

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

*FFY 2020-2024
Child and Family Services Plan
Training Plan*

June, 2023

Title IV-B Child and Family Services Plan Federal Fiscal Years 2020-2024 Training Plan

STATE OF IOWA
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF FAMILY WELL-BEING AND PROTECTION

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NEW WORKER TRAINING REQUIREMENTS

The State of Iowa Department of Health and Human Services (HHS) requires newly hired social work staff to complete the New Worker Training Plans by the timeframes specified for each course (Attachments 8D1 and 8D2). The New Worker Training Plans serve as a roadmap of the training requirements within the first year of hire. These documents also detail the learning modality and number of credit hours associated with each course.

SWCM training prior to caseload assignments is as follows:

New Social Work Case Managers (SWCMs) must complete the initial four days of *SW 020 Foundations of Social Work Case Manager Practice* before assignment to any cases. Following this classroom time, learners will participate in a month-long field learning experience before they return to the classroom for the second part of SW 020. Starting in FY24, to account for the vast amount of content covered during this training, this course will be extended by an additional day for a total of four days during Part 2 of SW 020.

Newly hired staff will work with their mentors on no more than 10 cases during their field learning experience prior to the completion of SW 020. Suggested types of cases to avoid assigning during the field learning experience timeframe include:

- Sexual abuse cases
- Severe physical abuse
- Previous terminations
- Medical neglect cases
- Child death
- Cases that have multiple CPS substantiation
- Severe domestic violence in the home

CPW training prior to caseload assignments is as follows:

New Child Protective Workers (CPWs) must complete the initial three days of *CP 200 Fundamentals for Child Protective Worker Practice* before assignment of any cases. Following this classroom time, learners participate in a month-long field learning experience before they return to the classroom for the second part of CP 200, which is four days in length.

Newly hired staff receive no more than six Family Assessment or CINA cases during their field learning experience prior to the completion of CP 200.

In FY 23, new CPWs were required to complete *DA 202 Dependent Adult Abuse Fundamentals* before assignment to any dependent adult abuse cases. The intent in FY24 is remove the DA 202 requirement for CPWs as the Aging and Disability Services Division will be facilitating training for all new Adult Protective Workers. One session of DA 202 will be scheduled early next fiscal year to facilitate the handoff of this training to the Aging and Disability Services Division.

SUPPORTS PROVIDED DURING THE IN-SERVICE TRAINING PERIOD

Mentoring Program

HHS has established a formalized mentoring program with the goal of supporting new workers as they transition into their role. New workers are surveyed about the experience in the mentoring program, responses are included in Attachments 8D3 and 8D4.

We have seen a steady decline in worker satisfaction with the implementation of our mentoring program, both through survey data and direct conversations with workers. The Change & Innovation Agency (CIA) recently gathered feedback from staff regarding the current state of mentoring and shadowing opportunities we make available for new workers. Feedback provided to CIA indicated the program is not effectively being implemented in all areas of the state, which also mirrors the feedback we have received in both the SWCM and CPW Mentee Self-Assessment Surveys. Social Work Administrators (SWAs) are currently reviewing the mentoring program framework and SWCM and CPW Mentee Self-Assessment Survey results in an effort to streamline the framework to accommodate our current work environment.

More information can be located later on in this report under *Progress on Goals, Item 26: Initial Staff Training*.

Trainer/Supervisor Meeting to Provide New Worker Feedback

The two dedicated HHS trainers conducted 1 hour-long meetings with the Supervisor of each new worker during this reporting period. The purpose of these meetings is to update each Supervisor on the progress of their new worker during training, review any concerns the trainer had with the progress, as well as identify areas where the new worker could use some additional training. These calls help Supervisors to key in on what areas to focus their supervision when working with new workers.

New Worker Orientation

All new workers are required to take the New Worker Orientation, which is a recorded training assigned to them in the learning management system (LMS), called Learnsoft. The recorded orientation covers essential information regarding onboarding in a consistent manner. Within this next reporting period, the recording will be reviewed for any necessary updates.

In addition to this recorded Orientation, in FY23 the *New Worker Course Registration Demonstration* was added as a requirement for new workers. The purpose of the demonstration, conducted by the LMS Administrator, is to familiarize new workers with the LMS and to assist them with registering for coursework listed as required training during the first six months of employment on their New Worker Training Plans.

Connecting to Help Desk Staff

Another level of support provided to new staff is access to the HHS Service Support and Training Help Desks. During SW 020 and CP 200, new staff receive an introduction to these specialized teams of personnel. Service Help Desk staff answer more complicated practice and policy related questions, and the CWIS Help Desk answers information system questions and technical questions that arise.

ONGOING WORKER TRAINING REQUIREMENTS

All Social Work Staff

HHS requires all social work staff to complete a minimum of 15 training hours each state fiscal year.

Adoption Workers and Supervisors

During this fiscal year, Adoption Workers continued to be required to complete *CC 610 National Adoption Competency Mental Health Training*, while Adoption Supervisors were required to take *CC 611 National Adoption Mental Health Training for Supervisors*.

Adoption Workers and Supervisors were also encouraged to participate in lunch-and-learns centered around their role. Offerings this fiscal year included:

- Changes to Iowa Code Chapter 600
- Subsidized Guardianship Fundamentals
- Completing Adoption Paperwork with a Family

Adult Protective Specialists

Adult Protective Specialists were required to attend Adult Protective Specialists Enhanced Learning Sessions. Adult Protective Workers and Adult Protective Supervisors are required to attend Adult Protective Services Enhanced Trainings that cover content related to their role. During this reporting period, the following webinars were held:

- CC 502 The Importance of Social Well-Being for Aging Adults
- CC 504 Living with Dignity Appropriate Aging Settings and Age-Friendly Communities
- DA 301 How to Collaborate Effectively with Law Enforcement
- DA 302 APS Enhanced Trainings – Accessing up to date forms and tools electronically
- DA 303 APS Enhanced Trainings – Assessments in an HCBS Environment
- DA 304 APS Enhanced Trainings – Roles and Responsibilities of the Office of the State Long-Term Care Ombudsman (OSLTCO)
- DA 305 APS Enhanced Trainings – Roles and Responsibilities of Medicaid Case Managers
- DA 306 APS Enhanced Trainings – Legal Aspects of Guardianship and Conservatorships in Iowa
- DA 307 APS Enhanced Trainings – Dependent Adult Abuse Appeals – A Roadmap for Success

A new requirement this past fiscal year was for Intake Workers to complete a series of recorded trainings about Adult Protective Services. The recordings included:

- DA 030 Aspects of Caretaking from an Intake Lens
- DA 031 Accessing Up-To-Date Dependent Adult Forms and Tools Electronically
- DA 032 APS Intake Training – In-Depth Intakes
- DA 033 APS Intake Training – Delving into Dependency
- DA 034 APS Intake Training – Deciding on a Category of Abuse

Starting in FY24, the Aging and Disability Services Division will complete the ongoing training of Adult Protective Workers and Adult Protective Supervisors.

ONGOING TRAINING ALIGNMENT TO JOB RESPONSIBILITIES

Child Welfare Competencies Research Project

CWRTP continued to conduct research on the use of core competencies in child welfare state agencies across the country. During the reporting period CWRTP distributed a secondary survey that was sent to those state respondents from the previous year. The Core Competency Report (Attachment 8D5) sheds light on how other states' structure training around core competencies.

CWRTP furthered this aim by conducting research on what other states were doing in terms of simulations (Attachment 8D6). The findings from this report have been taken into account for FY24 as we intend to incorporate a virtual simulation into new worker training offered through the University of Ohio. We also plan to incorporate hands-on simulation training with actors into Engagement Fundamentals as noted further below in this report.

Learning Needs Survey

The Learning Needs Survey was distributed to staff in February 2023. The goal of the survey is to identify the top learning needs for staff to inform training offerings and corresponding content in FY24. SWCMs, CPWs, Supervisors, Social Work Administrators, Help Desk staff, and Policy staff were requested to complete the survey. 216 individuals fully completed the survey. The results were as follows and this information has been taken into account in the Updates to Training Plan for FY24 (Attachment 8D7).

- Top three overall training needs:
 - 1) Mental/Behavioral Health
 - 2) Trauma Informed
 - 3) Court and Legal Issues
- Supervisor top training need (Supervisory category and the following subcategories):
 - 1) Staff trauma, turnover and building resiliency
 - 2) Coaching and mentoring new workers
- SWCM top training need (Court and Legal Issues category and the following subcategories):
 - 1) Reasonable efforts
 - 2) Mexican Consulate
- CPW top training need (Trauma Informed category and the following subcategories):
 - 1) Worker in child death/severe cases
 - 2) Self-care, compassion fatigue, and secondary worker trauma

Lunch-and-Learns Available to All Staff

HHS continued to offer lunch-and-learn opportunities for staff. Learners have a more informal dialogue about the topics during these live webinars. To identify high demand focus areas for these webinars, the trainers met multiple times with leadership about worker needs, looked for themes and gaps in training based on their conversations with Supervisors and new workers, as well as identified needs from the CFSR reviews. Lunch-and-Learn webinars that occurred during this reporting period include:

- Reunification Practice Standards: A Review
- Preparing for a Termination of Parental Rights hearing
- Relative Notices
- CAP Teams and Parent Partners at Child Safety Conferences

- Centering Racial and Cultural Equity in Practice
- Random Moment Sampling
- SharePoint and Policy Manuals

Intermediate Level Training

Structuring coursework by levels of proficiency is one method for targeting staffs' ongoing training needs. The focus of fundamentals-level coursework is around acquiring basic skills and knowledge, while the focus of intermediate-level trainings is around building advanced skills for more tenured staff.

Below is an update to the previous year's plan to require the following intermediate-level training for all staff:

- Substance Abuse Intermediate – In FY 2023 this course was rolled out as required for all staff who have been with the Department over a year.
- Domestic Violence Intermediate – The plan in FY23 for this eLearning series of trainings developed by Mandel and Associates was to continue this requirement for staff who have been with the Department for over a year. However, due to contracting constraints, we were unable to contract with this group. Looking forward to FY24, the intent is for HHS to explore contracting for this training directly instead of utilizing Iowa State University to contract on our behalf.
- Trauma Intermediate – This new course will be held in FY24. The need for this course was identified through the Learning Needs Survey as well as feedback from the HHS Service Training Committee. This in-person training will be required for all staff. The focus of this course will be on self-care, compassion fatigue, and secondary trauma. During this training, learners will strategize around best practices for supporting self-care under the constraints of high caseloads.

Post-Training Evaluation of Ongoing Training

Learners complete a standardized electronic post-training evaluation after attending training. This evaluation includes questions designed to measure how well training addresses the skills and knowledge needed by staff to perform their duties.

Please see Table 4 later in this plan for Post-Training Evaluation data results. We see minor variation between FY 2022 and FY 2023 results, all of which are quite good and the result of our rigorous practice of reviewing post-training assessment data to identify areas we can continue to improve upon.

COLLABORATION STRATEGIES

Training Announcements

Training announcements about all HHS-sponsored learning opportunities are sent via email statewide to providers, tribal representatives, and various other partners.

Quarterly Meetings with Partners

The Multi-Disciplinary Training Meeting, which includes court and provider partners, has not consistently met during FY 2023. Added focus on internal HHS reorganization activities and significant workforce impacts for providers have played a role in fewer meetings being scheduled.

Collaboration and Incorporation of Lived Experiences

Please see the Table 1 regarding course enhancements related to lived experiences made in FY23. Table 2 details planned course enhancements on this front for FY24.

Table 1: FY23 Collaboration and Incorporation of Lived Experiences Course Highlights	
SP 312 Medical Fundamentals	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • During this training, a youth shares her lived experience of being in the system and the role the Department played in her life. • The co-facilitator, Katherine Scott from the STAR Child Advocacy Center, shares her experience and perspective from working in a Child Protection Center and collaborating with HHS child welfare staff. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Katherine Scott – Nurse Practitioner at the STAR Child Advocacy Center • Roxanne Riesberg - Child Protection Policy Program Manager Division of Family Well-Being and Protection with the Iowa Department of Health and Human Services
SP 314 Engagement Fundamentals	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Three Achieving Maximum Potential (AMP) Youth share with the audience advice for how best to partner with youth involved with the Department. Specific emphasis is included in regard to developing a rapport with youth. These three youth represented a diverse population including Hispanic and Black. • Several AMP youth spoke to the audience about the Do's and Don'ts surrounding engagement with them. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Andrea Vizhum - County Attorney • Judy Norris - Safe Babies Court • Clare Gee - Court Appointed Special Advocate Coordinator • Katie Henniges - Family First Director

	<ul style="list-style-type: none"> • Jami Hagemeyer - Attorney • Caring Dads Program • Parent Partner Program • AMP - Achieving Maximum Potential • Chief Justice Christensen of the Iowa Supreme Court • Melissa Haglund - HHS Social Work Case Manager • Kelsey Wade - HHS Social Work Supervisor
<p>SP 270 Substance Abuse Fundamentals</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Jon Stageman is a guest facilitator from the Iowa Department of Corrections who shares his experiences working in the narcotics unit. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Greg Bellville - Director of Prevent Child Abuse Iowa co-facilitated this training for part of the fiscal year. • Krista Lindholm - Licensed Clinical Social Worker and Director of Assessment Services Inc. co-facilitated this training for the remainder of the fiscal year.
<p>SW 020 Foundations of Social Worker II Practice</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • A presentation is made by the Parent Partner Program during which the Parent Partners share their experiences. • AMP youth also do a presentation where they describe their experiences with HHS. • A panel of HHS Supervisors and Social Work Case Managers do a question-and-answer session with the participants. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Doug Wolfe - Transition Program Planner with the Iowa Department of Health and Human Services • Parent Partner Program • ICPC Unit with the Iowa Department of Health and Human Services • IV-E Unit with the Iowa Department of Health and Human Services • MAXIMUS - Specific emphasis on empowering Iowa families to connect with services more efficiently. • Janee Harvey – Family Well-Being and Protection Director with the Iowa Department of Health and Human Services • Kelly Garcia – Director of the Iowa Department of Health and Human Services • Ana Clymer – Cultural Equity Statewide Coordinator • Sara Buis and Linda Dettmann - Program Managers with the Division of Family Well-Being and Protection in the Iowa Department of Health and Human Services

<p>CP 200 Basic Training for Child Protective Workers</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • A panel of HHS Supervisors and Child Protective Workers do a question-and-answer session with the participants. • St. Luke’s Child Protection Center does a presentation on interviewing techniques to utilize for children. We have the participants role-play an interview with a child and receive feedback from our St. Luke’s presenter as well as trainer on their engagement. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Janee Harvey - Family Well-Being and Protection Director with the Iowa Department of Health and Human Services • Kelly Garcia - Director of the Iowa Department of Health and Human Services • Tony Montoya and Stephanie Yeoman - Iowa Department of Health and Human Services Help Desk • Roxanne Riesberg - Child Protection Policy Program Manager Division of Family Well-Being and Protection with the Iowa Department of Health and Human Services
<p>SP 270 Mental Health Fundamentals</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Step in the Circle video - incarcerated individuals sharing their stories about their trauma and mental health. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Krista Lindholm – Licensed Clinical Social Worker and Director of Assessment Services Inc. co-facilitated this training.
<p>SP 305 Mental Health Intermediate</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Ellen Van Dam shares her experience with trauma and mental health through a video recording. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Krista Lindholm – Licensed Clinical Social Worker and Director of Assessment Services Inc. co-facilitated this training.
<p>SP 309 Domestic Violence Fundamentals</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • A video is played of a Connect and Protect consultation with the CAP team in the Des Moines Service Area. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Christy Johnson and Paul D. Pate- Safe at Home Program Administrator and Iowa Secretary of State. The Safe at Home Program launched in 2016 is administered by the Iowa Secretary of State's office. It is an address confidentiality program for survivors of domestic violence, sexual assault, trafficking, stalking, or violent crimes.

	<ul style="list-style-type: none"> • Iowa Domestic Abuse Program, Achieving Change Through Value-Based Behavior curriculum. Special emphasis on the essential components of Acceptance and Commitment Therapy. The service is utilized to assist offenders in applying changes to their daily lives. • Safe & Together Institute • Julie Clark-Albrecht - CPPC Program Manager with the Iowa Department of Health and Human Services. • Katie Peck - LMHC, LIMHP Supervisor, Mental Health Services with the Family Access Center. • Connect & Protect - CAP teams State of Iowa. CAP teams are made up of DHS and Family Centered supervisors and line staff, domestic violence advocates and Parent Partners. Each team member is specifically trained in the Safe & Together Model and provides case consultation surrounding domestic violence. • Nafla Poff-Dainty - Injury & Violence Prevention Coordinator with the Iowa Department of Health and Human Services • Monica Goedken - Violence Prevention Coordinator with the Iowa Department of Health and Human Services
<p>SP 535 Assessing Throughout the Life of the Case</p>	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Doug Wolfe - Transition Program Planner with the Iowa Department of Health and Human Services. • Consultation with AMP - Achieving Maximum Potential. A statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children, age 13-21, in Iowa. In addition to providing the life skills youth need to become healthy, independent adults.
<p>SP 315 Assuring Safety On Call</p>	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Roxanne Riesberg - Child Protection Policy Program Manager Division of Family Well-Being and Protection with the Iowa Department of Health and Human Services • Gloriana Fisher and Ben Little - Adult Protective Services Program Managers with the Iowa Department of Health and Human Services • Social Work Administrators with the Iowa Department of Health and Human Services • Tony Montoya and Stephanie Yeoman - Iowa Department of Health and Human Services Help Desk
<p>SP 316 Quality Visits & Documentation</p>	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Susan Godwin, Jennifer McMurrin and Michelle Gonzalez – Quality Assurance Bureau with the Iowa Department of Health and Human Services

<p>CC 319 Family Interaction Planning</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Rise Video Series - parents who have been child welfare involved sharing their stories and experiences. • Bradley Pothoven - Parent Partner and Caring Dads participant who talks about his experiences with Iowa HHS, family interactions and how HHS could have better supported his relationship with his daughters while they were removed. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Sara Buis and Linda Dettmann - Program Managers with the Division of Family Well-Being and Protection in the Iowa Department of Health and Human Services • Parent Partner Program
<p>SP 405 Human Trafficking</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Ray Fielder - Coordinator for the Iowa Office to Combat Human Trafficking. Ray shares his experience and knowledge throughout the training. Ray also shares a number of videos where survivors of trafficking share their stories. • Chris Singer - a survivor of Human Trafficking shared his experience through a poem which is used as a handout. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Ray Fielder - Coordinator for the Iowa Office to Combat Human Trafficking is our co-facilitator for this training. • Roxanne Riesberg - Child Protection Policy Program Manager Division of Family Well-Being and Protection with the Iowa Department of Health and Human Services • Chains Interrupted • Tony Montoya - Iowa Department of Health and Human Services Help Desk
<p>SP 410 Substance Abuse Intermediate</p>	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Greg Bellville - Director of Prevent Child Abuse Iowa co-facilitated this training for part of the fiscal year. • Krista Lindholm – Licensed Clinical Social Worker and Director of Assessment Services Inc. co-facilitated this training for the remainder of the fiscal year.
<p>SP 812 CFR Fundamentals</p>	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Susan Godwin, Jennifer McMurrin and Michelle Gonzalez – Quality Assurance Bureau with the Iowa Department of Health and Human Services
<p>SW 718 SBC Refresher</p>	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Katie Henniges - Family First Director shares information about collaborating with our FCS providers and how to overcome some of the barriers we experience.

