN

The following approaches and activities were presented to IDHHS administration as a final report to address the Safe Sleep Strategic Plan:

1. Collaborate with at least one partner from each of the following areas to allow for responses and feedback regarding the IDHHS draft plan: public health, law enforcement, and the courts. Also explore how IDHHS can partnership with various agencies such as the hospitals, etc. on this project.
    a. Iowa Child Death Review Team (CDRT)
        i. The CDRT is creating a Safe Sleep Committee beginning July 2019 (which currently includes representatives from the Iowa SIDS Foundation, Iowa Office of the Medical Examiners, multiple programs within the Iowa Department of Public Health, and the Department of Human Services) to forge a Safe Sleep Campaign. The IDHHS is represented by Roxanne Riesberg. The desire for this committee is to align one strong safe sleep message and resources for the state. The campaign is supported and provided oversight by all CDRT members, which include law enforcement.
        ii. As a result of efforts by the CDRT, the IDPH sends safe sleep information out with every birth certificate.
    b. Safe Babies Court Teams (Polk County only at this time)
        i. Roxanne met with the Safe Babies Court Teams Stakeholders to discuss the IDHHS safe sleep efforts, the Safe Babies Court Teams efforts and how we can work together to encourage the success they are seeing to address safe sleep be expanded and utilized throughout the IDHHS field practice.
        ii. Safe Babies Court Teams are integrating Safe Sleep efforts into their program, including:
            1. Reviewing safe sleep with all caretakers (parents, relatives, foster parents, etc.) at all Pre/Post Removal Conferences and Family Team Meetings.
            2. Providing sleep sacks to families involved in the program and explaining how to use them.
            3. Reintegrating VNS/nurse practitioners back into regular involvement with the program (2 nurses were previously involved until funding was cut)
            4. Data collection – to track how many times throughout the case they talked about/reviewed safe sleep with the families in the program.

iii. Discussed need to remain in communication to align Safe Babies Court Team safe sleep efforts with what the safe sleep practices the IDHHS is offering to all families with children under one (despite their involvement in Safe Babies Court Teams).

2. Explore existing data on sleep-related deaths from the previous 5 years.
    a. American Academy of Pediatrics
        i. recommendation on safe sleep https://pediatrics.aappublications.org/content/pediatrics/138/5/e20162940.full.pdf
        ii. Resources https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/Safe-Sleep/Pages/default.aspx
    b. National Institute of Health (U.S. Health and Human Services) https://safetosleep.nichd.nih.gov/resources/caregivers/environment/look
        i. Flyer - Honor the Past, Learn for the Future
        ii. What does safe sleep environment look like (1 pager)
        iii. Safe Sleep for Your Grandbaby: Reduce the Risk of SIDS
        iv. Brochures
            1. SIDS and Other Sleep-Related Causes of Infant Death
            2. Safe Sleep for you Baby: Reduce the Risk of SIDS (African American)
            3. Healthy Native Babies Project
        v. DVD
            1. Safe Sleep For Your Baby DVD-STS
            2. Safe Sleep for Your Baby DVD-Spanish
            3. Safe Infant Sleep: For Grandparents DVD
        vi. Provider Resources
            1. Healthy Native Babies Project Facilitator Packet
    c. Center For Disease Control and Prevention https://www.cdc.gov/vitalsigns/safesleep/index.html
    d. Commission to Eliminate Child Abuse and Neglect Fatalities https://www.acf.hhs.gov/cb/resource/cecanf-final-report
    e. Michigan Department of Health and Human Services https://www.michigan.gov/mdhhs/0,5885,7-339-71548_57836---,00.html
    f. Iowa Child Death Review Team the most recent report.
        i. CDRT reports https://www.iosme.iowa.gov/about-us . The most recent report is 2015. The Iowa Office of the Medical Examiner oversees this team and the publishing of the reports. The team has not met since January 2020 due to the global pandemic. Meetings are scheduled to resume in September 2021.
        ii. 2004-2011 Safe Sleep https://iosme.iowa.gov/sites/default/files/documents/2015/04/sleep-related_infant_mortality_profile_2011.pdf

3. Research initiatives and strategies that have effectively promoted safe sleep and reduced sleep-related fatalities.
    a. Entities cited in #2 have research initiatives and strategies that have effectively promoted safe sleep-related fatalities. This workgroup is using this research and strategies to drive recommendations for Iowa.

4. Review existing IDHHS and partner training efforts and explore whether enhancements are needed.
    a. Existing efforts

i. New Worker Training for SW2s and SW3s–Assessing Life of Case, review safe sleep.
ii. Substance Abuse Fundamentals Training course – discuss use by parents increases risk to child and includes small reference to safe sleep.
iii. PS-MAPP training for foster parents – handouts on safe sleep provided Child Care training requires safe sleep education every 5 years for centers, registered homes, and childcare assistance (CCA) providers.

b. Enhancement efforts
   i. To capture all current staff/providers, require a separate Safe Sleep training for all IDHHS and providers (Michigan has one developed "Infant Safe Sleep" they may be willing to share. Iowa IDHHS childcare also requires providers to take safe sleep training and have approved courses they refer to)
      1. Require all IDHHS staff and providers (Community Care, FSRP, and foster parents) to take at the time of safe sleep rollout and offering quarterly thereafter.
   ii. New Worker Training for SW2s and SW3s
      1. Add specific safe sleep section with handouts/resources.
   iii. PS-MAPP training for foster parents
      1. Add specific safe sleep section in addition to the handouts currently provided.

5. Recommend what age should be targeted (under 6 or 12 months).
   a. Every child under 12 months in a household where the IDHHS has an open CPA or ongoing service case management.

6. Develop a strategic plan that will include educating IDHHS staff and child welfare providers on: red flags of co-sleeping, best practices around safe sleep, and positive cultural engagement on discussing safe sleep practices with parents or caregivers.
   a. Rollout – Webinar or face to face training (possibly hiring an expert in safe sleep to discuss why this topic is important and IDHHS then train to the new policy and procedures) and considering parallel expectations and trainings for contracted providers working with families of children under the age of 1 year.
      i. Intake
         1. Education – refer reporters to safe sleep resources when it is relevant.
         2. Unsafe sleep guidance for intake, including questions to ask and document with any allegations that involve a child under the age of 1 year, even when a fatality has not yet occurred.
      ii. Child Protection Worker (CPW) or Social Work Case Manager (SWCM)
         1. Every open assessment or IDHHS serviced case with a child in the household under the age of 1 year.
            a. Observe/evaluate Sleep Environment (based on guidance provided)
            b. Inform and educate parent/caregiver on how to provide safe sleep every sleep and the dangers or not providing a safe sleep environment.
            c. Discuss any unsafe sleep practices and work with parents to remedy anything that can be addressed immediately or make a plan to obtain safe sleep environment (include resources on where to get cribs, etc.).

d. If appropriate, make referral to home visitation program (Iowa Family Support Network has at least one program in each county)
e. If appropriate, make referral to Early Access (IDEA Part C)

2. In the event of a removal or safety plan for a child under the age of 1 year to stay with another caretaker, follow the same observation, evaluation, education, and referral process.
3. Document in JARVIS-STAR or Child Services module.

iii. Contracted IDHHS Providers
1. Consider adding safe sleep education requirements for contracted staff.
2. Identify expectations for documentation of observation, evaluation, education, and referral process.

7. Develop a strategic IDHHS plan which may include any of the following: IT changes, safe sleeping tool kits, tangible goods to support safe sleep, visual reminders, and PSA-related material.
   a. JARVIS-STAR intake module
      i. Asking questions when the household includes a child under the age of 1
   b. JARVIS-STAR assessment and Child Services modules
      i. Validation that safe sleep evaluation and education completed.
         1. Sleep environment was safe.
         2. Sleep environment was not safe, and concerns were remedied.
         3. Sleep environment was not safe, and attempts were made to create one.
      ii. Safe sleep toolkit (including resources to official recommendations, flyers, brochures, booklets, videos, statistics, and product information and available in Spanish)

8. Identify how data will be tracked and collected around the Safe Sleep project.

9. Review the current decision-making process at intake regarding the acceptance or denial when these cases are reported.

10. One part of the tasks for the Workgroup will be to identify how the results of this project will be tracked and measured for reporting purposes.

SAFE SLEEP EFFORTS

Since the IDHHS has taken more of a proactive approach to safe sleep education and practice, the following efforts have taken place:

July 2019 – January 2020 – As mentioned in the IDHHS Safe Sleep Strategic Plan, the Iowa Child Death Review Team, led by the Iowa Office of the State Medical Examiner, created a committee to launch a safe sleep campaign. The IDHHS was represented on this committee with a goal to align one strong safe sleep message and resource point for the state. The committee worked with a marketing company to assist in identifying our target population and the best avenue to reach them. As a result, ten social posts providing safe sleep messages and information were created by our marketing partners and advertised on various social media platforms between October and December of 2019. These promotional materials were also provided to all participating agencies to utilize for continued and consistent safe sleep education statewide.

April 2020 – The IDHHS added a Safe Sleep webpage to the IDHHS website: https://hhs.iowa.gov/child-welfare/safe-sleep. This webpage provides the very basic A, B, Cs of safe sleep and identifies additional resources to obtain more information, research, data, and educational materials. The webpage lays ground for the Safe Sleep Strategic Plan for IDHHS practice changes.

May 2020 – The IDHHS shared all promotional materials with Prevent Child Abuse Iowa (PCAI) after receiving information that they were interested in promoting additional safe sleep education. After reviewing the promotional materials and hearing about the successful safe sleep campaign the IDHHS was part of, the Director of PCAI collaborated with the committee to extend the campaign through their agency, in effort to continue the statewide safe sleep message.

December 2020 – The Child Protection Program Manager convened a team of colleagues representing IDHHS Contracted Services, Case Management, Foster Care and Child Care in order to begin planning implementation of the Safe Sleep Strategic Plan. Some of the key discussion points included:

- Who's at the table – Team members were asked to review the list and identify if additional people needed to be represented:
    a. IDHHS CPWs, SWCMs, Sups, Service Help Desk
    b. Contracted Service Providers
    c. Contracted Foster Care Caseworkers and Licensed Foster Parents
    d. Child Care Staff and Providers (they have established policy around training and practice for licensed centers and registered homes, but I will ask if they want to be included in the initiative so that we are all in alignment with our safe sleep initiatives)
    e. Others we are missing?

- Training – Team members were asked to review the FREE 60 min. online course through the Institute for the Advancement of Family Support Professionals on Safe Sleep: https://institutefsp.org/modules/infant-care-the-abcs-of-safe-sleep-for-infants
    f. This may be an option vs. creating any new training.
    g. Please let me know if you believe it will be sufficient for your program audience or if we will need to look at something different or additional.

- Representatives – Team members representing Contracted Services and Foster Care were asked to identify specific field representatives:
    h. For feedback during our planning and development
        i. I don't anticipate holding any meetings for these representatives, unless deemed necessary in the future.
        ii. We would reach out to these representatives as feedback is needed (i.e., to help identify tangible goods that may assist families with implementing safe sleep practices)
    i. As practice champions upon rollout
        i. These practice champions would be the point people who share information we provide regarding the initiative and are available to others in their agency for questions, clarification, or best practice guidance.
    j. The following field representatives were already identified for the IDHHS service areas:

Position	Service Area	Staff Name
Service Help Desk	Central Office	Stephanie Yeoman
Supervisor	CRSA	Kim Hahn
Supervisor	DMSA	Maureen Barton
CPW	WISA	Nicole Meyer
SWCM	EISA	Chad Reckling
SWCM	NISA	Amanda Nash

- Tangible Goods – The team was asked to begin thinking about tangible goods that may assist families with implementing safe sleep practices.
    k. Once we've identified all of our field/practice representatives we will ask for their input as well
    l. We will likely move forward to offer tangible goods even before training is completed.

- Strategic Plan – The team agreed we needed to update the strategic plan based on some of the changes and conversations that have occurred since it was written last year.

- Timeline – The team agreed to develop a timeline table that we will discuss and set dates to achieve the various activities identified.

April 2022 – Due to turnover involving a number of team members and the time that had gone by since our last collaboration, the Child Protection Program Manger re-convened the team of colleagues representing IDHHS Contracted Services, Case Management, Foster Care and Child Care. We resumed planning for implementation of the Safe Sleep Strategic Plan. The key discussion points were reviewed to assure everyone was on the same page. The next objective was to identify each activity and the timeline in which we plan to achieve each of them.

June 2022 – May 2023 - The IDHHS Safe Sleep Workgroup was convened in June of 2022 with 25 members, including:

- 6 Program Managers who oversee policy for intake and assessment, case management, family centered services, foster care, childcare, and tribal relations.
- 1 Service Help Desk representative
- 5 field staff, representing Social Work Case Managers, Child Protection Workers, and Social Work Supervisors
- 6 contracted staff representing Family Centered Services
- 2 contracted staff representing Foster Care
- 1 Early Childhood Iowa representative
- 1 Child Care Resource & Referral of Central Iowa representative
- 1 Meskwaki Family Services representative

- 2 public health staff, representing Child Care Nurse Consultants/Healthy Child Care Iowa and Home Visiting/Epidemiology

An activities timeline was developed in August 2022. That timeline included the development and rollout of a Safe Sleep Toolkit that was made available to all IDHHS and contracted child welfare staff in November 2022. In January 2023, a live Safe Sleep Training webinar was offered to the IDHHS and contracted child welfare staff. This training was recorded and is available to any staff who could not attend the live webinar and for all future staff as well. One week following the training, a Safe Sleep Tangible Goods Survey was sent to all IDHHS and contracted child welfare staff to understand where tangible goods that promote the practice of safe sleep were already located across Iowa and to understand what is needed to further promote the practice of safe sleep. Cribs and sleep sacks were identified as most needed, with the following additional comments/themes:

- Organizations have limited or inconsistent funding available for safe sleep goods.
- Unaware of any organizations that provide safe sleep goods.
- Organizations provide safe sleep goods only for participants.
- There are one or two organizations that provide safe sleep goods at limited/no cost to families.
- Organizations provide education to safe sleep.
- My program desires to be a source of safe sleep goods in our community.

This survey also produced a safe sleep resource list for Iowa based on the responses provided by the IDHHS and contracted child welfare staff who took the survey. These resources were broken down by county and statewide access. An interactive dashboard was created with this information and there is work being done to see how this could be made available to not only staff, but public to use as well.

The workgroup plans to meet again in the fall of 2023 to discuss how the survey results will be used to inform practice and supports and explore what community outreach efforts would be beneficial to better promote safe sleep throughout the state.

SAFE SLEEP INITIATIVE MEMBERS

Sara Buis	Health and Human Services Child Welfare Policy	Family Centered Services Program Manager
Linda Dettmann	Health and Human Services Child Welfare Policy	Case Management Program Manager
Ryan Page (as needed)	Health and Human Services Child Welfare Policy	Child Care Program Manager
Roxanne Riesberg	Health and Human Services Child Welfare Policy	Child Protection Program Manager
Nancy Swanson	Health and Human Services Child Welfare Policy	Foster Care Program Manager
Erica Wenzl	Health and Human Services Child Welfare Policy	ICWA/Tribal Relations Program Manager
Stephanie Yeoman	Health and Human Services Service Support & Training	Service Help Desk
Kim Hahn	Health and Human Services Cedar Rapids Service Area	Social Work Supervisor

Ashley McLaughlin	Health and Human Services Des Moines Service Area	Social Work Supervisor
Nicole Meyer	Health and Human Services Western Iowa Service Area	Child Protection Worker
Amanda Nash	Health and Human Services Northern Service Area	Social Work Case Manager
Chad Reckling	Health and Human Services Eastern Iowa Service Area	Social Work Case Manager
Tammy Showers	Boys Town Family Centered Services	Supervisor for Safe Care
Sara Barnard	Families First Family Centered Services	Supervisor (Waterloo)
Alexis Lellig	Families First Family Centered Services	
Mallory Morgan	Families First Family Centered Services	
Sara Bennion	Lutheran Services of Iowa Family Centered Services	Family Support Specialist (Davenport)
Aubrey Cruse	Lutheran Services of Iowa Family Centered Services	Family Support Specialist (Muscatine)

IMPROVING THE SKILLS, QUALIFICATIONS, AND AVAILABILITY OF INDIVIDUALS PROVIDING SERVICES TO CHILDREN AND FAMILIES, AND THE SUPERVISORS OF SUCH INDIVIDUALS, THROUGH THE CHILD PROTECTION SYSTEM, INCLUDING IMPROVEMENTS IN THE RECRUITMENT AND RETENTION OF CASEWORKERS

MASTERS OF SOCIAL WORK (MSW) STIPEND PROGRAM

Iowa State University (ISU) worked with the University of Northern Iowa (UNI) to develop and launch the UNI Master of Social Work Title IV-E Stipend Program to pilot with five current IDHHS employees. The program aims to support the workforce needs of IDHHS by setting up a Master of Social Work (MSW) stipend program at the University of Northern Iowa (UNI). The Title IVE Stipend program is geared toward IDHHS staff who wish to pursue an MSW. CAPTA funding was utilized to support the development of the MSW Stipend Program.

The goal in FY23 was to launch the UNI MSW Stipend Program with a Summer '23 cohort. Due to the need for additional state funding for this program, the Stipend program launch timeframe was re-slated

for the summer of 2024. The updated timeframe should provide adequate lead time to market the opportunity, establish a UNI billing process with IDHHS fiscal, and select IDHHS candidates.

Currently the UNI MSW Stipend program is on track for the identified cohort to begin in the summer of '24. The intent is for IDHHS to contract directly with UNI in FY24 to administer the stipend program. Action items that have been completed in FY23 and those that are still in progress are listed below.

Due Date	Task/To-Do Item	Responsible Party	Completed by	Date Completed
07/27/22	Draft marketing materials, application, and interview questions for stipend program applicants	UNI	UNI	07/24/22
07/29/22	Update the Program Process document sent by Jenny at UNI to include BSW requirements and internship guidelines	UNI	UNI	07/01/22
07/29/22	Send to team members outstanding items requested from Kay Casey	ISU	ISU	07/26/22
08/01/22	Share with IDHHS and ISU the course progression/curriculum the stipend program participants will take during their course of study	ISU/UNI	ISU UNI	08/09/22
08/01/22	Send practicum hours (MSW Specialization and MSW Foundation Program) and guidelines/planning for where internships can be conducted to IDHHS	UNI	UNI	07/13/22
08/01/22	Send cost allocation methodology/curriculum statistic documents to the team	ISU/UNI	ISU UNI	08/09/22
08/05/22	Assist IDHHS in defining stipend.	UNI/HHS	ISU	07/19/22
08/10/22	Share information on the MSW stipend program with IDHHS SAMs	IDHHS	IDHHS	08/10/22
08/17/22	Identify interview questions for candidates and interviewers from IDHHS	IDHHS/UNI	IDHHS UNI	09/07/22
08/17/22	Costing allocation, budget to IDHHS	ISU/UNI	ISU UNI	08/17/22
09/01/22	Develop a fiduciary process to be used by UNI to submit stipend claims to IDHHS and receive funds from IDHHS.	ISU/UNI	ISU UNI	09/06/22

Pending items are still under discussion.				
	Federal Partners			
04/03/23	Region 7 Title IV-E questions due.	ISU/UNI	ISU UNI	04/03/23
Pending	IDHHS to respond concerning more information for Feds.	IDHHS		
	Marketing			
09/29/22	IDHHS to send talking points to UNI.	IDHHS	IDHHS	09/29/22
12/06/22	UNI to send IDHHS sample marketing materials.	UNI	UNI	12/06/22
01/13/23	Draft of recruitment flier shared. Revisions recommended (language changes, date changes). Edits back to Libby at UNI.	IDHHS	IDHHS	04/03/23
Pending	Specific IDHHS application for the program.	IDHHS		
Pending	UNI will check with UNI MSW Program Director on enrollment details, after which craft an acceptance letter for MSW Stipend students.	UNI		
Pending	Marketing materials approved by UNI. HHS approves marketing materials.	IDHHS/UNI		
Pending	Marketing material to IDHHS for distribution.	IDHHS		
	Contracting			
11/10/22	IDHHS agrees with the Title IV-E Stipend Plan proposal.	IDHHS		
Pending	IDHHS decisions concerning FY24 Contract for Stipend program and roles/responsibilities.	IDHHS		
Pending	Initial SOW narrative draft.	UNI		
Pending	An agreement between UNI and IDHHS will be developed.	IDHHS/UNI		
Pending	IDHHS Fiscal meeting.	IDHHS		
Pending	UNI/IDHHS contract in place.	HHS/UNI		
06/30/23	ISU responsibilities cease.	ISU		

	Stipend Program			
10/01/23	Start of Stipend Program activities.	UNI		
Pending	IDHHS determines who is applying.	IDHHS		
12/01/23	Application deadline for HHS staff interested in the program.	Students		
12/02/23	UNI admission process begins.	UNI		
Pending	Applicants are notified of acceptance.	UNI		
Pending	Applicants accept or reject the offer.	Students		
06/01/24	Cohort starts.	UNI		
Pending	UNI MSW Orientation.	Students		
Pending	MSW Specialization Program commences.	Students		

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 IDHHS seek to develop and enhance community-based programs and shared leadership strategies to prevent and treat child abuse and neglect at the neighborhood level. While not all the following initiatives are funded directly through the CAPTA basic state grant such as the Community Partnerships for Protecting Children (CPPC) described below, they are included in this section as they intersect closely with those that are.

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)

Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities, and states can adopt to improve children's protection from abuse and/or neglect. Communities develop partnerships across collaborative networks to implement prevention strategies, provide early interventions, and share responsibility for the well-being and success of all children and families. The State of Iowa recognizes that the child protection agency, working alone, cannot keep children safe from abuse and neglect. It aims to blend the work and expertise of professionals and community members to bolster supports for vulnerable families and children with the goal of preventing maltreatment or if maltreatment occurred, repeat maltreatment. CPPC is not a "program;" it is a way of working with

families and communities to help services and supports to be more inviting, need-based, accessible, and relevant. CPPC incorporates prevention strategies as well as those interventions needed to address abuse, once identified. CPPCs work to reduce negative childhood experiences, promote everyone's responsibility in supporting children and families around safety, permanency, including both family and kinship connections, and well-being, and is of significant value to Iowa's communities.

The Community Partnerships Executive Committee has updated the CPPC vision, values, and core principles to reflect language that is more family friendly, engaging and aligned with current language and trends in child welfare practice. The updated CPPC philosophy statements include:

- Families and youth are the experts in what they need to be successful.
- Children do best in families, and should be with their own families, whenever possible.
- Families are stronger when all members, including caregivers, are safe from abuse.
- Local communities benefit from shared decision-making among families, youth, and community partners to shape their own strategies in response to community needs.
- Integration of equitable and culturally responsive approaches to resources, programs, and supports is essential to meeting the needs of diverse families, youth, and communities.
- Supports and services should be linked and accessible in the communities in which families live.
- Parents, caregivers, and youth are vital to making local and statewide policy and practice changes to services and systems which impact them.
- Efforts to reduce abuse and neglect must be closely linked to broader community initiatives and priorities to strengthen protective factors and improve child/family well-being.
- Families and youth need supportive communities to authentically engage with them for healing, connection, and to offer a sense of belonging.

The long-term focus of CPPC is to support children and families to be safe, remain intact, and enhance child and family well-being by changing the culture around social norms and attitudes to improve child welfare processes, practices, and policies. The approach involves four key strategies implemented together to achieve desired results: Shared Decision Making, Community Neighborhood Networking, Family and Youth Centered Engagement, and Policy and Practice Change. It is through this philosophy, and many years of dedication to the development of the four strategies and implementation, that initiatives flourished with CPPC's support and through CPPC Shared Decision-Making teams who partnered locally to tailor the CPPC approach to meet their community's needs.

Many of the Iowa Department of Health and Human Services (IDHHS) child welfare statewide initiatives started with CPPC sites piloting innovative ideas focused on child welfare policy and practice changes. These initiatives have included but are not limited to Family Team/Youth Transition Decision-Making, Parent Partners, Cultural Equity Resources, Parent Cafes, and the development of the Connect and Protect consultation teams and the infusion of the Safe and Together™ model, which is a paradigm shift towards a more domestic violence informed child welfare system.

One of the most noteworthy aspects of CPPC is the structure to engage both professionals and community members, including parents and youth with lived experiences, in helping to create safety, permanency and well-being supports for children and families in their own communities. Statewide for SFY 2022, there have been approximately 2,700 (86%) professionals and 448 (14%) community members involved in the implementation of the four CPPC strategies. Throughout this SFY 2021-year period, CPPC sites held 406 events and activities with 53,545 individuals and families participating in community awareness activities to engage, educate and promote community involvement in strengthening safety,

stability and well-being for children, youth, and families, and increase and build linkages between professional and/or informal supports.

CPPC DATA

CPPC sites collect performance outcome data on the implementation of all four CPPC strategies. Transition from the former Individualized Course of Action (ICA) strategy to the new Family and Youth Centered Engagement Strategy (FYCE) took effect for the CPPC sites to begin utilizing with their planning for SFY 23. The change from the ICA strategy to FYCE coincided with an overhaul of the annual plan and reporting form the CPPCs are required to complete regarding their annual plan for implementation of the four strategies and subsequent reporting on progress submitted to the IDHHS Program Manager each year. The first full year of reporting on the new Family and Youth Centered Engagement strategy using the revised planning and reporting template for SFY23 will be submitted by CPPC sites to IDHHS in August 2023. As a result, the below reporting on the implementation of the four strategies by the CPPC sites is based on reporting for SFY 2022, the former ICA strategy, and the previous report form and implementation levels.