	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Katie Henniges - Family First Director • Sara Buis - Program Manager with the Division of Family Well-Being and Protection in the Iowa Department of Health and Human Services
CC 415 Reunification Standards	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • A recording of a simulated Reunification Staffing was played during this training to show the audience what this meeting will look like; Parent Partners and Caring Dads were used as our actors. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Steve Sherman - Iowa Department of Health and Human Services Help Desk • Sara Buis and Linda Dettmann - Program Managers with the Division of Family Well-Being and Protection in the Iowa Department of Health and Human Services
CC 416 Preparing for Termination of Parental Rights	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Tony Montoya and Stephanie Yeoman - Iowa Department of Health and Human Services Help Desk
CC 417 Relative Notices	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Sara Buis and Linda Dettmann - Program Managers with the Division of Family Well-Being and Protection in the Iowa Department of Health and Human Services
CC 418 CAP and Parent Partners at Child Safety Conferences	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Sara Persons and Jodi McFadden- Parent Partner Coordinator and Parent Partner presented on the importance of Parent Partners at Child Safety Conferences and how they can support the parents we serve. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Julie Clark-Albrecht - CPPC Program Manager with the Iowa Department of Health and Human Services. • Parent Partner Program
CC 419 Centering Racial and Cultural Equity in Practice	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Ana Clymer - Cultural Equity Statewide Coordinator • Ashley Hopkins - Cultural Equity Learning Exchanges Training Coordinator
CC 421 Random Moment Sampling	<p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Crawford Norwood - Iowa Department of Health and Human Services Help Desk
SW 074 Testifying for CPWs	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Each facilitator shares mistakes and triumphs that they've seen in courtroom settings & in terms of casework. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Judge Kimberly Ayotte

	<ul style="list-style-type: none"> • Asst Polk County Atty Stephanie Brown • Asst AG Kristi Traynor • Asst County Atty Cory McClure
SW 073 Permanency and Termination of Parental Rights	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Judge Ayotte shares her ACES score early on in the training to let participants know how deeply she feels this topic. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Judge Kimberly Ayotte
SW 072 Testifying Fundamentals for SWCMs	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Each facilitator shares mistakes and triumphs that they've seen in courtroom settings & in terms of casework. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Judge Brent Pattison • Judge Lynn Poschner • Asst Polk County Atty Stephanie Brown • Asst AG Kristi Traynor • Asst County Atty Cory McClure
SW 071 Legal Aspects for SWCMs	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Mike shares anecdotes from his time with the Department, including some harrowing experiences & how to deal with them. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Mike Bandstra
SP 313 Legal Fundamentals for CPWs	<p><u>Lived Experiences</u></p> <ul style="list-style-type: none"> • Mike shares anecdotes from his time with the Department, including some harrowing experiences & how to deal with them. <p><u>Collaboration</u></p> <ul style="list-style-type: none"> • Mike Bandstra

Table 2: Planned FY24 Collaboration and Incorporation of Lived Experiences Course Highlights	
SP 312 Medical Fundamentals	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> We are discussing the option of incorporating a video of an example Multidisciplinary Team meeting to show the audience what this experience can look like or a video of an example of a Child Protection Center forensic interview with a child.
SP 314 Engagement Fundamentals	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> We intend to incorporate some live, in-person scenario role plays at the DMACC Ankeny Campus where they have a house we can use to simulate a real home visit. We are looking to hire actors in these scenarios to make the simulation real for the participants. We are looking at having them do scenarios of a home visit, including a tour of the home, as well as an interview with an upset parent. <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> DMACC Ankeny Campus Simulation House
SW 020 Foundations of Social Worker II Practice	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> We are going to have a Supervisor or trainer from the Intake Unit come to do a presentation on what intake does and what the intake process looks like. <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> Intake Unit with the Iowa Department of Health and Human Services
CP 200 Basic Training for Child Protective Workers	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> We are going to have a Supervisor from the Intake Unit join our panel discussion to share their perspective and experiences from Intake. We are looking at having the Blank STAR Center join us for a presentation on forensic interviewing, child development and engagement of children. We also are planning to collaborate with them to see if we can get a video of an interview with a child to give them a real-life perspective on what a child interview might look like. We are going to have the participants shadow an Intake worker for 4 hours between Part 1 and Part 2 of CP 200 to get hands-on experience of what all happens with Intake. <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> Intake Unit with the Iowa Department of Health and Human Services Blank STAR Center
Human Trafficking – Identification &	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> We are looking at continuing our Human Trafficking training but also expanding it to include information on services and

<p>Services/Supports (New training proposal)</p>	<p>supports that can be offered to a survivor of trafficking. We will potentially be collaborating with a group called Chains Interrupted, and we are hopeful that we can get a survivor of trafficking to come in and speak on their experiences and how we can best support survivors.</p> <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> • Chains Interrupted
<p>Sexual Abuse (New training proposal)</p>	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> • We are proposing a potential training on Sexual Abuse and how to best support survivors of this type of abuse. We are exploring the option of having a therapist come in to speak on treatment and services for a survivor as well as engagement techniques we can use. <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> • A mental health therapist who specializes in trauma-informed care and sexual abuse
<p>LGBTQI+ (New training proposal)</p>	<p><u>New Lived Experiences</u></p> <ul style="list-style-type: none"> • We are considering a training on how to best support the LGBTQI+ community through our work, and we are collaborating with Bureau of Performance and Transformation as well as the Office of Health Equity. This training may include some material on the experiences of individuals and recommendations for how HHS can best support this population. <p><u>New Collaboration</u></p> <ul style="list-style-type: none"> • Bureau of Performance and Transformation with the Iowa Department of Health and Human Services. • Office of Health Equity with the Iowa Department of Health and Human Services.

TRAINING TO SUPPORT THE FFY 2020-2024 CHILD AND FAMILY SERVICES PLAN (CFSP) GOALS AND OBJECTIVES

Coursework Proposed in FY24 to Support the CFSP

- Engagement Fundamentals – This course is being revamped and extended to two days. This course will incorporate simulation activities with hired actors at an actual house on the Des Moines Area Community College Campus (DMACC). Situations that will be role-played during this course include:
 - Warm hand-off between CPW and SWCM
 - Interview with an escalated parent
 - Difficult conversation with professional engagement including an attorney or FCS Provider
- Reasonable Efforts - This is a one-day, face-to-face training that is required for SWCM and SWCM Supervisors to review the legal basis of reasonable efforts, permanency timeframes, and permanency hearings. An objective of this training is to establish a more standardized statewide approach to establishing and documenting reasonable efforts. The training will also address how a SWCM should proceed with a filing for reasonable efforts.
- New Case Note Documentation – Webinar to cover writing quality case notes utilizing the new case note format in VISION.
- New Case Permanency Plan Documentation – Webinar to cover writing quality case plans utilizing the new Case Permanency Plan format in VISION.

PROGRESS ON GOALS

ITEM 26: INITIAL STAFF TRAINING

Goal 1: Improve new staff completing training within the required timeframes

Strategies to reach this goal are:

New Worker Training Timeframes Data

HHS developed quarterly reporting that tracks the average length of time between new worker hire dates and the start of new worker training (SW 020/CP 200), enabling HHS to better assess the length of time it takes to initiate core training for new workers in their first three months of employment. See this data Table 3 below.

Table 3: New Worker Timeframes

	Average Days to Start of 020/200	Number (percentage) within 30 Days of Hire	Number (percentage) within 60 Days of Hire	Number (percentage) within 90 Days of Hire
New SWCMs (100)	27.5	53 (53%)	43 (43%)	4 (4%)
	25.6	54 (61%)	32 (36%)	3 (3%)
New CPWs (32)	26.7	16 (50%)	15 (47%)	1 (3%)
	25.9	25 (52%)	22 (46%)	1 (2%)

Note: Numbers in black font are FY 22.

We see minor variation between FY 2022 and FY 2023 results. In FY24, we are actively exploring additional training resources that would allow us to provide sessions of CP 200 and SW 020 every month versus every other month.

New Worker Training Plan Timeframes Review

The New Worker Training Plans will again be thoroughly reviewed this coming year just as they were in the past year to determine if the required completion timeframe for each course is appropriate. The HHS Service Training Committee will play a role in reviewing the New Worker Training Plan timeframes. This requires striking a careful balance between making sure new workers receive essential information early-on at the start of their position without overwhelming them with training. When reviewing the training plan timeframes, the team will continue to consider that new workers need case experience to connect to the learning concepts during training.

Goal 2: Improve the perceived effectiveness of the trainings

Strategies to reach this goal include:

Training Effectiveness Report Conducted by ISU

ISU conducted an in-depth analysis of SW 020 and CP 200. The analysis identified barriers in learning/practice and proposed modifications based on the findings. The basis of these evaluations on the new worker trainings (SW 020 and CP 200) is on the work of the California Social Work Education Center (SWEC). Please see the findings in Attachments 8D8a and 8D8b.

Post-Training Evaluation of New Worker Training

Learners complete a standardized electronic post-training evaluation after attending training. This evaluation includes a number of questions designed to measure how well the training addresses basic skills and knowledge needed by staff to perform their duties.

Table 4 reflects data for the reporting period that measures perceived effectiveness of new worker training. As noted earlier, we see minor variation between FY 2022 and FY 2023 results, all of which are quite good and the result of our rigorous practice of reviewing post-training assessment data to identify areas we can continue to improve upon.

Table 4: Post-Training Evaluation Results

	I will be able to apply on the job what I learned during this session. (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
CPW New Worker	4.69	9.35
	4.67	9.27
SWCM New Worker	4.78	9.02
	4.68	9.09
CPW Ongoing (includes all courses <u>except</u> 200, 202, 020)	4.24	7.77
	4.34	8.00
SWCM Ongoing (includes all courses <u>except</u> 200, 202, 020)	4.39	8.14
	4.32	8.12
Supervisors Ongoing (includes all courses <u>except</u> 200, 202, 020)	4.38	8.34
	4.34	8.27

NOTE: Numbers in black are for FY 22.

HHS Service Training Committee

This fiscal year HHS Service Training Committee resumed our work with the mission to provide feedback and expertise from the field that will inform training for social work staff. The group recently started to meet in April 2023 and will meet on a bi-monthly basis to determine how to best meet the needs of staff, which will serve to improve the perceived effectiveness of training. Topics being discussed in this group include the Training Needs Survey, new trainings for FY 2024, survey results on legal needs of SWCMs, and reviewing the new worker training plans.

Annual Course Review (ACR)

The Annual Course Review (ACR) is a meeting held at the beginning of the fiscal year and before the first offering of trainings held during the preceding fiscal year. In this meeting, all course components are reviewed, which includes updating policy & procedures, ensuring course alignment between the learning objectives, learning activities, and assessments, as well as revising strategies for diversity, equity, and inclusion.

Most decisions are based on current policies, process updates, and data gathered for each session during the fiscal year, such as anonymous post-training evaluations, test results, and facilitators and hosts' feedback after each training session. Training support team expertise about course alignment and content experts' knowledge is key in this review. During SFY 2023, data gathering improved by giving enough time for participants to submit their post-training evaluations and sending weekly reminders.

Instructional Design Enhancements to Curriculum

The training team has renewed its focus on providing an environment with optimal learning conditions and participant success. The team has increased the number of videos that have captions and highlights for participants the zoom feature ability to have captions during the virtual training. The Instructional Designer is attentive to colors, size, diverse images, and formatting on the power points. A strengthened PowerPoint review process was created this fiscal year to ensure PowerPoints are meeting these targets.

Incorporation of Lived Experiences

Detailed in the collaboration section of this report, the Service Support and Training team made a concerted effort to incorporate panels, personal stories, and lived experiences into many different courses. The consistent feedback from the Post-Training Evaluation is that these lived experience components bring the concepts to life.

Goal 3: Establish or improve support and education in non-classroom settings

Strategies to reach this goal include:

Mentoring Program

HHS is now in the fourth year of having implemented the Mentoring Program to build the confidence level of a new worker as well as their competency in doing casework in the counties they serve. With this goal in mind, the design of the program is around experiential learning opportunities in the field that reinforces classroom learning. The desired outcome of the program is to increase employee satisfaction and retention.

HHS continued to survey folks who have participated in the mentoring program. Attachments 8D3 and 8D4 serve as feedback for evaluating and enhancing the Mentoring Program. As noted previously, we have seen a steady decline in worker satisfaction with the implementation of our mentoring program, both through survey data and direct conversations with workers. The Change & Innovation Agency (CIA) recently gathered feedback from staff regarding the current state of mentoring and shadowing opportunities we make available for new workers. Feedback provided to CIA indicated the program is not effectively being implemented in all areas of the state, which also mirrors the feedback we have received in both the SWCM and CPW Mentee Self-Assessment Surveys. Social Work Administrators (SWAs) are currently reviewing the mentoring program framework and SWCM and CPW Mentee Self-Assessment Survey results in an effort to streamline the framework to accommodate our current work environment.

Once the new mentoring framework is approved, management and supervisory staff will be expected to consistently implement the program statewide. Training on the new framework and corresponding expectations will be developed and delivered to all staff in advance of implementation. Other staffing options are also being explored that would help better support mentoring and shadowing efforts in each of the Service Areas.

Master 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 HHS employees. The program aims to support the workforce needs of HHS 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 HHS staff who wish to pursue an MSW.

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 HHS fiscal, and select HHS 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 HHS to contract directly with UNI in FY24 to administer the stipend program. See Attachment 8D9 for a status update on the tasks completed in this fiscal year and anticipated for FY24.

Training Takeaways

Starting this fiscal year, the training team developed a new, easy to digest publication called Service Training Takeaways. This one-pager will be regularly distributed and provide an overview of previous trainings and various initiatives to ensure critical information remains both relevant and at the forefront of practice. Service Training Takeaways will highlight key training points and practices, as well as links to corresponding resources. Training Takeaways distributed to staff this year include:

- Father Engagement
- Safe Plan of Care
- Domestic Violence
- SDM Safety Assessment
- Safety Planning

Virtual Home Simulation (VHS)

In FY24, the intent is to partner with the University of Utah to provide staff with a Virtual Home Simulation (VHS) where they can practice identifying risk and protective capacities in a safe environment. VHS will also serve to provide staff with a snapshot of the work that they will be performing in their role at HHS. This training that is to be conducted outside of the classroom would serve as a pre-requisite to coming part 2 of the initial onboarding coursework (SW 020/CP 200). The University of Ohio has agreed to partner with HHS without HHS having to provide any financial compensation. Instead, HHS would provide expert feedback into the algorithm used within the VHS to provide electronic feedback to participants.

Des Moines Area Community College (DMACC) Simulation House

As mentioned previously in this report, HHS will begin utilizing the DMACC Simulation house to facilitate the Engagement Fundamentals scenarios in a realistic setting and environment.

ITEM 27 – ONGOING STAFF TRAINING

Goal I: Address staff not completing the required ongoing training hours within our established timeframes

Quarterly Reporting

The intent during this reporting period was to develop a quarterly report for Social Work Administrators (SWAs) and Service Area Managers (SAMs) detailing which of their workers have or have not met the minimum 15 hours of training each fiscal year.

The Bureau of Quality Improvement is currently developing a comprehensive report listing completed trainings and corresponding training hours for both new and veteran staff, to be provided to managers and Supervisors on a monthly basis. This report will make it much easier for managers and Supervisors to determine which of their staff are on track to meet training requirements and which staff are not.

Goal 2: Address the need for supervisory training that promotes the development of child welfare supervisory and management skills.

Strategies to reach this goal include:

Supervisory Specific Webinars

The supervisory workgroup, in addition to SWAs, helped to identify the topics that best meet the needs of Supervisors. The trainers developed and facilitated the following supervisory webinars during this reporting period:

- Request for Information: Process and Your Role
- Maximus, SSI, and Title II Benefits
- The Supervisor’s Role in Establishing Subsidized Guardianships as a Permanency Option

Leadership Academy Supervisory Series

New Supervisors to HHS participated in Leadership Academy Supervisory Series (LASS). LASS comprises six self-paced online certification courses developed out of the National Child Welfare Workforce Institute (NCWII) with corresponding live discussion sessions with HHS leaders in Iowa. “It is an opportunity to develop a leadership pipeline in the agency, providing professional development, succession planning and contributing to the agency’s strategic priorities.” – NCWII

LASS participants complete the following required modules and live webinar discussion sessions.