Currently, forty CPPC local decision-making groups, involving ninety-ninety counties, guide the implementation of CPPC. Data detailed below on the four key strategies of the CPPC Approach is summarized from the annual reporting period of 7/1/2021 through 6/30/2022:

1) ***Shared Decision-Making (SDM):*** Community Partnerships' foundation is the principle of shared responsibility for the safety of children. Organized shared decision-making committees guide the partnerships, which include a wide range of community members and organizations, public and private child welfare and juvenile justice, parents, youth, and IDHHS to work collaboratively.
   - Eighty-eight (88%) of the sites had community member representatives involved with SDM or one or more of the four CPPC strategies.
   - Ninety-five (95%) of the sites had a former client and/or Parent Partner representative involved with the SDM team or one more of the four CPPC Strategies.
   - Ninety-three (93%) of the sites had representatives from domestic violence, substance use, and mental health agencies.
   - One hundred (100%) of the sites had representatives from public and private child welfare agencies, and/or child abuse prevention.

   An example of Shared Decision Making in action includes the Linn County CPPC had identified refugee families resettling in the community needed car seats. A barrier to car seat education and installation events was the requirement for families to have their own car to participate. The Shared Decision-Making Team worked with car seat technicians to modify their policy, allowing one car to be utilized by multiple families for education on how to install a car seat. In collaboration with the CPPC and community agencies coordinating the event, interpreters and translated materials were also available for families in their preferred language.

2) ***Neighborhood/Community Networking (N/CN):*** Focuses on engaging and educating partners and promoting community involvement to strengthen families and create safety nets for children. Partnerships build linkages and relationships among professionals and informal supports.
   - One hundred percent (100%) of the sites involved in community awareness activities and/or increased linkages between professionals and informal supports.

- Seventy-seven percent (77%) of the sites developed and/or increased organizational networks, linkages, and collaborations in the community to support families. Examples include but are not limited to: Neighborhood Hubs, 24/7 Dads, Community Equity Teams, Parent Cafes, and Community Events/Activities/Programs. Examples of Neighborhood/Community Networking Activities includes:
    - Scott County CPPC supported the Apartment in a Suitcase program to provide youth who are transitioning to adulthood from system involvement and opportunity to utilize funding to prioritize items they needed for their own household. Youth worked on budgeting choices with their Aftercare Coordinator to prioritize what they needed most.
    - Car seat safety check events. Linn County CPPC hosted a car seat for immigrant and refugee families and provided interpretation services and translation of materials at the event. The CPPC also worked with car seat technicians to make an exception for families who attended to have their own vehicle to participate, as many refugee and immigrant families rely on other transportation, such as ride sharing companies, buses, or relatives and informal supports for transportation and do not own a personal vehicle.
    - Mahaska CPPC supported a community wide event to support unhoused services and supports in the county with volunteers through their CPPC.
    - Woodbury County CPPC funds Essential Kits for pregnant and parenting teens, which include items not covered by SNAP or WIC benefits such as paper products, hygiene items, household supplies, diapers, and wipes.
    - Cass, Mills and Montgomery CPPC supports the STEPS program, which strives to utilize the cooperative and collaborative planning efforts of communities, parents, courts, and providers to improve the child welfare system and to support families involved in Family Treatment Court. Program supports include providing sober, family-friendly activities to build informal supports and reward successful transition to a sober lifestyle for the safety and benefit of children.
    - Hardin County Helps, started as a social media page, or hub through the Hardin County CPPC, as an online opportunity to identify donations of items such as household goods for families in need. The social media site grew into an onsite warehouse for residents to donate goods such as housewares, clothing, and appliances, and for individuals and families in need to have access to goods free of cost.
    - Polk County CPPC Coordinator met with new IDHHS child welfare staff in Polk Co. to present on CPPC and the benefits of being connected with CPPC. Provided a similar presentation to the local housing authority on CPPC strategies and ways the CPPC can support local providers.
    - Cass, Mills, and Montgomery Counties CPPC provide Circles of Support to individuals and families through weekly Circles meetings and a shared meal.
    - Numerous community trainings hosted by CPPCs throughout the state on topics such as Trauma Informed Supervision, ACEs 360 Learning Circles, Youth Mental Health First Aid, Crisis Intervention and Stabilization, Anxst (Anxiety) awareness, domestic violence awareness, Connections Matter, CPPC informational presentations, racial and cultural equity focused training, Human Trafficking, Caring and Working with LGBTQ Identified Individuals, etc.

3) ***Community-Based Family Team Decision-Making Meetings (CBFTDM) and Individualized Course of Action (ICA):*** Individualized Course of Action genuinely engages families and youth to identify strengths, resources and supports to reduce barriers and help families succeed. Family team approaches seek to identify and build on strengths so the family can successfully address issues of

concern. (*Note: IDHHS transitioned away from FTDM mode and to the utilization of Solution Focused Meetings in July 2021.CPPCs have transition to the Family and Youth Centered Engagement Strategy as of July 1, 2023. The below reporting is on the SFY22 reporting year.*)

- Three (8%) of the CPPC sites implemented Community Based FTDM/YTDM meetings in the community (non-child welfare involved families).
- Fourteen (14) Community Based FTDM/YTDM meetings occurred in the community (non-child welfare involved families).

A few CPPCS have continued to hold CB-FTDM meetings in their area. One example is Cass, Mills, and Montgomery Counties CPPC continues to support CBFTDM's through Mills County Public Health. Family-Team Meetings. Support through CBFTDMs is focused on housing instability; poor home conditions, child hygiene, co-parenting issues, child safety, child with special needs, parent/child interactions, and building healthy support systems.

4) ***Policy and Practice Change (PPC):*** Community partnerships test innovative approaches, promote best practices, and influence system changes to serve better families and children. Policy and Practice Change involves community members, as well as youth and families directly impacted by the child welfare system, to develop and implement plans to address specific barriers and incorporate best practice approaches in the delivery of services.

- One hundred percent (100%) of the sites identified a policy and/or practice change.
- Fifty-five percent (55%) of the sites developed plans to address policy and practice changes.
- Twenty-five (25%) of the sites implemented policy and practice changes. Policy and practice changes include: addressing service gaps; strengthening communication between HHS and community partners; prevention of re-abuse; stronger collaborations with domestic violence agencies; addressing community needs such as transportation, food security, housing, human sex trafficking, disproportionality, and disparity in child welfare; and increasing community culturally responsive services and supports.
- Additional examples of local CPPC Policy and Practice Change activities include:
    - Wapello CPPC utilized a Plan Do Study Act in conjunction with their county Equity team to implement a community awareness campaign called "No Hate Ottumwa."
    - Youth and parents with lived experience serving on CPPC teams to provide input and voice into policy and practice changes.
    - Utilize CPPC SDM team to share organization surveys and questions to gather information regarding the need for policy and practice change.
    - Parent feedback on policy and practice changes, as well as strengths and needs of available services and supports in the community, through avenues such as Parent Cafes.
    - Utilizing training and planning efforts in the community through a Healing Centered Engagement framework for ensuring equity focused services, responding to the needs of immigrant and refugee families, and hosting parent listening sessions and Parent Cafes to engage with families, providers, and policymakers on needs and concerns of families in the community.

CPPC LEVEL SUMMARY

CPPC sites report a specific level (1-4) for each strategy obtained during the year. Sites received training on requirements to meet each specific level and written materials to assess the level for each strategy. To achieve desired results, simultaneous implementation of each of the four strategies must occur.

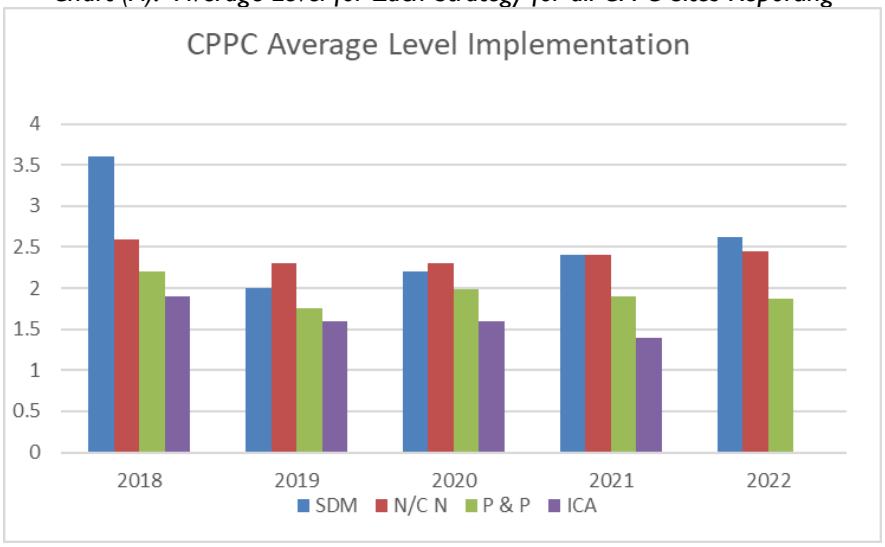
Moving through the levels of each strategy involves the CPPC sites first identifying or developing plans for activities to identify community needs and plan strategies within the lower levels, and then move toward implementation of their plans as the sites advance through the levels. CPPC sites must also continue to build their Shared Decision-Making Team representation as they move through the levels, including involving representatives from domestic violence, substance use and mental health partners. CPPC sites are to include members who represent the demographics and diversity of their communities, in addition to youth and parents with lived experience reflected through current or previous involvement in the child welfare system. Parent Partners are routinely included on Shared Decision-Making Teams to:

- provide input and parent voice in the local CPPC through lived experience,
- educate other members and the community on the Parent Partner program,
- lead or participate in collaborative programs in the community, and
- participate in policy and practice changes in child welfare.

Plans and strategies to increase linkages for informal and professional supports for families in need and increasing collaborations across child welfare and community partners are further reflected through Neighborhood Networking activities as the site moves through each of the levels. As IDHHS practice and services have shifted to incorporate systemically many concepts that CPPC started and implemented (e.g., Family Team Decision-Making (FTDM), Youth Transition Decision-Making, and Parent Partners), there was a shift in the responsibility of the CPPC network, and thus modifications occurred to the expectations of the levels.

Chart A shown below summarizes the average level achieved for each strategy based on reports from 40 sites for the last 5 years. CPPC sites fluctuate in level of implementation based on several factors such as CPPC Coordinator transition, Shared Decision-Making Team membership changes and transition, changes in collaborative relationships with related community coalitions and an identified need to reconfigure and reset the local CPPC structure and associated strategic goals and planning. IDHHS anticipates that CPPC sites will fluctuate through the levels in achievement over time with these changes, in addition to changes in community needs and starting new collaborations and initiatives. The averages reflected in Chart A includes data from reporting for 2022 and for the previous four years.

Chart (A): Average Level for Each Strategy for all CPPC Sites Reporting



**CPPC sites were not required to identify a level of implementation on the ICA strategy in SFY 2022 due to the transition the Family and Youth Centered Engagement Strategy.*

CPPC Coordinators have received training and guidance on completion of their CPPC Annual Plan and Progress Summary report, which reflects their planning and assessment of level achievement and progress in each strategy. The reporting document was updated for use in SFY 23 to be more user friendly and applicable to capturing the progress and impact of the CPPCs.

COLLABORATIONS

CPPC engages in collaboration with various state programs and practice partners in a variety of ways. CPPC and the ICAPP program collaborated again this year to hold joint fall regional meetings in September 2022. Feedback received from attendees is that they appreciate the opportunity to attend the meetings together, learn from one another, and share information relative to efforts where CPPC and ICAPP programs intersect in communities. Additional collaborations are engaged through the CPPC Statewide Convenings and Regional Meetings.

CPPC sites are highly encouraged through the Family and Youth Centered Engagement Strategy to engage with parents and youth who have lived experience in child welfare to have their input on SDM teams, as well as represented in other important intersections of the work within the CPPC Approach, including racial and cultural equity. This work requires an on-going collaborative and culturally responsive approach and joining youth, parents, and community members at diverse times (often after hours) and locations (not necessarily where regular meetings occur) where people feel comfortable, that is accessible to them in their neighborhoods and made available at times they can gather.

The ability to host virtual or hybrid meetings provides additional equitable opportunities for those who have access to virtual spaces to join into meetings. Continued guidance is provided to CPPCs to focus their efforts on equitable planning of activities and ensuring parents, youth, and diverse members of communities are engaged for their input, feedback, and involvement. Opportunities to learn more about how to engage youth and parents with lived experience, and the benefits, have been highlighted at the CPPC statewide learning convenings and the CPPC Regional Meetings. The transition to the Family and Youth Centered Engagement strategy amplifies this focus.

CPPC EDUCATION, TRAINING AND SUPPORT

CPPC coordinators, child welfare system and practice partners, community members involved in local Shared Decision-Making teams, and CPPC community networks attend the Statewide Learning Convenings, Regional meetings, and Immersion trainings for learning opportunities, networking, idea, and strategy sharing, and to celebrate successes. Workshop and presentation topics focus on application of the CPPC Approach, trends in child welfare; local and statewide resources and programs; strategies for engaging communities; and ideas and action planning for application of information across CPPC local sites. These opportunities to learn and collaborate increase the CPPC's capacity to leverage resources and assess gaps in developing plans to meet the needs of children and families in their respective communities. Two CPPC Statewide Convenings and six Regional Meetings were held in SFY 23. Topics included the importance of economic and concrete supports as prevention, safe and stable housing in communities, mental health and youth engagement, strategic planning and leveraging local resources, cultural equity and community partnerships, and the Resilient Communities pilot in Wapello County.

PARENT CAFÉS

Parent Cafés is an initiative which has been piloted and promoted through CPPC. CPPC sponsored the initial rollout of Parent Café facilitator and host training through working with the Be Strong Families organization in Illinois. In 2018, over 150 individuals were initially training in the Parent Café model. The Parent Café model allows participants "individual deep self-reflection and peer-to-peer learning, opportunity for participants to explore their strengths, learn about the Protective Factors, and create strategies from their own wisdom and experiences to help strengthen their families." (https://www.bestrongfamilies.org/). Parent Cafés occur in a variety of locations across the state and includes parents in family preservation courts, Parents as Teachers participants, parents of children at various ages and stages, teen parents, fathers, refugees, kinship caregivers, and others.

From May 2022-April 2023, CPPC networks reported hosting 42 Cafés in their local communities, with approximately 470 attendees. Parent Cafes are being held both virtually and in person, with a variety of attendees including, parents of pre-school age children, young parents, grandparents, schools, parents who are being supported in the Parent Partner Program, Family Treatment Court, and general parents in the community.

TRANSITION TO FAMILY & YOUTH CENTERED ENGAGEMENT (FYCE) STRATEGY

In response to review of the four strategies guiding the CPPC approach, and to support innovative activities built from the community to fill the gaps in the prevention continuum, the Family and Youth Centered Engagement (FYCE) strategy has rolled out as the next iteration of the Individualized Course of Action strategy. The FYCE strategy is defined similarly to Individualized Course of Action, which is to genuinely engage individual families and youth to identify strengths, resources, and supports to reduce barriers and help families and youth succeed.

The FYCE strategy provides the CPPC sites increased flexibility to plan, support and implement local activities based on identified needs for children, youth, and families in CPPC communities, and to authentically engage youth and families alongside planning, input, co-design, and evaluation of CPPC activities through the FYCE strategy. The strategy further provides new opportunities for local innovation to fill gaps in the prevention continuum through an equity lens and to facilitate community-based approaches to strengthen Protective Factors, support activities and programs which are culturally responsive, and meet the well-being needs of children, youth, and families.

The purpose of the FYCE to genuinely engage individual families and youth to identify strengths, resources, and supports to reduce barriers and help families and youth succeed. The FYCE strategy provides increased flexibility for activities while centering family and youth engagement; allows site opportunities for innovation and to tailor activities to meet local needs; supports activities that promote Protective Factors and equitable child and family well-being for families at increased risk; and provides opportunity for community resource coordination approaches.

Within the FYCE strategy, CPPCs have increased opportunity to plan and facilitate activities to build trust and connection with under resourced communities, engage with parents and youth with lived experience as key partners in decision making, co-creation and participation in activities to build community connections, strengthen protective factors and resilience, and provide input into policy and

practice changes. Parent Cafes, Circles of Support, peer mentoring programs, activities connected to Family Treatment or Wellness courts, and youth/parent led councils and committees are all examples of potential activities within this strategy. As Youth Transition Decision Making (YTDM) training continues to be available for interested community facilitators to attend, Community Based YTDMs are also an activity for the CPPCs to implement under the FYCE strategy. The menu of activities for the FYCE strategy is not all inclusive and allows for increased flexibility to the approach for CPPCs to meet local needs.

One example of how a CPPC has demonstrated initial implementation of the FYCE strategy is through a collaboration between local youth involved in AMP (Achieving Maximum Potential) and students attending a local alternative school engaged with local Shared Decision Making (SDM) members to form a combined committee of SDM team members and youth. The group works together on community projects and to build connections within the community. This has included creative arts projects for community beautification, working with the local library to set up a youth game check out, and youth on the committee teaching adults how to use the design platform Canva. The committee has also attended Understanding Implicit Racial Bias together and is opening their meetings using activities from the Courageous Conversations Toolkit.

CPPC PLAN/REPORT REVISIONS

A workgroup comprised of CPPC Coordinators, Decat Coordinators, and IDHHS Community Liaisons was convened in fall 2021 to begin reviewing the CPPC annual plan/report document template to provide feedback and suggested changes. As a result, the workgroup determined that the level system of measuring implementation of the four strategies has not been as effective in recent years in capturing the CPPC progress on activities. As the CPPC Approach has now been implemented in Iowa for over two decades, it was determined that measuring the impact and outcomes of the work of the CPPCs may be a more useful approach to evaluating the effectiveness of the CPPCs beyond a focus on the levels of implementation.

Along with including the updated changes to the FYCE strategy in the revised plan/report document, the additional goal of the revised plan/report template is to better capture priorities and planning of the local CPPC goals and activities, and to report on end of year outcomes of the activities, as well as successes, highlights, and challenges, and to better illustrate the impact of the CPPCs across communities. Though the levels are no longer part of the CPPC measurement on the revised report, the activities within the CPPC strategies have remained the same, apart from the new FYCE strategy. The focus has instead shifted to reporting not only plans for the activities, but also utilization of data in planning for priorities and goals/activities for the year, and to increase tracking and report on outcomes of CPPC activities and their impact on their communities.

As the CPPC sites have not yet completed a full reporting year on the new plan and report template, information on the outcomes of the reporting changes is not available at the time of the writing. The CPPCs have utilized the new template to submit their CPPC plans for SFY 23. Included in the revised plan and reporting template is the ability for the CPPCs to capture their planning priorities for the year. In analyzing the plans for SFY23 year, CPPCs identified priorities in the below summarized category areas for planning (not all inclusive):

- Parent/Youth Engagement/Programing

- Community Recruitment/Engagement
- Cultural Equity/Diversity Equity and Inclusion/Disproportionality in Child Welfare
- Mental Health/Mindfulness/Trauma Informed
- Child Well-Being/Family Stability/Safety
- Community Resource Coordination
- Family Centered Programming/Parent Education/Parent Cafe

Upon submission of the summary reports for SFY23 in the updated template, CPPCs will be tasked with identifying progress on their priority planning areas for the year, and how their completed activities advanced their identified priorities and met intended outcomes to address identified needs in their communities.

The revised plan and report template has also provided opportunity for CPPCs to provide in their plans requests for training and support around specific areas such as cultural equity focused training or to host an RPI or UIRB learning exchange, assistance with connecting to other CPPCs for resources and consultation, support on how to increase engagement with youth and parents, growth and development strategies for SDM teams, and request for provision of materials such as the Courageous Conversations Toolkit or the CPPC Brochure. Work has occurred this year to track on requests from the CPPC plans and respond through consideration of topics for shared learning opportunities such as the CPPC regional and statewide convenings, reaching out to the CPPC sites directly to provide support, and determining next steps for strengthening how support and technical assistance can provided to the CPPCs directly from the CPPC state team around requests in the CPPC plans over the next year.

Training was provided to CPPCs by the IDHHS Program Manager in March 2022 on the revised CPPC plan/report document and the FYCE strategy rollout. Additionally, the CPPCs were provided a guidance document to supplement the revised plan/report template, resources for more information around implementation of the FYCE strategy for the CPPC sites to reference and utilize, and a completed example plan/report for their reference. These materials were distributed again to the CPPC sites in March 2023 in preparation for completion of annual reports submitted in May for SFY24.

CPPC REVISED LOGIC MODEL/BROCHURE

The HHS Program Manager collaborated with the Community Partnerships Executive Committee (CPEC) this year to revamp the original CPPC Logic Model. This revamp included review and revision of the CPPC vision, values, and core principles, as well as the addition of the FYCE strategy. Core revisions included updated language to be more family friendly and less service oriented, equity-centered, and to better align with current child welfare practice. The results of the CPPC survey project also informed key changes. The goal for the updated CPPC Logic Model is to utilize the model as a working document for the CPEC to evaluate if the CPPC implementation and activities are effective, on track, and if the identified outcomes are being met.

The in-depth CPPC Brochure went through a thorough process of updates and revisions throughout the last year. The CPPC Brochure design was revised with new visuals, utilizing the style guide and colors of HHS. The updated language in the CPPC vision, values, and core principles is reflected in the updated brochure. Youth and parent quotes have been included describing their experiences participating in their CPPC. Updated examples of activities the CPPC has implemented within each of the four strategies were also included, as well as data points from key initiatives activated through the CPPC including

Parent Cafes, the Parent Partner Program, and the Learning Exchanges, Race the Power of and Illusion and Understanding Implicit Racial Bias, which are frequently hosted by CPPCs in communities across Iowa. The updated CPPC Brochure will be rolled out to the CPPC regional meetings in June 2023.

SFY24 PLANNING

The CPPC Program Manager will continue to initiate strategic development and guidance regarding the Family and Youth Centered Engagement strategy to continue to bolster CPPC efforts to embrace the strategy across the state. Work will continue over the next year to revise key informational materials for the CPPC, revisions to the CPPC Practice Guide, and facilitation of training and learning opportunities through the CPPC Statewide Convenings and Regional meetings, and CPPC Immersion Trainings to enhance these efforts through local examples of implementation, collaborative opportunities for leveraging resources, and site to site networking. The CPPC State Coordinator will also increase direct support and technical assistance to the CPPC sites in the next year.

STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

Below is a summary of the strengths and opportunities for improvement for CPPC collaborative efforts and system impact:

Strengths:

- Engaged diverse network of state agencies, community-based programs, Parent Partners, and community members to review services and supports and work towards addressing the gaps in services and supports.
- CPPC builds linkages between formal and informal supports, bridges prevention and tertiary approaches, strengthens awareness and streamlines community resources.
- CPPC networks provide opportunities to pilot, support, and implement child welfare policy and practice changes (e.g., Parent Partners, Cultural Equity, and Parent Cafes).
- After collecting feedback from the sites regarding a basic framework for CPPC approaches to grow locally, CPPC Coordinators and CPPC sites across the state received an extensive manual and the CPPC Practice Guide. The CPPC Practice Guide is a tool used in the introductory (Immersion 101) and advanced sessions to increase the knowledge base of local coordinators and key decision-making members in the communities they serve.
- Community Partnership Executive Committee reviews the CPPC level data, program initiative progress and determines educational and technical assistance needed by the sites to advance the CPPC Approach.
- Regular updates to the CPPC brochure for distribution among communities to increase awareness of the CPPC approach and to continue to educate sites on the four strategies' revised levels and the CPPC practice manual.
- Further expansion of the Parent Café model to for building formal and informal supports for families in communities.
- CPPC sites collaborate with Iowa HHS Cultural Equity Resources and county Equity Teams for child welfare to educate child welfare systems, practice partners and community members on utilizing available tools for promoting systemic changes to reduce minority and ethnic disproportionality in the child welfare system.
- Evaluation of the CPPC Approach through a statewide survey and focus groups project has helped guide and shape re-envisioning of CPPC to modernize the Approach and align with current child welfare trends.

- Implementation of the new Family and Youth Centered Engagement strategy, based on feedback extensive feedback from CPPCs, stakeholders and partners on how to improve upon the former ICA strategy by more flexible to meet the needs of communities rather than a one size fits all approach with CB FTDMS.
- FYCE strategy will increase focus on authentic engagement of parents and youth with lived experience at the local level.
- The revised CPPC plan/report document has an increased focus on capturing the work of the CPPCs, and on outcomes of their activities.
- Opportunities for collaboration and service mapping with the Early Intervention Services area of the Family Well-Being and Protection Division.

Opportunities for Improvement:

- Work to increase sites' understanding of child welfare data and utilizing this data to assess community needs, drive planning and decision making and track changes and outcomes.
- Develop additional resources for sites to understand how to identify and implement policy, practice changes, and engage youth and parents with lived experience in this process.
- Continue to identify opportunities for collaboration and community engagement through CPPCs around Family First Implementation.
- Continued evaluation of the CPPC Approach as all stakeholders stand in partnership with HHS and communities to best support children and families. This will ensure alignment of CPPC within the prevention continuum and further contribute to positive outcomes for children and families in the community.
- Continued support to CPPC sites implementation of the revised Family and Youth Centered Engagement Strategy (formerly Individualize Course of Action) to be successful in their efforts.
- Provide continued guidance and support to CPPC sites to center equity and develop/support culturally responsive approaches in their communities.
- Evaluation analysis of the revised CPPC annual plan and report.

IOWA CHILD ABUSE PREVENTION PROGRAM (ICAPP) & COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) PROGRAM

The Iowa Child Abuse Prevention Program (ICAPP) is the Iowa Department of Health and Human Services' (IDHHS) foremost approach to the prevention of child maltreatment. ICAPP is based on the premise that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, ICAPP is structured in such a way that it allows for local Community-Based Volunteer Coalitions or "Councils" to apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Many of these coalitions or councils are CPPC sites (as described in the previous section), while others focus solely of child abuse prevention and work in partnership with CPPC. Although this program receives state and federal funding from a variety of sources, Iowa allocated $100,000 of CAPTA for SFY 21-25 contracts. In addition to the local projects, IDHHS contracts with an external administrator to provide technical assistance, contract monitoring, and program evaluation services, however those supports are funded under different sources.