Table 5: LASS Modules and Live Webinar Discussions	
LASS Component	Corresponding Live Webinar Discussion Facilitator
Pre-test Survey	
1) Introductory Module	Service Area Managers
2) Foundations of Leadership	Director of the Iowa Department of Human Services
3) Leading in Context	Public Service Executive – Field Operations
4) Leading People	Public Service Executive – MHDS Community
5) Leading for Results	Public Service Executive – Fiscal Management
6) Leading for Change	Public Service Executive – FWBP; Public Service Executive – MHDS
Post-Test	

Due to the complex nature of completing this coursework within the Learnsoft Learning Management System, the Service Training Website Help Desk took extra steps to ensure participants met the requirements to complete the program. These steps included:

- Help Desk enrolls each user in trainings/webinars. This ensures that users do not miss enrolling themselves in any courses.
- Help Desk enrolls the user in each specific certification (1-8 modules) only after they have completed the prior certification or discussion webinar. An automated alert is sent to the Help Desk as soon as the latest discussion webinar is complete so that we can enroll them in the next set of courses.

- This allows the user to only focus on the courses that are relevant at the present time instead of having the users sort through 52 modules. The courses that are pertinent to the next discussion webinar are the only courses that are viewable to the learner.
- Reports are run after each discussion session to make sure that the user completed the prior trainings.
- An email to learners goes out before they are enrolled in the last certification. It informs them there is a survey to complete.

New for FY24 is that the LASS training has been updated by NCWII and will now only have five LASS Components.

National Adoption Competency Mental Health Training for Supervisors

During this reporting period, CC 611 National Adoption Competency Mental Health Training for Supervisors was required for Adoption Supervisors and highly recommended for all Supervisors who have not already taken the eLearning.

Trainer/Supervisor Meeting to Provide New Worker Feedback

As noted previously in the section regarding in-service supports of this report, these calls help Supervisors to key-in on what areas to focus their supervisory/management skills when working with new workers.

Provide Supervisors with “The Essential Handbook for Highly Effective Human Service Managers”

New Supervisors starting with HHS are provided with books that promote the development of child welfare supervisory and management skills. This book emphasizes an innovative approach to equip managers at all levels with the strategies and tools necessary to maximize employee commitment, performance, and client care. To support the learning, SWAs cover one or more chapters during their monthly All Supervisors Meetings. During these meetings, Supervisors and Social Work Administrators debrief and share of what they learned in specific chapters and how they might apply what they learned in their daily work.

SP 810 Trauma Stewardship for Supervisors

During this year, this course was revamped based on the feedback from Supervisors who participated in this course. This course is now being offered as a two-part half-day webinar series instead of as a day-long in-person course. This change in format allows Supervisors more flexibility to participate in this training. The course content for the webinar series also now includes discussions around topics from “The Essential Handbook for Highly Effective Human Service Managers”.

DISPROPORTIONALITY, EQUITY, AND DISPARITY

House File 802

House File 802, passed in 2021, prohibits **mandatory** training on specific defined concepts, including:

- That the United States of America and the state of Iowa are fundamentally or systemically racist or sexist.
- That an individual, solely because of the individual’s race or sex, is inherently racist, sexist, or oppressive, whether consciously or unconsciously.

In response, HHS no longer requires all staff to attend the courses listed below, but highly recommended them. The Training Team has increased and reframed marketing materials for the course “Inclusion through a New Lens” to emphasize the professional benefits for staff and the benefits for children and families of Iowa.

The table below displays the number of HHS staff who voluntarily participated in these courses during the reporting period. The number of staff who participated in these courses this past fiscal year is lower than in previous years. This decrease in participation is most likely due to these courses no longer being required and the high workload of staff.

Course	Number of Participants FY 2022	Number of Participants FY 2023
Race: Power of an Illusion	72	12
Understanding Implicit Racial Bias	80	15
Inclusion Through a New Lens	62	14

Diversity, Equity, and Inclusion (DEI) - Co-Facilitator Interviews

The Child Welfare Research and Training Project (CWRTP) at Iowa State University continues to utilize a DEI framework for third-party facilitator interviews. A panel interview is conducted when a new co-facilitator is needed for a course offered through the Service Support and Training unit. Typically, three candidates are interviewed for the role of a third-party co-facilitator to partner with HHS. Interview questions regarding diversity, equity, and inclusion are at the forefront of these interviews.

These questions will help gauge a candidate's knowledge of DEI principles, experience implementing DEI initiatives, and ability to work collaboratively and effectively with diverse individuals and teams.

Highlights of the interview process include:

- Ask all applicants the same questions to ensure an equitable interview process and frame questions gender-neutrally.
- Inform candidates that some interview questions will address DEI and intersectionality knowledge or experience.
- Interviews should be conducted by at least 2 interviewers with different cultural backgrounds to reduce bias that may affect decision-making.

- Keep in mind barriers to entry for historically marginalized identities/populations – applicants with personal experience navigating DEI issues should be weighted equally to applicants with professional experience facilitating training/conversations.

Updated Sample Questions (5 questions are selected for the interview and used consistently for each candidate):

- *How do you define diversity, equity, and inclusion?*
- *Can you give an example of a successful DEI initiative you've led or been a part of?*
- *How do you ensure your work is inclusive and considers diverse perspectives?*
- *What strategies have you used to address systemic biases in the workplace?*
- *How do you approach intersectionality in your trainings?*
- *Can you describe your experience working with people from different cultural backgrounds?*
- *How do you measure the effectiveness of DEI content in your trainings?*
- *How do you prioritize and balance competing DEI priorities in your trainings?*
- *Can you share a time when you had to challenge someone's biases or assumptions in the workplace/a training?*
- *What steps do you take to create a safe and inclusive environment for all employees/participants?*

Annual Course Review (ACR)

A key component of the ACR continues to be conversations around equity. Questions regarding intersectionality are used to explore and expand content regarding equity, disproportionality, and disparity related to the training topic and in compliance with Iowa law (HF802).

Example questions during the ACR are:

- *What disparities exist within this topic?*
- *Which communities are disproportionately represented in or impacted by this subject?*
- *How could data be utilized to demonstrate any disproportionality or disparity that may exist within this subject?*
- *What tools or strategies do learners need to address disparate impact and achieve more equitable outcomes for marginalized groups?*
- *How might race, gender, sexuality, ability, class, or sex impact this subject?*
- *Does this training shift some focus and power away from the most privileged in this discussion?*
- *Does the trainer provide a safe space for marginalized people to speak out? How?*
- *Are the people included in the training planning process representative of the identities that interact with the subject matter being presented?*
- *Does the scholarship/research included in this training reflect the diversity of identities impacted by racial oppression?*

Course Enhancements Regarding Disproportionality, Equity, and Disparity

Please see Table 7 regarding disproportionality, equity, and disparity in FY23. Table 8 details planned course enhancements on this front for FY24.

Table 7: FY23 Course Enhancements Regarding DEI	
Course Title	Enhancement
SP 270 Mental Health Fundamentals & SP 305 Mental Health Intermediate	Disproportionality, Equity, and Disparity are explored in both courses. Special emphasis on families right to access quality mental health care regardless of ethnicity, race, gender, socioeconomic status and/or their location. This includes access to treatment, recovery services and prevention for both mental health and substance use needs. The training also covers best practices in working with marginalized populations, specifically leading a framework for cultural safety and humility.
SP 535 Assessing Throughout the Life of the Case	A group activity is facilitated about fostering racial inclusion, diversifying our creative processes, and promoting diversity at every juncture of the child welfare case.
SP 312 Medical Fundamentals	This course includes a discussion surrounding barriers to health care, including disparity and equity. The training also covers methods to overcome these barriers as well as cultural considerations for abuse and neglect.
SP 314 Engagement Fundamentals	Three Achieving Maximum Potential (AMP) Youth share with the audience advice for how best to partner with youth involved with the Department. Specific emphasis is included in regard to developing a rapport with youth. These three youth represented a diverse population including Hispanic and Black. This training includes a handout for the audience on Working with Diverse Families and a discussion surrounding cultural humility and how to best engage families with different cultures and ethnicities.
SW 020 Foundations of Social Worker II Practice	Equity, disproportionality, and disparity in our work with children and families is discussed during this training. We explore these components during our discussions surrounding out of home placements and engagement strategies with both adults and youth. In addition, we discuss this when developing case plans and service activities with the family. This is also explored when we identify accessibility to services within communities. Ana Clymer, Cultural Equity Statewide Coordinator, does a presentation during

	<p>this training on centering racial and cultural equity. There is also an activity with the participants to explore the extent to which our experiences have exposed us to racial diversity and how it may affect our perspectives in the way we see ourselves, others, and the work we are engaging with in providing services.</p>
<p>CP 200 Foundations of Child Protection Worker Practice</p>	<p>Equity, disproportionality, and disparity in our work with children and families is discussed during this training. We explore these components during our discussions surrounding access to services, considerations for an abuse/neglect determination, and statistics surrounding child abuse and neglect in Iowa. The training also discusses cultural considerations and how to balance this with Iowa Code related to abuse and neglect.</p>
<p>CC 419 Centering Racial and Cultural Equity in Practice</p>	<p>Ana Clymer, Cultural Equity Statewide Coordinator, and Ashley Hopkins, Cultural Equity Learning Exchanges Training Coordinator, present on cultural equity and disparity in this Lunch-and-Learn; how to best engage and serve the families we work with was explored as well as considerations to culture.</p>
<p>SW 071 Legal Aspects for SWCMs</p>	<p>Implicit bias & systemic issue discussion throughout. ICWA is also discussed.</p>
<p>SP 313 Legal Fundamentals for CPWs</p>	<p>Implicit bias & systemic issue discussion throughout. ICWA is also discussed.</p>

Table 8: Planned FY24 Course Enhancements Regarding DEI	
Course Title	Course Content Enhancements Regarding Disproportionality, Equity, and Disparity
<p>SP 312 Medical Fundamentals</p>	<p>We are considering partnering with the Office of Health Equity to get some information on disproportionality in health care to share with the participants during this training.</p>
<p>CP 200 Foundations of Child Protection Worker Practice</p>	<p>I would like to talk to my guest speakers from the Help Desk about covering in depth how HHS approaches situations where cultural beliefs and practices conflict with Iowa Code related to physical abuse and supervision.</p>

Course Content Enhancements Regarding Engagement with LGBTQI+

Please see Table 9 regarding course enhancements related to LGBTQI+ made in FY23. Table 10 details planned course enhancements on this front for FY24.

Table 9: FY23 Course Enhancements Regarding LGBTQI+	
Course Title	Enhancement
SP 270 Mental Health Fundamentals & SP 305 Mental Health Intermediate	The training covers how LGBTQI+ individuals are at increased risk of certain mental health disorders, including depression, anxiety and PTSD. The material includes discussion about differing approaches when working with the LGBTQI+ population with a special emphasis on accepting and affirming sexual orientation and/or gender identity.
SP 309 Domestic Violence Fundamentals	The training covers the various Power and Control Wheels from the Duluth Model, including several which are specific to the LGBTQI+ community. There is also a video played during this course which displays a domestic violence situation that occurs between a same sex couple, and the training material covers how domestic violence can look different depending on the relationship type of the individuals.
SP 312 Medical Fundamentals	The training includes information on LGBTQI+ youth, their increased vulnerabilities and how we can best engage them. The training also includes a discussion about disproportionality as a barrier to medical and mental health services.
SP 405 Human Trafficking	The increased risk of trafficking for LGBTQI+ youth is discussed during this training. There is a scenario activity where the participants must identify signs of trafficking and identifying services and supports for the individual, and one of the scenarios focuses on a LGBTQI+ youth.
Planning Meeting for Next Fiscal Year's Trainings	Connie Jones and Jackie Stubbers, trainers with the Iowa Department of Health and Human Services, met with Julia Webb, Bureau Chief of Performance and Technology with the Iowa Department of Health and Human Services, and Olivia Walker, Director of the Office of Health Equity, on April 10, 2023 to discuss a training idea for next year on engaging LGBTQI+ parents and youth and how to best serve them. We also have started coordinating with two social workers who would like to be guest speakers for this potential training as well.

Table 10: Planned FY24 Course Enhancements Regarding LGBTQI+	
Course Title	Enhancement
Human Trafficking – Identification & Services/Supports (New training proposal)	We are looking at continuing this training and expanding the material to include a guest speaker who is a survivor of human trafficking. One of the guest speakers we are wanting to join us is part of the LGBTQI+ community, and we are going to ask them to share their ideas and perspective on how HHS can best support this population in our work to address human trafficking.
LGBTQI+ (New training proposal)	Connie Jones and Jackie Stubbers, trainers with the Iowa Department of Health and Human Services, met with Julia Webb, Bureau Chief of Performance and Technology with the Iowa Department of Health and Human Services, and Olivia Walker, Director of the Office of Health Equity, on April 10, 2023 to discuss a training idea for next year on engaging LGBTQI+ parents and youth and how to best serve them. We also have started coordinating with two social workers who would like to be guest speakers for this potential training as well.
Sexual Abuse (New training proposal)	We are proposing a potential training on Sexual Abuse and how to best support survivors of this type of abuse. We are exploring the option of having a therapist come in to speak on treatment and services for a survivor as well as engagement techniques we can use; we will be asking the therapist to speak specifically on the LGBTQI+ population and their needs as it relates to addressing trauma.
SP 314 Engagement Fundamentals	We would like to incorporate more information on engaging with the LGBTQI+ population in this training and how we can support and respect their sexual orientation and gender identity in our work.

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	<input type="checkbox"/>
		New Worker Orientation – Service Training	Recording	.25	<input type="checkbox"/>
	CC 364	Confidentiality and Dissemination	Recording	1.75	<input type="checkbox"/>
	CC 390	Secure Use of Smartphones	Recording	0.25	<input type="checkbox"/>
Within the first 3 months	CC 371	How to be an Effective TOP Rater	Recording	1	<input type="checkbox"/>
	CC 384	In-Depth Care Match Training	Recording	0.5	<input type="checkbox"/>
	CC 387	Assessing and Planning Around Safety	Recording	2	<input type="checkbox"/>
	CC 409	Lunch and Learn - Strengthening Our Documentation Regarding Best Practice	Recording	1	<input type="checkbox"/>
	SP 503	Mentoring Program (New course to be scheduled in FY24)	Webinar	3.5	<input type="checkbox"/>
	CC 584	TOP Level of Need Training	Recording	<.25	<input type="checkbox"/>
	CC 585	TOP Multi-Rater Report Training- Iowa DHS/JCS	Recording	<.25	<input type="checkbox"/>
	CC 586	TOP Alerts Training- Iowa DHS/JCS	Recording	<.25	<input type="checkbox"/>
	CC 587	TOP Client Report Training	Recording	<.25	<input type="checkbox"/>
	CC 588	Top Wellness Check Training	Recording	1	<input type="checkbox"/>
	CC 595	Family Risk Reassessment Tool	Recording	0.5	<input type="checkbox"/>
	CC 873	Court 101	Recording	0.5	<input type="checkbox"/>
	DS 168	Mandatory Dependent Adult Abuse Reporter Training	Online	2	<input type="checkbox"/>
	DS 169	Mandatory Child Abuse Reporter Training	Online	2	<input type="checkbox"/>
	SP 335	CSCs and SFM Fundamentals	Recording	3	<input type="checkbox"/>
	SW 020	Foundations of Social Work Case Manager Practice	Classroom	45.5	<input type="checkbox"/>
	SW 020s	Systems Training for New Social Work Case Managers (Certification Series of 5 Separate Recordings)	Recording	4	<input type="checkbox"/>
	SW 705	Danger vs. Risk	Recording	1	<input checked="" type="checkbox"/>

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.

	SW 716	SBC and the Case Permanency Plan: Our Interim Approach	Recording	0.5	<input type="checkbox"/>
	SW 718	Solution Based Casework (SBC) Refresher	Recording	1.75	<input type="checkbox"/>
Within the first 6 months	CC 377	Worker Webinar - Initial Case Permanency Plan & Action Plan	Recording	1	<input type="checkbox"/>
	CC 379	Transition Planning Worker Webinar	Recording	1	<input type="checkbox"/>
	CC 392	Drug Testing Module Webinar for SWCMs	Recording	1	<input type="checkbox"/>
	CC 591	SafeCare Overview for Iowa DHS	Recording	0.5	<input type="checkbox"/>
	CC 598	Indian Child Welfare Act (ICWA): Social Work Practice with First Nations	Recording	1.5	<input type="checkbox"/>
	CC 708	Safe Plan of Care	Recording	1	<input type="checkbox"/>
	CC 715	Kinship Caregiver Payment Program	Recording	1	<input type="checkbox"/>
	SP 100	Overview of Child Welfare eLearning	Online	2	<input type="checkbox"/>
	SP 105	Substance Abuse eLearning	Online	4.5	<input type="checkbox"/>
	SP 150	Child Welfare in Iowa	Online	4.5	<input type="checkbox"/>
	SP 270	Mental Health Fundamentals	Classroom	6.5	<input type="checkbox"/>
		SP 309	Domestic Violence Fundamentals	Classroom	6.5
	SP 310	Substance Abuse Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 311	Trauma Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 312	Medical Fundamentals	Classroom	13	<input type="checkbox"/>
	SP 314	Engagement Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 316	Quality Visits and Documentation	Recording	2.5	<input type="checkbox"/>
	SP 338	Reunification	Recording	3	<input type="checkbox"/>
	SP 506	SafeCare (New course to be scheduled in FY24)	Webinar	2.5	<input type="checkbox"/>
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework)	Online	5	<input type="checkbox"/>
	SP 538	Motivational Interviewing Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 812	CFSR Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SW 071	Legal Aspects of Social Work	Classroom	12	<input type="checkbox"/>
	SW 072	Testifying in Juvenile Court	Classroom	6.5	<input type="checkbox"/>
	SW 073	Permanency & Termination of Parental Rights	Classroom	6.5	<input type="checkbox"/>
Within 12 Months	CC 389	Social Security Benefits for Kids in Care	Recording	1	<input type="checkbox"/>
	CC 592	Building a Foundation for Adulthood - 4 Part Video Series	Recording	1	<input type="checkbox"/>

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.

	CC 875	Dangerous Substance: What it Is, What It Isn't	Recording	1.5	<input type="checkbox"/>
	SP 317	Reasonable Efforts (New course to be scheduled in FY24)	Classroom	6.5	<input type="checkbox"/>
	SP 535	Assessing throughout the Case	Classroom	6.5	<input type="checkbox"/>
	SW 500	Social Work Ethics	Recording	3	<input type="checkbox"/>
			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.