For State Fiscal Year (SFY) 2021-25 Community-Based Organizations or "Councils", serving 44 of Iowa's 99 counties, were awarded a total of 50 unique service contracts under ICAPP. A map of the projects

that were awarded ICAPP funds, and the specific types of services funded by county, can be found in ***Appendix A***. It is noteworthy to mention that over the course of the past 5 years or so the program has continued to move towards targeting services to communities most at risk for maltreatment. Of the 17 highest risk counties (identified with a star on the map), 14 of the counties are currently funded for one or multiple services under the program.

Services funded under the program are especially geared toward families with one or more risk factors for abuse, such as young parents, families at or near poverty, families parenting a child with a disability, families with young children (0-5 years), and families with a history of abuse/neglect, mental illness, substance abuse, or domestic violence. Funds were awarded through local Councils for the following types of services:

- *Home Visitation Services*—voluntary evidence-based home-visiting models
  - *Funded through CBCAP*
- *Parent Development*—parent support, education, and leadership
  - ***Funded through a blended fund that includes CAPTA State Grant***
- *Sexual Abuse Prevention*—healthy sexual development, and adult/child focused sexual abuse prevention education
  - *Funded through a state appropriation.*
- *Resilient Communities Demonstration Projects*—see full description that follows.
  - ***Funded through a blended fund that includes CAPTA State Grant***

Resilient Communities Demonstration Projects: A newly funded project in SFY 2021 (beginning July 1, 2020) under ICAPP is the Resilient Communities Demonstration Projects (RCDP). There is a significant body of research around what makes individuals and families more at risk for maltreatment, but public health approaches in recent decades have also brought to light that impact of the environments, communities, and systems families exist within. There is growing interest in exploring community level risk, social norms, and policies/practices that have an impact on family safety and well-being. Therefore, ICAPP decided to lead these efforts through a unique new project call Resilient Communities.

These projects were targeted to the 17 highest risk counties in the state. A multivariate risk analysis was conducted, and counties were ranked based on the aggregate standard deviation from the state average on 10 factors correlated with child maltreatment. Of the 17 counties identified as eligible to bid, 14 counties applied for funding and 4 counties were selected for SFY 2021—Des Moines, Lee, Wapello, and Woodbury.

Grantees were presented with a number of options/models and asked to utilize/select community assessment models that worked best for their needs, community, and/or target population. Needs Assessments were due June 30, 2021, and informed strategic plans completed in FY 2022. Funding continues to support the implementation of the strategic plans, which are structured to include frameworks from the following models developed to support community level change:

- **Community Readiness Model** (Source: Tri-ethnic Center for Prevention Research)
  - *The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is absolutely essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies.*

- **Community Toolkit** (Source: KU Center for Community Health and Development)
    - *The Community Toolbox is a free, online resource for those working to build healthier communities and bring about social change. Our mission is to promote community health and development by connecting people, ideas, and resources.*

- **Collective Impact** (Source: Collective Impact Forum)
    - *The Collective Impact Forum exists to support the efforts of those who are practicing collective impact in the field. While the rewards of collective impact can be great, the work is often demanding. Those who practice it must keep themselves and their teams motivated and moving forward.*

    - *The Collective Impact Forum, an initiative of FSG and the Aspen Institute Forum for Community Solutions, is the place to find the tools and training that can help achieve success. It's an expanding network of like-minded individuals coming together from across sectors to share useful experience and knowledge and thereby accelerating the effectiveness, and further adoption, of the collective impact approach as a whole.*

- **Essentials for Childhood** (Source: Centers for Disease Control & Prevention)
    - *Young children experience their world through their relationships with parents and other caregivers. Safe, stable, nurturing relationships and environments are essential to preventing child abuse and neglect. The Essentials for Childhood Framework includes strategies to promote relationships and environments that can help create neighborhoods, communities, and a world in which every child can thrive.*

    - *The Essentials for Childhood Framework is intended for communities committed to both, promoting the positive development of children and families, and preventing child abuse and neglect. The framework has four goal areas and suggests strategies based on the best available evidence to achieve each goal. The four goal areas include:*
        - *Goal 1: Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child abuse and neglect.*
        - *Goal 2: Use data to inform actions.*
        - *Goal 3: Create the context for healthy children and families through norms change and programs.*
        - *Goal 4: Create the context for healthy children and families through policies.*

- **Strengthening Families and Protective Factors Framework** (Source: Center for the Study of Social Policy)
    - *Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five key Protective Factors.*
        - *Parental resilience*
        - *Social connections*
        - *Knowledge of parenting and child development*
        - *Concrete support in times of need*
        - *Social and emotional competence of children*

- **Systems Thinking** (Source: Waters Center for Systems Thinking)
    - *Systems thinking is a transformational approach to learning, problem-solving and understanding the world. Systems thinking helps people of all ages and walks of life see beyond the heart of a*

problem to find fair and lasting solutions that deliver benefits. It's about seeing life in motion, recognizing that the big picture is rarely static, but almost always a web of factors that interact to create patterns and change over time. It's a catalyst for learning and leadership — in the classroom, the boardroom or around the kitchen table.

- *The Waters Center utilizes a set of Habits, concepts and tools to bring this learning strategy to educational, community and business settings.*

- **Positive Community Norms (Source: The Montana Institute)**
  - *Positive Community Norms is an approach to prevention, manage change and foster transformation, and grow healthy norms and positive protective factors. The Science of the Positive focuses on how to measure and grow the positive by transitioning from a problem-centered frame to growing healthy, positive protective factors that already exist in communities. While acknowledging that suffering and harm does occur, the approach seeks to promote values and strengths of a community, thereby impacting culture and perceptions and creating transformation towards health promotion.*

Resilient Communities Demonstration Projects spent SFY 2021 undergoing a community wide comprehensive Needs Assessment. Following that, projects leads and communities underwent a Strategic Planning initiative for the remainder of the 5-year project period. Projects can begin shifting funding to direct services to families in years 3-5 of the project, though services must align with the finding of the Needs Assessment and the Strategic Plan developed in the first two years. Since these projects just began, they are not able to be reported on in terms of evaluation, but a community survey was completed during FY 2022-2023 to gather baseline data. This survey looked both at RCDP communities and other communities throughout the state, to assess awareness of resources, the issue of maltreatment, parenting behaviors, perceptions of community attitudes, and resources/supports in communities. Additionally, each project has identified impact areas they seek to improve, as well as baseline data related to goal areas. A follow up survey is planned for FY 2025 along with in depth evaluation of progress towards each project's goals.

CHILD ABUSE PREVENTION PROGRAM ADVISORY COMMITTEE

CAPTA funds are also utilized to support the work of the Child Abuse Prevention Program Advisory Committee (CAPPAC), under the IDHHS Human Services Council, the primary advisory body which oversees all activities of the IDHHS. The duties of this committee are outlined in Iowa Code and include:

a. Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.
b. Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.
c. Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.
d. Require reports from state agencies and other entities as necessary to perform its duties.
e. Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.
f. Approve grant proposals.

CAPTA funds have historically been used to support travel expenses for CAPPAC members to attend quarterly meetings to review the ICAPP program and its progress towards program goals, though all meetings in the past year have been conducted via web conferencing due to the pandemic. The CAPPAC also plays a unique role in reviewing the results of the competitive bidding process for community-based projects and in making recommendations to the IDHHS in regard to funding for these projects.

This past year the CAPPAC experienced turnover and has focused on discussing membership recruitment and roles. Applications were solicited late in the year; however, the recruitment process was put on hold pending some of the structural changes involved with the IDHHS alignment. The committee developed an application and decision-making process and will be reposting the application information in Spring 2023 to resume recruitment efforts to bring up to five additional new members to the committee in July 2023. More information on the CAPPAC can be found here: https://dhs.iowa.gov/cappac

In addition, as noted in the state's APSR, the IDHHS Prevention Program Manager position is currently in the process of being filled following staff turnover. It is anticipated the incoming Program Manager will continue to be involved with a variety of interagency collaborations, consistent with previous Agency staff. Additional information on those collaborative efforts, particularly as they related to public health initiatives are discussed later in this report.

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)

The reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) under the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) provides Early Intervention Services for any child under the age of three who is involved in a substantiated case of child abuse or neglect. States are mandated to have provisions and procedures in place to refer these children for services. State funding for Early Intervention Services is provided under Part C of the Individuals with Disabilities Education Improvement Act. No CAPTA funds are used for this program.

Early Intervention Services or Early ACCESS (EA) as the program is referred to in Iowa is a collaborative partnership between two State agencies IDHHS and the *Iowa Department of Education (IDOE)*), and the University of Iowa Child Health Specialty Clinics (CHSC). These agencies and clinics promote, support, and administer Early Access services. IDOE is the lead agency responsible for administering the program.

ELIGIBILITY & REFERRALS

Early ACCESS services are available to any child in Iowa from birth to three who demonstrate a 25% developmental delay or who has a known medical, emotional, or physical condition in which there is a high probability of future developmental delays.

The IDHHS is responsible for referring to Early ACCESS all children under age 3 who: (a) are the subject of a substantiated case of abuse or neglect, or (b) are identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or (c) have been identified as developmentally delayed.

On October 1, 2018, IDHHS implemented an automatic referral process for children under the age of three that meet the CAPTA referral criteria. When a case meets the criteria, an email is generated and sent to Iowa Family Support Network (IFSN) with the referral information. IFSN then forwards the referral information to the Area Educational Agency (AEA) or Child Health Specialty Clinics (CHSC) who provides Early ACCESS services. A Service Coordinator (SC) from the AEA or CHSC will contact the family directly within two business days to discuss early intervention and offer a screening or evaluation.

Within IDHHS, Child Protection Workers (CPWs) are responsible for informing families that the child has been referred to Early ACCESS during a child abuse assessment. Social Work Case Managers (SWIIs) who handle ongoing child welfare cases may inform families of Early ACCESS services at any time during the provision of case management services.

While families may have declined an evaluation when they were automatically referred to Early ACCESS, Social Workers can re-refer families at any time if a concern about a developmental delay arises. Social Workers also can refer siblings in the home who are at risk of a delay.

Referrals can be made to the Iowa Family Support Network (IFSN), CHSC, and/or at any of Iowa's nine Area Education Agencies (AEAs). A copy of the Early ACCESS handout for families and the handout provided to IDHHS workers can be found in Appendix B.

PREVIOUS STATE SYSTEM EFFORTS FOR CAPTA REFERRALS

The following strategies have been previously used by IDHHS to refer families to Early ACCESS:

- Prior to 2016, letters sent by Visiting Nurse Services to families (data showed less than 3% responded and received negative feedback from families).

- July 2016-October 2018, Social Worker SWII or SWIII discuss and make referral to EA services with families.
- October 1, 2018 (current referral process), automation of process: email generated to IFSN from IDHHS with child and family contact information. Ensures 100% of all eligible cases are referred.

Each strategy used data decision making to inform progress and outcomes. The automatic referral has produced the best results of all the strategies even though COVID most likely affected the data (see Early ACCESS Data section for more information).

CARA

Infants that fall under the 2016 Comprehensive Addiction and Recovery Act (CARA) are also eligible for a referral to Early ACCESS. This population includes infants born and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. This includes infants born with and identified as being affected by all substance abuse, not just illegal substance abuse. Children who meet the criteria under the CARA Act are included in the automatic referral process.

TRAINING

Early ACCESS training for IDHHS Social Workers (CPW and Case Manager) focuses on potential developmental delays in children, instructions on how to encourage families to participate in eligible services, and how to make meaningful referrals to the Early ACCESS program.

Early ACCESS training is part of the basic training that all new IDHHS workers receive. Further training is offered in other IDHHS courses involving mental health and substance abuse services, and in domestic violence screening training that is mandatory for all IDHHS Supervisors, CPWs, and Case Managers. Early ACCESS information is provided during these trainings to assist IDHHS staff in referring families to Early ACCESS services, whether there is a substantiated case of abuse following a child abuse assessment (i.e., in the case of "Family Assessments).

In an effort to continually inform social workers about the benefits of Early ACCESS, the IDHHS Liaison has participated in social worker meetings, presented on a monthly call that included Social Worker Administrators, and sent Early ACCESS informational brochures to the IDHHS Service Areas. Additional Information on Early ACCESS has been emailed via the field communication system to all social workers, supervisors, and administrators.

COLLABORATIONS

IDHHS has a Liaison dedicated to work in collaboration with IDOE, CHSC, and AEA's across the state. Regularly scheduled meetings include a core State Team comprised of six IDOE employees with expertise in areas such as, early intervention federal compliance, information technology, autism spectrum disorders, professional development, and Part B special education services. The state Part C Coordinator and Administrative Consultant are among the IDOE staff. The State Team also consists of Liaisons from IDHHS and CHSC. This team meets twice a month to fulfill their commitment to provide early intervention services and to support components needed for a coordinated system.

The Iowa Council for Early ACCESS (ICEA) is a parent led Council that advises and assists the IDOE in the planning, coordination, and delivery of services to infants and toddlers with special needs and their families. Meetings are held five times a year and consist of parents whose child have received early intervention, IDOE, IDHHS (including Bureau Chief and Liaison), CHSC, AEA Special Education Directors, AEA Liaison, IDOE Counsel, Iowa Insurance Division, and Higher Education, among other

community partners. Membership is determined by the Governor's office through an application process.

ICEA Executive Committee meets five times a year to determine the Iowa Council meeting agendas. The agendas include federal compliance, data analysis, parent stories, and topics such as legislation for the current year that may affect early intervention. Executive Committee includes the EA signatory agency staff, Bureau Chiefs, Liaisons, IDOE Administrative Consultant, and the Early ACCESS Part C Coordinator.

Early ACCESS regional and community grantees include the nine AEA regions and CHSC. These grantees ensure EA services are carried out across the state. Meetings with AEA's are held six times a year and include the State Team, IDOE Administrative Consultant, AEA Special Education Director Liaison, and Liaisons from each of the nine AEA regions.

EARLY ACCESS DATA

The table below represents the number of CAPTA children (those referred following a Child Protective Assessment) and the number of children that went on to receive services from Early ACCESS through an Individualized Family Service Plan (IFSP):

Children who receive Early ACCESS services (following a CPA)			
SFY	**# of Children referred**	**# of Children receiving services**	**Percent of children on IFSP**
SFY 22	2581	314	12.2%
SFY 21	2483	241	9.7%
SFY 20	2452	333	13.6%
SFY 19	2596	449	17.3%
SFY 18	2695	211	7.8%

In SFY 22, the number of children (2581) following a CPA, who were referred to Early Access increased by 98 children. The increase in the number of children referred to EA from SFY 21 to SFY 22 can be attributed to an increase in child welfare reports following the COVID-19 pandemic as children returned to schools and young children returned to preschools in the fall of 2021.

The number of children following a CPA, who went an IFSP increased by 73 children (9.7% to 12%). IDHHS's efforts to increase the number of meaningful referrals to EA consisted of the IDHHS Liaison researching phone numbers and addresses for EA providers who were not able to contact the family.

The IDHHS Liaison updated contact information for the EA provider utilizing the IDHHS child welfare system (JARVIS) and/or contacting the CPW assigned to the case. IDHHS has worked with Social Workers to have meaningful conversations with families prior to the Early ACCESS referral. IDHHS workers were also provided brochures, flyers, and post cards as well as, additional online resources that are available to families in Iowa. Overall, the meetings and trainings for the IDHHS field have increased awareness of the Early ACCESS program and its benefits.

There has also been increased efforts on the part of IDHHS to collaborate with AEA's on how to inform and encourage families to consider Early ACCESS services. While a referral is automatically generated by IDHHS to Early ACCESS, services are voluntary. Parents have the right to decline Early ACCESS at any time.

In Iowa, preschools, elementary and high schools all returned to in person learning following the closure of schools in 2020 amid the COVID-19 pandemic. The "return to learning" was a focus for IDOE and AEA's across the state. It is reported that even though preschools returned to in person learning some families have continued to choose virtual services for EA throughout SFY 22. EA services are provided in the home or the child's natural environment (such as childcare). AEA's have cited that some families have not wanted to have providers in the home, still concerned about the COVID virus. AEA's have respected the choice of the family and were able to provide EA services remotely. Iowa's response to remote learning is discussed in the SFY 21 section below.

In SFY 21, the number of children (2483) following a CPA, who were referred to Early Access increased by 31 children. The number of children who went on to receive Early ACCESS decreased by 92 children (13.6% to 9.7%). The decreased rates for SFY 21 continue to be attributed to the COVID-19 pandemic. While SFY 20 included three and a half months of pandemic shut down, the SFY 21 consists of a full year of pandemic measures. In the state of Iowa, schools across the state varied in their schedules, from fully remote to full in person attendance. SFY 21 saw an increase in child welfare reports as children returned to schools, but young children birth to three years of age largely remained in the homes as some preschools did not return to in person until fall of 2021.

Early intervention services were provided virtually through varied strategies. Some AEA's provided electronic devices such as iPads and computers. Others relied on smart phones. Each AEA had their own process, but all still provided services virtually. AEA's found strengths in virtual services and have some families still requesting some remote services, rather than fully in home. IDHHS Director provided IDOE and schools with information on how to keep school children safe in their homes virtually with ideas like asking the child to turn on their camera for attendance. The AEA's utilized this same method by asking the family to see their child on the screen at times.

The following Table indicates the number of children in foster care with an IFSP:

Foster Children who receive Early ACCESS services			
SFY	**# of children in foster care below age three**	**# of Children receiving services**	**Percent of children on IFSP**
SFY 22	1494	239	16.0%
SFY 21	1574	227	14.4%

SFY 20	1835	362	19.7%
SFY 19	2103	474	22.5%
SFY 18	2049	464	22.6%

In SFY 22, the number of children (1494) below the age of three in foster care reflects a decrease of 80 children. This decrease represents the continued efforts of the child welfare system in Iowa to keep children with a substantiated case of child abuse or neglect safely in their homes and avoid the trauma of out of home placement under the provisions of the "Family First Act" as mentioned below. Children under the age of three in foster care that were referred to EA and went onto receive services increased during SFY 22 from 227 to 239, an increase of 12. While an increase of 12 may not seem substantial, taking into consideration there was a decrease of 80 children in this category that were referred, the percent of child that went on to an IFSP increased from 14.4% to 16.0.

In SFY 21, the number of children (1574) below the age of three in foster care reflects a decrease of 261 children. The data also indicates a decrease of 135 children under the age of three who received EA services. The decrease from 19.7% to 14.4% of children in foster care on an IFSP results from two identified factors:

- The COVID-19 pandemic continued to keep younger children at home and away from the eyes in the community., affecting child welfare reports.
- Another factor that may have contributed to decreased numbers of children under the age of three in foster care placement includes Iowa's implementation of the "Family First Act". While Family First in Iowa was not fully effective until July 1, 2020, the state has been moving towards the process since 2018. The Family First Act has many components, including the main goal to help families that are in crisis stay together, reducing unnecessary removal of the child/children to foster care placement. IDHHS efforts to reduce the number of children in foster care include:
    - Human Need for Belonging training.
    - 4 questions/7 Judges' pilot.
    - Use of Child Safety Conferences.
    - Replacing Family Safety Risk and Permanency Workers with evidence-based services.
    - Crisis Intervention, Stabilization and Reunification contract that requires youth in residential settings to be placed in their service area.
    - Subsidized guardianship

While this information contains data past the SFY 21, it is important to note the following data from IDHHS. Family Preservation Services (Results for January 1, 2021, through October 13, 2021- time frame limited due to data availability) 88.35% of children were not removed from their homes during provision of Family Preservation Services. Agency Solution Based Casework (SBC) 94.64% of families referred for services safely maintained the children within their own home or with kin/fictive kin caregivers during the case. (Iowa Department of Human Services, 2021).

SFY 20 reflects a decrease (268) in the number of children below the age of three in foster care. The data also indicates a decrease in the number of children who received Early ACCESS Services from SFY19 to SFY 20 from 22.5% to 19.7%. As stated before, Iowa has seen a decline in the number of child welfare cases reported due to the COVID-19 pandemic and would have affected the number of children removed to foster care, specifically during the months of March through May 2020. The other factor includes Iowa's implementation of the "Family First Act" as mentioned above.

WORKS CITED

Iowa Department of Health and Human Services. (2021). 2021 CHILD WELFARE BY THE NUMBERS. Retrieved from Iowa Department of Health and Human Services: https://dhs.iowa.gov/sites/default/files/childwelfarebythenumbers2021.pdf?041320222329

MATERNAL INFANT & EARLY CHILDHOOD HOME VISITING (MIECHV)

The merger of the IDHHS and IDPH has created the opportunity to house the majority of the state's child abuse prevention programs within the same Department and within the same sub-division, Early Intervention and Support. Prior to this, IDPH was the state agency that managed Iowa's Maternal, Infant, Early Childhood Home Visiting (MIECHV) programming. Beginning July 1, 2023, the MIECHV program will be co-located with the prevention programs under IDHHS.

No CAPTA funds are being used for this initiative. MIECHV funds are utilized to help build a statewide infrastructure related to Family Support. One way in which this was is done is by funding the state's Family Support Statewide Database (FSSD). The database currently being used for the FSSD is Data Application and Integration Solutions for the Early Years (DAISEY), housed out of the University of Kansas. ICAPP programs officially began using the DAISEY system in January 2018. This system has streamlined data collection and reporting for local programs and reduced costs by using one data collection system for a number of family support programs, including:

- **Iowa Department of Health and Human Services**
  - **MIECHV** – Maternal Infant Early Childhood Home Visitation
  - **HOPES/HFI** – Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) follows the national Healthy Families America evidence-based program model
- **Iowa Department of Management**
  - Early Childhood Iowa Family Support
- **Iowa Department of Education**
  - Shared Visions Family Support Programs

Many sites utilize blended funding from the programs listed above to support ICAPP/CBCAP programming at the local level. Utilizing one single data system eliminates the need for programs to enter data into more than one system. This can be time consuming for local program staff and has a negative impact on the ability to gather adequate participant data for a quality, thorough evaluation of the programs. The IDHHS Prevention Program Manager participates with leadership from other programs that use the DAISEY system to identify concerns and solutions. The group (now known as the "DAISEY Users Group") is currently discussing additions, adaptations, and system improvements to improve quality data collection.

Other examples of infrastructure provided by the MIECHV program are the Iowa Family Support Network and the Institute for the Advancement of Family Support Professionals (Institute.) The Iowa Family Support Network (IFSN) serves as an information and referral hub for families with young children. The IFSN has both a web-based interface and an extended hour call service that provides a warm handoff for families seeking family support services. The Institute is a robust professional development system designed for home visitors by home visitors. The Institute houses over 80 online modules that are based on the National Core Competency Framework for Family Support Professionals. The Institute provides continuing education units and college credit as well as the validated National Certification Exam. During FY23, the Institute piloted a Perinatal Specialist Digital Badge. A specialist digital badge is a yearlong endeavor and represents hours of additional study in a specialized aspect of family support practice. Access to online modules is available to learners at no cost. The Institute has over 30,000 registered learners, representing all 50 states, territories, tribes and a growing number of international learners. The focus in FY'24 will be the addition of new products available in Spanish. There will be 19 new Spanish modules. The certification exam is also being translated into Spanish.

Specific partnerships with MIECHV and IDHHS include:

- **MIECHV Advisory Group** – IDHHS Prevention Program Manager is a member of the state level advisory committee that provides feedback on MIECHV program in Iowa.
- **Iowa Family Support Technical Assistance Network** – IDHHS Prevention Program Manager is a member of this state level advisory committee that provides input on the Iowa Family Support Standards and credentialing process.
- **Infant & Early Childhood Mental Health Consultation (IECMHC) Workgroup/ Young Child Wellness Council (Project Launch)** – IDHHS Prevention Program Manager is a member of this state level group of leaders currently working to improve access to IECMHC in Iowa for professionals in the early childhood fields (i.e., childcare, early learning, family support, home visitation, etc.). More information on IECHMHC can be located here: https://www.samhsa.gov/iecmhc
- **DAISEY User Group** – State level group of program managers who utilize the Data Application and Integration Solutions for the Early Years (DAISEY) system. Group meet bi-monthly (every odd month) to discuss system enhancements and other data needs.
- **Domestic/Sexual Violence Prevention Advisory Committee** – PCA Iowa staff participate in collaboration and shared learning around best practices related to gender-based violence.

EARLY CHILDHOOD IOWA, IOWA DEPARTMENT OF MANAGEMENT

The IDHHS Prevention Program Manager supports and is involved in the State's Early Childhood Iowa (ECI) initiative. No CAPTA funds are being used for this initiative. ECI provides both a funding mechanism for local early childhood programming, as well as broader system level work. While Iowa did not receive ongoing PDG funding, the work in the plan continues to be implemented though on a smaller scale. Ongoing efforts are identified in the sections below regarding "Results Accountability" and "Family Partnership".

In the past year, the IDHHS Program Manager participated on a targeted workgroup tasked in preparing the Early Childhood Iowa Needs Assessment and Strategic Plan, "We Are ECI" (adopted in the Fall of 2019), which relied, in part, on the prevention assessment conducted by IDHHS in 2018 for ideas and

strategies related to the broader early childhood system. In addition, the IDHHS Prevention Program Manager is involved in a number of leadership groups throughout ECI, including:

- **Early Childhood Iowa Leadership Groups**
  - **ECI Steering Committee** – the IDHHS Prevention Program Manager serves on this committee due to role as a co-chair of one of the ECI Component Groups.
  - **ECI Stakeholder's Alliance** – Both the IDHHS Prevention Program Manager and PCA Iowa staff (as the contracted ICAPP Administrator) participate.
- **ECI Results Accountability Component Group** – the IDHHS Program Manager is the public co-chair of this group with a focus on results-based accountability in early childhood and family support work.
- **ECI Family Engagement/Partnership Committee (Governance Component Group) –** the IDHHS Program Manager is a co-chair of this subcommittee looking at increasing family voice and choice in the ECI system.
- **ECI Family Support Leadership Group** – the IDHHS Program Manager participates in this state level consortium with various family support program level staff.
- **Preschool Development Grant (PDG)-**The IDHHS Program Manager was involved with the implementation of the PDG needs assessment and strategic planning process for ECI in calendar year 2019. While PDG funding was not continued in 2020, implementation of the plan adopted is moving forward through existing workgroups.