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	<input type="checkbox"/>
		DHS Confidentiality and Nondisclosure Statement, 470-5278 1-2019	Online	X	<input type="checkbox"/>
		DHS Employee Handbook – Sept 2018 (Rev 2-26-20)	Online	X	<input type="checkbox"/>
		Securing the Human	Online	2.64	<input type="checkbox"/>
		State of Iowa Employee Handbook 10-2018	Online	X	<input type="checkbox"/>
	HS 001	Confidentiality is Key	Online	1	<input type="checkbox"/>
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25	<input type="checkbox"/>
	MTS GI 052	Preventing Sexual Harassment for Employees	Online	.62	<input type="checkbox"/>

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.

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	<input type="checkbox"/>
		New Worker Orientation – Service Training	Recording	.25	<input type="checkbox"/>
	CC 364	Confidentiality and Dissemination	Recording	1.75	<input type="checkbox"/>
	CC 390	Secure Use of Smartphones	Recording	0.25	<input type="checkbox"/>
Within the first 3 months	CC 360	Authoring Domestic Violence-Informed Allegations	Recording	1	<input type="checkbox"/>
	CC 374	Risk Assessment	Recording	0.5	<input type="checkbox"/>
	CC 387	Assessing and Planning Around Safety	Recording	2	<input type="checkbox"/>
	CC 409	Lunch and Learn - Strengthening Our Documentation Regarding Best Practice	Recording	1	<input type="checkbox"/>
	CC 873	Court 101	Recording	0.5	<input type="checkbox"/>
	CP 200	Foundations of Child Protection Worker Practice	Classroom	45.5	<input type="checkbox"/>
	CP 200S	Systems Training for New Child Protection Workers (Certification Series of 6 Separate Recordings)	Online	5.5	<input type="checkbox"/>
	DA 202	Dependent Adult Abuse Fundamentals	Classroom	12	<input type="checkbox"/>
	DS 168	Dependent Adult Abuse Mandatory Reporter Training	Online	2	<input type="checkbox"/>
	DS 169	Child Abuse Mandatory Reporter Training	Online	2	<input type="checkbox"/>
	SP 314	Engagement Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 315	Assuring Safety On Call	Webinar	3	<input type="checkbox"/>
	SP 503	Mentoring Program (New course to be scheduled in FY24)	Webinar	3.5	<input type="checkbox"/>
	SW 705	Danger vs. Risk	Recording	1	<input type="checkbox"/>
SW 718	Solution Based Casework (SBC) Refresher	Recording	1.75	<input type="checkbox"/>	
First Six Months	CC 369	Making a Case for Sexual Abuse: Corroborating Evidence	Recording	1	<input type="checkbox"/>
	CC 370	Interview of Alleged Perpetrators During Protective Assessments	Recording	0.5	<input type="checkbox"/>
	CC 382	Safety Session 2 Training	Recording	0.5	<input type="checkbox"/>

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.

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

	CC 391	Drug Testing Module Webinar for CPWs	Recording	1	<input type="checkbox"/>
	CC 591	SafeCare Overview for Iowa DHS	Recording	0.5	<input type="checkbox"/>
	CC 598	Indian Child Welfare Act (ICWA): Social Work Practice with First Nations	Recording	1.5	<input type="checkbox"/>
	CC 708	Safe Plan of Care	Recording	1	<input type="checkbox"/>
	CC 875	Dangerous Substance: What it Is, What It Isn't	Recording	1.5	<input type="checkbox"/>
	SP 100	Overview of Child Welfare eLearning	Online	2	<input type="checkbox"/>
	SP 105	Substance Abuse eLearning	Online	4.5	<input type="checkbox"/>
	SP 150	Child Welfare in Iowa	Online	4.5	<input type="checkbox"/>
	SP 270	Mental Health Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 309	Domestic Violence Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 310	Substance Abuse Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 311	Trauma Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 312	Medical Fundamentals	Classroom	13	<input type="checkbox"/>
	SP 313	Legal Fundamentals for Child Protective Workers	Classroom	6.5	<input type="checkbox"/>
	SP 316	Quality Visits and Documentation	Recording	2.5	<input type="checkbox"/>
	SP 335	CSCs and SFM Fundamentals	Recording	3	<input type="checkbox"/>
	SP 506	SafeCare (New course to be scheduled in FY24)	Webinar	2.5	<input type="checkbox"/>
	SP 537	Using Motivational Interviewing in Everyday Practice (Florida Board of Certification Coursework)	Online	5	<input type="checkbox"/>
	SP 538	Motivational Interviewing Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SP 812	CFSR Fundamentals	Classroom	6.5	<input type="checkbox"/>
	SW 074	Testifying Fundamentals for Child Protective Workers	Classroom	6.5	<input type="checkbox"/>
Within 12 Months	CC 371	How to be an Effective TOP Rater	Recording	1	<input type="checkbox"/>
	CC 376	Court Involvement to Compel Home Visits	Recording	1	<input type="checkbox"/>
	CC 384	In-Depth Care Match Training	Recording	0.5	<input type="checkbox"/>
	CC 588	TOP Wellness Check Training	Recording	1	<input type="checkbox"/>
	SW 500	Social Work Ethics	Recording	3	<input type="checkbox"/>
			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.

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

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	<input type="checkbox"/>
		DHS Confidentiality and Nondisclosure Statement, 470-5278 1-2019	Online	X	<input type="checkbox"/>
		DHS Employee Handbook – Sept 2018 (Rev 2-26-20)	Online	X	<input type="checkbox"/>
		Securing the Human	Online	2.64	<input type="checkbox"/>
		State of Iowa Employee Handbook 10-2018	Online	X	<input type="checkbox"/>
	HS 001	Confidentiality is Key	Online	1	<input type="checkbox"/>
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25	<input type="checkbox"/>
	MTS GI 052	Preventing Sexual Harassment for Employees	Online	.62	<input type="checkbox"/>

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.

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

Q What were the most valuable aspects of the mentoring program that made a difference for you?
The one-on-one opportunity to ask questions and shadow the mentor.
All. Shadowing, open communication, feedback, training on computer systems, etc. My mentor has always been available to answer questions, assist with explaining tasks and procedures, and shadowing.
Being able to observe
Working hand in hand with a case. Being able to ask a question on the case really helped.
I did not have a mentor.
Having somebody there to answer questions, help when issues arise and to run things by/ideas.
Having an experienced co-worker who was there to show me the correct way to do things & also there to help & answer any questions I have.
Having an experienced co-worker to show me the correct way to do things & also there for any questions I may have.
The knowledge, the re-assurance, the relationship I continue to build. Everything was valuable for the mentoring program. As a new SWCM, it was very helpful to have someone 'take me under their wings' to show me the ropes. It has helped ease me into taking on my own caseload.
Being able to ask any question at any time with a timely response from my team members.
I was able to observe a seasoned SWII prior to his retirement.
Learned a lot and enjoyed the face to face and hands on demonstrations and teaching.
The availability of someone with more experience to give me guidance and ideas on how to navigate our service area providers.
Hearing how they talk about different cases, observe them with families and entering stuff into JARVIS.
Being able to have open communication with my supervisor has made it much easier to understand the job.
I did not have a mentor as Linn Co doesn't have this program currently due to high turnover. I did have one coworker Michelle Schuerer help me out a lot when I first started. Michelle would take me a long to court and her visits. I have been able to complete visits for her when needed. Michelle was able to show me how to complete court documents and has been always available for my questions. Devon Ankey was able to help me on my very first removal. Devon walked me through the entire process and helped me with transporting the children.
Being able to follow along for the visits.
We did not have a mentoring program
My mentor answered my questions or pointed me to someone who could.
N/A
I had a mentor for about 4 days so I did not get a lot out of the program myself.
I was not assigned a mentor. I heard trainers talk about the mentor program in different trainings. When asking about it in my office, I was told that if I had any questions, I could ask anyone and they would be able to assist me. My team and supervisor have all been very helpful and willing to answer my questions.
My mentor has a lot of knowledge and experience. She is always there. She provided both hands on and instructional training. I have valued the whole experience and strongly suggest every new worker has a mentor.
Mentoring program helped me learned about the resources that are offered in our community that we could suggest to family's.
Getting firsthand experience with someone there to help and guide me
Well I was given a mentor but I was able to reach out to co-workers who were thankfully, extremely helpful!!
Being able to talk to different team members and learn what works for them and being able to use a little advice from everyone on the team.
Being able to ask questions and seek help as needed.
N/A
Being able to shadow my mentor in the field and watching them engage with clients
Being able to see the diversity in each family and the diversity of the SWCM and how they work with families.
Having someone to ask questions and provide guidance during a time of learning.
It helped having someone to ask questions to but I don't see that I benefited much from it.

Q How could the mentoring program be improved?
N/A
N/A
Identifying multiple potential mentors that I can go out with to observe. Schedules with trainings did not always align with what my mentor had to observe.
After all the trainings that are required from the SWCM like SW 020- That to be done first and then go through the mentoring program.
I did not know about the mentoring program.
Nothing negative to say, I have had a great experience.
Not much, I had a great experience with it.
Not a lot, I had a great experience.
I don't have any suggestions for improvement. I feel the program is great.
Caseload plus training and getting to know programs and procedures is difficult and takes time.
I would benefit from additional experience with navigating systems used for SWII's. My mentor was not assigned new cases prior to retirement so I have limited experience with entering information into FACS, which continues to be an area of improvement for me as I access the team of people I work with to gain more knowledge. My supervisor has also provided support for this system, which has been helpful.
Having emails labeled as: FACS Information; JARVIS Information; Engagement Information, etc. from SW20 training that have the different "cheat sheets" attached so they can be accessed and saved right away digitally would have been beneficial for me.
Have more than one mentor to show differences in workers.
I am not sure.
Focus more on FACS. More court trainings earlier on, EDMS training.
N/A
I didn't know it existed...
I think that the mentoring program would be very beneficial in our area.
People to know about them before they go to training as some do not go for a month or two.
If we had the staff to mentor
Assign a mentor when someone is hired and have them follow this person around for at least two weeks.
N/A
If we had a consistent mentor that was able to help and you got to see and actually shadow.
I do think it would have been nice to have a mentor assigned and to be able to have someone other than my supervisor to check in with and to really walk me through the different processes.
Honestly, my mentor did a great job. The only thing I can think of is if the mentor had guidance documents to hand out. It is hard to take notes, watch/do all at the same time.
Learning more about FACS.
To actually utilize it in Warren and Marion counties.
I think giving workers time to shadow and complete training without a case load would be beneficial instead of getting cases quickly while you're in training.
Assign all new workers a veteran mentor during onboarding.
Looking at scheduling with mentee and mentor to ensure that both are able to spend a lot of time together.
The problem is many workers don't have the opportunity to mentor. With high caseloads I just had to jump in. People don't have the time to manage their own 40-60 cases and help a new person mentor their own 20. I did very little shadowing in the beginning, but it came to a point where I had to just take on my own cases.

Q What were the most valuable aspects of the mentoring program that made a difference for you?

Laura Dhyne was an amazing mentor. Laura did a good job of showing me the ropes and put me in the position to answer questions, and give my gut instinct. Laura gave honest and helpful feedback. Laura had me interview and she would pick up the missing pieces if I missed anything. The mentor program was VERY helpful.

see below.

If anything it has taught me to be available to new hires as I am aware how the onboarding process and mentoring program works.

shadowing other works and learning organizational tricks that were helpful

I utilize all staff in my area to find how I want to complete things or go about assessments.

Seeing things done in real time was beneficial.

Learning different procedures. Observing how the other CPW's initiate discussions with various parties; observing their responses to upset clients or family members.

It is helpful to have one person to contact with any questions or concerns. I liked being able to watch how he navigates different cases.

Being able to observe a one hour

I felt it was extremely valuable to shadow an experienced worker, as well as other workers, to see their different styles in conducting assessments and interviews.

Help answer questions.

My mentor is very communicative and patient with me when I ask questions. She explains things clearly to me so that I can understand. I don't think I could do this job without her.

Having actual guidance and experience out in the field.

Watching and learning from an experienced CPW was most helpful for me. In my opinion, she is a skilled CPW and is knowledgeable in explaining reasoning behind actions, paperwork, and resources.

Being able to observe how seasoned staff ensured safety.

Having a specific person to call and ask questions without feeling like a bother.

Shadowing other workers

Q How could the mentoring program be improved?

Nothing.

I was informed of the mentoring program during my interview. I was excited for this as I was a transfer from MN and was going to be new to the policy and protocols of Iowa. I was introduced to my mentor the first day but from there forward, I only met with my mentor maybe once a week, as she was never in the office or working from home. I was "blown off" when I asked to tag along on assessments. I'd ask to join on an assessment or visit and was ignored. I went to my supervisor and was given a new mentor. I went out with her once. I had to teach myself how to enter everything into Jarvis and learn how to do assessments and documentation. I asked for guidance, however, was ignored on several occasions. I also taught myself how to do workday and Jarvis. I am still trying to figure out exactly how to properly document and perform my duties as my supervisor often confuses Black Hawk County policy with other counties she supervises. This makes it very difficult.

The hiring process is very difficult with black hawk county, at least it was for me. I started on a Friday, met my supervisor, no HR staff, and was sent to training in Des Moines the following Monday. From there on, I only met my supervisor once every other week (if that). I had no contact with any HR until it came time for my benefits to start and at that point I was not made aware of how to enroll in benefits or anything, even after asking. It took me almost 4 months before I attended an employee orientation meeting. It would be helpful to have the entire first day doing HR paperwork, getting a tour, being introduced to everyone, and having an employee orientation within the first week even if it is just a sit down with someone.

I was very frustrated and annoyed with the hiring process and the mentee program, or lack thereof. I understand that it is a fast-paced job, but someone needs to take the time to properly mentor new hires, or else they will be like me, 6 months in and still not sure that I'm doing everything right. I am told that I am doing well, however, I do not feel 100% confident in my job as I feel that I did not receive the support and guidance I should have received in the Mentee program nor do I feel that my supervisor fully understands or often gets confused between the different counties she supervises.

Be assigned one direct person.

I am not sure.... I utilize my surrounding colleagues.

I felt as though being short staffed around the area in all counties meant that I was to enter the field and the mentoring program shifted after I was able to take cases. Sometimes it feels as though you are being a bother when asking questions after training is complete which is challenging.

NA

It was at times hard to schedule with workers due to so much time off.

I feel the mentoring program was a great addition to the training and supervision I have received.

Having one identified mentor. The mentor required to be in the office with me.

NA

Maybe have multiple mentors

It would be difficult to execute given the demands, however, learning and then when comfortable having the trainee complete the process and ask questions along the way. This would need to happen from start to finish when completing difficult cases.

It would have been helpful to have a separate, in person training on FACS.

I think it is a great idea

Better Structured



CWRTP

Child Welfare Research and Training Project

Review of States that use Core Competencies in Child Welfare Training

Iowa Department of Human Services
Iowa State University

Rebecca Harding, Janet Melby, Rachel Vos Carrillo, Virginia Griesheimer
June 30, 2022

Compiled by the Service Training Team, Child Welfare Research and Training Project in the College of Human Sciences, Department of Human Development and Family Studies, at Iowa State University <https://childwelfareproject.hs.iastate.edu/>. Funded through FOSU-21-001 and DFO-22-001, Carl Weems, PI.

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Introduction

Utilizing *the Child Welfare Training Practices Review*¹ as a foundation, this report examines how seven other states use core competencies to train their child welfare staff. This project aims to understand how these other states use core competencies to guide their child welfare field staff training.

Organizations and professionals benefit from having core competencies to guide their work. Regardless of how long an individual has worked in the field, they enter child welfare training to gain knowledge and competence. For this report, we use the term “competence” to refer to the overall ability someone has to be a qualified professional and the idea of “competencies” as the (specific knowledge/skills) competency encompasses.²

It is crucial to examine how individuals gain competence, as this is different for everyone. Individuals might need more practice and skill development in one area than another. Ongoing evaluation is vital for professional growth to ensure staff members acquire competence in each subject. Supervisors and those developing training materials need to look at the assessments to ensure individuals are gaining the skills to make them successful in their work. Having a competency benchmark document that clearly states what a person should know before moving on to the next stage (practicum, internship, practice) can also be helpful.³

Purpose

This report compiles information on seven states regarding the training they offer and/or require for their child welfare staff, specifically if they use core competencies to inform child welfare training. This investigation has two phases. Phase one (P1) entailed doing initial online searches. Phase two (P2) incorporated sending a survey to individuals regarding if and how their state uses core competencies in child welfare worker training. This knowledge is vital in understanding how other states utilize core competencies for their child welfare staff. It can inform Iowa’s consideration of incorporating or adapting strategies used in other states for use in Iowa.

¹ Brooks, J., Melby, J., Triplett, L., Vos Carrillo, R., Griesheimer, V. (2021). *Child Welfare Training Practices Review*. Child Welfare Research and Training Project. Iowa State University.

² Kaslow, N. J., Borden, K. A., Collins Jr., F. L., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., Rallo, J. S., Vasquez, M. J. T., & Willmuth, M. E. (2004). Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology. *Journal of Clinical Psychology, 60*(7), 699–712. <https://doi.org/10.1002/jclp.20016>

³ Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F. L., & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology, 3*(4, Suppl), S5–S26. <https://doi.org/10.1037/a0015832>

Method

Online Research

The team initially drew on a prior review of other states' practices for child welfare training.⁴ The current research team narrowed down the states included in the previous report, which allowed the present research to begin.

To complete P1, a research assistant utilized government websites for each state regarding child welfare programs. The individual responsible for this investigation looked for training and core ideals information. All states reviewed had training plans on their government website or a link to a partnered agency (usually a university). The information varied from an overall summary outlining the basic training requirements to an entire plan for the year, including further details such as providers, audience, cost, and IV-E.

Sample

The selected states are similar to Iowa in geographic location along with being rural. The initial researched states include Minnesota, Pennsylvania, Missouri, Nebraska, Indiana, and South Dakota. While doing additional research, the team found that Michigan has an extensive training catalog; therefore, Michigan became the seventh state researched. These states have a mix of county/regional departments and state departments.