RESULTS ACCOUNTABILITY

The Early Childhood Iowa Results Accountability work group is co-chaired by the IDHHS Prevention Program Manager and includes the ICAPP Director from PCA Iowa. The workgroup's purpose and responsibilities stem from the ECI Strategic Plan, revised in FY 2020, which identifies the Results Accountability (RA) as a key work group in meeting the following strategies:

1. Infuse data-based discussions and decision-making processes throughout the early childhood system.
2. Promote and incentivize the use of evidence-based programs and services across the early childhood system.
3. Adopt a collective impact approach to investing in high-quality, evidence-based services, programs and activities across the early childhood system.

The group also continued work on an integrated data system (IDS). Iowa became a "pilot" site in the University of Pennsylvania's, Actionable Intelligence for Social Policy (AISP) national IDS network (http://www.aisp.upenn.edu/). Iowa was awarded a Preschool Development Grant (PDG) for FY 2019 which launched the IDS work. The demonstration project matched birth records with kindergarten enrollment records and analyzed data for patterns related to:

- Demographics
- Enrollment patterns
- Service usage
- Child/family characteristics that may predict readiness gaps.

Other data, when added, could address other experiences and how they correlate (i.e., poverty, maltreatment, unemployment, lead exposure, etc.). This would also allow policy/program staff to look at touch points over the 0-5 span and service utilization patterns and how those may impact outcomes. While Iowa did not receive ongoing PDG funding, we continue to look for ways to expand and fund the IDS. MIECHV and ECI financially support the I2D2 system currently. DAISEY data, vital records data and Head Start data are all part of the I2D2 data system. During FY21-22, IDPH commissioned a report to study the impact of birthing center closures on access to prenatal care. I2D2 also studied the impact on

family outcomes if a parent was enrolled in a family support program prenatally as opposed to after the child is born. Both studies have positively impacted the practice of home visiting. A maternal health symposium is scheduled for the fall of 2023 to further examine the birthing center closure report and identify innovative practice to ensure access to prenatal care.

FAMILY PARTNERSHIP COMMITTEE

Another project that continued in FY 21 is a collaborative with partners from IDH and IDOE around Family Engagement in the Early Childhood system. While individual programs (e.g., Head Start, Parents as Teachers, 24/7 Dad, etc.) often have strong parent leadership components to them, there has never been a comprehensive state level plan to incorporate those efforts into policy. A number of years ago (2012) an attempt was made to do this through an Early Childhood Iowa "Parent Summit". Out of that summit several things occurred, including the convening of a workgroup to carry the efforts forward and a draft strategic plan. Unfortunately, efforts stalled for several years but the workgroup was reconvened and has been meeting regularly since 2019. In 2020 the group formally decided to rename the committee from "family engagement" to "family partnership", while still maintaining the original mission and values statements (as follows), as well as making progress on the PDSA developed in FY 2020.

MISSION STATEMENT: The mission of the *ECI Family Partnership Advisory Committee* is to ensure that all early childhood systems and services:

1) Understand the importance of family engagement,
2) Make family engagement a core element to their work, and
3) Promote the use of strength-based, goal-oriented partnerships with families to enhance the well-being of young children.

VALUES STATEMENTS:

- We value intentional and authentic engagement of families.
- We value active leadership by family members, ensuring their contributions inform decision-making and planning on a level equal to service providers.
- We value the development of vital, goal-oriented partnerships with families that are based on a family's strengths.
- We value equity within family engagement activities and outcomes.

In April 2020 a statewide Lunch & Learn was presented by the IDHHS Prevention Program Manager on Family Engagement and Partnership was held. Over 2 days, this webinar connected with well over 100 family support professionals across Iowa to begin a deeper conversation about what it means to partner with families and how closely the work of equity is tied to parent/family engagement and partnership. The webinar was recorded and can be viewed on YouTube. The presentation on Family Engagement/Partnership begins at approximately the 12 min. mark and lasts for about 50 min.

The webinar was an introduction to begin the conversation and following the webinar, the group sent out a provider survey on May 15, 2020, to family support professionals statewide with a closing date of June 1, 2020. The group received 175 responses from family support professionals across the state, including 167 (115 frontline family support workers, 29 program administrators, and 23 frontline supervisors) who completed the full survey. Since last year, the group analyzed survey data and presenting the findings to a number of audiences. Key takeaways from the family support survey:

- Language/Definitions – programs have significant variation in how they define "family engagement/partnership/leadership".
- Assessment – some program staff appear to blend the assessment of the family's progress with assessing the program's ability to engage and partner with families.

- *Parent Leadership* – appears to be lack, with the following survey findings:
    - Only 40% of respondents agreed that the following statement was "very similar" to their organizational approach to family leadership: "Our organization provides meaningful opportunities for families to become leaders in our organization."
- Supervision – Frontline supervisors tended to be the most optimistic about parent/family engagement and leadership (more so than either front line home visitors or administrators).
- Training Needs – Survey results found that the greatest needs for training included:
    - Culturally and linguistically responsive approaches to gathering family input.
    - Navigating systems (early childhood, education, accessing resources, health/mental health)

The group has determined that in order to continue to move the system further along in providing a strong voice and choice for parents and other caregivers in Iowa, a state level Family Partnership Coordinator is needed. The proposed strategy is to use additional CBCAP American Rescue Plan funds for this through contracted services with a provider. An update on the status of this plan will be reported next year. In is anticipated that funding will go to support a fulltime position, as well as a training budget to implement evidence-informed models of practice that already exist. Some examples of curricula being explored by the committee include:

- Serving on Groups
- Parent Leadership Training Institute
- Head Start Parent, Family, and Community Engagement, and
- Iowa Family Leadership Training Institute
    - This is an established curricula developed by the University of Iowa, Child Health Specialty Clinics (CHSC) for parent leadership with caregivers of children with special healthcare needs. The group is interested in modifying the curricula to meet the needs of all parents of young children, but with a particular focus on those from vulnerable populations.

During the spring of FY22, legacy IDPH was awarded a competitive MIECHV Innovation grant to create diverse career pathways for home visiting. An activity for this grant was to develop a Lived Experience (LEX) Leaders advisory group. LEX Leaders are parents that are currently or have been in the past, participants in a home visiting program. LEX Leaders were identified by their home visitors and then invited by the LEX Leader Coordinator. It was quickly identified that a second LEX Leaders group was needed to accommodate native Spanish speaking families. To meet this, need a native Spanish speaking home visiting supervisor, to facilitate the Spanish LEX leaders group, was contracted for. The groups have been identifying what is working for them in home visiting and what could be improved. At their very first meeting the subject of wages for home visitors was raised by the parents. They were very clear that they do not think home visitors are paid well enough for their work.

The LEX Leaders and the Family Support Leadership Group have also been working to refine a definition of Parent Leadership and Parent Engagement as two separate and distinct activities.

IOWA HEAD START, EARLY HEAD START AND INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

IDHHS recognizes the critical nature of early childhood, and the impact that early relationships, experiences, and environments have on a child's brain development, mental health and life outcomes.

The Department actively promotes infant and early childhood mental health by supporting Iowa's early childhood workforce in developing professional competencies.

PROFESSIONAL ENDORSEMENT

Each year, IDHHS utilizes a portion of Early Childhood Iowa (ECI) professional development funds to support implementation of Iowa's Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health Endorsement. No CAPTA funds were being used for these programs.

This professional credential is a competency-based model that recognizes individuals with extensive skill and expertise in the field of infant and early childhood mental health. Developed in Michigan in 2002, and currently adopted by 35 state and 2 international Infant Mental Health Associations, this credential utilizes consistent language and standard professional competencies across all participating geographic regions and cultures.

Iowa's license for Endorsement is owned by the Iowa Association for Infant and Early Childhood Mental Health (IAIECMH), a professional association dedicated to supporting the workforce with access to resources, training and networking opportunities. IDHHS collaborates with the IAIECMH to support an experienced Endorsement Coordinator who is able to provide technical assistance to all potential applicants, helping them better understand both the purpose and process of Endorsement. The Coordinator is available to assist applicants directly via phone, email and Zoom, and frequently provides presentations to Iowa groups about the benefits of Endorsement. As of 12/31/22, a total of 29 Endorsements have been successfully completed in Iowa, with 7 applications in progress. The fundamental goal of this work is to develop professional competencies, thereby improving the quality of services provided.

The contract with the IAIECMH provides financial support to host up to 11 Reflective Supervision/Consultation (RSC) sessions each month, with a maximum of 6 early childhood professionals per session. RSC is identified as a best practice in the field of infant and early childhood mental health, prompting participants to reflect and explore how their own personal experiences, thoughts and biases potentially impact their work with young children. Additionally, the contract with the IAIECMH supports numerous training opportunities for early childhood professionals on topics that align with and support the Endorsement competencies, such as trainings on the importance of attachment, impact of trauma, and child development.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Since 2016, staff within IDHHS have been working to build infrastructure for Infant and Early Childhood Mental Health Consultation (IECMHC). IECMHC is a strategy that pairs licensed mental health clinicians with early childhood professionals (such as childcare providers, home visitors, and early intervention specialists) to build professional competencies in understanding and fostering young children's healthy mental development. Iowa's model for IECMHC, which was developed with technical assistance from the federally funded Center of Excellence for Infant and Early Childhood Mental Health Consultation, prompts early childhood professionals to take a step back and consider underlying causes of behavior, employ promotion strategies that foster healthy mental development, identify potential warning signs of a mental health disorder, and make referrals when indicated.

In August of 2019, the legacy Iowa Department of Public Health's Bureau of Family Health (now IDHHS) was awarded funding through SAMHSA's Project LAUNCH initiative to further expand this work. This five-year grant of more than $3.8 million is supporting the implementation of IECMHC services within

Drake University's Head Start and Early Head Start programs in six counties in central Iowa and supporting infrastructure building for mental health consultants statewide. Infrastructure building activities during the reporting period include a virtual consultant orientation training, regular monthly informal networking sessions, and monthly Reflective Supervision/Consultation (RSC) sessions for interested consultants. In addition, a virtual conference for healthcare providers was offered on the topic of infant and early childhood mental health. This professional development opportunity was offered free of charge, and providers received free Continuing Medical Education credits as an incentive to participate. A total of 434 professionals registered to participate in this virtual event.

TRAMATIC BRAIN INJURY (TBI) PILOT PROJECT

In January 2021, Iowa was one of four states accepted into the National Alliance of State Head Injury Administrators (NASHIA) Leading Practices Academy. As a recipient of this recognition the Iowa State Team which included members from legacy IDPH and DHS-Child Welfare, Iowa Medicaid Enterprise, and Brain Injury Alliance of Iowa (BIAIA) identified a particular area in which they wanted to support a project related to traumatic brain injuries (TBI). Iowa was the only State from those accepted, that chose the area of community services for a project. In deciding what project, they wished to support the team began by reviewing data provided by the NASHIA. That data indicated the following numbers: 72% of individuals in dual treatment for substance abuse and severe mental illness reported a history of at least one TBI *(Dr. John Corrigan, the Ohio State Univ).* In addition, the group also reviewed the State's child abuse data, the Family First legislation and the Family First Dashboard. From the data, the team proposed a collaboration around a Traumatic Brain Injury Pilot Project, also referred to as the Neuro Resource Facilitation Child Welfare Collaborative Pilot Project (CWC).

TBI PILOT PROJECT

The TBI Pilot Project began July 1, 2022, to provide screening services for parents who may be experiencing a traumatic brain injury. A traumatic brain injury can cause damage to the frontal areas of the brain, which may result in impairment of a person's ability to regulate cognition, emotion and/or behaviors. In terms of functioning, it has been found that a TBI may affect a person's ability to process information and instructions, cause loss of memory or poor initiation, and impact a person's ability to plan and organize things. Any one of these factors can negatively impact a parent's ability to participate and process family centered services intended to keep their child in the home.

The Brain Injury Alliance of Iowa (BIAIA) was subcontracted to provide screening and assessment services. The BIAIA is a non-profit group in Iowa whose statewide mission includes the provision of education, prevention, advocacy, research, and service and supports for Iowans with brain injury. The BIAIA is a nationally recognized, evidence-based Neuro-Resource Facilitation program which has been shown to reduce the consequences and costs of acquired brain injury to individuals and families. The agency incudes professional and direct service staff.

As part of the pilot project the BIAIA is providing a Neuro Resource Facilitator (NRF) to assist child protection workers in identifying parents who may have experienced a TBI. Once a parent is identified and referred to the BIAIA they will be screened and assessed. Parents found to have experienced a TBI, will be offered support services, accommodations and/or compensatory strategies to assist them in their daily lives. While the focus of this pilot project is on parents involved in a child abuse assessment it may include children who have a disability and/or health condition within the 0-5 age group.

Throughout the TBI Pilot Project, the BIAIA is tracking performance measures and will provide a final summary at the end of the project regarding the findings based on the analysis of the data collected.

The performance measures being tracked during the pilot project include but are not limited to the following:

- The number of child protective referrals to BIAIA.
- The number of parents who agree to TBI Screening.
- The number of TBI screenings that are conducted.
- The number of functional assessments conducted.
- The initial Case Status with regard to the child(ren). No Removal or Removed.
- The number of parents who accepted services with BIAIA.
- The number of times that BIAIA was consulted for each case.
- The number of Child Protective Case Plans in which BIAIA recommendations are incorporated in the case plan.
- Case Outcome with regard to the child's placement.

A survey which was developed by BIA-IA and the project's evaluator at the University of Iowa was conducted in early 2023 in an effort to identify potential barriers for participation in the Pilot Project. A total of 19 out of 65 respondents completed the survey. The results of the survey included the following:

- Many caretakers are excluded from participation in the Pilot Project due to previous involvement in the child welfare system.
- IDHHS Social workers are not always confident in how to present the Pilot Project to potential caretakers; and
- IDHHS Social workers were not always able to share information about the Pilot Project to potential caretakers due to:
    - Having limited time to share information about the Pilot Project.
    - Forgetting to mention the CWC Pilot Project; and
    - Serving families overwhelmed that don't want anything else they have to do.

In response to the survey results, the following changes were made to the eligibility criteria:

- Families with prior involvement may now be eligible (pending other criteria are met)
- Identified caretakers, at this time, will remain ineligible if the following is true:
- The child age 0-5 being assessed has been or is soon to be adjudicated as a child in need of assistance (CINA) and
- Other eligibility criteria are not met.

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

- The primary contractor, the BIA-IA, will continue to engage IDHHS pilot areas and community-based partners to provide education and training related to the Pilot Project.
- IDHHS will update the checklist when completing the assessment process to include information about the TBI pilot to ensure that staff has discussed the pilot and the benefits of the service with the caretaker.
- Weekly supervision with IDHHS Social Worker IIIs and their supervisor will continue to include discussion of the Pilot Project.
- BIAIA will refine scripts for IDHHS social workers to increase their confidence when discussing the Pilot Project with potential participants.
- It was agreed that Face to Face visits, in identified counties, will be the best way to help staff understand the Pilot and feel comfortable referring families to the project.

BIAIA REFERRALS

There has been a total of 7 referrals to the TBI Pilot Project since it began. All caretakers enrolled in the Pilot Project must first agree to be screened for brain injury. At this time, only voluntary cases are considered as there is less likelihood the child(ren) will be removed from the home. Caretakers can screen for both traumatic and non-traumatic brain injuries. An individual can screen positive for both categories of brain injury. All caretakers who are referred are screened by Neuro Resource Facilitators (NRFs) who complete the Mayo Portland Adaptability Inventory-4 functional assessment. the findings are shared with the solution focused team and others as recommended by IDHHS. If the screening is found to be positive, the BIAIA staff begin working with each caretaker to identify and address their functional limitations and work to identify what accommodations and compensatory strategies IDHHS and others who are providing services to them can utilize to improve treatment outcomes. Going forward, the expectation is that the changes to the eligibility criteria that were implemented in March 2023 will help to increase the number of new referrals.

The ultimate goal of the TBI Pilot Project is to reduce out of home placements for children whose parent(s) has experienced a TBI. Based on the evaluation and analysis the project is expected to serve as a guide to IDHHS and BIAIA in identifying and establishing effective strategies to stabilize families and prevent the removal of children from the home. The Traumatic Brain Injury (TBI) Pilot Project is contracted for five years. CAPTA funding in the amount of $30,000 per year is being used to support this initiative.

IOWA HHS

AMERICAN RESCUE PLAN ACT (ARPA)

2021

In addition to the regular appropriations in FY2021, the CAPTA State Grant received supplemental appropriations through the American Rescue Plan Act (ARPA). The federal guidance with regard to the expenditure of the supplemental appropriations allows the funding to be used to improve the State's child protection system in a manner consistent with any of the 14 program purposes of CAPTA as outlined in section in section 106(a) of CAPTA. In addition, States are encouraged to use the additional funding to address the complex structural issues that contribute to families becoming involved in the child welfare system. Funds used in this manner will help to advance racial equity and provide support for those populations that have been historically underserved or marginalized by the system, while ensuring the safety and well-being of all family members.

Following is a description of how Iowa is using the supplemental funding provided under the ARPA. The projects and areas include an Attorney General who is working with IDHHS staff in northwestern Iowa around permanency issues for Native American children and support for Iowa's Mandatory Reporter Training Program including the IDHHS Child Welfare Learning Management System (CW LMS).

NATIVE AMERICAN CHILDREN

In determining the use of the ARPA funds, the Department sought to ensure that the focus was on a minority population in Iowa and that issues of equity were informing the decision. Within these parameters, the Department focused on Iowa's Native American children, specifically those in and around Woodbury County in the northwest part of the State. The tribes, which have a strong presence here are Federally recognized and include the Ho-Chunk, Omaha, Ponca, Santee Sioux, Rosebud, and Winnebago.

ENGAGEMENT AND EQUITY

As a part of the decision-making process around funding, data for this population was reviewed. The data indicated that a disproportionate number of Native American children in Woodbury County are involved in Iowa's child welfare system and that many are in out of the home placements in an area with very few Native American foster homes. In ***Appendix D*** of this CAPTA report is the annual Citizen Review Panel Report of The Community Initiative for Native Children and Families (CINCF). This report includes data regarding the number of out of home placements for Native American children in this area.

In addition to reviewing the data, the Department sought to engage the tribes and various individuals and groups that work with and/or represent this population in discussions as to how the additional ARPA funding could be used to address long standing child welfare issues specific to Native American children in this area. Local IDHHS Service Area staff and administrators, along with central office IDHHS personnel meet with the tribes a number of times to discuss how the ARPA funding could best be used to target permanency and out of home placements. Issues discussed included the complexity of Indian Child Welfare Act (ICWA) cases, the differences in juvenile court verses tribal court, and the conflict of opinions at times between the Woodbury County Attorney's office and IDHHS recommendations. As a result of these co-planning efforts, it was agreed that an Attorney General (AG) would be hired to work as a conflict counsel representing the IDHHS Western Service Area (WSA).

Within this role the AG would work closely with local IDHHS, the Woodbury County Office and the tribes to address the complexity of issues around permanency and out of home placements for this minority population.

ATTORNEY GENERAL (AG)

In 2021 an Attorney General (AG) was hired to work as a conflict counsel representing the IDHHS Western Service Area (WSA). Within this role the AG provides guidance and direction to local IDHHS staff and administrators on complex and difficult cases where the local County Attorney may be at odds with IDHHS recommendations. The focus of work is around keeping children with their biological parents when safe to do so and when not, to attempt to place the children with extended family members.

As the majority of the cases involve Native American children, the AG is housed within the IDHHS offices in Sioux City, Iowa where there are a number of tribes (Ho-Chunk, Omaha, Ponca, Santee Sioux, Rosebud and Winnebago) located along the Iowa and Nebraska border. In handling the cases the AG works closely with the local Woodbury County Attorney, Tribal counsel and representatives, parent attorneys, IDHHS Central Office, State Juvenile Court, and the Tribal Court to help establish communication, build relationships and to provide a forum to discuss practice and policies with regard to the Indian Child Welfare Act (ICWA). In addition, the AG regularly participates in Native Unit meetings, meetings with the Tribes, and in staffing cases with the Tribes.

TRIBAL CUSTOMARY ADOPTION (TCA) INITIATIVE

Within their position, the AG has taken the lead in promoting permanency options other than termination of parental rights, whenever possible and as such, has been involved the Tribal Customary Adoption (TCA) initiative. The focus of the initiative is to help Native American Indian 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 IDHHS and pursued in child in need of assistance actions involving Native American children to whom ICWA applies. TCA allows Indian children to achieve permanency in a manner consistent with their tribal heritage in cases where reunification efforts have been 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 Indian child can receive 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 an Indian child is involved in State proceedings and when a long-term placement is needed. The AG works with the Tribes, IDHHS staff, and the courts in providing legal counsel to help address the legal issues while respecting and attempting to preserve cultural issues that must be considered with this initiative.

The AG has also worked to develop court documents to facilitate the TCA. These include a Notice of Request for Registration of Tribal Customary Adoption, an Order Determining the Request for Registration of TCA and a Certification of Registration. In addition, the AG has written guidance for IDHHS staff regarding how to identify potential TCA cases and the steps involved in requesting and completing a TCA.

Work on the TCA initiative has continued and has succeeded in making TCA a permanency option for Native American children and their families. The program began in February 2021 with work involving negotiations between the parties, researching legal options and developing court forms. In August 2022 the first TCA was scheduled to be heard in court. To date, there have been two successful adoption cases.

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.

CHILD ABUSE MANDATORY REPORTER TRAINING

The IDHHS Child Abuse Mandatory Reporting Training Program is another area in which the ARPA supplemental appropriations are being used. At the time that the availability of ARPA funds was being announced, the Department was seeing a need to move the child abuse mandatory reporter training inhouse. The Department had been contracting out for the training and for technical services that were needed to support the online course. Internal and external complaints had been received regarding the functionality of the course and the accessibility of the course for learners with disabilities.

In recognizing the importance of mandatory reporter training and the impact that it has on intake and the screening of child abuse referrals, it was decided that the training would be brought inhouse using the ARPA funds to redesign the current course. This move was further supported by the need to develop an additional course, the Child Abuse Mandatory Reporter Recertification Training, within the next year. In bringing the trainings inhouse it was also understood that technical support for the online child abuse mandatory courses would be needed.

ENGAGEMENT AND EQUITY

In developing and designing the new courses, the Department sought to highlight the complex issues that contribute to child abuse and how children and families experiencing child abuse can become involved in the child welfare system as a result of being underserved, marginalized, and adversely affected by persistent poverty and inequity. The Department also sought to ensure that the IDHHS Child Abuse Mandatory Reporter courses were adapted to meet the needs of learners with disabilities. In addition to reviewing the proposed design of the courses with a number of stakeholders (public and private entities) who are dependent upon the course for the licensing of their staff, the Department also met with legacy Iowa Department of Public Health (IDPH) staff regarding what modifications were needed to meet the needs of persons with different types of disabilities.

CW LMS TECHNICAL SUPPORT

While feedback on the child abuse mandatory reporter courses was being gathered, IDHHS was transitioning to a new specialized Child Welfare Learning Management System (CW LMS) for the development, delivery, and support of all the trainings for IDHHS staff and affiliated external entities. As part of the implementation of this system, internal meetings were held regarding the need for a CW LMS Administrator who would provide technical analysis and support for the CW LMS and trouble shoot any issues with the applications.

Specific to the online child abuse courses, technical support would be needed on two levels. A CW LMS Administrator would be needed to assist external entities who have a Memorandum of Understanding with the Department that allows them to place the IDHHS child abuse courses on their own internal LMS. MOU users would require tech support if they had functionality issues or concerns with downloading the courses to their systems. In addition, internal and external individuals taking the courses on the CW LMS would also need support if they ran into technical difficulty with accessing and/or completing the courses. Based on these needs, it was decided that ARPA funding would be used to

support a Management Analyst 3 position that would provide administrative services for the CW LMS and a Clerk-Specialist to provide technical support to individuals learners using the CW LMS. The duties under each position are described below.

Management Analyst 3 (MA3)

- A Management Analyst 3 (MA3) was hired in May 2021 and is primarily responsible for the administration, update, and support of the CW LMS. This CW LMS Administrator is the lead worker and business analyst for the system, providing technical analysis, critical system configuration, and technical support of the application. This person manages the CW LMS by trouble shooting issues, addressing training software concerns, and communicating platform operation problems to the LMS platform provider. The CW LMS Administrator is also responsible for posting trainings and materials to the platform and for making timely updates to postings to reflect any changes to trainings that are offered. To help guide end users with navigating the CW LMS this person assists the IDHHS training team in identifying and developing written guidance and resource materials. The CW LMS Administrator also provides technical services to MOU users needing assistance with the functionality and the downloading of the IDHHS Child Abuse Mandatory Reporter Trainings.

Clerk-Specialist

- The Clerk-Specialist serves as the resident expert for front end users of the CW LMS. Duties include problem solving CW LMS related issues by answering routine questions, assisting users with access, setup, addressing access and navigation issues, and troubleshooting technical issues related to the virtual trainings. These support services are provided by email, phone, and/or face-to-face communications. The Clerk-Specialist is also responsible for establishing and maintaining effective working relationships with field Social Workers, management and administrative staff and affiliated external entities who are users of the CW LMS.

In addition to providing oversight services and assistance with the CW LMS, the two positions described above are critical to the support of the child abuse mandatory reporter training courses that are offered on the platform. The positions provide ongoing technical support to the end users of these courses and to the agencies and facilities that have an MOU with the Department.

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.

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CAPTA ANNUAL STATE DATA REPORT
SECTION 106 OF CAPTA
SFY 2023

EDUCATION AND QUALIFICATIONS

The Iowa Department of Administrative Services (IDAS) maintains job descriptions, including education requirements, qualifications, and regular duties for all State employees, including Child Protection Services (CPS) personnel. In ***Appendix B*** 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 (i.e. the percentage of workers who hold a BA, BASW, MA, MS, MSW, etc.) 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. Following is the data that was gathered.

Of the 292 staff identified as having a role in the intake, screening, and assessment of child abuse and neglect there were 192 responses to the survey (66% response rate). This educational data is summarized in the tables below.:

Types of Social Worker Classifications	Count	Percent of Respondents
Social Work Administrator	6	3%
Social Work Supervisor	62	32%
Social Worker 3	122	64%
Social Worker 4	2	1%
Grand Total	**192**	

Highest Degree Obtained	Count	Percent of Respondents
Associate degree	1	1%
Bachelor of Arts/Bachelor of Science (BA/BS)	161	84%
Master's Degree	30	15%
Grand Total	**192**	

Bachelor's Area of Degree *(Percent of Respondents)*		Master's Area of Degree *(Percent of Respondents)*	
38	BA/BS in Social Work (24%)	12	Master's in Social Work (40%)
111	BA/BS in a HS Related Field (69%)	11	Master's in a HS Related Field (37%)
11	BA/BS in another area (7%)	7	Master's in another area (23%)
160	**TOTAL (83%)**	**30**	**TOTAL (16%)**

Social Work Licensure Level if Applicable *(Percent of Respondents)*	
8	LBSW (Licensed Bachelor Social Worker) (67%)
3	LMSW (Licensed Master Social Worker) (25%)
1	LISW (Licensed Independent Social Worker) (.8%)
12	**TOTAL**

IDHHS TRAINING REQUIREMENTS

All new IDHHS 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 206 hours of new worker training. Social Worker IIIs or Child Protection Workers (CPWs) and their supervisors must complete 193 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 C*** of this report.

In addition to the training hours listed above all new Social Worker IIs and II's and their supervisors must complete approximately 6 hours of online course work required under the Iowa Department of Administrative Services (IDAS). A listing of these courses can also be found in ***Appendix C*.**

After the initial 12 months with the Iowa Department of Health and Human Services, 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

The IDHHS 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 1. TOTAL BREAKDOWN BY JOB TITLE

1. Personnel	
206	Social Worker 3s and 4s (Screening, Intake, Assessment)
74	Social Work Supervisors
12	Social Work Administrators
292	**TOTAL**

Table 2. GENDER DISTRIBUTION

2.1 Frontline (Social Worker 3s/4s)		**2.2 Management (Supervisors/Administrators)**	
38	Male (18%)	16	Male (19%)
168	Female (82%)	70	Female (81%)
206	**TOTAL**	**86**	**TOTAL**

Table 3. RACE/ETHNICITY DISTRIBUTION

3.1 Frontline (Social Worker 3s/4s)		**3.2 Management (Supervisors/Administrators)**	
6	African American (2.8%)	3	African American (3%)
0	American Indian/Alaska Native	0	American Indian/Alaska Native
2	Asian/Pacific Islander (1.0%)	0	Asian/Pacific Islander
4	Hispanic/Latino (1.9%)	0	Hispanic/Latino
2	2 + Races (1.0%)	0	2+ Races
192	White (93. %)	83	White (97%)
0	Preferred not to disclose (0.3%)		
206	**TOTAL**	**86**	**TOTAL**

Table 5. AGE RANGE

5.1 Frontline (Social Worker 3s/4s)		**5.2 Management (Supervisors/Administrators)**	
2	18-27 years (1%)	0	18-27 years
39	28-37 years (19%)	3	28-37 years (4%)
79	38-47 years (38%)	39	38-47 years (45%)
68	48-57 years (33%)	32	48-57 years (37%)
18	58- 67 years (9%)	12	58- 67 years (14%)
206	**TOTAL**	**86**	**TOTAL**

IDHHS CASELOAD DATA

IDHHS 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.

IDHHS child protective workers (those preforming child abuse assessments) were assigned an average of 16 cases a month in calendar year 2022. IDHHS case managers (those providing ongoing case

management services) had an average child welfare caseload of 23 cases. These numbers represent individual cases.

JUVENILE JUSTICE TRANSFERS

Juvenile Justice Transfers in Iowa for FFY 2022 totaled 61
Juvenile Justice Transfers in Iowa for FFY 2021 totaled 34
Juvenile Justice Transfers in Iowa for FFY 2020 totaled 75
Juvenile Justice Transfers in Iowa for FFY 2019 totaled 81
Juvenile Justice Transfers in Iowa for FFY 2018 totaled 87
Juvenile Justice Transfers in Iowa for FFY 2017 totaled 79

The Juvenile Justice Transfers count is obtained by using the IDHHS Data Warehouse. This approach offers a precise method of counting transfers as it is based on case load movement from the IDHHS worker to a Juvenile Court Officer (JCO) as opposed to reliance on a IDHHS 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 saw a significant increase in 2022 from 34 to 61. Complaints of delinquent behavior and petitions filed for delinquency have been reviewed, in partnership with the Division of Criminal and Juvenile Justice Programs (CJJP), in order to assess whether the increase in transfers was an anomaly (before 2021 the transfers were even higher than in 2022) or whether there is something else happening that should be reviewed. Last year the department reported significant decreases in complaints in recent years. That complaints also increased 22% this year to 11,749, suggests a rebound may be occurring. By comparison, the report orders for adjudication continued to drop in 2022 to 706, or a 6 percent decline from the previous year.

IDHHS took a deeper dive into the history of the youth who transferred in 2022, to try to better explain the increase in transfers. A sample was randomly selected of ten of the 61 youth who transferred from CINA to delinquent in 2022. Five of ten had been previously adopted from the child welfare system. Half were from central Iowa (four from Polk County). All had entered the system within the last few years. Basically, they came into care (usually a temporary placement like shelter, hospital, or detention) and quickly began running away, changing placements, and sliding deeper into the system. While this may not describe the change from 34 to 61 transfers, the similar stories told by this data suggests there is an opportunity; perhaps additional supports and services at the point of entry to care could be used to stabilize or treat youth. Due to the prevalence of adopted youth, utilizing a trauma informed approach is indicated. This information can inform certain statewide contracts, as IDHHS has recently increased supports for adoptive families and created more specialized programming for delinquent youth in Crisis Intervention, Stabilization and Reunification Services (CISR) contracts, set to start July 1, 2023. The Department will continue to monitor this data.

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IOWA'S CITIZEN REVIEW PANELS
SECTION 106(C)(6) OF CAPTA
SFY 2023

Iowa has three Citizen Review Panels in the State. The SFY 23 Annual Reports for each of the Citizen Review Panels can be found under ***Appendix D*** of this report. The States' Response to the recommendations from the Citizen Review Panels can be found in ***Appendix E***. Iowa's three Citizen Review Panels include:

- ## THE CHILD PROTECTION COUNCIL/STATE CITIZEN REVIEW PANEL (CPC/CRP)

  Greg Bellville (Chairperson)
  Executive Director
  Prevent Child Abuse Iowa
  501 SW 7th Street, Suite GI
  Des Moines, Iowa 50309
  gbellvile@pcaiowa.org
  Tel: (515) 244-2200

- ## IOWA CHILD ADVOCACY BOARD CITIZEN REVIEW PANEL (ICAB)

  Shirley Hoefer (Chairperson)
  Iowa Child Advocacy Board
  Deputy Administrator, FCRB
  Des Moines, IA 50319
  Shirley.hoefer@dia.iowa.gov
  (563) 207-7441

- ## THE COMMUNITY INITIATIVE FOR NATIVE CHILDREN AND FAMILIES (CINCF)

  Shane Frisch (IDHHS Liaison)
  Iowa Department of Human Services
  822 Douglas Street
  Sioux City, IA 51101
  sfrisch@dhs.state.ia.us
  (712) 255-2913

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APPENDIX A

ICAPP/CBCAP APPLICATIONS SFY 21-25

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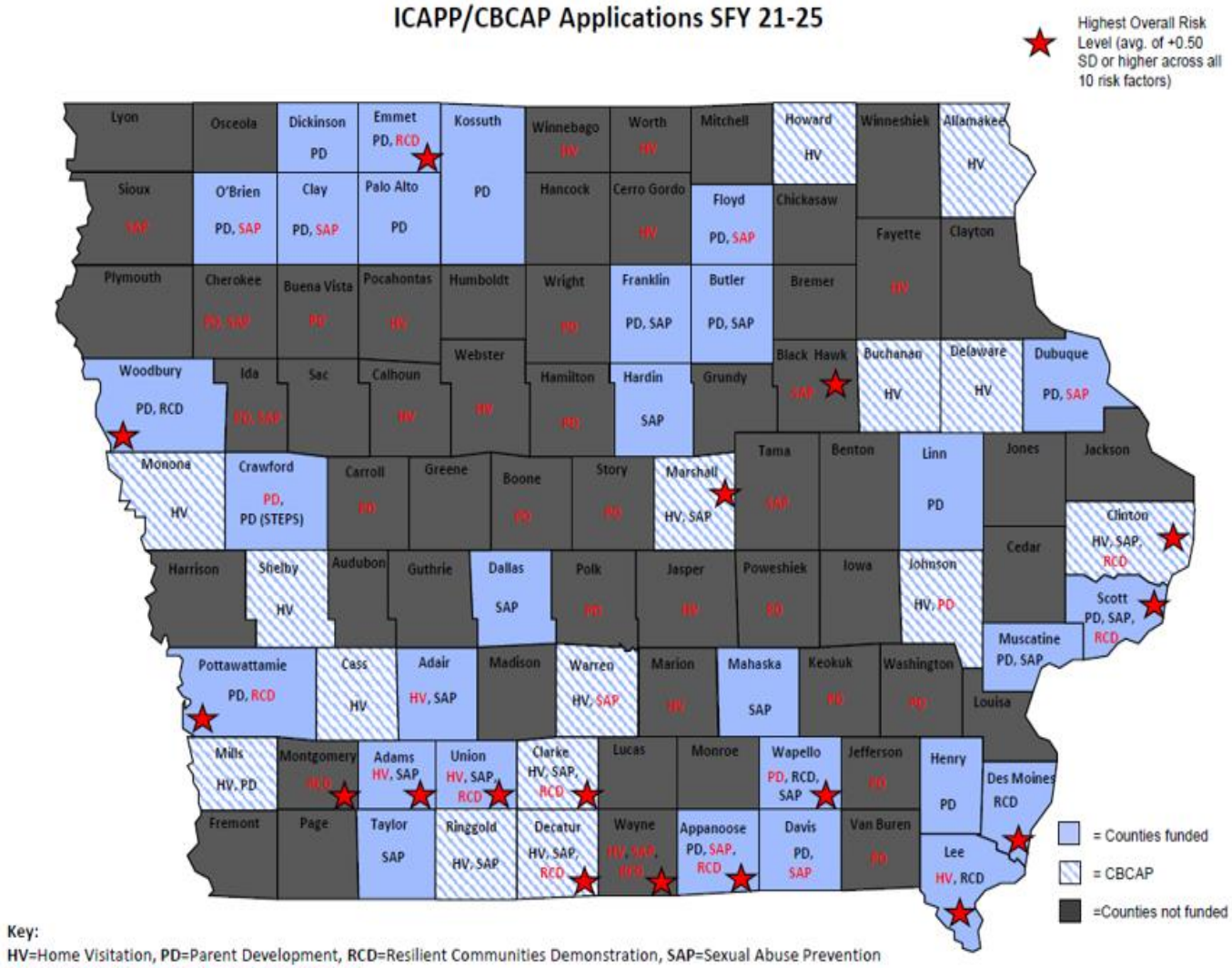
Appendix A

ICAPP/CBCAP Applications SFY 21-25



Key:
HV=Home Visitation, **PD**=Parent Development, **RCD**=Resilient Communities Demonstration, **SAP**=Sexual Abuse Prevention
Bid Proposals in RED text show those not funded

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APPENDIX B

STATE OF IOWA JOB DESCRIPTIONS AND MINIMUM QUALIFICATIONS

(IDHHS SOCIAL WORKER III & SUPERVISOR)

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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.

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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.

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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

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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.

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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

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APPENDIX C

IDHHS NEW WORKER TRAINING PLANS (SOCIAL WORKER III AND SUPERVISORS) SFY 24

SWCM and SWCM Supervisor – New Worker Training Plan FY24

Required Coursework					
Completion Timeframe[1]	#	Course	Modality	Hours[2]	Complete
Within the 1st month		New Worker Course Registration Demonstration (The Service Training Website Help Desk conducts this webinar on Microsoft Teams)	Webinar – MS Teams	X	☐
		New Worker Orientation – Service Training	Recording	.25	☐
	CC 364	Confidentiality and Dissemination	Recording	1.75	☐
	CC 390	Secure Use of Smartphones	Recording	0.25	☐
Within the first 3 months	CC 371	How to be an Effective TOP Rater	Recording	1	☐
	CC 384	In-Depth Care Match Training	Recording	0.5	☐
	CC 387	Assessing and Planning Around Safety	Recording	2	☐
	CC 409	Lunch and Learn - Strengthening Our Documentation Regarding Best Practice	Recording	1	☐
	SP 503	Mentoring Program (New course to be scheduled in FY24)	Webinar	3.5	☐
	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	0.5	☐
	CC 873	Court 101	Recording	0.5	☐
	DS 168	Mandatory Dependent Adult Abuse Reporter Training	Online	2	☐
	DS 169	Mandatory Child Abuse Reporter Training	Online	2	☐
	SP 335	CSCs and SFM Fundamentals	Recording	3	☐
	SW 020	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 705	Danger vs. Risk	Recording	1	☒

[1] The completion timeframe for each course is a recommended guideline. 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.

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	SW 716	SBC and the Case Permanency Plan: Our Interim Approach	Recording	0.5	☐
	SW 718	Solution Based Casework (SBC) Refresher	Recording	1.75	☐
Within the first 6 months	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 591	SafeCare Overview for Iowa DHS	Recording	0.5	☐
	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	Online	4.5	☐
	SP 150	Child Welfare in Iowa	Online	4.5	☐
	SP 270	Mental Health Fundamentals	Classroom	6.5	☐
	SP 309	Domestic Violence Fundamentals	Classroom	6.5	☐
	SP 310	Substance Abuse Fundamentals	Classroom	6.5	☐
	SP 311	Trauma Fundamentals	Classroom	6.5	☐
	SP 312	Medical Fundamentals	Classroom	13	☐
	SP 314	Engagement Fundamentals	Classroom	6.5	☐
	SP 316	Quality Visits and Documentation	Recording	2.5	☐
	SP 338	Reunification	Recording	3	☐
	SP 506	SafeCare (New course to be scheduled in FY24)	Webinar	2.5	☐
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework	Online	5	☐
	SP 538	Motivational Interviewing Fundamentals	Classroom	6.5	☐
	SP 812	CFSR Fundamentals	Classroom	6.5	☐
	SW 071	Legal Aspects of Social Work	Classroom	12	☐
	SW 072	Testifying in Juvenile Court	Classroom	6.5	☐
	SW 073	Permanency & Termination of Parental Rights	Classroom	6.5	☐
Within 12 Months	CC 389	Social Security Benefits for Kids in Care	Recording	1	☐
	CC 592	Building a Foundation for Adulthood - 4 Part Video Series	Recording	1	☐

[1] The completion timeframe for each course is a recommended guideline. 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.

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	CC 875	Dangerous Substance: What it Is, What It Isn't	Recording	1.5	☐
	SP 317	Reasonable Efforts (New course to be scheduled in FY24)	Classroom	6.5	☐
	SP 535	Assessing throughout the Case	Classroom	6.5	☐
	SW 500	Social Work Ethics	Recording	3	☐
			Total Hours	**206**	

[1] The completion timeframe for each course is a recommended guideline. 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.

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Department of Administrative Services (DAS) Required Coursework for Those New to HHS[3]					
Completion Timeframe	#	Course	Modality	Hours	Complete
Within the 1st month		Acceptable Use v1.0 2-18-2019	Online	X	☐
		DHS Confidentiality and Nondisclosure Statement, 470-5278 1-2019	Online	X	☐
		DHS Employee Handbook – Sept 2018 (Rev 2-26-20)	Online	X	☐
		Securing the Human	Online	2.64	☐
		State of Iowa Employee Handbook 10-2018	Online	X	☐
	HS 001	Confidentiality is Key	Online	1	☐
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25	☐
	MTS GI 052	Preventing Sexual Harassment for Employees	Online	.62	☐

[3] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.
[1] The completion timeframe for each course is a recommended guideline. 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.

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CPW and CPW Supervisor – New Worker Training Plan FY24

Required Coursework					
Completion Timeframe[1]	#	Course	Modality	Hours[2]	Complete
Within the 1st month		New Worker Course Registration Demonstration (The Service Training Website Help Desk conducts this webinar on Microsoft Teams)	Webinar – MS Teams	X	☐
		New Worker Orientation – Service Training	Recording	.25	☐
	CC 364	Confidentiality and Dissemination	Recording	1.75	☐
	CC 390	Secure Use of Smartphones	Recording	0.25	☐
Within the first 3 months	CC 360	Authoring Domestic Violence-Informed Allegations	Recording	1	☐
	CC 374	Risk Assessment	Recording	0.5	☐
	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	0.5	☐
	CP 200	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	☐
	DA 202	Dependent Adult Abuse Fundamentals	Classroom	12	☐
	DS 168	Dependent Adult Abuse Mandatory Reporter Training	Online	2	☐
	DS 169	Child Abuse Mandatory Reporter Training	Online	2	☐
	SP 314	Engagement Fundamentals	Classroom	6.5	☐
	SP 315	Assuring Safety On Call	Webinar	3	☐
	SP 503	Mentoring Program (New course to be scheduled in FY24)	Webinar	3.5	☐
	SW 705	Danger vs. Risk	Recording	1	☐
	SW 718	Solution Based Casework (SBC) Refresher	Recording	1.75	☐
First Six Months	CC 369	Making a Case for Sexual Abuse: Corroborating Evidence	Recording	1	☐
	CC 370	Interview of Alleged Perpetrators During Protective Assessments	Recording	0.5	☐
	CC 382	Safety Session 2 Training	Recording	0.5	☐

[1] The completion timeframe for each course is a recommended guideline. 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.

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	CC 391	Drug Testing Module Webinar for CPWs	Recording	1	☐
	CC 591	SafeCare Overview for Iowa DHS	Recording	0.5	☐
	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	Online	4.5	☐
	SP 150	Child Welfare in Iowa	Online	4.5	☐
	SP 270	Mental Health Fundamentals	Classroom	6.5	☐
	SP 309	Domestic Violence Fundamentals	Classroom	6.5	☐
	SP 310	Substance Abuse 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 316	Quality Visits and Documentation	Recording	2.5	☐
	SP 335	CSCs and SFM Fundamentals	Recording	3	☐
	SP 506	SafeCare (New course to be scheduled in FY24)	Webinar	2.5	☐
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework)	Online	5	☐
	SP 538	Motivational Interviewing Fundamentals	Classroom	6.5	☐
	SP 812	CFSR Fundamentals	Classroom	6.5	☐
	SW 074	Testifying Fundamentals for Child Protective Workers	Classroom	6.5	☐
Within 12 Months	CC 371	How to be an Effective TOP Rater	Recording	1	☐
	CC 376	Court Involvement to Compel Home Visits	Recording	1	☐
	CC 384	In-Depth Care Match Training	Recording	0.5	☐
	CC 588	TOP Wellness Check Training	Recording	1	☐
	SW 500	Social Work Ethics	Recording	3	☐
			Total Hours	**193**	

[1] The completion timeframe for each course is a recommended guideline. 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.

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Department of Administrative Services (DAS) Required Coursework for Those New to HHS[3]					
Completion Timeframe	#	Course	Modality	Hours	Complete
Within the 1st month		Acceptable Use v1.0 2-18-2019	Online	X	☐
		DHS Confidentiality and Nondisclosure Statement, 470-5278 1-2019	Online	X	☐
		DHS Employee Handbook – Sept 2018 (Rev 2-26-20)	Online	X	☐
		Securing the Human	Online	2.64	☐
		State of Iowa Employee Handbook 10-2018	Online	X	☐
	HS 001	Confidentiality is Key	Online	1	☐
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25	☐
	MTS GI 052	Preventing Sexual Harassment for Employees	Online	.62	☐

[3] DAS will auto-enroll new employees to HHS in these courses on the Service Training Website.
[1] The completion timeframe for each course is a recommended guideline. 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.

APPENDIX D

IOWA'S CITIZEN REVIEW PANEL ANNUAL REPORTS SFY23

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CHILD PROTECTION COUNCIL/STATE CITIZEN REVIEW PANEL ANNUAL REPORT SFY 23

The Child Protection Council/State Citizen Review Panel (CPC/CRP) is a statewide group and one of three Citizen Review Panels in Iowa. The two other Citizen Review Panels are regional, with one located in the western part of Iowa and the other in the eastern area of the state. 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 Grant.

DUTIES AND FUNCTION

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

MEMBERSHIP

There are currently 25 members on the Council. The membership 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, 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 includes individuals with first-hand knowledge and experience in the child welfare system as former victims of abuse, parents, and representatives from parent advocacy groups. In addition to these members, the members also incudes a number of child advocates representing various areas within the child welfare system and the Director of Iowa's Children's Justice and Court Improvement Program.

PUBLIC OUTREACH

The CPC/CRP seeks to encourage public outreach and input in assessing the impact of Iowa's current child abuse laws and policies on children and families and the communities in which they live. All CPC/CRP meetings are open to the public. A public notice is posted prior to each meeting regarding the date, time, location, and agenda. In addition, the CPC/CRP's Annual Report is posted on the IDHHS website as part of the CAPTA report. Members of the public who are unable to attend meetings can direct any comments and/or questions to IDHHS or to the CPC/CRP State Coordinator though the IDHHS website.

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SFY 23 CPC/CRP MEETINGS & ACTIVITIES

The CPC/CRP meets bi-monthly. The meetings are facilitated by the Chairperson and Vice Chair and is supported by the IDHHS Children's Justice Act (CJA) Grant Program Manager. During the reporting period (2022-2023) the group held five regular meetings in person and/or by Zoom. The meeting dates along with the attendance numbers are listed below. The average attendance at the CPC/CRP is around 75% (see attendance in parentheses below).

- September 13, 2022 — 16 members present (64%)
- November 8, 2022 — 19 members present (76%)
- January 24, 2023 — 22 members present (88%)
- March 7, 2023 — 22 members present (88%)
- April 11, 2023 — 15 members present (60%)

MEETING PRESENTATIONS & TOPICS

Over the past year, standing agenda items for each of the meetings have included updates on child welfare legislation both federal and state, the merger between the Iowa Department of Human Services and the Iowa Department of Public Health, progress reports on CJA activities/projects, and member updates regarding the current work and/or happenings within each of the member's respective area of discipline or agency.

In addition to these standing agenda items, the IDHHS CJA Coordinator arranged for numerous speakers and presentations at each meeting. Below is a listing of the CPC/CRP's 2022/2023 meetings and a brief description of the presentations that were offered at each. Group discussions are held after each presentation during which members are encouraged to ask questions and provide feedback.

September 13, 2022

- ***IDHHS Family Centered Services Dashboard*** - Dawn Kekstadt (IDHHS Bureau Chief, Child Welfare and Community Services) presented an overview of the Family Centered Services Dashboard. Key performance measures and quality improvement elements that are tracked through the Dashboard along with the number of monthly child visits and progress reports were highlighted and discussed.

- ***IDHHS Drug Testing Program*** – Tricia Barto (IDHHS CJA & CAPTA Program Manager) provided updates on IDHHS Drug Testing Data that is being collected under the new Drug Testing Authorization System. Seven different categories of data were shown. The data includes: the overall numbers of drug tests, the type of drugs, the mode of collections, the frequency and duration of testing, the number of court ordered tests, and the funding sources for drug testing.

November 8, 2022

- ***Safe Sleep*** - Roxanne Riesberg (IDHHS Child Protection Program Manager) provided updates on the IDHHS Safe Sleep Project. Roxanne reported that Safe Sleep recommendations and resource materials have been updated. Resource materials are now available in other languages. A statewide webinar training around Safe Sleep is being planned for all IDHHS field staff.

- ***Child Advocacy Centers -*** Tamra Jurgemeyer (Executive Director, Iowa Chapter of Children's Advocacy Centers) spoke to the Council on the work of the Child Advocacy Centers (CACs) in Iowa. The presentation was entitled, "The Child Advocacy Center Approach to Child Abuse in Iowa. It included the history of the CAC Model and how it has evolved over time, the national standards of accreditation that each CAC must meet, an explanation of how the Centers are funded and the current location of the CACs in Iowa. Tamra also described the services that the Centers provide and shared data which showed the growth each year in the number of children and families served by the CACs. Tamera concluded her presentation by listing the priorities going forward for the Iowa Chapter of CACs which included increased networking, advocacy efforts, training, and growth in community awareness.

- ***IDHHS Family Centered Services -*** Sara Buis (IDHHS Family Centered Services Program Manager) presented an overview of the IDHHS Family Centered Services. Sara highlighted the program changes around quality control, self-assessments and practice standards that went into place effective July 1, 2022. Sara also spoke about the current array and approaches to the different services regarding Safe Care, Family Preservation Service, Kinship Navigator Service and Solution Based Casework. Sara explained how each service is designed to intersect and support the others.

January 24, 2023

- ***Tribal Customary Adoption (TCA) Initiative.*** Diane Murphy-Smith (Assistant Attorney General, Woodbury County) spoke to the Council on the Tribal Customary Adoption (TCA) initiative. The focus of the initiative is to help Native American Indian children and their families maintain their Tribal heritage while simultaneously achieving permanency through TCA. TCA is a permanency option which can be recommended by IDHHS staff and pursued in Child In Need of Assistance procedures and actions involving Native American children to whom ICWA applies. TCA allows Indian children to achieve permanency in cases where reunification efforts have been unsuccessful despite the provision of active efforts. TCA requires concurrent jurisdiction in both Iowa juvenile court and in a partnering tribal court. Diane presented the background to this initiative by noting how Indian society view terminations verses other groups and that Iowa first heard about this approach being practiced in California. Diane shared that initially, it was thought that Iowa Code would need to be amended to allow for the practice but upon further review no changes were needed to the Code. Diane explained how cases are reviewed and what qualifications are looked at before a case is considered for a tribal adoption arrangement. As a part of her efforts in this area, Diane works closely with the local Woodbury County Attorney's Office, Tribal counsel and representatives, parent attorneys, IDHHS Central Office, State Juvenile Court, and the Tribal Court. The program began in February 2021. To date, there have been two successful adoption cases.