The government websites of child services either had a contact/staff page to find emails or a link to a partnered university/training organization (emails located using the same method). Across the seven states, the team identified individuals based on their title/job position, primarily looking at those that had "Training," "Curriculum," "Director," or "Coordinator" listed in their position title. Based on this online search, the research assistant assembled a list of 55 individual contacts with the potential to respond to the survey.

Survey

P2 entailed using Qualtrics to create a 21-question survey (see Appendix A) to send to individuals identified as having a title/job position related to child welfare training. The survey included questions regarding state, content areas, development of training, use of competencies, facilitation, training frequency, updates of training, and the impact of COVID on training delivery. Questions were a mix of multiple-choice and open-ended questions. We also asked individuals to upload a copy of their training matrix/catalog and a question regarding their email for further questions.

⁴ Brooks, J., Melby, J., Triplett, L., Vos Carrillo, R., Griesheimer, V. (2021). *Child Welfare Training Practices Review*. Child Welfare Research and Training Project. Iowa State University.

Results

Individuals from six of seven states responded to the survey. We received complete responses from South Dakota, Minnesota, Missouri, and Nebraska. Indiana had a nearly complete response, Michigan had an incomplete response, and Pennsylvania did not respond to our survey. Despite sending surveys to multiple individuals from each state, none of the states completed the survey more than once.

Use of Competencies

Table 1 lists responses to six questions about the use of competencies. Overall, six states appear to use core competencies in some manner. Five of the six states said their program uses core competencies, whereas South Dakota was unsure about its use of core competencies. Minnesota, Nebraska, and Indiana all said they use core competencies to create their trainings, while South Dakota and Minnesota were unsure. All five states said their learning objectives align with core competencies. The respondent for Minnesota indicated they were uncertain if trainings emphasize core competencies and answered “no” to the question regarding if they evaluated core competencies. South Dakota, Nebraska, Missouri, and Indiana all said yes to those two questions.

Table 1. States’ Use of Competencies

State	Does your program use core competencies?	Are core competencies used to create trainings?	Do learning objectives directly align with core competencies?	Are core competencies emphasized during training delivery?	Achievement of core competencies evaluated?	How are core competencies identified or developed?
Minnesota	Yes	Yes	Yes	Unsure	No	In collaboration with stakeholders, partners, and community
South Dakota	Unsure	Unsure	Yes	Yes	Yes	Contract Agency
Nebraska	Yes	Yes	Yes	Yes	Yes	Through collaboration with HHS and CCFL
Missouri	Yes	Unsure	Yes	Yes	Yes	A focus was given on not just competencies related to compliance measures but assessing the identified target areas based on feedback from regional leadership to create skill-based learning
Indiana	Yes	Yes	Yes	Yes	Yes	The IU/DCS Training Partnership identify the core competencies based on the individual trainings that are developed
Michigan	Yes					

Content Areas

Table 2 lists responses to questions about content areas covered by child welfare trainings. Of the six states with complete responses, all shared four main content areas for child welfare

training: New Worker, Foundational, Legal Knowledge, and Cultural Competence. Other training topics covered include Medical Knowledge, Domestic Violence, Substance Use Disorder, and Mental Health. Participants could manually add additional content areas they covered during trainings if not listed as an option on the survey. Michigan reported that they cover Trauma as a content area. Nebraska listed approximately 15 items in the other category; some topics include Interviewing, Worker Safety, Secondary Trauma, Safety, Schools, Missing Youth, And Time management. A complete list of content areas that Nebraska manually entered as content areas is in Table 2.

Table 2. Content Areas

	New Worker Training	Foundational Training	Legal Knowledge	Medical Knowledge	Cultural Competence	Domestic Violence	Substance Use Disorder	Mental Health	Other
South Dakota	X	X	X	X	X				
Minnesota	X	X	X		X	X			
Missouri	X	X	X		X				
Nebraska	X	X	X	X	X	X	X	X	*
Indiana	X	X	X	X	X	X	X	X	
Michigan	X	X	X	X	X	X	X	X	**

*Interviewing Basics, Interviewing Children, Domestic Violence, Worker Safety, Secondary Trauma, ICWA, Safety Organized Practice, Car Seat Safety, Alternative Response, Disability Services, Working with Schools and Special Education, Working with Missing and Trafficked Youth, Time Management, Intake Specialization and Adoption Specialization
 **Trauma

Although we received no survey response from the state of Pennsylvania, their website indicates that they recently redesigned their Foundations of Pennsylvania Child Welfare Practice and have ten competencies.⁵ The ten competencies include Engagement, Assessment, Teaming, Planning, Implementation, Monitoring and Adjusting, Professionalism, Cultural Awareness and Responsiveness, Law and Policy, and Advocacy.

Training Development

The survey also contained questions regarding what guides training development. The results from this question are listed in Table 3. Each of the six states has different development processes, with none identical. However, each state uses multiple components in its development process.

⁵ Pennsylvania Child Welfare Resource Center (2018). *Pennsylvania Child Welfare Competencies*. <http://www.pacwrc.pitt.edu/pcwc/PDF/Competency%20Rewrite%20Guide%20-%202002-27-18.pdf>

Table 3. Guidance for Training Development

	CFSR Performance Improvement Plan(s)/Federal Directives	Internal Compliance Reviews	Training Needs Surveys	Leadership Review	Collaborations with Educational or Research Organizations	Other
South Dakota	X	X	X	X		
Minnesota		X	X			
Missouri	X	X	X	X		
Nebraska	X	X	X	X	X	*
Indiana	X		X	X	X	
Michigan	X	X		X	X	

* Office of Inspector General as Requested

Training in General

While our focus was on understanding how other states use core competencies in their training, we also asked questions regarding training in general. Five out of the six states with complete responses stated that COVID-19 is currently influencing the delivery of their trainings. Michigan did not answer this question. These states said they had to move to remote/virtual very quickly; Nebraska “noted that a small number of our 75 [trainings] units provided in-person.” Missouri is currently in a redesign process regarding new worker training and incorporating eLearning, virtual, in-person, and simulations in the future.

Discussion

From this review, we learned that several other states utilize core competencies in their training of child welfare workers. Knowing how these states go about their training and use competencies for child welfare worker training offers a framework for the state of Iowa to consider potential adjustments based on the successes of other programs.

This report examines practices in 7 out of 50 states, which does not give an accurate overview of all states. A significant limitation of this project was identifying the best point of contact to send an email to regarding the survey. Due to this, it took several weeks and multiple emails to gain participation. It was also not mandatory for participants to add their email addresses to their survey responses, so we are unsure of the best contact going forward. Because of limited responses, this research has a possibility of not capturing training and competency-related practices of individual regions or counties.

This study illustrates how other states use core competencies to inform their child welfare training practices. This information is relevant for the state of Iowa and anyone interested in creating training, allowing Iowa to be at the forefront of cutting-edge work. Future steps include reaching out to additional states to determine if their training align with core competencies and, if so, how states incorporate and evaluate competencies.

Appendix A

Core Competency Project

Start of Block: Possible Introduction Questions

Q29 The Child Welfare and Research Project at Iowa State University is seeking knowledge of how other states use core competencies to train their child welfare workers. Your survey responses will be confidential and any personal information identifying you will be omitted when the results are summarized. There is an optional opportunity at the end of the survey to include your contact information if you could be available for additional follow-up. This survey is estimated to take 10-15 minutes to complete. Please answer the questions as accurately and in detail as possible. Thank you for your time.

End of Block: Possible Introduction Questions

Start of Block: Default Question Block

Q1 Which state are you reporting on?

Q2 Which County, Region, or Service Area?

Q3 What are the main content areas for your child welfare worker training program? Check all that apply.

- New Worker Training (1)
 - Foundational Training (2)
 - Legal Knowledge (3)
 - Medical Knowledge (4)
 - Cultural Competence (5)
 - Domestic Violence (6)
 - Substance Use Disorder (7)
 - Mental Health (8)
 - Other, please specify (9)
-

Q4 Who determines content areas or topics for priority training?

Q5 What guides training development? Check all that apply.

- CFSR Performance Improvement Plan(s)/Federal Directives (1)
 - Internal Compliance Reviews (2)
 - Training Needs Surveys (3)
 - Leadership Review (4)
 - Collaborations with Educational or Research Organizations (5)
 - Other, please specify (6)
-

Q6 Who develops training material?

Q7 Does your program use core competencies?

- Yes (1)
- No (2)
- Unsure (3)

Display This Question:

If Does your program use core competencies? = No

Q8 What does your program use?

Skip To: Q14 If Condition: What does your program use? Is Displayed. Skip To: Who facilitates training?

Q9 How are core competencies identified or developed?

Q10 Are core competencies used to **create** trainings?

- Yes (1)
- No (2)
- Unsure (3)

Q11 Do learning objectives directly **align** with core competencies?

- [Yes](#) (1)
 - [No](#) (2)
 - [Unsure](#) (3)
-

Q12 Are core competencies **emphasized** during training delivery?

- [Yes](#) (1)
 - [No](#) (2)
 - [Unsure](#) (3)
-

Q13 Is the achievement of core competencies **evaluated**?

- [Yes](#) (1)
 - [No](#) (2)
 - [Unsure](#) (3)
-

Q14 Who facilitates training? Check all that apply.

- State employed [facilitators](#) (1)
 - Community-based subject matter [experts](#) (2)
 - Contracted facilitators employed by an educational [institution](#) (3)
 - Field staff with subject matter [expertise](#) (4)
 - Social Worker [Administrators](#) (5)
 - Other, please [specify](#) (6)
-

Q15 How often are trainings offered? Check all that apply.

- [Daily](#) (1)
 - [Weekly](#) (2)
 - [Monthly](#) (3)
 - [Quarterly](#) (4)
 - [As Needed](#) (5)
 - If more than one applies, please [explain](#) (6)
-

Q16 Who determines the modes of delivery?

Q17 Is COVID-19 currently influencing delivery of training?

- [Yes](#) (1)
 - [No](#) (2)
 - Other, please [specify](#) (3) _____
-

Q18 How has COVID-19 influenced delivery of training?

Q19 How often are your trainings **updated**? Select all that apply.

- [Monthly](#) (1)
 - [Quarterly](#) (2)
 - [Bi-annually](#) (3)
 - [Annually](#) (4)
 - Other, please [specify](#) (5) _____
-

Q20 Who is involved in updating training materials?

Q21 Please upload a copy of your current training course catalog or course matrix. Preferred file formats include PDF, Word, or Excel.



Use of Simulations in Child Welfare Training

Iowa Department of Human Services
Iowa State University

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June 30, 2022

Compiled by the Service Training Team, Child Welfare Research and Training Project in the College of Human Sciences, Department of Human Development and Family Studies, at Iowa State University
<https://childwelfareproject.hs.iastate.edu/>. Funded through DFO-22-001, Carl Weems, PI.

What is simulation training?

During simulation training, trainees experience an immersive situation or scenario prevalent in their line of work, allowing for increased confidence, understanding, and practice of skills before entering the field.¹

Role play vs. simulation

Simulation training differs from the role-play activities commonly used in training. Role play is when individuals practice a skill with their peers or colleagues, typically in a classroom setting. Simulation entails hiring actors and assigning roles with which the field worker would interact in a staged location/home.²

Prevalence

This research looks at states in the United States that use simulations as part of their child welfare training. From initial online research, 27 out of the 50 states use a form of simulation to engage their child welfare staff in training. While using government websites for each state, a Research Assistant used the search feature to type in the keywords "training" and "simulation," often pulling up reports, documents, or other information regarding the training practices of the state.

Of the six states that border Iowa, three use simulations: Illinois, Minnesota, and Nebraska. According to the Missouri 2020-2024 training plan, they will be adding a simulation component to their child welfare training.³ Other states in the Midwest that utilize simulation training include Kansas and Ohio.

Importance and benefits

Simulations allow participants to practice skills in a low-stakes environment, building their confidence to interact with many types of individuals and their ability to master skills before in-field implementation. This additional confidence in knowing how to react in different situations improves the staff's sense of self-efficacy and reduces staff turnover. This reduction is because

¹ Capacity Building Center for States. (2020). Keeping it real: How simulation training can support the child welfare workforce. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

² Tufford, L., Asakura, K., & Bogo, M. (2018). Simulation Versus Role-Play: Perceptions of Prepracticum BSW Students. *Journal of Baccalaureate Social Work*, 23, 249–267. <https://doi.org/10.18084/1084-7219.23.1.249>

³ Missouri Children's Division Training Plan 2020-2024. MO 2022 APSR Attachment H. <https://dss.mo.gov/cd/cfsplan/attachments/2022/AttachmentH-TrainingPlanFY2022.pdf>

individuals feel prepared to interact with future clients in all possible ways due to comprehensive training.⁴

What is Illinois doing?

Child Protection investigators in Illinois, trained through a collaboration between the University of Illinois at Springfield and the Department of Children and Family Services, complete one week of simulation before formal classroom certification. One to two years after the simulation, those who had simulation training rated their training experience higher than those who did not have the opportunity to participate in the simulated training. Some reported that acquiring the skills of documentation and testifying in court was not as complicated for those with simulation training. They also stated that participating in the simulation and the scenarios increased their confidence. In addition, individuals said that the simulated scenarios were realistic to what they were experiencing in the field.⁵ In 2015 the Department of Children and Family Services in Illinois aided in developing the Child Protection Training Academy in partnership with the University of Illinois Springfield. Part of this Academy includes simulations to train child welfare workers.⁶

To support the simulation training, an empty house on the University of Illinois at Springfield campus was turned into an experimental learning environment, using items gathered from around campus and garage sales. For trainees to have an authentic and realistic experience, the house is designed to replicate something a child welfare worker might experience during visits (including having alcohol, drugs, fake feces, etc.). The simulated home is equipped with audio and other recording software. While individuals went through the simulation (only a few at a time), the rest could watch from the live stream. A realistic courtroom was also set up on-campus that appeared similar to those in the surrounding area. The simulation experience lasted one week. While research on this simulation training is ongoing, individuals stated that they wish the experience were expanded for additional time and included other child welfare tasks and populations, creating more simulation training sites throughout Illinois. Participants' baseline knowledge was measured at the beginning and end of each day, with a significant increase of 48%.

Individuals from other states who reached out to Illinois about the simulation are asked to travel to the Academy to experience the simulation firsthand. The cost is low as existing spaces (building or empty classroom) and props can be used or donated. The article states that partnering with a theater program can also be a beneficial way to share spaces or "sets." This article also briefly mentions that Minnesota and California already have concrete programs established.

⁴ Chiu, Y.-L., & Cross, T. P. (2020). How a training team delivers simulation training of child protection investigators. *Children and Youth Services Review, 118*, 105390. <https://doi.org/10.1016/j.childyouth.2020.105390>

⁵ Cross, T. P., Chiu, Y.-L., Havig, K., Lee, L., & Tran, S. P. (2021). *Evaluation of a simulation training program for new child protection investigators: A survey of investigators in the field—ScienceDirect*. <https://www.sciencedirect.com/science/article/pii/S0190740921003716>

⁶ Betsy P. Goulet, Theodore P. Cross, Yu-Ling Chiu & Susan Evans (2021) Moving from procedure to practice: a statewide child protection simulation training model, *Journal of Public Child Welfare, 15*:5, 597-616, DOI: 10.1080/15548732.2020.1777247

Other states

Minnesota Child Welfare Training Academy found a building near the Twin Cities in 2020 that could be used for simulation training. This new training facility not only increases training capacity it also has two and a half floors of space to be filled with meeting rooms, computers, a video production studio, lounge, and simulation rooms.⁷ When looking at the facilities map of this learning center, you can see how the simulation rooms were created.⁸ Those using the space had six smaller rooms designed to resemble what appears to be a living area and a kitchen.

The state of Nebraska redesigned its New Worker Training in 2017, which now entails a 14-week training that includes applying skills through role-play and simulation learning.⁹

Colorado has a practice simulation that individuals participate in after completing previous fundamental courses. Hired actors play out a case scenario, and supervisors, coaches, and other training coordinators observe the trainee during the simulation. The observing individuals are responsible for assessing competence knowledge and if the trainee can work in the field and receive their certification.¹⁰

The Training and Consulting Team (TACT) in Alameda County, California, developed a simulation lab (Sim Lab), where all newly hired in both Child Welfare and Adult Protection are trained. TACT converted a room typically used for training into the Sim Lab environment, designing it to appear as a living room that a social service agency might enter. Scenarios that participants experience during the simulation are updated frequently, and the simulation itself is recorded. To portray a client during the simulation, an individual must be certified; this is done by completing acting and technical training. Trainees report being prepared and less anxious about going into the field after completing the Sim Lab. Participating in a simulated experience gives social workers more familiarity with interacting with individuals of different backgrounds, allowing for trust and connection to be built.¹¹

Discussion

Simulation labs vary in multiple ways depending on space and funding availability. It can be an old building on campus transformed, or it can be a few rooms designed to mimic a small apartment. The National Child Welfare Workforce Institute says that although a simulation lab can require significant resources, it can also be conducted at an extended-stay hotel.¹²

⁷ <https://mnchildwelfaretraining.com/blog/minnesota-child-welfare-training-academy-finds-home/>

⁸ <https://mnchildwelfaretraining.com/learning-center/twin-cities-metro-learning-center/facility-information/>

⁹ <https://dhhs.ne.gov/CFS%20State%20Services%20Plan/Training%20Plan%202020-2024.pdf#search=competency%20development%20tool>

¹⁰ <http://coloradocwts.com/slug/the-fundamentals-practice-simulation/>

¹¹ Simulation Lab Program in Child Welfare, Pamela J Connie, LCSW.

https://mackcenter.berkeley.edu/sites/default/files/simulation_lab_program_in_child_welfare.pdf

¹² National Child Welfare Workforce Institute (2018) Simulation Labs for Child Welfare Training and Education.

https://ncwwi.org/files/Prof_Development__Training/Simulation_Labs_for_Child_Welfare_Training_and_Education.pdf

Questions for consideration

- What infrastructure would the Iowa Department of Human Services need in order to set up a simulation program?
- Which courses would most benefit from a simulation component?
- What skills do workers most commonly have difficulty with in the field?
- How could Iowa State University aid in the creation of simulation training?

Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
SP 317	Reasonable Efforts	This is a one-day, face-to-face training that is required for SWCM and SWCM Supervisors to review the legal basis of reasonable efforts, permanency timeframes, and permanency hearings. An objective of this training is to establish a more standardized statewide approach to reasonable efforts. The training will also address how a SWCM should proceed with a filing for reasonable efforts.	In-Person	100% All Child Welfare(75FFP)	<ul style="list-style-type: none"> •Assessments to determine whether a situation requires a child's removal from the home, but not related directly conducting child abuse and neglect investigation. •Case management and supervision •Development of the case plan •Fair hearings and appeals •Foster care candidate determinations and pre-placement activities directed toward reasonable efforts in 471(a)(15), if the training is not related to providing a service. •Permanency planning including using kinship care as a resource for children involved with the child welfare system. •Placement of the child •Preparation for and participation in judicial determinations 	\$34,956	10+ Pilot	10

This evaluation report uses data from Iowa Department of Health and Human Services (HHS) participants in a child welfare training, SW 020 Foundations of Social Work Case Manager Practice, held in FY22 (July 2021 – June 2022). A total of six training sessions were offered (Session start dates: 07/12/21, 09/13/21, 11/01/21, 01/03/22, 03/07/22, and 05/02/22). All courses were delivered face-to-face. This report includes a comparison of the FY22 results with results from FY19 (July 2018 – June 2019), FY20 (July 2019 – June 2020), and FY21 (July 2020 – June 2021).

This initial onboarding training is required for all new Social Work Case Managers (SWCMs) and SWCM Supervisors within their first six months of employment. This includes aligning SWCM work with HHS policies and procedures, identifying supports to meet family needs, utilizing effective engagement skills, assessing for danger and risk, and planning for safe case closure.

Measures and Respondents

- Four types of measures were administered (*Table 1*).
 - Pre/Post-Tests: Assessments administered before and after the training measure learners’ knowledge of course content. The content of the pre/post-tests differs across years.
 - Course Evaluation: Survey available for up to 30 days after the training, measuring learners’ immediate reactions to the training (i.e., how they felt about the course, facilitators, content, and delivery, and the likelihood to recommend the course to peers).
 - 60-day Follow-up Survey: Administered to learners 60 days after completing the course to assess the application of course content and retrospective thoughts about the course.
- The number of respondents varied across fiscal years and by type of measure. For example, in FY22, of 91 attendees, 71 participants completed both the pre/post-tests.

Pre/Post-Test Scores FY22

- The criterion for the pre/post-tests was set at achieving a score of 80% or higher on questions answered correctly on the first test attempts.
- For the pre-test, the average score was 69.67% The average score for participants meeting the criterion was 85.12% (*Table 2*).
- For the post-test, the average score of all test-takers was 77.27%. The group of participants scoring over 80% on the post-test averaged 85.80% on the first attempt ($n = 20$) (*Table 2*).
- On the pre-test, 7.24% of participants met the criterion, but on the post-test, 28.99% met the criterion (*Table 3*).
- If participants did not meet the criterion on the first attempt, they had 12 additional attempts to pass the post-test. The number of attempts on the post-test ranged from 1 to 10, averaging 1.69 attempts (*Table 4*).

Table 1: Attendance, Measures, and Respondents

Measures	FY19	FY20	FY21	FY22
Attendance	--	105	96	91
Pre/Post-Tests	89	72	93	71
Course Evaluation	59	70	89	88
60-Day Follow up	37	86	89	61

Table 2: Average Scores for Pre/Post-Tests FY22

	Average Score (All)	Average Score (Met Criterion)
Pre-Test	69.67%	85.12%
Post-Test	77.27%	85.80%

Table 3: Met the Criterion Rate for Pre/Post-Tests FY22

	Number of People (Met Criterion)	Rate
Pre-Test	5	7.24%
Post-Test	20	28.99%

Table 4: Attempts FY22

	Range	Average	Median
Pre-test	1 – 4	1.28	1
Post-Test	1 - 10	1.69	1

FY22 Pre/Post-Test Scores Results by Grouping

- Out of 71 respondents, 18 did not meet the criterion for the pre-test, but their scores improved to meet the 80% threshold for the post-test after taking SW020: Foundations of Social Work Case Manager Practice. The average score rose by **15.9%** from the pre-test to the post-test (*Table 5*).
- Those who did not meet the criterion on both the pre- and post-tests still showed an average 6% improvement. However, individual changes in scores ranged from -32 to +33. The variance was large, indicating that the improvement in scores was not consistent across all respondents. Some showed a slight improvement, while others showed a significant increase in score.

Table 5: Average Scores for FY22 Pre/Post-Test Groupings

Test	Met Criterion (Both) (n=2)	Below Criterion (Both) (n=46)	Met Criterion (Post) (n=18)	Below Criterion (Post) (n=3)
Pre-Test	83.7%	67.9%	69.8%	86%
Post-Test	86.4%	73.9%	85.7%	70.5%
Difference in Score	+2.7%	+6%	+15.9%	-15.5%

FY22 Pre/Post-Test Scores Results by Questions

- As shown in Table 6 (below) and Figure 1 (on page 3), the correct response rates on nine questions were low (below 50%) on both the pre and post-tests. The questions with correct rates below 50% are listed below.
 - Q6 asks, “During a Child Safety Conference to stabilize the family, which question is not considered a CRITICAL question to explore?”
 - Q12 asks, “In accordance with Every Student Succeeds Act (ESSA), which party is responsible for making a best interest determination about where the foster child will attend school?”
 - Q15 was an “NA” question and deleted for Post-test.
 - Q17 asks to select the item that is not the better results for Kids Redesign has four child welfare outcomes
 - Q19 was newly added for the post-test, so no answer existed for the pre-test. Still, the correct rate is below 50%, indicating it is too difficult.
 - Q23 asks, “The permanency goal must be identified within ____ days of the case opening.”
 - Q39 asks, “Which of the following is NOT a form of legal permanence?”
 - Q40: asks, “Which of the following is NOT a requirement to qualify for the Education Training Voucher (ETV) Grant?”
 - Q45 asks who completes a risk re-assessment.

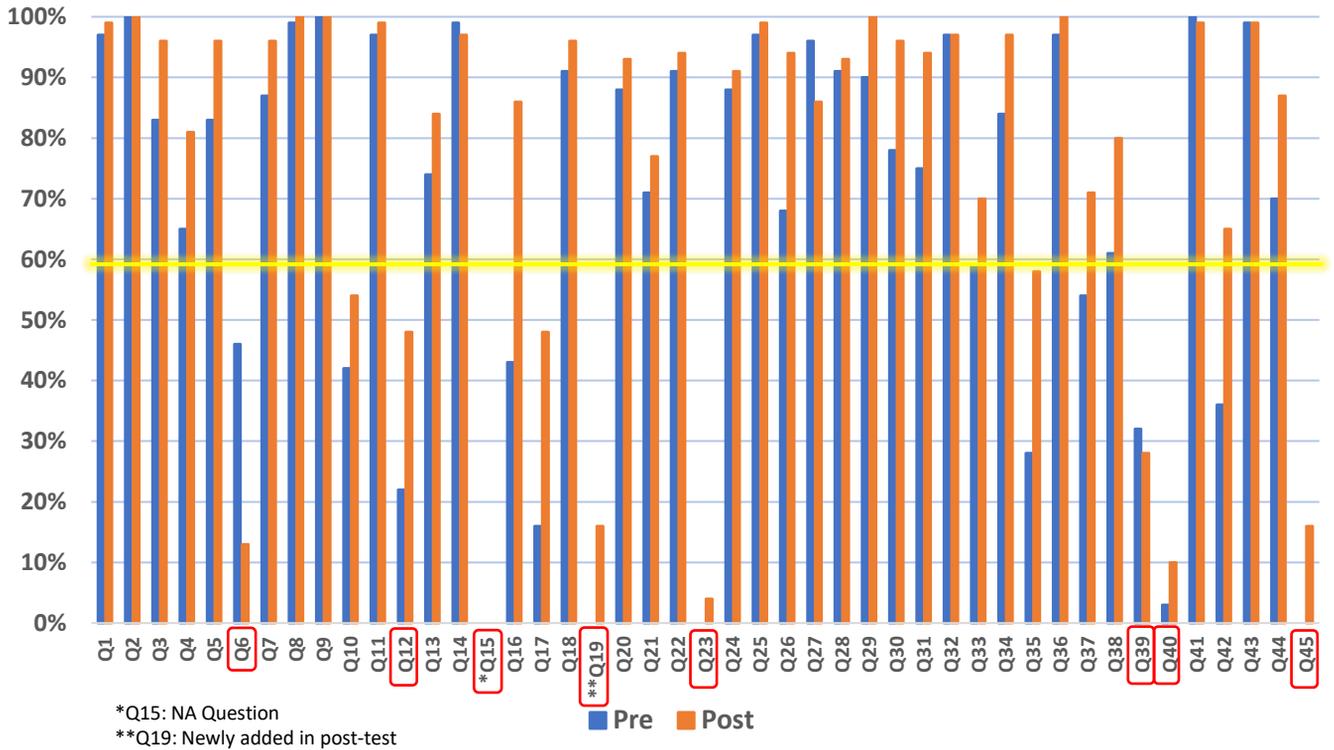
Table 6: Correct Response Rate by Questions at Post-Test FY22

% Correct Responses	# of Questions FY22 Total: 43 (Pre) 44 (Post)	Question Numbers:
At or above 80%	29	1-5, 7-9, 11, 13-14, 16, 18, 20, 22, 24-32, 34, 36, 41, 43-44
Between 50% and 79%	7	10, 21, 33, 35, 37-38, 42
Below 50%	9	6, 12, 15*, 17, 19**, 23, 39-40, 45

*“NA” question; only existing in pre-test.

** Newly added question in post-test.

Figure 1: Pre and Post-Test Scores by Questions

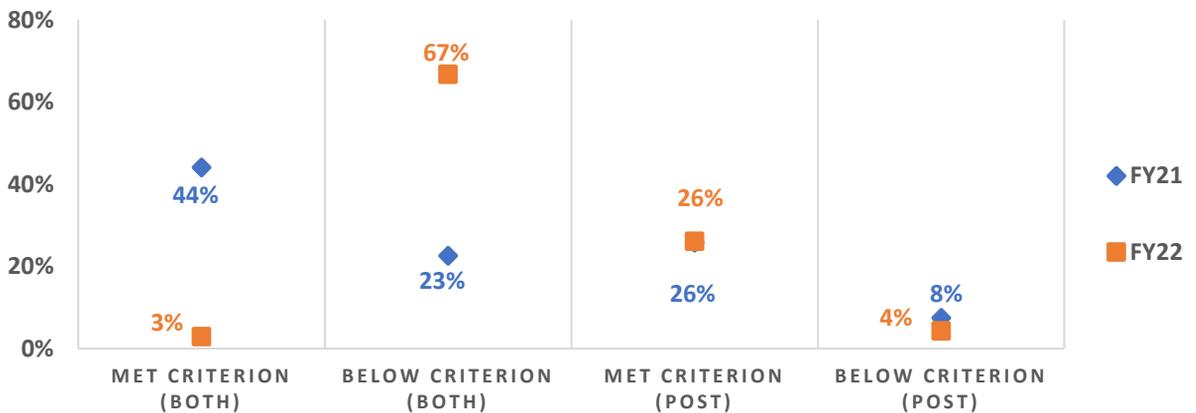


- Figure 1 presents the correct rates for all pre and post-test questions. The rate for nine questions (Q6, Q12, Q15, Q19, Q23, Q39, Q40, and Q45) were below 50%, on both the pre and post-tests. This could be due to issues with the format of the questions, such as the multiple select formats or new updates. Additional information and explanations can be found on the last page of the report. Conversely, the correct response rates for 23 questions were at or above the 80% criterion on both pre and post-tests.

Fiscal Year Comparison

FY21 & FY22 Pre/Post-Tests Analysis by Groupings

Figure 2: FY21 and FY22 Respondent Groupings – Scores on First Pre and Post-Test Attempts

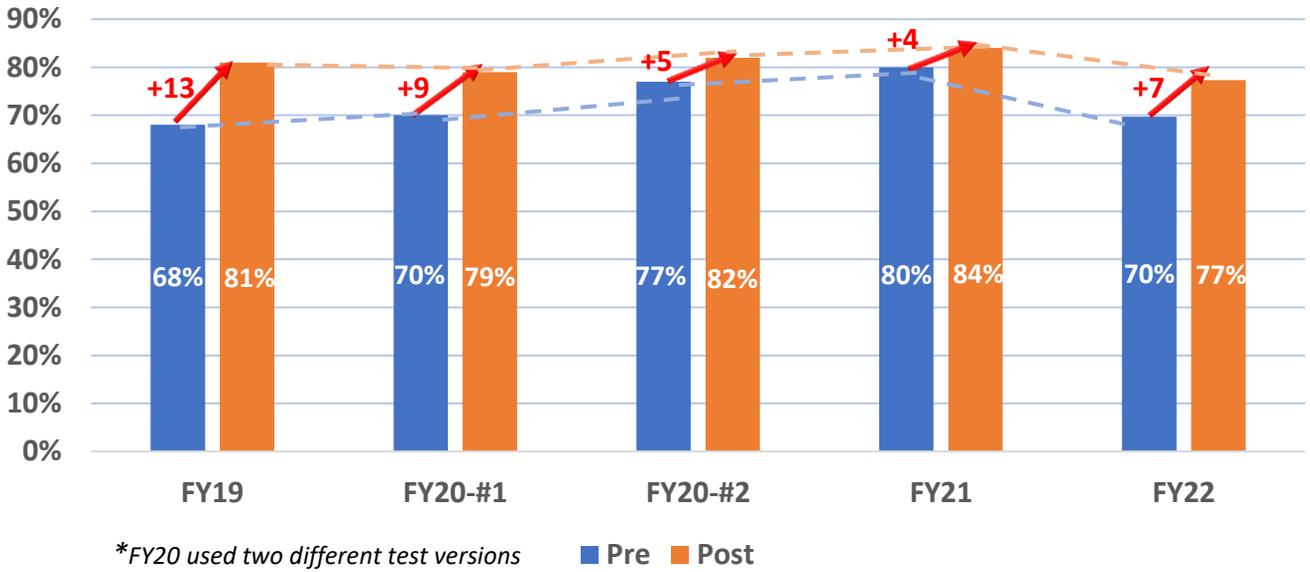


- Figure 2 shows the first attempts on the pre and post-tests for FY21 and FY22 respondents (met both; below both; met post only; below post only).
- The number of respondents classified as the 'Met Criterion (Both)' group decreased in FY22 compared to FY21. Meanwhile, the 'Below Criterion (Both)' group showed an increase of 44% in FY22, rising from 23% to 67%. The cases where the criteria were not met before training but were met in the post-test after training remained unchanged compared to FY21. However, the group that did not meet the criterion after training decreased from 8% in FY21 to 4% in FY22. These scores do not include subsequent attempts.

Average Pre and Post-Test Scores Comparison FY19 Through FY22

- As shown in Figure 3, the average score of the pre-test improved from 68% in FY19 to 80% in FY21 but decreased to 61% in FY22. Likewise, the average post-test score declined from 84% in FY21 to 77% in FY22.
- Post-Test scores for learners averaged 81% in FY19, 79% in FY20-#1, 82% in FY20-#2, 84% in FY21, and 77% in **FY22**. Pre- to post-score increase was greatest in FY19 and smallest in FY21.
- Although the post-test average score declined in FY22 compared to previous fiscal years, the increase in score from the pre-test is still large in FY22 (Figure 3).

Figure 3. Participants' Average Pre and Post-Test Scores (FY19 – FY22)



- As shown below in Table 7, in FY22, out of 69 respondents, 7% met the threshold on the pre-test, and a total of 29% scored at or above 80% on the first attempt after the training.

Table 7. Percentage of Participants with Pre and Post-Test Scores 'Met Criterion' and 'Below Criterion' (FY19-FY22)

Test	FY19 (n=88)	FY20 – Version 1 (n=33)	FY20 – Version 2 (n=39)	FY21 (n=93)	FY22 (n=69)
Pre-Test ≤79%	92%	88%	56%	49%	93%
Pre-Test ≥80%	8%	12%	44%	51%	7%
Post-Test ≤79%	45%	55%	38%	29%	72.5%
Post-Test ≥ 80%	55%	45%	62%	71%	27.5%

Average Score for Applicability and Likely to Recommend

- In FY22, participants rated their ability to apply the training higher on the course evaluation than in prior years, with an average rating of 4.76 on a 1 to 5 scale. Furthermore, 95% of participants rated a 4 or 5 (See *Table 8*).
- On the 60-Day Follow-up Survey, 92% of participants for FY22 agreed at a 4 or 5-level that they could apply the learning to their job. The average rating for the likelihood to recommend the training was 8.86 on a 0 to 10-point scale.