- ***Proposed FFY 24 CJA Project-*** An introductory discussion was held regarding the proposed SFY 24 CJA project. Dawn Kekstadt (IDHHS Bureau Chief, Child Welfare and Community Services) spoke about the Sobriety Treatment & Recovery Teams (START) program model for families during the assessment process. START is a specialized child welfare service delivery model that has been shown to improve outcomes for both parents and children affected by child maltreatment and parental substance use. IDHHS will be entering an initial contract with START to determine readiness and potential pilot sites in

the State. The pilot will begin in the fall 2023. A further discussion of this project will be held at the March CPC meeting.

March 7, 2023

- ***Child Welfare Legislation***- Roxanne Riesberg (IDHHS Child Protection Policy Program Manager) provided an overview of recent law changes that have impacted Iowa's child welfare system. Brief updates were given on the Safe Haven bill, the addition of massage therapists as mandatory reporters, duties of physician assistants, changes under juvenile justice and foster care and Child Advocacy Board. Roxanne also highlighted law changes in the areas of childcare assistance, child and family services, foster care, and adoption.

- ***FFY 24 CJA Project***- A summary of the Council's recommendations from the 2021 CJA Three-Year Review was provided to the group. The recommendations were reviewed. The 2021 recommendations included the areas of substance use disorders, interagency collaboration, safe plans of care, mandatory reporter, and legal representation for parents and children. The group also reviewed the required categories (Section 107(e) (1)(A)(B) and (C) of the CAPTA Act) in which funding under the Children's Justice Act (CJA) grant can be used. Following the review of the recommendations and the CJA funding requirements, a discussion was held regarding the proposed FFY24 CJA project. Dawn Kekstadt (IDHHS Bureau Chief, Child Welfare and Community Services) spoke to the group again regarding the Sobriety Treatment and Recovery Teams (START) program. START is a specialized child welfare service delivery model that has been shown to improve outcomes for both parents and children affected by child maltreatment and parental substance use. The goals/objectives and the design of the program were explained as was the eligibility criteria under the program. IDHHS is currently in the process of entering into an initial contract with START to assess Iowa's readiness for a START pilot project. The pilot project will begin in the fall of 2023. The proposal was made that the Council allocate CJA funding to support the START pilot project for FFY24. A vote was taken and the project was approved for CJA funding.

- ***Transition Services-*** Doug Wolfe (IDHHS Foster Care Transition Program Manager) presented on transition services and resources for youth in foster care. Data was presented on the number of youths in foster care, those aging out of foster care, those currently receiving financial support for college, and those being served by the Aftercare program. Transition planning services were described, and the eligibility criteria was discussed. Other programs, services and resources which were discussed included voluntary foster care, Supervised Apartment Living Services, the Iowa Aftercare Program and Medicaid eligibility for youth.

April 11, 2023

- ***Iowa's Federal Reporting Requirements -*** **Erica** Wenzl (IDHHS CFSR, IV-B, IV-E, ICWA & Fatherhood Program Manager) presented an overview of the federal requirements for the Child and Family Services Review (CFSR), the Program Improvement Plan (PIP) and the Annual Progress and Services Report (APSR). In addition to providing a brief history and purpose of the CFSR, PIP and APSR, Erica talked about the strategies and goals that guide the work under each of these plans and explained how they are meant to support and build on each other. Erica also noted the importance of the recommendations that the Child Protection Council submits to IDHHS and talked about how the recommendations impact the work that goes into these state plans.

- ***Education for Vulnerable Children*** **-** Elisa Koler (Education Program Consultant, Title I Part D, Neglected and Delinquent Children, Iowa Department of Education) spoke on Alternative Education in Iowa. Elisa noted that every school district is required to have an Alternative Program for students who have or are risk of dropping out. The philosophy of the program and educational content was discussed as was the reasons for students dropping out school. Elisa spoke of the importance of facilitating collaboration between traditional and alternative programs to help youth succeed. Eric also told the group that for children in foster care each district is required to identify a Point of Contact person to assist with the transportation, data collection and trainings.

LINKAGES TO CHILDREN'S BUREAU PROGRAMMING

To ensure that the members of the CPC/CRP are informed as to Iowa's Child and Family Services Plan (CFSP), the Family Services Reviews (CFSR), Iowa's Program Improvement Plan (PIP) and Iowa's Annual Progress and Services Report (APSR) the IDHHS Program Manager is asked each year to present at one of the meetings (see above). Presentations have included an overview of the collaborative effort between federal and state governments in promoting continuous quality improvement in the child welfare system and a description of how states are evaluated relative to the CFSP. Council members are also updated regarding the ongoing state work in these areas. A group discussion is held following the presentation(s) and members are encouraged to ask questions and provide feedback to IDHHS.

In addition to the annual meeting presentation regarding the State plans and reports, Council members have been asked at various times to serve on focus groups and to provide input on specific programs or areas as part of the IDHHS assessment process. Council members have also taken part in reviewing Iowa's child welfare system by participating in the Iowa's 5-Year Administrative Rules Review with regard to the State's child abuse laws and procedures. The mandated process requires that State agencies review all Iowa Code chapters every 5 years and identify items that are incorrect, outdated and/or obsolete. Iowa Code chapters are also to be reviewed with regard to the accuracy of rule references and cross-references. As part of this process, IDHHS is required to involve stakeholders and constituent groups in the review to gather their input and recommendations. Child Protection Council members were asked to assist in the review specific to Iowa Code and child protection intake and assessment. The review time for this activity spanned parts of two fiscal years or reporting periods. Other past activities that the Council has partnered with IDHHS on includes a 2021 comprehensive review of the Department's Child Abuse Intake Unit which accepts and assigns child abuse referrals that are received. The Child Protection Council has also participated in two IDHHS Case Reviews regarding the CAPTA/CARA initiative.

The CPC/CRP will remain actively involved in Iowa's child welfare system in SFY 2024. The CPC/CRP will continue to follow the progress made toward the strategies and goals under the State plans and will follow the implementation of new IDHHS programs and initiatives as well as, participate in statewide reviews whenever asked.

RECOMMENDATIONS

In 2021 Iowa completed and submitted it's CJA Three-Year Assessment. Based on the results from this assessment common themes and areas needing improvement were identified and recommendations were made. The recommendations from the Three-Year Assessment are intended to serve as a guide

for the focus and work of the Child Protection Council/State Citizen Review Panel for the next three years. The recommendations which have been submitted to IDHHS are listed below.

Substance Use Disorders

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

Interagency Collaboration

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

Safe Plans of Care

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

Mandatory Reporters

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

Legal Representation for Parents and Children

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

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Iowa Child Advocacy Citizen Review Panel

Annual Report

Submission date: April 27, 2023

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Questions can be directed to:

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Iowa Child Advocacy Board

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Background

The Iowa Child Advocacy Citizen Review Panel was established in September 2021 after the Bremer Cluster Foster Care Review Board's Citizen Review Panel (CRP) withdrew as a citizen review panel for Iowa.

The panel is composed of Court Appointed Special Advocate (CASA) volunteers and Foster Care Review Board (FCRB) members. Members are chosen based on their standing with their respective program, recommendation from their program coordinator and their professional backgrounds. Disciplines of the members include child advocacy, education, nursing, foster parenting, adoptive parenting, business, law, ethics and compliance, foster care support, and serving children and young adults with disabilities.

Two members resigned this past year. Current members of the panel are:

- Harvey Weinberg, Polk County CASA / Coach - Chairperson
- Theresa McBride, Pottawattamie County CASA - Co-Chairperson
- Deanna Curl, Scott County FCRB
- Carol Flaherty, Cerro Gordo County CASA
- Scott Fortune, Black Hawk County CASA
- Megan Johnson, Polk County CASA
- Martha Kroese, Black Hawk County CASA / FCRB
- David Ladwig, Jasper County CASA
- Tricia McCabe, Benton County CASA and Linn County FCRB
- Kourtney Murphy, Pottawattamie County CASA
- Ken Williams, Pottawattamie County CASA

Coordinator for the panel is Shirley Hoefer, Deputy Administrator-FCRB for the Iowa Child Advocacy Board.

This report covers the period since the panel's annual report submission on April 29, 2022.

Meetings Held

The panel held meetings on:

- May 24, 2022
- July 20, 2022
- September 21, 2022
- January 25, 2023
- March 23, 2023
- April 18, 2023

Continuing Education

Continuing education is critical as it helps panel members stay up to date on current child welfare and juvenile court practices, as well as the laws, rules, and policies that govern child welfare in Iowa. Panel members received the following continuing education during the time of this reporting period.

Month	Topic
May 2022	Legislation: Iowa Code changes for 2023, specifically Chapter 232
July 2022	Family First Information - documents from the HHS website
September 2022	Speaker, Sara Buis, Iowa Department of Health and Human Services, Family Centered Services Program Manager Topic: Family Centered Services Array
January 2023	Speaker: Jamie Elliott Theisen, Supervisor Families First Topic: Family Centered Services and the role of the Family Support Specialist
March/April 2023	Review of the HHS Contract Provisions for Family Centered Services

	Review of the HHS Practice Standards for Family Centered Contractors, effective December 2022

Focus Areas

2022 Legislative Changes

There are two key areas of interest to the panel regarding Iowa Code Chapter 232 changes that went into effect on July 1, 2022. These issues were addressed in the panel's 2022 annual report and the panel continues to be interested in any impact the legislative changes are having on outcomes for children and families.

Role of the Guardian ad Litem (GAL)

With the passing of legislation in 2022 regarding the responsibilities of the guardian ad litem, the panel continues to revisit the topic periodically. The content and completeness of reports submitted by guardians ad litem vary from one area of the state to another. The panel members understand that their exposure to GAL reports is limited to their volunteer advocacy work with their respective Court Appointed Special Advocate (CASA) or Foster Care Review Board (FCRB) program.

- Concerns remain regarding the consistency, or lack thereof in some areas, of representation by guardians ad litem. Youth and caregivers do not know who to turn to when the child's appointed GAL is not meeting with the child and is not responsive to requests of the child or caregiver for a meeting.

- Concerns are also noted regarding the lack of consistent, ongoing communication between all parties tasked with working together to assist children and families.

- The panel is interested to know if any entity tracks and assesses the quality of GAL representation for children in terms of fulfilling their statutory requirements, including frequency of child visits, as well as the submission of a GAL report for hearings as outlined in Iowa Code.

In 2022, this panel made the following recommendation: In light of statutory changes on who can fulfill the role of guardian ad litem, for the Iowa Courts to conduct a study to assess 1) if there are any gaps in the number of children versus number of attorneys

available to serve as guardians ad litem to ensure all children have best interest representation; and 2) whether sufficient funding is available for guardians ad litem.

- This remains an ongoing concern of this panel.

Age of children attending court

Code language 232.91, subsections 3 and 4 are as follows:

> *"3. Any person who is entitled under section 232.88 to receive notice of a hearing concerning a child shall be given the opportunity to be heard in any other review or hearing involving the child. A foster parent, adult relative, or other individual with whom a child has been placed for preadoptive care shall have the right to be heard in any proceeding involving the child. If a child is of an age appropriate to attend the hearing but the child does not attend, the court shall determine if the child was informed of the child's right to attend the hearing. A presumption exists that it is in the best interests of a child ~~fourteen~~ ten years of age or older to attend all hearings.*
>
> *4. If a child is of an age appropriate to attend a hearing but the child does not attend, the court shall determine if the child was informed of the child's right to attend the hearing. A presumption exists that it is in the best interests of a child ~~fourteen~~ ten years of age or older to attend all hearings and all staff or family meetings involving placement options or services provided to the child. The department shall allow the child to attend all such hearings and meetings unless the attorney for the child finds the child's attendance is not in the best interests of the child."*

Another 2022 recommendation of this panel was: for the child welfare system to encourage children ten years of age or older to attend court hearings and other staffings that address placement options or services for the child while using discretion to determine whether it is appropriate for each child. The state's response to this recommendation in 2022 indicated support and noted that HHS "encourages the participation of each child in hearings and meetings".

- This panel is interested to know if any entity collects and tracks data related to youth participation in juvenile court proceedings. How is the State assessing the impact of the amended legislation for youth ten and older to attend court hearings? Some key data points for consideration include, but are not limited to:
  - Age of children attending court hearings.
  - Frequency of children attending court hearings.
  - Who encourages/invites children to attend court hearing.
  - Impact, if any, that child participation has on hearing outcomes.
  - Impact, if any, that participation in a hearing has on the child.
  - What prevents youth 10+ years of age from attending court hearings.
  - Judicial perspective on benefits of having children in the courtroom.

Understanding Family First

During this reporting period, the focus of this panel has been on learning more about the Family First legislation and implementation in Iowa.

Sara Buis with the Iowa Department of Health and Human Services provided an overview on: Solution Based Casework, including SafeCare, Solution Focused Meetings, and Family Interactions; Family Preservation Services; and Kinship Navigator Services (KSN).

- Of notable importance with the Kinship Navigator Services are the challenges associated with the referral process; it was described as "more cumbersome than initially planned". Relative and fictive kin are not always informed of KNS or do not fully understand the services and benefits they may be eligible to receive. Additionally, it was noted that there is not a current method to assess the effectiveness of the services; however, HHS is working on developing a mechanism to collect and track information to assess effectiveness.

Jamie Theisen, Supervisor for Families First, Dubuque provided a more indepth presentation of the family centered services contract requirements and the role of a Family Support Specialist. Differences in services provided under Family First compared to the former Family, Safety, Risk and Permanency (FSRP) model were shared.

- While Solution Based Casework has benefits as an evidenced-based model, the panel has concerns related to:
    - The turnover rate of service providers in the agencies contracted by the state to deliver services to children and families. Oftentimes, team members are not kept apprised of provider changes; and turnover can cause a lapse in service for children and families.
    - There are limited contact times that a service provider can spend with a family, which is dictated by the contract and services end when the frequency of contacts has been exhausted. This approach does not leave room for service providers to gradually transition the family out of services. The lack of flexibility to tailor the frequency of services to the needs of the family is concerning. The contract provisions should not be a "one size fits all" model due to the different and unique dynamics and needs of each child and family.
    - When families do not engage or participate in services, the agency "takes a hit on performance". It also takes more time for service providers to locate families and work on engaging them in services. Time is a valuable resource and when parents do not attend scheduled visitations, this is time they lost with their child as well as time the provider could have spent with another family.

Additionally, this panel has reviewed the Contractor Expectations for Provision of Family Centered Services and the Practice Standards for Family Centered Services Contractors documents, available through 18-Appendix on the Manual website.

Regarding Family First implementation, the panel notes additional concerns/questions related to whether data collection and analysis is in place to:

1. track the number of formal removals of children after safety plans, voluntary services, and family preservation services have been exhausted, to include how long children are informally removed from their family of origin.
2. assess effectiveness of SafeCare and its impact on outcomes for children and families.
3. assess parental/guardian engagement in family centered services.
4. track outcomes for children placed with relative or fictive kin.
5. assess participation in, and the effectiveness of, the Kinship Navigator Services.
6. assess and address service provider turnover with the contracted agencies; how are services to families impacted when there are more cases than available staff?

Next Steps

Given concerns and questions previously noted in this report, the Iowa Child Advocacy Review Panel will focus on learning more about the data provided through the HHS dashboards and other entities to better understand child welfare in Iowa. The panel seeks to understand how changes are being measured for impact or what data is available to determine corrective actions that may be needed in policies.

2023 Recommendations

1. For the Department of Health and Human Services (HHS) to consider modifying the family centered service contract requirements for *Family Interactions* to allow for more flexibility in the number of total interactions or total number of hours provided to a family. The amount of time or number of interactions should be based on the individual needs of each family, such as the size of families, age of the child/ren, and whether families have informal supports to assist with additional visitation between parents and children.

2. Regarding relative and fictive kin caregivers,
   - For HHS to ensure relative and fictive kin caregivers are provided timely information and assistance with accessing Kinship Navigator Services.
   - For HHS to track pertinent data points to assess the impact Kinship Navigator Services has on outcomes for children.

3. For HHS and the Iowa Courts to assess youth participation in juvenile court proceedings. Some key data points for consideration include, but are not limited to:
   - Age of children attending court hearings.
   - Frequency of children attending court hearings.
   - Who (HHS, GAL or other) is notifying and/or encouraging children to attend their court hearings.
   - Impact, if any, that child participation has on hearing outcomes.
   - Impact, if any, that participation in a hearing has on the child.
   - What prevents youth 10+ years of age from attending court hearings.
   - Judicial perspective on benefits of having children in the courtroom.

4. [Repeated from 2022] In light of statutory changes on who can fulfill the role of guardian ad litem, for the Iowa Courts to conduct a study to assess 1) if there are any gaps in the number of children versus number of attorneys available to serve as guardians ad litem to ensure all children have best interest representation; and 2) whether sufficient funding is available for guardians ad litem.

IOWA HHS

The Community Initiative for Native American Families and Children
Woodbury County Citizen Review Panel
Annual Report SFY 23

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 IDHHS website. Members of the public can direct comments and questions to the Department or State Coordinator through this website

Summary of Panel Activities

CINCF meetings were scheduled and/or held during SFY 2023 each month from 1:30 – 3:00 pm in Sioux City, Iowa. Please note there was no meeting July 2022, August 2022, March 2023 and April 2023.

Meeting Date: 09/07/22

Presentations & Topics

Terry Medina and guest Neil Lawhead from Kansas City provided prayer, song and smudging for our group. Terry is the new Community Based Native Advocate for the Siouxland area. He is based at the Frances Building here in Sioux City. Neil Lawhead is currently a Tribal Child and Family Program specialist in the Children's Bureau. Neil is working towards uniting Nebraska, Iowa state departments and tribes along with state and federal offices concerning our child welfare system.

The Native Resilient Grant will begin its 3rd year July 1st with the goal of building awareness and resources. The 4 areas of focus are Youth Centered – Family Focus, Poverty, Resource Access and Education. The media campaign will kick off with billboards in the Siouxland area. The group will present data and future plans at the Memorial March educational event in November and plans to apply to present at the 2023 NICWA conference.

Current Data

Total Active Native Cases for August 2022: 99
Total Sibling Groups – 75
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 50
Total Non-ICWA Applicable Children – 49

ICWA Applicable Children Placement
Relative Placement: 13 (62%)
Foster Care Placement: 8 (38%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement

Relative Placement: 15 (75%)
Foster Care Placement: 5 (25%) 0 children in Native Foster Home
Placements for children are not readily available due to lack of staff and/or the search for the appropriate placement fit for the child. Children are placed in shelters waiting for placement.
Diane Murphy-Smith announced the first customary adoption has been finalized in Omaha Tribal Court.

Hope Street (Frank's House) currently is full - 4 of the 10 are Native American.
Prosperity (a self-sustaining house) is also full capacity (6). Twelve of the sixteen men are on mental health medications and 10 of those men have been diagnosed with significant mental disorders. Five men have received their driver's license. Three men are now able to see their children. One is working toward his GED and another for higher education.

September is Recovery month and Frank's house is participating in community projects that have included mowing/yard work for elderly neighbors and volunteering at the soup kitchen and local churches. Some of the men have been asked to join local Boards such as Siouxland Sleepout, leading sweat and teaching about sweat and cultural ceremonies. Eleven of the sixteen men were able to attend a men's retreat in Minneapolis. The waiting list is at 21 which is the lowest in 2 years. Seven men on the list are in jail but would be released to come to Hope Street when a bed is available. Hope Street continues to seek out services in our area. There is a need for a Women's House when funds are available. Neil Lawhead suggested looking into Amethyst House in Kansas

Sioux City Housing Authority's wait list is approximately 3 months. It may move to 3-6 months this winter as we utilize all available funding and are fully leased. Families should apply soon.
HUD released the 2023 Fair Market Rents and SCHA is reviewing payment standards and utility allowances at this time. SCHA plans to adjust both in December 2022.
Sioux City Housing received 6 incremental vouchers in the Fair Share Housing Allocation last week. It will go to Council 9/12 for acceptance and funding should be available beginning 10/1/2022 per HUD's notice.

Activities & Announcements

- Saturday, November 19th dinner at the Urban Native Center.
- Sunday, November 20th showing of the documentary "Women of White Buffalo" at the Orpheum.
- Monday Race Power of An Illusion will be in person at Briar Cliff St Francis Center.
- Tuesday educational event will also be at Briar Cliff beginning at 9am. Tuesday family dinner and youth forum will be held at the SC Convention Center.
- Wednesday March will start at War Eagle Monument 7:30 am ending with lunch at the SC convention Center. All donations welcome. Next March meeting is 09/15 at 8:30 via phone.
- Artwork for our Memorial March billboard was shared. If interested in being added to the March committee. Contact kjenkins@siouxlandship.org
- UNC youth group now has over 90 participants. They meet on Thursdays from 3-6pm working on schoolwork, cultural activities, drums. The youth council has 5 (high school) members. Val noted the youth have identified the Center as a safe place.
- The War Eagle Park project- plans to have the city acknowledge War Eagle as a historical site. Plans to designate a sacred area, community garden and medicine garden.
- Urban Native Center was donated a van by the Nebraska Urban Indian Health Coalition. The Center will host a strategic planning meeting September 26th from 1-5pm and the 27th from 8:30am to 12-30pm at Ho-Chunk 8th floor.
- Mental Health & Wellness Inter-Tribal Social Pow Wow will be held at the Winnavegas Casino & Resort September 17th from 1-9pm. The flyer has been sent out to the group. Register at

https://forms.gle/9dfoMqDRsYRNc2yP6 Questions? Contact Donna at donna.wolff@winnebagotribe.com.

- Department of Human Rights- September 22nd 6-8pm at the Sioux City Public Museum Forum on Requesting a Reasonable Accommodation in Employment or Housing. Snacks provided.
- LSI- Foster Care and Adoption orientation Monday Sept, 26th 6:30pm. Contact Dawn.Lietje@LSIowa.org or call 712-+263-9341 Ext 5352 Flyer sent to the group.
- Santee Sioux Family Resource Center has a new building with the help of a federal grant.
- Santee Sioux Family Services updated ICWA policies and reports 3 new NICWA cases one of which is in Woodbury County. Cases are on board with customary adoption.
- Children Family Services in Winnebago have 6 new hires (3 social workers)
- SHIP-Office ribbon cutting October 6th from 4-5pm

Meeting Date: 10/05/2022

Presentations & Topics

SHIP was awarded the Strengthen Urban Natives grant (SUNS) This 3 year grant will receive $300,000 per year to support a social worker, therapist and additional outreach position. SHIP received 3 additional grants for BOOST and Sky Ranch Behavioral Services. BOOST serves 18–24-year-olds involved with the system. With this new grant they will also serve students with a IEP -Individual Education Plan. Erin noted all grants have been prepared by our wonderful grant writer Heidi Kammer-Hodge.

The Native Resilient Grant will present data and future plans at this year's Memorial March to Honor Lost Children. The group will also prepare a presentation request to 2023 NICWA Conference. Marcy has been hired as a case manager with IDHHS leaving an open position.

Current DATA

Total Active Native Cases for August 2022: 96
Total Sibling Groups – 76
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 53
Total Non-ICWA Applicable Children – 43

ICWA Applicable Children Placement
Relative Placement: 14 (74%)
Foster Care Placement: 3 (26%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement
Relative Placement: 19 (70%)
Foster Care Placement: 7 (30%) 0 children in Native Foster Home

Activities & Announcements

- FIS/MIS started with 15 attending classes in person and about 5 online. At least 4 referrals for IDHHS, probation and the Federal Probation level.
- Every other Friday talking circles are held at the Sioux City jail about Fatherhood/Motherhood is Sacred ending with a smudging.
- Attended a court hearing in Des Moines to help family move forward with their case.
- Hosted the IDHHS/Native Advisory committee meeting. Successful meeting and plan to meet again next month.

- Talked with youth at the Juvenile Detention Center.
- Warming Shelter Board member and are discussions on the Native American homeless population. Need data on numbers and Tribes.
- Providing services to a Native man at Hope Street.
- Continue to meet with the Native Resilient grant members Erin, Val and Heidi.
- This Friday organizing a Walk About to locate Brenda Payer, 36-year-old from Winnebago who went missing. Gathering at the Urban Native Center at 11:00am- 3:00pm. All are welcome.
- Sara Johnson found a program (NARP)through the state of Iowa that allows $3000-$3300 annually for needs to each person at Hope Street.
- Sioux City Housing Authority has 6 new vouchers effective 10/1/2022.
- All on waiting list have been notified but still expect a wait list of approximately 3-6 months.
- There are 90 vouchers on the street looking for housing.
- SCHA has 30 special purpose vouchers under the HUD VASH program for homeless veterans. VA determines the eligibility and provides case management. 29 out of the 30 are in use.
- Front desk position will be available at Sioux City Housing.
- Donations are needed to help support the many additional activities plans for this year's 20th Memorial March to Honor Lost Children. November 20th showing of the documentary "Women of White Buffalo" at the Orpheum. We also added a family dinner and youth forum that will be held Tuesday November 22nd at the Sioux City Convention Center. We have been notified that youth from the Macy, Homer and Omaha schools will be attending.
- Next March meeting is October 20th at 8:30 via phone.
- If interested in being added to the March committee. Contact kjenkins@siouxlandship.org
- UNC has plans to start boys' and girls' youth talking circles along with a Men's and Women's Society and a Ingenious War Eagle Society.
- The Urban Native Center has received the van donated by the NE Urban Indian Health Coalition.
- The strategic planning committee will share a business draft with CINCF.
- Plans are being made to have the Urban Native Center painted.
- Harvest of the community garden provided food for 11 families.
- October 29th at the VFW in South Sioux City 2-6pm.
- Community meeting October 5th 5:30-7pm at the Sioux City Museum.
- Halloween Bash October 29th 5:30-8pm VFW in South Sioux City.
- Human Rights Commission- Karen Mackey -Disabilities Resource Center 712-255-1065.
- Forum of current issues of Indigenous Community 11/15/22 6:30-8pm at Sioux City Museum.
- Children's Justice- Ashley Christensen – November ICWA training for Attorneys and Judges.
- Assessment and treatment clinic for children in the Siouxland area is much needed.
- NYSS-Will Meier – Adult probation is need of Native mentors.
- Juvenile Detention in need of talking circles.
- 11/08/22 training for Rosecrance staff on Native cultural/trauma & purpose of sweat lodge.
- LSI – Dawn Luetje – Foster Care and Adoption sessions held the last Monday of the month at the Sioux City office. Billboards on Gordon Drive.
- NICWC – Kitty Washburn – Oct 13, 2022, at Winna Vegas – Develop resources.
- Dinner and Documentary Event with Silent Auction on November 4th 6pm at the Lincoln Indian Center. For more information contact: LaToya at lotoya@nicwc.org or 800-280-2526.

- Eight women attended a retreat this August and did participate in sweat lodge.
- Santee DTSU – Renae Wolf – Enrollment meeting on blood quantum 10/12/22. Rules cannot be changed unless 30% of the Governing Board approves to move forward the discussion.
- Meskwaki Family Services – Oceana Papakee – Four positions open.
- Sioux City Police – Jeremy McClure – A detective has been assigned to the missing.

Meeting Date 11/02/22

Presentations & Topics

- IDHHS-Terry reports he has attended 3 court hearings in the last 2 weeks of September. Communications is a lot better and IDHHS has referred clients to the FIS/MIS classes. The classes average between 12-15 participants.
- Jail visits-Jail visits are every other Friday to have Spirituality Empowerment Circle, prayer, and smudging.
- Public Schools-Visited West Middle, Bryant, and East High concerning issues of bulling and racial allegations. All but 1 have been resolved. Terry reports school staff very supportive.
- Board/Committee Meetings-Board member on the Warming Shelter, City of Sioux City Housing Committee, and the Law Enforcement Native American Advisory Board as a representative of SHIP
- Office Visits-7 families have come in to talk of family concerns.
- UNC Native Resilient Community Meetings-Weekly meetings with Heidi, Val, and Erin
- Diversity-Meeting and visits from the Safe House, Residential Treatment, BOOST, Women Aware, Juvenile Probation and Adult Probation.
- Tribal-Assist with communications with Tribal social workers and State workers
- Brenda Payer has been found!

Current DATA

Total Active Native Cases for October 2022: 92
Total Sibling Groups – 70
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 49
Total Non-ICWA Applicable Children – 43

ICWA Applicable Children Placement
Relative Placement: 17 (77%)
Foster Care Placement: 5 (23%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement
Relative Placement: 12 (75%)
Foster Care Placement: 4 (25%) 0 children in Native Foster Home

Activities & Announcements

- Diane Murphy-Smith noted numbers are down for the Western Service Area. She also reports of more Customary Adoption cases are in the works. Diane had a site visit with Meskwaki yesterday, presented in Nebraska on implementing Tribal Customary Adoption. Diane also visits sites on how to practice NICWA and is working on new forms. November 3rd she will attend the fall Iowa Equity session in Urbandale.
- Sara Johnson reports a person from Prosperity House has his own place -1st time in 25 years.

- Two men from Hope Street have moved to Prosperity, a self-sustaining home. They now have 7 men, 3 of which are Native, 4 Caucasian.
- Hope Street have 3 new men – not yet working. The community has been working with Hope Street with employment; Seaboard, Tyson, Interbake, Urban Native Center are some of the businesses that offer employment.
- There is a wait list for Hope Street with 50% of those on the list are men who had left Hope Street and are asking to come back.
- Brochures and posters are available today and have been sent to the CINCF group electronically.
- Donations are needed to help support the many additional activities plans for this year's 20th Memorial March to Honor Lost Children.
- Terry Medina will offer Sweat on November 21st.
- Next March meeting is November 17th at 8:30 via phone. If interested in being added to the March committee. Contact kjenkins@siouxlandship.org
- Urban Native Center – Kenneth Provost
- The Halloween Bash in South Sioux City was a huge success with 300 in attendance and sponsors.
- Siouxland Sleep Out – Sara Johnson. November is National hunger and Homelessness Month.
- The annual sleep out is November 4th at Cone Park in Sioux City. Gates open at 3pm to begin set-up with activities starting at 5pm. Some of the activities at the event are the Shelter Contest,
- Chopped in the Street Cooking Contest which involves cooking a meal from the items from the Food Pantry. There will be a silent auction, raffle, soup line and live music. Website: www.siouxlandsleepout.org
- Full Circle Recovery – Carley Curtis. The Recovery Community Center is an independent nonprofit organization led by representatives of local communities in recovery that provides peer-based recovery support services, public education, and policy advocacy. Full Circle is not a treatment center; it offers emotional, informational, and practical support for individuals and families affected by substance use. Website: recoverfullcircle.org. Sioux City location: 800 Nebraska Suite 2 712-560-6561. Flyer has been sent to the CINCF group.
- LSI – Dawn Luetje: November is National Adoption Month. LSI did receive 2 referrals for the kinship program. Orientation are held the last Monday of the month.
- Winnebago ICWA – Elexa Mollet: Case workers are needed.
- Sweat – Will Meier
- Monday, November 7th Will is offering Sweat at 6pm
- Tuesday, November 8th is a healing training at Rosecrance Jackson Recovery
- Center from 1-4pm followed by 4:30 Sweat.

Meeting Date: 12/07/22

Current Data

Total Active Native Cases for November 2022: 102

Total Sibling Groups – 55
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 51
Total Non-ICWA Applicable Children – 51

ICWA Applicable Children Placement

Relative Placement: 17 (71%)
Foster Care Placement: 7 (29%) 2 child in Native Foster Home

Non-ICWA Applicable Children Placement

Relative Placement: 12 (86%)
Foster Care Placement: 2 (14%) 0 children in Native Foster Home

Activities & Announcements

- 48 Sioux City school students attended the Memorial March.
- Talks with the SC schools about using the Cresent Park building for afterschool programs.
- On average 40-45 kids participate in the UNC youth program.
- Working with the city on a Block Grant – getting bids on new doors and railings.
- Val notes she will be hiring an assistant in the near future.
- IDHHS-Working with an on-going ICWA case, progress is being made.
- Working with IDHHS social workers who have ordered clients to enter FIS/MIS classes.
- January will host the IDHHS/Native American Advisory committee meeting.
- Jail visits-Jail visits are every other Friday to have Spirituality Empowerment Circle, prayer and smudging. There are 32 men and 29 women. Six Natives have asked for assistance going through the process of facing criminal charges and serve as a bridge with them and IDHHS.
- Public Schools-Visited West, East, and North High Schools along with the middle schools with Kenny Provost. Working with the Liaison Officers that we are available if any issues arise.
- Board/Committee- Attended Warming Shelter and things good for residents & relatives we serve.
- Attended the Native American Advisory committee and the SC Police Department. Will meet with Chief Rex Mueller in January.
- Office Visits-Visits have been steady. Asked people to give notice to ensure I am in the office.
- UNC Native Resilient Community Meetings-Weekly meetings with Heidi, Val and Erin. Wonderful events and activities going on!
- Diversity- Tess Zinn, Director of the Full Circle organization is wanting to start a Native AA meeting. Met with the residential treatment center and adult probation re smudging & cultural issues.
- Tribal-Assist with communications with Tribal social workers and State workers. Met with the Santee, Winnebago and Omaha Tribes.
- Memorial March to Honor Lost Children – This was the 20th anniversary of the March. There were over 300 relatives at the final dinner on Wednesday after the March. The entire SHIP family did a great job serving the people!
- Presented at the SHIP Board meeting giving them an overview of my weekly and monthly activities. Also met with Chad Sheehan, Woodbury County Sheriff, and staff on cultural education.
- After visiting the jail every other Friday, the officers and jail staff want me to do a training.
- Number of Native relatives I have had contact with this month-47 men, women, and children.
- The Sioux City location is: 800 Nebraska Street, Suite 2 712-560-6561. Full Circle RCC is not a treatment center- person come of their own free will and no reporting is required. The organization is led by representatives of the community in recovery that provides peer-based recovery support services, education, and policy advocacy. Full Circle offers emotional, informational, and practical support for individuals and families affected by substance use. Coffee and conversations are offered every Thursday and Fridays. AA meetings will be starting along with domestic violence and mental health recovery. Find us online at: recoverfullcircle.org.
- The grant team will participate in a statewide webinar January 27th.
- Our grant representative from Des Moines attended this year's March.
- Erin and Val attended a Community Partnership in protecting children in Des Moines noting our area needs more representation.
- The SUNS grant budget has been approved. Two positions will be hired by January, Cultural Outreach Specialist and Therapist.

- The Native Resilient Grant team has submitted a request to present at the 2023 NICWA Conference. An announcement of selected presenters will be in February.
- The Native Resilient Grant team has submitted a request to present at the 2023 NICWA Conference. An announcement of selected presenters will be in February.
- Hope Street Board is looking to purchase a building.
- Several men at Prosperity House looking for own home, want to remain connected to Hope Street.
- Emergency housing has a new MOU.
- Neighborhood Street Services Outreach is the entry coordinator. They have 6 available vouchers. There is a short wait list for regular vouchers. Five new fare share vouchers are complete with 3 of the 5 filled. Vouchers can be used (if eligible) for assisted living.
- All educational classes were full. Event at Briar Cliff was well attended with the President of BC donating all lunches for attendees.
- Tuesday Family dinner did not have the participation as expected but this was a new event and expect it to grow in numbers.
- Wednesday March was very well attended serving over 300 participants. The next Memorial March meeting will be in February. Please let me know if you would like to join. If interested in being added to the March committee. Contact kjenkins@siouxlandship.org
- Sioux City Human Rights Commission- Karen Mackey. Has a part-time position open 24-29 hours per week.
- Memorial for the Dakota 38+2 December 26th. The Dakota 38 execution was the largest mass execution in the United States that took place December 26, 1862 as the result of 38 Dakota Sioux Native American men launching an uprising in Minnesota. The government then had abolished their reservation and shuffled people, facing very difficult harsh conditions, around the Nebraska area.
- The Memorial Ride/Run is to remember those hanged in Mankato. Every year the riders make the trek between Lower Brule, SD and Mankato, MN.
- Documentary: Women of the White Buffalo. Manape offered insight to the documentary to look for solutions and keep in mind spiritual health and culture while viewing. This may help foster parents to understand and provide Native culture for children.
- IDHHS started a pilot program in December. This program promotes foster parents to connect child and parent within 24 hours. The program purpose to build towards reunification.
- Full Circle Recovery has 3 locations: Des Moines, Sioux City, and Council Bluffs. Terry Medina has been asked to serve on their Board.
- Siouxland Mental Health – Leslie McDonald Gonzalez 625 Court St 712-252-3871. Needing therapist. Siouxland Mental Health is open: Monday 8-7, Tuesday 8-6, Wednesday – Friday 8-5, Urgent Care 8:30-3 Monday – Friday. Crisis line available during and after hours. Crisis Center is available to those who are clean/sober. Siouxland Mental Health can help with insurance needs and provide a sliding scale.

Meeting Date: 01/04/23

Current DATA

Total Active Native Cases for December 2022: 94

Total Sibling Groups – 49
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 45
Total Non-ICWA Applicable Children – 49

ICWA Applicable Children Placement

Relative Placement: 17 (77%)
Foster Care Placement: 5 (23%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement
Relative Placement: 13 (81%)
Foster Care Placement: 3 (19%) 0 children in Native Foster Home

Presentations & Topics

- IDHHS-Involved with relative going through the process of a reunification plan. Also, attending a court hearing where a dad was released and going through the obligations of probation.
- Jail visits – Visited the men in December and met 1 on 1 before their upcoming court hearings.
- Public Schools – Kenny Provost has been handling issues in the school system. He calls when he needs assistance.
- Board/Committee meetings – Attended the Warming Shelter board meeting, The Sioux City Housing Authority meeting and attended.
- A family drug court meeting. Attended family court hearings at the law enforcement center. There were 7 Native women, and they were thankful he was there. Will offer smudge and prayers before hearings.
- Office Visits – Out of the office most of December.
- UNC Native Resilient Community meetings – Attend weekly meetings with Erin, Heidi, and Val.
- Tribal – Continue to assist relatives who have a Tribal Social worker & with IDHHS in the city & offer my classes.
- Diversity – The next 2 months I will be more involved with the Siouxland organizations doing culturally diversity sessions.
- Presentations – Presented to the Woodbury County Jail staff with Sheriff Chad Sheehan.
- Contacts and in person meetings totaled 53 native and non-natives.
- Anyone experiencing homelessness can call 224-5247 or email housinghelp@sioux-city.org or stop by 521 Nebraska Street or visit siouxlandhomeless.org and set up an appointment to provide an assessment and get on a list for a referral to an agency that can help them on their journey to housing as soon as a program has an opening available.
- LSI – Dawn Luetje
- Daughter of a Lost Bird Documentary
- The Significance of Cradle Boards January 21,2023 at LSI 1308 S Cleveland St Sioux City, IA To register email Dawn.Luetje@LSIowa.org or call 712-263-9341 Ext 5352
- Human Rights hiring 2 part time people.
- Val spoke about SED-Serious Emotional Disturbance, and Rolling Hills sends this data to state. How to this is being tracked by other agencies.
- More HUD-BASH vouchers are available.
- Nebraska has a new CFS Director
- Hope Street bought Shesler Hall
- SUNs grant-looking to hire two individuals.
- Urban Native Center is trying to acquire the Crescent Park school, to expand services.
- February 1, 2023 Ho-Chunk Centre 8th Floor meeting room

A Typical detox treatment from alcohol:

- Someone asks for help.
- Walk along side the person to emergency room, re-hydrate.
- Call Douglas Co Detox Center to decide if person is a candidate for detox and a bed is available.
- Transport to Detox Center

IOWA HHS

What makes a person ineligible for detox:

- Insulin dependent
- On blood thinners
- Pregnant women in third tri-mister

Things to know about Douglas Co detox:

- The client has to voluntarily agree to detox.
- Income-based or on sliding scale
- They do assessments, physicals, tb tests and start looking for treatment placement.
- They require communication to provider.
- Blood sugar ad alcohol level has to be 200 or below.
- They will not be admitted without a 5-day supply of their medication

Meeting Date: 02/01/23

Activities & Announcements

- Winnebago does not have a full detox center. LaDonna is requesting help in finding more outreach programs like the Siouxland area has in Hope Street. Please send LaDonna any ideas or support information.
- The Native Resilient Communities Grant is in the 3 years of the 5 year grant. Erin, Heidi, and Val presented the findings and plans on a statewide webinar this past week.
- Val pointed out that Woodbury County is the most diverse county in Iowa.
- Implementation of the Strategic Plan: Expand youth centered-family focused services, Poverty. Increase resource access, Expand awareness and education.
- SUNS Grant – Strengthening Urban Natives
- This week we begin interviews for an Outreach Coordinator and licensed trauma informed mental health providers. The grant work group has submitted a request to present at this year's NICWA conference. To register and receive more information on the NICWA conference, visit – www.nicwa.org/conference

Current Data

Total Active Native Cases for January 2023: 93

Total Sibling Groups – 64
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 44
Total Non-ICWA Applicable Children – 49

ICWA Applicable Children Placement

Relative Placement: 15 (68%)
Foster Care Placement: 7 (32%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement

Relative Placement: 13 (100%)
Foster Care Placement: 0 (0%) 0 children in Native Foster Home
Urban Native Center holds Talking Circle on Wednesdays 5:30 – 7pm
Youth Group continues to meet once a week averaging 40-45 kids.
There are approximately 97 youth involved in Siouxland and surrounding areas.

This Saturday, February 4th is the clothes giveaway at the Center. February 13th at 6pm Val will present a proposal to purchase the Cresent Park Elementary Building at the Sioux City Community School Board meeting. Please attend this important meeting at 627 4th Street.

IDHHS: Shane and I have talked about setting up the next classes for any IDHHS relatives that the Native Unit feel would benefit from the classes. We are possibly looking at offering the classes during the day to accommodate them and their busy schedules. Out of the 15 individuals that started the class, only 4 completed successfully, out of those none were IDHHS individuals. I want to thank Sissy Torrez for making time for me and went into the Woodbury County jail with me to speak to the women. Very powerful and spiritual always

JAIL VISITS: Went into the jail to see the women this past month, always very emotional with the women, the tears flow and for a brief period, they really take a look at themselves and their actions, that healing process starts and a Light goes on within them, we all have our own light in the lives of our loved ones. On the men's side I went in and talked to some of the native men 1 on 1. One of the guys are going back to prison for 15 years, leaving the grandmother to care for the children, this grandmother is 75 years old. There have been 3 native men who have got out of jail and are doing very well, maintaining sobriety and staying positive, coming into my office and having discussions on moving forward with their lives in a positive way.

PUBLIC SCHOOLS: Kenny Provost pretty much has been handling issues in the school system on his own, Kenny continues to impress me with his Wisdom and knowledge and his personality interacting with the students and administration. Kenny usually calls me in when he needs my many years of experience serving on the Winnebago Public school board of education.

BOARD/COMMITTEE MEETINGS: I was appointed to the Board of Full Circle Recovery Community Center, located at 800 Nebraska street. We had a Zoom meeting which went very well, they have opened their doors to allowing a Native Theme A.A./N.A. meeting led by Chris Denny, the first 2 meetings we have had 15 and 9 relatives attend. Lots of issues going on with the Warming Shelter, we will be moving in a new direction as we will be open year-round.

OFFICE VISITS: Always a steady flow in the office, I make appointments in advance to make sure I am actually in the office ready and waiting for individuals. This past month there has been steady traffic unannounced visitors which has been very productive, seems a lot of the native relatives are in need of bus passes, which seem hard to get these days. I refer to Women Aware, to Val, to Melissa at Native Work Force and to Neighborhood Services. Also, in need of a good Smudge and Prayer.

UNC NATIVE RESILIENT COMMUNITY'S MEETINGS: The month of January with everyone's busy schedule I didn't attend a meeting, but Val, Heidi and Erin are always on top of everything.
DIVERSITY: I had a meeting at Heelan High school, which is a Private Catholic school on an issue with 1 of our Native students. As of now we are not on the same page, I will update you in the future.

TRIBAL: There always seems to be a back-and-forth movement of the relatives moving to the city and back to the Rez, trying to assist them to stay balanced and most importantly be responsible for the sake of their children, getting them in school etc.

WELLNESS: Last Friday went with some of my SHIP family to Evolve and spent 3 hours doing meditation and relaxation activities, this was a new experience, but Ryan did a fantastic job, beyond

relaxing and at the same time tough bending your body into different positions, my bones were cracking for real.

CONTACTS: Every month has been steady taking me into many different environments in which our relatives find themselves in. I teleworked a couple days due to the extreme weather. I been averaging close to 50 contacts.

Activities & Announcements

- The men have moved into the new building, Shesler Hall. Renovations continue in the 3-story building. Hope Street, Frank's House now has 6 Caucasian, 3 African American and 1 Native American will move in next week. Two native men just moved into their own apartment. Prosperity House have 6 men 4 are Native American. Out of 15 men 9 have jobs, 1 has started school and 2 are on SSDI. Hope Street has provided 4 men with dentures. The new building can hold 26 men and will eventually have section 8 Housing available.
- Wait list has been cleaned up with 39 emergency vouchers issued.
- A higher payment standard to families will help offset the higher rent demands. Subsidies were increased in December and will increase again in March.
- Applications are a 2-part process- the initial application includes household size and income. After about a 2 week wait a long application must be completed
- Safe Place – Missy Graves – Safe Place is almost full.
- LSI – Dawn Luetje – January 21st presented The Significance of Cradle Boards. Four families participated. Ansley Griffin provided training to the families. Contact information – Dawn.Luetje@LSIowa.org or call 712-263-9341. Winnebago Tribe of NE – Angie Walker – Preserving native Families Unit Program Manager Contact info: angie.walker@winnebagotribe.com or call 402-257-5586 ext. 1220. ICWA Winnebago – Lexie Mollet
- The Tribal Court has completed their first customary adoption.
- Sioux City Police Department – Jeremy McClure – 30% of the Sioux City Police Department to be replaced within the next 5 years. Referrals are needed. Officers are held to a high standard and accountability. Contact Jeremy with questions.
- DHHS – Diane Foss – The department has another customary adoption in progress.
- Ansley Griffin reports a good experience with customary adoption. Cultural ways becoming stronger due to open communications. Ansley also noted after the legal procedures the cultural ceremony should be performed adding to the family/culture experience. Joe Fleming noted the importance of empowering tribes.
- Val and Manape LaMere will be training for the Citizen Emergency Response team.

Meeting Date: 03/01/23

Current Data

Number of Native Foster Homes – 6
Total ICWA Applicable Children – 49
Total Non-ICWA Applicable Children – 55

ICWA Applicable Children Placement
Relative Placement: 13 (65%)
Foster Care Placement: 7 (35%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement

Relative Placement: 19 (100%)
Foster Care Placement: 0 (0%) 0 children in Native Foster Home
Youth Group continues to meet on Thursdays averaging 30-60 kids.
There are approximately 97 youth involved in Siouxland and surrounding areas.

Presentations & Topics

- IDHHS: This Past Monday my office hosted the IDHHS/Native Advisory committee meeting, Tom Bouska called me Monday morning to tell me he couldn't make it to the meeting, the call ended 40 minutes later. We had a good discussion and plan on meeting in person soon on his next visit to Sioux City. I been on a few Zoom meetings with IDHHS and a Native family, the meetings are going well, yet at times seems the focus is on the "Mental Health", did you get your assessment, are you going to your sessions to see your therapist, did you see your alcohol counselor. I understand completely. Yet, there is no focus or mention of their "Spiritual Health."
- My opinion over the years is that mental health can either be a Blessing or a Burden, there has to be balance. So, my goal/vision is to include the Spiritual Health component in the mix. In reflecting back over the years, I spent a lot of time and energies trying to educate, I make a sincere effort to let the non-native professionals to think Native when they work with our Native Relatives. But the reality is they will never think Native, and most will never change. The few that listen and want to change will be a Blessing to the relatives. I will continue my efforts in a positive and spiritual way. I have set up a meeting with Tonya Meier and Trudy Soule, both Santee Sioux Tribal members and Mental Health professionals. I will keep you posted.
- There are 8 youth council members. The youth group focuses on their studies first and then activities such as making ribbon skirts, drums. The drum group also practice ceremonial and social songs.
- Neal Lawhead called me this morning, wanted me to say he is sorry he didn't make it today, his father has been sick, I told him don't worry, you are home where you are supposed to be, taking care of your dear old dad. Fatherhood/Motherhood Is Sacred.
- Neal did say that he will be in Reno with us at the National ICWA conference and he wants to have a CINCF meeting in Reno.
- February 8th, Kenny Provost and I went to the Law Enforcement center with the family treatment court participants. Court room #1, we got to say a few words and we were allowed to Pray and Smudge off the relatives. Who cried the most, the non-natives. They never experienced a Spiritual Blessing before with Sage. Judge Parry and Melissa DeRoos have really been a Blessing for making this happen, Stay Tuned, This has never been done before, so we are making progress.
- Jail Visits: I continue to go into the jails to see individuals and do my talking circles with the Native men and women and other races. Always powerful and spiritual.
- Public Schools: I have been into a elementary school, North middle school, advocating for the native students with some incidents concerning bullying and behavior. Kenny Provost and Sissy Torrez have been with me. The school administration and staff have been very nice and open, and our discussions have gone well. The main issue usually involves communication or lack of. Issues are still ongoing but getting better.
- Board/Committee Meetings: All good with the meetings, I assisted in putting together a Native Theme AA/Na meeting on Thursday evenings from 5:30 to 7:00pm at Full Circle Recovery Center at 800 Nebraska Street Suite 2. Two weeks ago, we had 25 Natives show up. Chris Denny runs the meetings. Warming Shelter Board, we had to revamp the staff and let some staff go, but

now things are running well. Shayla Becker has stepped in as our new Director and really has things up and running smoothly.

- Office Visits: I continue to stay on the run with appointments and meetings. Yet, I stay ready to address any emergencies that might arise with the relatives.
- Diversity: Always find myself educating some of the different programs that serve the native community up here in Sioux City, and individuals that come and seek my opinion and advise.
- Tribal: Miskoo Petite himself was in my office, Miskoo is the director of IDHHS Human Services for the Winnebago Tribe of Nebraska. Communication is good currently with the Tribes and the native families we serve up here in the city.
- Juvenile Detention: Yesterday I was asked to accompany Kenny Provost into the detention center to talk to the youth. We had a full house, 16 youth, Kenny gave me some time to talk, and I had a lot of the youth shedding tears. They were Listening to me, I talked about that broken heart and spirit that is sometimes shattered to pieces.
- Very powerful gathering. Soon I hope to introduce the A.A. = Attitude Adjustment program my wife wrote for me to present. I will go into more detail next month, Stay tuned.
- Family Treatment Court: Been attending the hearings with some of our Native Women, they have been very thankful and grateful for my support and presence.
- Full Circle Recovery Community Center Native AA/NA: We started a collaboration with Full Circle to start a Native American Theme meeting, this has gone really well, our numbers have been beyond our expectations.