Table 8: Ability to Apply (% rating 4 or 5) and Likelihood to Recommend (% rating 8-10)

Fiscal Year (FY)	Applicability (Course Evaluation)	Applicability (60-Day Follow-up)	Recommendation (Course Evaluation)	Recommendation (60-Day Follow-up)
	1 – 5 scale	1 – 5 scale	0 – 10 scale	0 – 10 scale
FY19	87%	67%	71%	57%
FY20	94%	60%	87%	67%
FY21	98%	91%	88%	94%
FY22	95%	92%	85%	79%
FY22 Average Rating	4.76	4.44	9.05	8.86

Limitations of the FY22 Data Analyses

1. Accuracy of Learning Management System (LMS) Pre/Post-Tests Data

- The current LMS reports do not provide output in a numeric data format for pre and post-tests. Text data had to be converted to numbers for the quantitative analyses (i.e., “yes” was converted to “1”). If the LMS could export the numeric data, it would be possible to analyze data in a more efficient and reliable way without the current extra manual steps.
- The LMS report logic produced inaccurate data. Skipped questions were not counted as missed or incorrect questions. Rather, the questions that were skipped were omitted from the report. For example, if there were 44 questions on the test and the participant only answered 3, and all of them were correct, the LMS report gave a 100% score based on the 3 questions instead of the 44 questions. A manual calculation was completed to retrieve the correct scores in these cases.
- When the questions were updated in the middle of the fiscal year, the previous questions were overridden by new questions. To accurately evaluate the impact of training through pre/post-tests, participants should answer the same questions before and after the training. If different tests are used, verifying the valid impact of the training becomes unclear.
- In some cases, the LMS exported multiple answers for a single question. Therefore, in the current report, if the correct response was included among the multiple responses, that question was considered correct, earning 1 point.
 - ❑ *The issue derived from the multiple-choice question setting which does not function properly on the current LMS. The learners could select several answers for a single question, and it was counted as correct.*
 - ❑ *For example, in response to the question, “Which category of abuse can have the perpetrator as a household member who is not a caretaker?”, LMS exported multiple answers such as “12 months”, “3 months”, “6 months” and “9 months”.*

This evaluation report provides analyses of diverse survey results, encompassing pre/post-tests, course evaluations, and 60-day follow-up surveys from the Iowa Department of Health and Human Services (HHS) child welfare training, CP 200: Foundations of Child Protection Worker Practice, held in Fiscal Year (FY) 22 (July 2021 – June 2022). CP 200 is an introduction to the purpose, expectations, and methods used by Child Protection Workers (CPWs). Participants learn how to apply Iowa HHS policy and the Iowa Code to make a determination of abuse, effectively interview and engage families, conduct thorough and accurate assessments, and appropriately plan the next steps.

Measures and Respondents

- Four types of measures were administered (*Table 1*).
 - Pre/Post-Tests: Assessments administered before and after the training measure learners’ knowledge of course content. The content of the pre/post-tests differs across years.
 - Course Evaluation: Survey available for up to 30 days after the training, measuring learners’ immediate reactions to the training (i.e., how they felt about the course, facilitators, content, delivery, and the likelihood to recommend the course to peers).
 - 60-day Follow-up Survey: Administered to learners 60 days after completing the course to assess the application of course content and retrospective thoughts about the course.
- The number of viable respondents varied across fiscal years and by type of measure. Reasons for not using the data from total attendance include: participants only taking the pre-test, participants only taking the post-test, changes in knowledge questions at mid-fiscal year, attendees who were not child protective workers, and missing data from LMS-generated reports.

Table 1: Attendance, Measures, and Respondents				
Measures	FY19	FY20	FY21	FY22
Attendance	55	46	48	51
Pre/Post-Tests	51	16	44	25
Course Evaluation	43	32	45	43
60-Day Follow up	34	29	28	24

Pre/Post-Test Scores FY22

- The criterion for the pre/post-tests was set at achieving a score of 80% or higher on questions answered correctly on the first test attempts.
- For the pre-test, the average score was 71.31%. The average score for participants meeting the criterion was 84.29% (*Table 2*).
- For the post-test, the average score was 81.37%. The group of participants scoring over 80% averaged 84.95% on the first attempt ($n = 15$) (*Table 2*).
- On the pre-test, only 16% of participants met the criterion, but on the post-test, 60% met the criterion (*Table 3*).
- If participants did not meet the criterion on the first attempt, they had 12 additional attempts to pass the post-test. The number of attempts on the post-test ranged from 1 to 2, averaging 1.04 attempts (*Table 4*).

Table 2: Average Scores for Pre/Post-Tests FY22		
	Average Score (All)	Average Score (Met Criterion)
Pre-Test	71.31%	84.29%
Post-Test	81.37%	84.95%

Table 3: Met the Criterion Rate for Pre/Post-Tests FY22		
	Number of People (Met Criterion)	Rate
Pre-Test	4	16%
Post-Test	15	60%

Table 4: Attempts FY22			
	Range	Average	Median
Pre-test	1 - 3	1.08	1
Post-Test	1 - 2	1.04	1

FY22 Pre/Post-Test Scores Results by Grouping

- As shown in Table 5, out of the total 25 respondents, 11 did not meet the criterion for the pre-test, but their scores improved to meet the threshold for the post-test after taking CP 200: Foundations of Child Protection Worker Practice. The average score for these respondents rose by **14.8%** in the post-test.
- Those who did not meet the criterion on both the pre- and post-tests still showed an average 9.8% improvement on the first attempt. The changes in score ranged from -1 to +25, and the variance was large, indicating that the improvement in scores was not consistent across all respondents, with some showing a slight improvement while others showed a larger increase in score (Table 5).

Table 5: Average Scores for FY22 Pre/Post-Test Groupings

Test	Met Criterion (Both) (n=4)	Below Criterion (Both) (n=10)	Met Criterion (Post) (n=11)
Pre-Test	85.8%	66.8%	70.2%
Post-Test	88%	76.6%	85%
Difference in Score	+2.2%	+9.8%	+14.8%

FY22 Pre/Post-Test Scores Results by Questions

- As shown in Table 6 (below) and Figure 1 (on page 3), the correct response rates on three questions were considerably low (below 50%) on both the pre and post-tests. This could be due to issues with the format of the questions, such as the multiple select formats or new updates. For further explanation of these questions, please refer to the limitations section on the last page of the report. The questions with correct rates under 50% are listed below.
 - Q6 asks if the statement is true or not.

“Other than hyperemia (swelling), an injury must last at least 24 hours to be considered physical abuse.”
 - Q23 asks, *which of the following is needed to reach Sexual Abuse in the First Degree (instead of Second Degree or Third Degree). For example, there are options such as:*

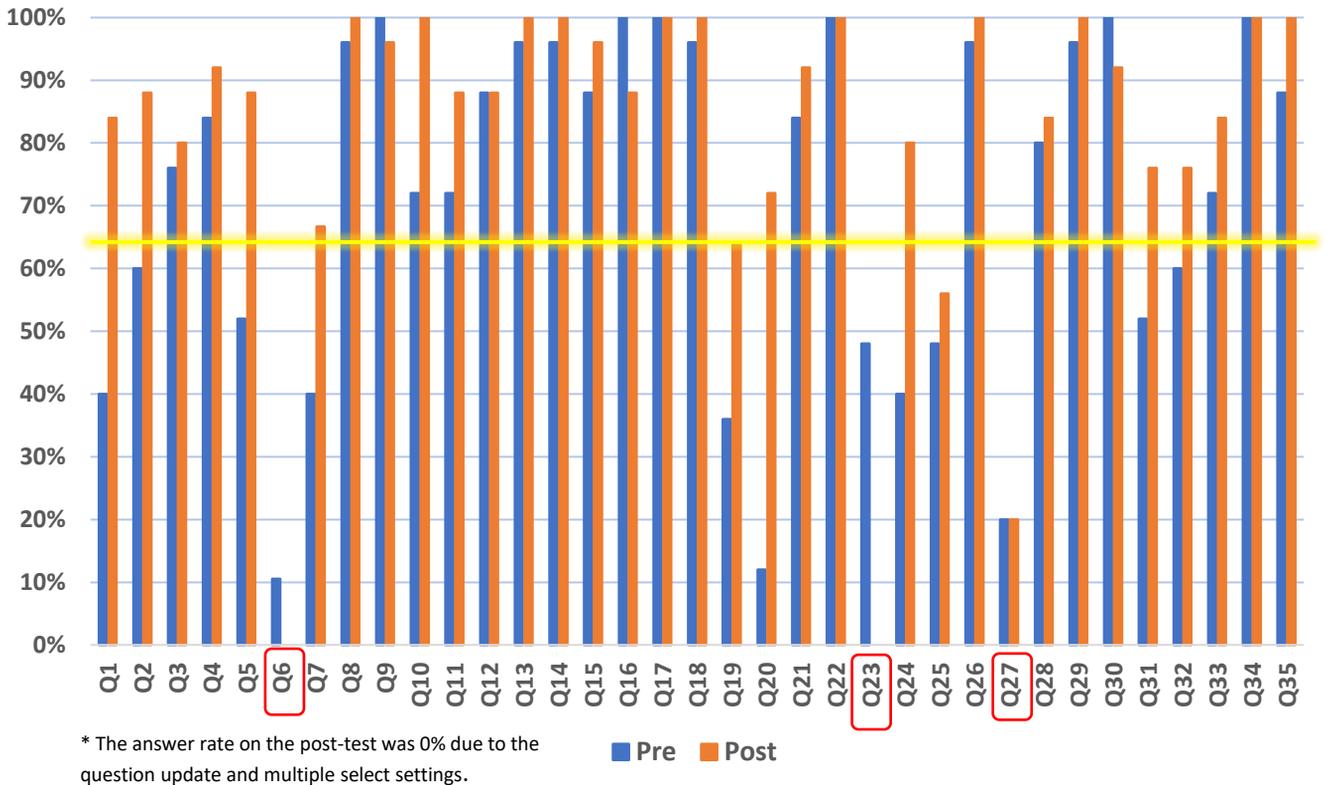
“Child suffered a serious injury” or “Victim is a child.”
 - Q27 asks, *which of the following must be provided during the intake call for an intake to be accepted for assessment. For example, there are options such as:*

“Information that the alleged victim is a child,” or “An allegation that meets the definition of at least one category of abuse.”
- Conversely, 16 questions demonstrated a correct response rate of over 80% in both the pre and post-tests, indicating the questions could be answered correctly before taking the course. It would be beneficial to review the difficulty level of these questions: Q8, Q9, Q12, Q13-18, Q21, Q22, Q26, Q29, Q30, Q34, and Q35.

Table 6: Correct Response Rate by Questions at Post-Test FY22

% Correct Responses	# of Questions FY22 (Total: 35)	Question Numbers FY22
At or above 80%	27	1-5, 8-18, 24, 26, 28-30, 33-35
Between 50% and 79%	5	19, 20, 25, 31, 32
Below 50%	3	6, 23, 27

Figure 1: Pre and Post-Test Scores by Questions FY22

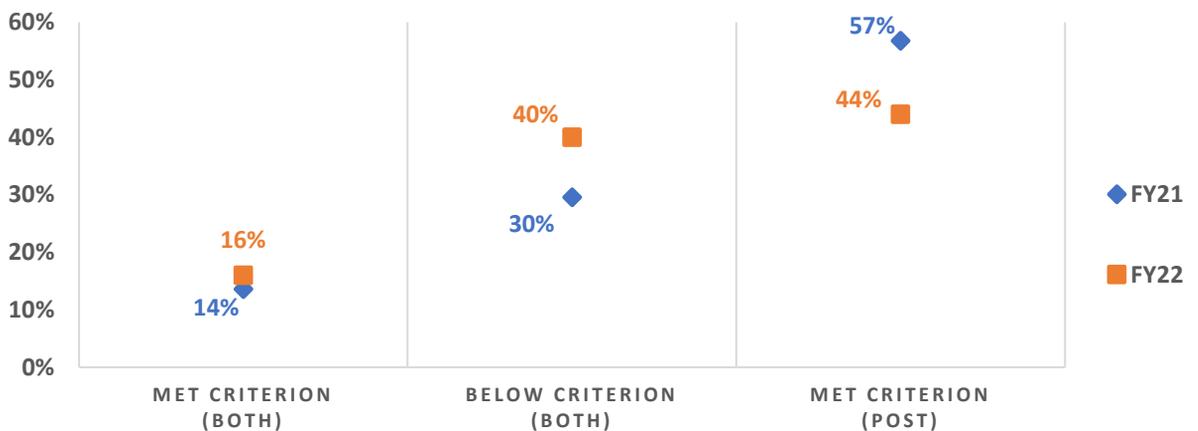


- Figure 1 presents the correct response rates for all pre and post-test questions. The correct response rates for three questions (Q6, Q23, and Q27) were low, below 50%, on both the pre and post-tests. Conversely, the correct rates for 18 questions were at or above the 80% criterion on both pre and post-tests. Additional information and explanations can be found on the last page of the report.

Fiscal Year Comparison

FY21 & FY22 Pre and Post-Tests Analyses in Three Criterion Groupings

Figure 2: FY21 and FY22 Respondent Groupings – Scores on First Pre and Post-Test Attempts

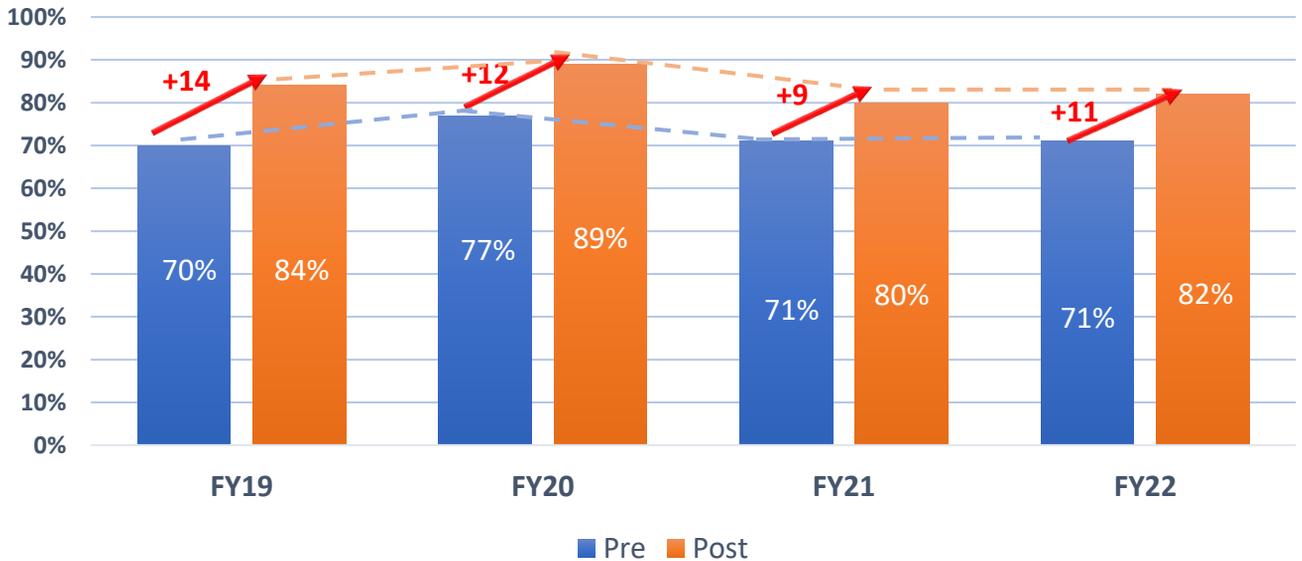


- Figure 2 shows the first attempts on the pre and post-test for FY21 and FY22 respondents (met both; below both; met post only).
- Respondents classified as the 'Met Criterion (Both)' group increased in FY22 compared to FY21. The 'Below Criterion (Both)' group showed an increase of 10% in FY22 from 30% to 40%. The number of cases where the criteria were not met before training, but met the criteria in the post-test after the training, decreased by 13%, from 57% to 44%, compared to FY21. These scores do not include subsequent attempts.

Average Pre/Post-Test Scores Comparison FY19 Through FY22

- As seen in Figure 3, post-test scores for learners averaged 84% in FY19, 89% in FY20, 80% in FY21, and **82% in FY22**. Pre- to post-score increase was greatest for FY19 and smallest for FY21.
- The average score of the pre-test improved from 70% in FY19 to 77% in FY20 but decreased to 71% in FY21 and FY22. Likewise, the average post-test score declined from 89% in FY20 to 80% in FY21. It increased by 2% in FY22.
- Although the post-test average score declined in FY22 compared to FY20, where the score is the highest, the score increase from the pre-test is still large in FY22 (Figure 3).

Figure 3. Participants' Average Pre and Post-Test Scores (FY19 – FY22)



- As shown below in Table 7, in FY22, out of 25 respondents, 16% met the threshold on the pre-test, and a total of 60% scored at or above 80% on their first post-test attempt after the training.

Table 7. Percentage of Participants with Pre/Post-Test Scores 'Met Criterion' and 'Below Criterion' (FY19-FY22)

Test	FY19 (n=51)	FY20 (n=16)	FY21 (n=44)	FY22 (n=25)
Pre-Test ≤79%	82%	56%	86%	84%
Pre-Test ≥80%	18%	44%	14%	16%
Post-Test ≤79%	33%	12%	30%	40%
Post-Test ≥ 80%	67%	88%	70%	60%

Average Scores for Applicability and Likelihood to Recommend

- In FY22, participants rated their ability to apply the training higher on the course evaluation than in prior years, with an average rating of 4.61 on a 1 to 5 scale. Furthermore, 92% of participants rated a 4 or 5 (See *Table 8*).
- On the 60-Day Follow-up Survey, 100% of participants for FY22 agreed at a 4 or 5 level that they could apply the learning to their job. The average rating for the likelihood to recommend the training was 9.46 on a 0 to 10-point scale.

Table 8: Ability to Apply (% rating 4 or 5) and Likelihood to Recommend (% rating 8-10)

Fiscal Year (FY)	Applicability (Course Evaluation)	Applicability (60-Day Follow-up)	Recommendation (Course Evaluation)	Recommendation (60-Day Follow-up)
	1 – 5 scale	1 – 5 scale	0 – 10 scale	0 – 10 scale
FY19	95%	71%	74%	71%
FY20	56%	72%	78%	59%
FY21	91%	96%	87%	83%
FY22	92%	100%	86%	96%
FY22 Average Rating	4.61	4.88	9.02	9.46

Limitations of the FY22 Data Analyses

1. Accuracy of Learning Management System (LMS) Pre/Post-Tests Data

- The current LMS reports do not provide output in a numeric data format for pre and post-tests. Text data had to be converted to numbers for the quantitative analyses (i.e., “yes” was converted to “1”). If the LMS could export the numeric data, it would be possible to analyze data in a more efficient and reliable way without the current extra manual steps.
- The LMS report logic produced inaccurate data. Skipped questions were not counted as missed or incorrect questions. Rather, the questions that were skipped were omitted from the report. For example, if there were 36 questions on the test and the participant only answered 30, and all of them were correct, the LMS report gave a 100% score based on the 30 questions instead of the 36 questions. A manual calculation was completed to retrieve the correct scores in these cases.
- When the questions were updated in the middle of the fiscal year, the previous questions were overridden by new questions. To accurately evaluate the impact of training through pre/post-tests, participants should answer the same questions before and after the training. If different tests are used, verifying the valid impact of the training becomes unclear.
- In some cases, the LMS exported multiple answers for a single question. Therefore, in the current report, if the correct response was included among the multiple responses, that question was considered correct, earning 1 point.
 - ❑ *The issue derived from the multiple-choice question setting which does not function properly on the current LMS. The learners could select several answers for a single question, and it was counted as correct.*
 - ❑ *For example, in response to the question, “Which category of abuse can have the perpetrator as a household member who is not a caretaker?”, LMS exported multiple answers such as “Sexual Abuse”, and “Physical Abuse”.*

Masters of Social Work (MSW) Stipend Program Report FY23

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 HHS employees. The program aims to support the workforce needs of HHS 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 HHS staff who wish to pursue an MSW.