Current Data:

For the month of February Numbers:
IDHHS: 6 Native families and sat in on 4 Zoom meetings.
Jail Visits: I met with 7 individuals and my Talking/Prayer/Listening Circles 27
Public Schools: 4 students and families
Office Visits: 22 appointments
Tribal: 4 families and met with the Winnebago Tribe Human Services
Juvenile Detention: 16 youth plus staff
Family Treatment Court: 19 Mothers in the program
Full Circle Recovery: 58 Natives this past month.
Total: 193

Activities & Announcements:

- Matt Ohman reported that Hope Street, Frank's House is now located in the Shesler Hall building. Hope Street purchased the building and will hold an open house this June.
- The Housing Choice Voucher Program wait list is very short right now.
- It is being cleared approximately every 2-4 weeks.
- Please refer families in need of permanent rental assistance. We are encouraging all applicants to apply online at www.sioux-city.org/services then select housing. The online
- application has a drop down which allows the application to be translated into multiple languages and can apply 24/7. Applicants have 10 days to submit their vital documents from date of submission. There is also a digital drop box on the application page to upload their documents to the Housing Authority.
- HUD has notified us to expect a 7.5% increase in funding when our budget is released in April. We are striving to utilize our rental assistance budget to help families in need as soon as possible.

- Ponca Tribe – Brad Johnson – A mobile medical unit has been purchased. They will offer medical exams and dental services.
- The Ponca Tribe of NE are offering a Cultural Healing for Survivors
- on Friday, March 3rd 10am-2pm at 125 6th Street Sioux City, IA. Flyer has been sent to the group.
- Omaha CFS-Joe Fleming – Their organization has been working on re-organizing and updating their policy manual.
- Also changes in state and federal child welfare working together and getting kids in permanent placements.
- Siouxland Mental Health – Leslie McDonald-Gonzalez – Siouxland
- Mental Health is opening a Child and Adolescent Mental health Center offering psychiatric services.
- Sioux City Human Rights – Karen Mackey – Faces of Siouxland Multicultural Fair is Sunday, March 12th at the Sioux City Convention Center noon to 4pm.
- Booth fee is $60.00 but extra tables, electricity can be provided at an additional fee. Call 279-6985 to reserve your space.
- HHS/AG – Diane Murphy-Smith – Our community has a lot to offer and relies on our MYFI units support from Shane Frisch and the tribal liaisons. Diane reports she continues to educate other counties, offers statewide trainings in NICWA cases and noted Des Moines service area now has a Native unit.
- SAMHSA Grant – Project Launch – Kerri Hall and Erin Binneboese. SHIP is applying for this grant. Application is due March 21st. This opportunity is to promote the wellness of young children from birth to 8 years. This award will also provide local communities or tribes resources to disseminate effective and innovative early childhood mental health practices and services. Kerri is SHIP's Early Childhood Iowa Director at SHIP and will utilize our 15 agencies here in Woodbury and Ida Counties for support. Also, CINCF along with SCCAN, Siouxland Council on Child Abuse and Neglect will serve as oversight committees.
- Memorial March committee – Kim Jenkins – The Memorial March committee held its first meeting in February. This year our theme is "Healing Our Spirits" creating culturally competent systems of care. The theme is a based on this years NICWA theme, Healing Our Spirits: Nurturing and Restoring Hope. We hope to make great connections at the conference and may even find a speaker we can bring to this year's Memorial March educational event. If you would like to be a part of the planning committee, please contact me at kjenkins@siouxlandship.org

Meeting Date: 06/07/23

Presentations & Topics

- Siouxland Mental Heath Center's free substance abuse services are located at 205 5th Street in Sioux City. This program is funded by a 4-year SAMHSA grant beginning this year 2023. Outpatient services only and will take walk-ins Monday – Friday 8am to 6pm.
- Clients, adults and adolescents, must live in Iowa to qualify. The Center can offer mental health services billable to insurance or will refer those clients elsewhere.
- Siouxland Mental Health Crisis Center is located on Division St. This location is staffed 24/7. For more information on any of these services contact their office at 712-252-3871.
- RaMona Wanned Contact information: 712-202-0173 ext. 170 rwanned@siouxlandmentalhealth.com
- Terry Medina, Kenny Provost, Val Uken, Diane Murphy-Smith, and Erin Binneboese presented, A Woodbury County, Iowa Child Welfare Community Collaboration for 2023 NICWA Conference in Reno, NV.
- Val noted over 1800 participants at this year's conference. Also, we had the largest representation from our area at this year's conference, including our Sioux City School district.

They have committed to attending NICWA every year. Val also noted a group from Canada has invited our area youth to their August event!

- Our presentation opened with prayer by Terry Medina and song by Kenny Provost. Diane spoke about our progress on customary adoption. Both Erin and Val spoke about the Urban Native Center and the progress our community has made and will continue to make impacting our growth in the community.

Current Data

Total Active Native Cases for May 2023: 95

Total Families – 67
Number of Native Foster Homes – 6
Total ICWA Applicable Children – 44
Total Non-ICWA Applicable Children – 51

ICWA Applicable Children Placement
Relative Placement: 12 (63%)
Foster Care Placement: 7 (37%) 1 child in Native Foster Home

Non-ICWA Applicable Children Placement
Relative Placement: 18 (100%)
Foster Care Placement: 0 (0%) 0 children in Native Foster Home

Activities & Announcements

- Urban Native Center has been working with the Sioux City School focus groups, building curriculum and has improved grades, attendance, and behaviors in every age group by over 50%. Also, over 50% graduated this year. The Urban Native Center held a graduation ceremony at the Orpheum.
- Beginning next week, the Center will be open to youth Monday-Thursday serving ages 5 to 11 on Mondays and Wednesdays and 11-18 on Tuesday -Thursday.
- June 16th and 17th UNC will host a youth camp at War Eagle 9am-5:30pm.
- UNC received a Women United grant of $16,000 for a computer lab, 10 laptops have been ordered.
- A community garden has been started at War Eagle. Fencing has been put up and sage has been planted along with the start of an orchard.
- An Archaeology survey at War Eagle is in the works.
- IDHHS: Usually my go to is Fallon Torrez, a Native American Liaison with IDHHS, she has done an excellent job assisting and helping the relatives navigate the IDHHS process. On going every month. Picked up 4 new cases with IDHHS, the relatives come and sought me out.
- Jail Visits: This past month, I went in and spoke with 3 Native men who are in the process of going to Court and are looking at back to Prison time.
- Public Schools: Pending issue going on at North High, still waiting for an email and we have the summer to resolve the issues. Attended and Said a few words at the Native Graduation held at the Orpheum Theater here in Sioux City, it was very inspiring to see the families gather with all the smiles and happy tears. I also got to Offer up a Prayer and Smudging at the Native American Day Care graduation, again (13 kids), very powerful and positive. Excellent job at decorating the church and the after celebration.
- Board/Committee Meetings: Tessa Zinn, who runs the Full Circle Recovery Community Center suffered a heart attack, praise to Creator God for his healing hands on her. I serve as a board member and pitch in to help at the center during Tessa's recovery period. The Warming Shelter

had a fundraiser at the Pizza Ranch couple weeks ago, I dug right in there and served as a waiter serving the people, got some good tips.

- Office Visits: Remains steady every month, average close to 20 office visits a week, depending on how many make an appointment to see me.
- Diversity: Went to Rosecrance Jackson Centers and had 2 sessions with the Women there, My talking/Listening/Prayer Circle is always powerful to both staff and the women. Very Empowering.
- Tribal: Need to set up a meeting with the Omaha Tribe concerning some of their tribal youth in Woodbury County Juvenile detention center. Juvenile Detention: Tuesday's is my detention day, always look forward to talking and listening to the youth. This past month averaged 13 youth. Not all were Native.
- Family Treatment Court: Still in the process of setting up the Sweat Lodge for the family treatment court participants. Chris Denny has offered to Pour for the Sweat. Going to meet and set down the protocol.
- Full Circle Recovery Community Center: Our numbers went way down since the weather got nice, the decision was made to take the summer off and see how it goes in the Fall.
- Total numbers that I met with in person, on the phone and in the trenches: 77.
- There are 20 men housed in the new building. The men continue to work on projects such as painting, putting up a fence, gardening, and crafts. You can ask for a tour at any time.
- Prosperity house has 5 men to date. Four are working and one is on disability. One man left successfully with new job and marriage! Many are seeing and hearing of the successes in both houses and asking to get in. 57 are on the wait list. Those in our community or have ties to our community are offered beds first.
- Frank's House have 14 men employed of 20 hours or more per week. Two are looking for employment and two are on disability.
- Overall, two men have over 2 years sobriety with a few more over 1 year. Four men are under 60 days sober.
- Most referrals come from treatment centers and prison facilities.
- Many men volunteer at human society, churches, Urban native Center, Soup kitchen and others.
- Questions were asked about handicap accessibility or house requirements. The building is not completely accessible. Men must be able to climb stairs, make their own food and do laundry.
- Sara has asked for resources for tribal members.
- Eunoia Sober Living Home – Whitney Ingram
- Housed in the old Hope Street (Frank's house location)
- Sober living home for women opened May 9th and now has 6 women (3 Caucasian, 1 African American and 2 Native American. They must be employed and pay membership fees.
- Referrals are from Safe Place, prisons, and Department of Corrections. There is a list of medications not allowed. An application will be sent out to the group.
- Early Childhood Iowa – SHIP – Kerri Hall
- Kerri Hall, Erin Binneboese, Val Uken, and Diane Murphy-Smith presented a condensed version of our NICWA presentation to the State ECI Board in Des Moines last week. The Des Moines area has been watching closely what we have been working on in our community and plans to replicate programs in their community.
- University of Iowa – SAMHSA June 20th training to be held at Heelan Hall.
- Strengthening Urban Natives (SUNS)- Erin Binneboese, Val Uken and others will travel to San Francisco to meet with OJJP on planning and services to be provided in our community.
- Preserving Native Families Unit – Angie Walker
- There is a position open at Preserving Native Families, check out the Winnebago Tribe of Nebraska website. Also on the website is information on home repair and food insecurity. A flyer will be sent out to the group. Angie Walker 402-257-5586 ext. 1220

Annual Recommendations of the Citizen Review Panel

Recommendations of the Panel are as follows:

1. Increase Native American foster families by 6 to a total of 12:
   Continuing collaboration between the HHS Native unit, CINCF, Sioux City community and LSI recruitment efforts and the formation of a support group for Native American foster parents. Unfortunately, we're losing Native American foster homes no new homes have been identified recently.

2. Participate in the strategic planning retreat and media campaign as a key partner for creating a framework for Resilient Native Community in Woodbury County through the ICAPP grant secured by SHIP (Siouxland Human Investment Partnership).

3. Promote Motherhood is Sacred and Fatherhood is Sacred parent skill building classes held throughout the year and increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.

4. Continue to define the Tribal Customary Adoption PDSA that is being developed to effectuate these adoptions. Next steps are to spread this initiative, so the Tribal Customary Adoptions is a statewide practice. The Attorney General assigned to the Western Service Area and the Iowa Department of Health and Human Services is advancing this initiative to other workgroups and counties across the state.

5. Continue to participate in monthly CINCF Meetings

Progress and Implantation of Prior Recommendations

In FY 22 a goal of the Panel was to decrease the number of Native American Children in Care in Woodbury County. Monthly at CINCF the Department of Health and Human Services shares data from Woodbury County that represents the total number of Native children served and whether or not ICWA applies to those children. Also counted are the number of children placed in Relative Care, Foster Care and Native Foster Homes. The efforts to place children with family has improved over time. This is important to CINCF as it gives an accurate description of what out of home numbers look like during that time, these numbers are included above.

The Panel continued to promote the knowledge of the Iowa ICWA laws through ongoing training locally, regionally, and nationally at the NICWA Conference. The 2023 NICWA conference was held in person this year in Reno, NV.

To lower the disproportionate number of Native American children in Foster Care, efforts will continue with the CINCF committee and other local initiatives. The Department will continue to explore Tribal Customary Adoptions by participating in the PDSA workgroup.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The future direction and focus of the Woodbury County Citizen Review Panel will consist of recruitment for Native American Foster Homes with goals to continue to lower the disproportionate number of Native

Children in out of home care. If children are removed from their homes the goal is to increase the number of placements with relatives. There are currently six Native Foster Homes in Western Iowa. In general, the numbers of open cases for Native children in Woodbury County HHS Child Welfare are trending down and we will work to see that continue.

Contributing to the body of work undertaken by the Native Resilient Communities grant will be vital. Efforts for increased resource capacity building are primary, especially for youth. An emphasis will be on collaboration with Sioux City Community School District to provide advocacy for Native American students while continuing to strengthen staff in affirming cultural practices, with the overall goal of increased graduation rates.

Utilize Tribal Customary Adoptions as a permanency option for ICWA applicable children. Also, to spread this practice statewide to promote consistency in practice with all ICWA families regardless of which county they reside in. The practice of staffing each Native case to see if customary adoption would be a fit has revealed other options for families and this practice shall be standard and proves promising for children and families.

IOWA HHS

APPENDIX E

STATE'S RESPONSE TO CITIZEN REVIEW PANEL RECOMMENDATIONS

IOWA HHS

STATE RESPONSE TO IOWA'S CITIZEN REVIEW PANELS' SFY24 RECOMMDENDATIONS

Following is the State Response to the recommendations of Iowa's three Citizen Review Panels. The Citizen Review Panels include the Child Protection Council/Citizen Review Panel, the Iowa Child Advocacy Board and the Community Initiative for Native Children and Families.

CHILD PROTECTION COUNCIL/STATE CITIZEN REVIEW PANEL RECOMMENDATIONS & STATE RESPONSE

The four recommendations of the Iowa Child Protection Council/State Citizen Review Panel (CPC/CRP) are listed below. Following each recommendation is the Iowa's response.

Substance Use Disorders

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

State Response:

IDHHS continues to offer substance abuse training to all field staff. Training includes an eLearning (online) Substance Abuse course and a face- to- face training on Substance Abuse Fundamentals. These courses focus on substance use disorders and the impact that substance use has on a parent's ability to adequately meet the needs of a child and their ability to protect the child. The trainings also highlight particular drugs and the effects that different types of drugs can have on those who use them. In addition, substance abuse factors are interspersed throughout many of the other statewide child abuse trainings as substance abuse can have far reaching effects into many different areas.

An additional training, specific to drug use and the identification of behavioral indicators, was offered to all IDHHS field staff in 2021. This training focused on behavioral indicators in relation to the type of drug used and the effects it has on parenting. The training was developed and offered in conjunction with the redesign of the IDHHS Drug Testing Authorization System. Under the new authorization system, drug testing is limited to cases in which behavioral indicators have been observed and/or reported. As such, the system requires that field staff

have a working knowledge of the different types of drugs and their effects, of substance use disorders and how behavioral indicators can point to possible drug abuse. In addition, as part of the redesign of the drug testing authorization system, supports were added within the program to guide the worker in choosing the appropriate type of test to use based on the drug of choice and the frequency and duration of the testing that should be ordered. The system also includes information on types of drugs and the timeframe for testing based on the type of drug used.

Interagency Collaboration

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

State Response:

IDHHS recognizes the importance of interagency collaboration and supports efforts that enhance communication and relationships across systems. In the spring of 2022 IDHHS reached out to medical partners at Unity Point Hospital in Des Moines, Iowa to re-establish communication and to discuss opportunities to improve the States' response to infants affected by substance abuse, or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. These efforts were made to reconnect and highlight again the shared goal between the hospital and the Child Welfare System in identifying infants and providing the most appropriate services to them and their caretakers.

The Department has also just entered into a new contract to explore and study the feasibility of establishing the Sobriety Treatment and Recovery Teams (START) program which will lead to a pilot project which is build around interagency collaboration. The focus of the START model is on the continuum of care between systems and agencies that provide services to children and families whose parent(s) is diagnosed with an substance use disorder (SUD). Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. In the fall of 2023 IDHHS will begin the pilot project to implement the START Model in Iowa. The overarching goals of START are to prevent out-of-home placements, promote child safety and well-being, increase permanency for children, encourage parental SUD recovery, and to improve family stability and self-sufficiency.

Safe Plans of Care

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

State Response:

The IDHHS 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 in 2020 specific to CARA and the use of Safe Plans of Care. This training was mandated for all field staff and 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 IDHHS supervisors that highlighted the requirements of CARA. A Lunch and Learn was also hosted that reviewed CARA and Safe Plans of Care for all staff. This training, which was offered in May 2022, served as a refresher course, and highlighted the role and responsibilities of IDHHS staff in dealing with CARA cases. Two IDHHS case reviews have been conducted since the enactment of CARA but any further reviews were halted due to the restrictions imposed by the pandemic. Despite the delay it remains the goal of IDHHS to continue with case reviews in this area.

Mandatory Reporters

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

State Response:

The IDHHS endorses the recommendation to support and clarify the role and responsibilities of Mandatory Reporters in Iowa to report suspected child abuse and neglect. To the end, IDHHS contracted services in 2021 for a functional redesign of the online two-hour Child Abuse Mandatory Reporter Training core course and for development of a new one-hour Child Abuse Mandatory Reporter Recertification course. Both English and Spanish versions of these trainings were developed and posted in July 2022 on the IDHHS Learning Management System (LMS). Learners have access to the trainings through the IDHHS website. In designing the courses, the goal was to ensure that the curriculum was accurate and reflected current Iowa Code, Iowa Administrative Rules and IDHHS policies and practices regarding child abuse. To this end, in March 2023 updates were completed on the core courses to include recent changes in Iowa Code and IDHHS policies. The updated courses (English & Spanish) were posted on the LMS system in May 2023. Each year, over 50,000 persons have completed the IDHHS Child Abuse Mandatory Reporter trainings. The trainings which are intended to educate people about child abuse ultimately provides better protection for children.

Legal Representation for Parents and Children

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

State Response:

IDHHS is currently working with the State Public Defenders Office in support of a Legal Representation Pilot Project. The pilot project under SF 2182, provides for legal representation for indigent parents prior to the filing of any court proceedings. Under current Iowa law, the State Public Defender's (SPD) office is prevented from representing clients until a court case is filed. The goals of the project are to prevent the opening of a court case, when possible, to reduce the number of children entering foster care, to decrease the length of time a child spends in foster care and to reduce the number of children returning to foster care. The pilot project began in September 2021 was scheduled for three years. This spring (2023), HF 113 was passed which extends the state public defender pilot project for another year (through June 30, 2025) and expands the project from six to sixteen counties. IDHHS welcomes the expansion of the pilot as the expectation is that the evaluation and analyses of the Legal Representation Pilot Project will be used to guide IDHHS and the Office of the State Public Defender in identifying and establishing effective strategies to help stabilize families and minimize trauma to young children who are involved in the juvenile court system. In addition, if the pilot project is found to be effective it will likely be expanded and become best practice across the state.

IOWA CHILD ADVOCACY BOARD RECOMMENDATIONS & STATE RESPONSE

The SFY 2024 recommendations from the Iowa Child Advocacy Board include the following:

Recommendation:

For the Department of Health and Human Services (HHS) to consider modifying the family centered service contract requirements for Family Interactions to allow for more flexibility in the number of total interactions or total number of hours provided to a family. The amount of time or number of interactions should be based on the individual needs of each family, such as the size of families, age of the child/ren, and whether families have informal supports to assist with additional visitation between parents and children.

State Response:

Research shows that family interactions are least traumatic when supervised by someone the child and family knows and in natural settings. Over the past year, HHS published a Family Interaction Decision Tool to assist team members in identifying appropriate level of supervision, including the use of natural supports. The Family Centered Services (FCS) contract is capped at providing 20 hours or 10 interactions per month per family. This allows for flexibility while protecting the FCS workforce to enable them to provide Evidence-Based and Evidence-informed services. Starting July 1, 2023, Family Interaction services will be a stand alone

service to ensure family time when parents are not actively engaged in other services and to allow for sibling visits post-TPR.

Recommendation:

With regard to relative and fictive kin caregivers,

- For HHS to ensure relative and fictive kin caregivers are provided timely information and assistance with accessing Kinship Navigator Services.
- For HHS to track pertinent data points to assess the impact Kinship Navigator Services has on outcomes for children.

State Response:

HHS has made considerable effort to ensure that information regarding the assistance of Kinship Navigator Services is shared in a timely manner with relatives and fictive kin. FCS providers are now able to start Kinship Navigator services with families participating in FCS services and expressing an interest in that support. Due to system constraints and competing priorities with the new information system build-out, HHS is unable to access the desired data to more rigorously assess the impact of Kinship Navigator Services. This will be built into the functionality of the new system once deployed. HHS has been working with Sivic Service Group (SSG) to develop a blueprint for moving the Kinship Navigator program toward evidence-based. Iowa's program is closely aligned with the Ohio model that is on the IV-E Prevention Clearinghouse. Implementing an evidence-based Kinship Navigator Program will help ensure quality services to relatives and fictive kin,

Recommendation:

For HHS and the Iowa Courts to assess youth participation in juvenile court proceedings. Some key data points for consideration include, but are not limited to:

- Age of children attending court hearings;
- Frequency of children attending court hearings;
- Who (HHS, GAL or other) is notifying and/or encouraging children to attend their court hearings;
- Impact, if any, that child participation has on hearing outcomes;
- Impact, if any, that participation in a hearing has on the child;
- What prevents youth 10+ years of age from attending court hearings;
- Judicial perspective on benefits of having children in the courtroom.

State Response:

The recommendation above is calling for an assessment regarding the participation of youth in juvenile court proceedings. Key data points for consideration are listed. In reviewing the suggested data points it is not entirely clear how the information could be used to further support youth participation in court proceedings due to HF 2507 which was enacted July 1, 2022. HF 2507 amended the age of a child who should attend court hearings from 14 years of age to 10 years. Iowa Code now mandates that any child ten years of age or older shall attend all juvenile court hearings and if not, it is the role of the court to determine if they were informed of the hearing. If it is determined that it is not in the child's best interest to be present at a hearing, regardless of the age of the child, the court hearing will be recorded by the court.

IOWA HHS

THE COMMUNITY INITIATIVE FOR NATIVE CHILDREN AND FAMILIES WOODBURY COUNTY CITIZEN REVIEW PANEL

RECOMMENDATIONS & STATE RESPONSE

The Community Initiative for Native Children and Families (CINCF) in Northwest Iowa submitted the following recommendations:

Recommendation:

Increase Native American foster families by 6 to a total of 12:
Continuing collaboration between the HHS Native unit, CINCF, Sioux City community and LSI recruitment efforts and the formation of a support group for Native American foster parents. Unfortunately, we're losing Native American foster homes no new homes have been identified recently.

State Response:

HHS supports an increase in Native foster family homes through the contracting with LSI. We are committed to working with LSI and the Urban Native Center, through the Woodbury HHS Native Unit and our central office staff when needed, to promote efforts to attract potential Native foster families. For example, the following was discussed over the last year in The Community Initiative for Native Children and Families (CINCF) meetings:

- 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 and reaching out to the Winnebago Tribe, including creating an advisory committee 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.
  - Foster parent concerns regarding foster care licensing standards agreement, which HHS addressed through agreement changes.
  - Information about the new Kinship Caregiver Payment Program that began July 1, 2021, including those families with HHS served children outside of the State.
    - Since April 2022, there have been 73 Kinship Referrals in Service Area 1.
    - LSI RRTS holds a monthly Orientation/Information Session to promote the importance of maintaining Native American culture, assisting families with the paperwork if they chose to meet in person. Virtual orientation opportunities are also made available.
    - There have been 4 Resource Families who have been licensed through the Kinship Caregiver Process with Native American children placed in the home. Kinship Licensing has impacted a total of 10 Native American children who were placed in these homes.

Recommendation:

Participate in the strategic planning retreat and media campaign as a key partner for creating a framework for Resilient Native Community in Woodbury County through the ICAPP grant secured by SHIP (Siouxland Human Investment Partnership).

State Response:
Woodbury County was one of four counties who received the grant. Nola Aalberts previously expressed her interest to collaborate with the Native Resilient Grant in offering an AmeriCorps position to help with the grant in any way needed. SHIP did not move ahead with an AmeriCorps position under the Native Resilient Community Grant. At this point in time, the Needs Assessments, Strategic Plans, and annual work plans that include benchmarks and goals specific to the unique needs of the community have been completed; a follow-up survey is planned for FY 2025 to indicate any changes in Woodbury County in awareness, behaviors, or perceptions.

Recommendation:

Promote Motherhood is Sacred and Fatherhood is Sacred parent skill building classes held throughout the year and increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.

State Response:
IDHHS continues to support the *Motherhood is Sacred* and *Fatherhood is Sacred* parent skill building classes. IDHHS recognizes the important role that these classes play in the continuum of services for Native families. IDHHS will continue to support the courses through referrals to the programs.

Recommendation:

Continue to define the Tribal Customary Adoption PDSA that is being developed to effectuate these adoptions. Next steps are to spread this initiative, so the Tribal Customary Adoptions is a statewide practice. The Attorney General assigned to the Western Service Area and the Iowa Department of Health and Human Services is advancing this initiative to other workgroups and counties across the state.

State Response:
The IDHHS fully supports the Tribal Customary Adoption (TCA) initiative which has provided another permanency option other than the termination of parental rights. The focus of the initiative is to help Native American Indian 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 IDHHS and pursued in child in need of assistance actions involving Native American children to whom ICWA applies. TCA allows Indian children to achieve permanency in a manner consistent with their tribal heritage in cases where reunification efforts have been unsuccessful despite the provision of active efforts. Work on the TCA initiative continues with two successful adoption cases having been completed. As the program continues to grow, IDHHS would like to expand TCA to other areas of the State.

Recommendation:

Continue to participate in monthly CINCF Meetings.

State Response:

In support of the Community Initiative for Native Children and Families (CINCF), IDHHS local, service area, and central office staff actively participates in monthly CINCF meetings. As schedules allow, the Service Area Manager (SAM) for the Western Iowa Service Area (WISA), the supervisor of the Native unit, a social work administrator (SWA) for WISA, and the Native unit staff regularly attend meetings and update members on: new IDHHS Programs and initiatives, data regarding Native American children, and concerns related to practice or ICWA compliance. The IDHHS Federal Program Manager also attends these meetings. This allows the Program Manger to update the group on IDHHS policy and practice changes while also collecting feedback on any ICWA compliance concerns and/or field issues. IDHHS will continue to work collaboratively with CINCF to find resources and support for Native families.