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 HHS fiscal, and select HHS 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 HHS 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 HHS 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 HHS	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 HHS in defining stipend.	UNI/HHS	ISU	07/19/22
08/10/22	Share information on the MSW stipend program with HHS SAMs	HHS	HHS	08/10/22
08/17/22	Identify interview questions for candidates and interviewers from HHS	HHS/UNI	HHS UNI	09/07/22
08/17/22	Costing allocation, budget to HHS	ISU/UNI	ISU UNI	08/17/22
09/01/22	Develop a fiduciary process to be used by UNI to submit stipend claims to HHS and receive funds from HHS.	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	HHS to respond concerning more information for Feds.	HHS		
Marketing				
09/29/22	HHS to send talking points to UNI.	HHS	HHS	09/29/22
12/06/22	UNI to send HHS 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.	HHS	HHS	04/03/23
Pending	Specific HHS application for the program.	HHS		
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.	HHS/UNI		
Pending	Marketing material to HHS for distribution.	HHS		
Contracting				
11/10/22	HHS agrees with the Title IV-E Stipend Plan proposal.	HHS		
Pending	HHS decisions concerning FY24 Contract for Stipend program and roles/responsibilities.	HHS		
Pending	Initial SOW narrative draft.	UNI		
Pending	An agreement between UNI and IHHS will be developed.	HHS/UNI		
Pending	HHS Fiscal meeting.	HHS		
Pending	UNI/HHS contract in place.	HHS/UNI		
06/30/23	ISU responsibilities cease.	ISU		
Stipend Program				
10/01/23	Start of Stipend Program activities.	UNI		
Pending	HHS determines who is applying.	HHS		
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		

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS B & I & A	Katie Henniges, Zach Mundy, Jesse Thomas	CW1001	Solution Focused Meetings	Solution Focused Meetings (SFM) provide an opportunity to partner with families engaged in the child welfare system. Participants will gain an understanding of the SFM process, which includes social work skills to engage the family and the Solution Based Casework (SBC) philosophy, so potential facilitators can evaluate and utilize SFM meeting facilitation in daily practice.	LP or WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □ Social work practice, such as family centered practice and social work methods including interviewing and assessment □ Communication skills required to work with children and families 	\$ 12,166	4	4
FL & FLS B & I & A	Katie Henniges, Zach Mundy, Jesse Thomas	CW1002	Solution Focused Meetings: Facilitation Essentials	Solution Focused Meetings (SFM) provide an opportunity to partner with families engaged in the child welfare system. Often, families face challenges that may influence their participation prior to and during the family driven decision-making meetings. This training will provide participants with information to identify behaviors common with mental health diagnoses and substance use disorder to prepare for facilitation of SFMs. The training will cover the impact of domestic violence during the facilitation process. Information will be shared to better understand working with families across all cultures.	LP or WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □ General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service □ Social work practice, such as family centered services and social work methods including interviewing and assessment □ Communication skills required to work with children and families 	\$ 12,166	4	4
FL & FLS: I & A	Katie Henniges, Kodi Baughman, Lindsay Murphy, or Jessica Thomas	CW1003	Youth Transition DecisionMaking (YTDM) Meeting Facilitation	This training assists child welfare workers with understanding the youth driven family team decisionmaking meeting process so potential facilitators can be coached in YTDM meeting facilitation to utilize in guiding and developing the youth's plan.	LP or WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □ Social work practice, such as family centered practice and social work methods including interviewing and assessment □ Communication skills required to work with children and families 	\$ 11,046	2	3
FL & FLS: B & I & A	Approved Facilitators	CW1004	Foundation of Understanding Trauma	Level 1. This training will discuss the broad spectrum of major contributors to a child's behavior, what needs to be addressed first and what short/long term reasonable outcomes are. The lifespan consequences of trauma on an individual/community and worker's role as protectors and educators. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.	LP or WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □ Trauma: An overview of trauma, including definitions, key terms related to trauma and the long term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development; and general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning. □ Resilience: Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships 	\$ 7,566	4	4

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS B & I & A	Approved Facilitators	CW1005	Self-Care of Trauma	Level 2. This course will review lifespan consequences of trauma on an individual/community and worker's role as protectors and educators. Participants will learn what can happen to them as they operate in highly stressful environments and how to take care of themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.	LP or WC; R	100% All Child Welfare (75% FFP)	Trauma: long term impact of trauma experiences; the impact of secondary trauma on caregivers and providers; and general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning.	\$ 7,566	4	4
FL & FLS B & I & A	Alyse Egan and approved trainers	CW1006	Domestic Violence Fundamentals	This course is an introduction to domestic violence concepts and how they relate to family and child welfare. Participants will learn about what domestic violence is, how to identify various tactics of abuse, and how domestic violence impacts children from birth through their adolescent years. The training will also explore how domestic violence impacts parenting and how professionals can help promote resilience and healing in families experiencing this type of trauma.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□General domestic violence issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •□Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 2,585	3	1.5
FL & FLS B & I & A	Alyse Egan and approved trainers	CW1007	Domestic Violence Intermediate	This session builds on the Fundamental course material by exploring how to screen for domestic violence and effectively engage both adult survivors of abuse and their perpetrators while working towards child safety and well-being. Participants will be given tools to help them partner with survivors and engage perpetrators in a change effort, as well as receive introduction to a variety of strategies for planning for child safety and evaluating effective change. Participants will also explore how to explain the services available to survivors of domestic violence and how to appropriately refer to local domestic violence service agencies.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□General domestic violence issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •□Social work practice, such as family centered practice and social work methods including interviewing and assessment •□Communication skills required to work with children and families •□Training on referrals to services, not how to perform the service 	\$ 2,585	3	1.5

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS B & I & A	Billy Claywell	CW1008	Mental Health Fundamentals	In-home workers face many difficulties, including working with clients with mental health conditions. Mental Health Fundamentals explores five common mental health conditions and gives workers practical guidance on how to communicate with clients without getting caught up in their drama. Participants will learn about the connection between genetics, environments, and lifestyles in the development of a mental health condition; communication techniques to assist clients to replace maladaptive behaviors with positive ones; and skills to de-escalate clients experiencing a mental health crisis. Upon completion of this course participants will be able to understand how personal experiences impact relationships with clients experiencing mental health conditions, be able to identify the diagnostic criteria for five common mental health diagnoses, and able to recognize how adverse childhood experiences affect mental health.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service □Communication skills required to work with children and families 	\$ 2,585	3	1.50
FL & FLS B & I & A	Greg Belville	CW1009	Substance Use Disorder Basics	Substance Use Disorder Basics will provide an overview of addiction and recovery. Participants will be introduced to addiction and contributing factors, as identified within the DSM-V. Information will be shared on the overview of recovery and understanding the Stages of Change. The training will cover substances of abuse, including descriptions and effects. Participants will learn how to recognize behaviors associated with substance use and identification of paraphernalia. The course will identify the data relating to the involvement of families living with substance use disorders and their involvement in the child welfare system. Participants will be able to identify their role to support children and families living with substance use disorders.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □General substance abuse issues related to children and families in the child welfare system, if the training is not related to providing treatment or service □Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 3,955	3	1.50
FL & FLS B & I & A	Approved Facilitators	CW1010	Motivational Interviewing (MI)	Motivational Interviewing is a person-centered counseling technique utilized to elicit behavior change. This practice session will focus on developing a collaboration relationship with individuals to explore and resolve ambivalence to support change aligning with one's own personal values and concerns. The session will build upon a prerequisite eLearning course to deeper explore and demonstrate the principles of Motivational Interviewing.	LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> □Social work practice, such as family centered practice and social work methods including interviewing and assessment □Communication skills to work with children and families 	\$ 5,381	4	2.00

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS B & I & A	Approved Trainers	CW1011	Race: The Power of an Illusion	This training is organized and arranged with the Racial Equity Awareness Learning Exchange. The training will meet the following learning objectives: 1) Help build organizational capacity to engage in ongoing "courageous conversations" about the intersections of race, equity and child welfare reform. 2) Learn how America's institutions and courts used public policy and inconsistent logic to define race and give different racial and ethnic groups vastly unequal opportunities and access to life changes. 3) Utilize dyads and small groups to allow participants to "practice" talking about the intersections of race, equity and child welfare reform.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Cultural competency related to children and families • Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 642	2	2.00
FL & FLS B & I & A	Approved Trainers	CW1012	Understanding Implicit Racial Bias	The purpose of UIRB is to build capacity to recognize and reduce implicit racial bias by providing participants with a Brave Space environment in which to explore and challenge their own beliefs and attitudes about bias, to practice better ways of talking to one another about microaggressions and stereotypes, and to begin to have conversations with one another about how implicit racial bias affects our attitudes, beliefs and behaviors. Defined as a learning exchange, rather than as a training, UIRB is both a guided educational experience which uses a standard curriculum and a facilitated discussion that encourages and supports participants' active involvement in the learning exchange. A team of intensively-trained facilitators with a background in child and family welfare and a commitment to understanding and reducing implicit racial bias lead the learning exchange.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Cultural competency related to children and families • Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 321	1	1.00
FL & FLS B & I & A	Annie von Gillern / Cole Mayer / Judge Lynn Poschner/ Shireen Carter	CW1017	Testifying in Juvenile Court	More and more often, child welfare professionals are having to take the stand and be questioned in open court. Remembering everything that has happened in a case, while trying to make sure you accurately recite facts while questions are being hurled at you can feel like you've drifted into oncoming traffic. This training will focus on best practices for professionals testifying in court, common problems to avoid, and how to keep a good working relationship with your families while answering questions that might make them feel uncomfortable.	LP; C	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Preparation for and participation in judicial determinations 	\$ 16,178	2	2.00
FL & FLS: B & I & A	Greg Belville	CW1019	Understanding Connections Between Family First and Families Living with Substance Use Disorders	This course will highlight the philosophical changes with the Family First Prevention Services Act (Family First) in relation to the impact on children and families at-risk for entry into the child welfare system. In Iowa, parental substance use is strongly correlated with young children involved in the child welfare system. Participants will learn about the impact of substance use on the family unit and learn the opportunities available to support families living with substance use disorders.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • General substance abuse issues related to children and families in the child welfare system, if the training is not related to providing treatment or service 	\$ 4,258	3	1.50

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS: B & I & A	Greg Belville	CW1020	Intersectionality of Child Maltreatment and Poverty	This course will identify the impact of poverty and the long-term effect on children and families. Often, poverty is confounded as a form of child abuse and neglect. Iowa specific poverty data will overlay with child maltreatment data to understand the impact of poverty on family safety and wellbeing.	WC or LP; R	100% All Child Welfare (75% FFP)	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child and family	\$ 4,258	3	1.50
FL & FLS: B & I & A	Billy Claywell	CW1021	Client Engagement	Building strong relationships with children, youth, and families are integral to strengthen client communication and engagement. This course will show the value of listening to a client's story as a method of getting and keep them engaged in the relationship. Attendees will explore how to make the client feel like an active participant in the interaction to build a collaborative relationship to support client success.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□Social work practice, such as family centered practice and social work methods including interviewing and assessment •□Communication skills required to work with children and families 	\$ 1,723	2	1.00
FL & FLS: B & I & A	Billy Claywell	CW1022	Now What? Trauma Informed Care	Trauma Informed is all the buzz these days. This course will focus on how to take the concepts and understanding of trauma and lift the learning into engagement with children and families who have experienced trauma in their past. Participants will learn appropriate response to trauma experienced by clients. Trauma informed language will be shared to help guide clients to success.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□Trauma: general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning •□Communication skills required to work with children and families 	\$ 1,723	2	1.00
FL & FLS: B & I & A	Billy Claywell	CW1023	Calm Down: Understanding Basics to De-Escalate Situations	A client in a heightened state can exhibit challenging behaviors while also being a safety risk for those around them. This course will start to understand behaviors that may lead to a heightened state while share learning to identify situations may lead to de-escalation. Participants will learn to identify reactions to keep calm and remove oneself from a situation to maintain safety for all.	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□Social work practice, such as family centered practice and social work methods including interviewing and assessment •□Communication skills required to work with children and families 	\$ 1,723	2	1.00
FLS: B & I & A	Billy Claywell	CW1024	Supervisor Basics	Supervision is vital to the role of supporting the frontline child welfare workforce in order to ensure quality services to children, youth, and families. This course will provide tools and resources for those entering supervisory roles. Information will be shared to enhance staff development, including utilizing the role of supervision to support the front-line workforce while monitoring safe and successful case outcomes.	WC or LP; R	100% All Child Welfare (50% FFP)	<ul style="list-style-type: none"> •□Social work practice, such as family centered practice and social work methods including interviewing and assessment •□General supervisory skills 	\$ 1,723	2	1.00

Audience	Provider of the Training	Course No.	Course Title	Brief Course Syllabus	Setting/Venue	Funding Sources/Benefiting Program	Administrative Function	Estimated Annual Cost	Number of offerings in FY (including pilot offerings)	Total Training Days
FL & FLS: B & I & A	Judge Mary Tabor	CW1025	Documentation	Documentation is a core responsibility of every worker to ensure that the safety of children is appropriately addressed and effectively documented throughout the life of a case. Appropriate documentation will identify and describe information in an accurate, complete, and professional manner. This course will share the importance of documentation; identify tools to accurately reflect behavior observations in a succinct manner; and help create the understanding for the use of documentation to represent the interventions and outcomes within the life of a case.	WC or LP; R	100% All Child Welfare (50% FFP)	Social work practice, such as family centered practice and social work methods including interviewing and assessment	\$ 2,585	3	1.50
FL & FLS: B & I & A	Ray Fiedler	CW1029	Human Trafficking Awareness Training	Human trafficking is the business of stealing freedom from people for profit. In some cases, traffickers trick, defraud or physically force victims into selling sex or labor. Anyone can be a victim of human trafficking, regardless of age, sex, race, gender, or class. In this 2 hour training, attendees will become familiar with the terminology, gain insight into vulnerable populations, learn how to avoid common mistakes when working with survivors, and discover solutions. Learn how you can make a difference and be a part of someone's story back to freedom just by being more aware! Facts: -In 2017, the average age of victims recovered was 15 -Children, teens, and adults are victimized -Covid-19 has increased the dangers as more youth are on social media and internet sites	WC or LP; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Child abuse and neglect issues, such as the impact of child abuse and neglect on a child • Communication skills required to work with children and families • Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 1,032	3	0.75
FL & FLS: B & I & A	David Zidar	CW1030	Professional Boundaries	This workshop provides caregivers and caseworkers the skills to improve communication with all stakeholders. It provides the treatment staff and caseworkers with an understanding of the limits that they must put upon themselves in their helping relationships. This training provides actual case examples and poses ethical relationship situations. Both the new and more mature staff can benefit from this core skill of all professional helpers.	WC; R	100% All Child Welfare (75% FFP)	Social work practice, such as family centered practice and social work methods including interviewing and assessment	\$ 1,723	2	1.00
FL & FLS: B & I & A	David Zidar	CW1031	Relax, it's Only a Crisis	Parent will learn to better manage their affective Responses to the "crisis of the day." Caseworkers and direct care staff will learn how to better manage their affective response to the "Crisis of the Day." The course will cover the use of a more detailed self-care plan. Participants in this training will learn issues regarding teamwork, unit culture and administration's role in crisis management.	WC; R	100% All Child Welfare (50% FFP)	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Team building and stress management 	\$ 862	1	0.50

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FL & FLS: B & I & A	David Zidar	CW1032	Management of Children with Sexually Inappropriate Behavior	This course provides caseworkers and direct care staff the skills to identify and manage children who are displaying sexually problematic behavior. Most of this material was developed by the University of Louisville's Sexual Offender Treatment Program. This course will provide participants with the "red flag" behaviors that they need to watch for. It will also bring to light the role of trauma, cycles and patterns of the offending child and how to help these children to use them to manage their behavior.	WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□Communication skills required to work with children and families •□Social work practice, such as family centered practice and social work methods including interviewing and assessment •□Trauma: the ways that trauma may impact children's functioning and well-being at various stages of development and general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning 	\$ 862	1	0.50
FL & FLS: B & I & A	Stacie Lane	CW1033	Introduction for Working with Autism Spectrum Disorder (ASD)	This training opportunity will assist participants in better understanding Autism Spectrum Disorders and their related challenges. Participants can expect to learn about the history of the diagnosis, common issues and challenges associated with the diagnosis, as well learn best practices when working with individuals diagnoses with Autism. Participants will also learn about current, evidence-based treatments and interventions.	WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •□Social work practice, such as family centered services and social work methods including interviewing and assessment •□Communication skills required to work with children and families 	\$ 862	1	0.30
FL & FLS: B & I & A	Stacie Lane	CW1034	Behavior Management for Youth with Autism Spectrum Disorder (ASD)	During this training, participants will be exposed to material focused on a "function-based perspective" in understanding human behavior. This training will provide participants with initial information on the functions of behavior, on how drive assessments and related interventions and more. The training will also review key skills and techniques used to support individuals with ASD.	WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •□Social work practice, such as family centered services and social work methods including interviewing and assessment 	\$ 862	1	0.30
FL & FLS: B & I & A	Stacie Lane	CW1035	De-escalation Interventions and Techniques for Youth with Autism Spectrum Disorder (ASD)	This training will provide information pertaining to de-escalation techniques and interventions. Participants will learn about the brain science, escalation cycles, the window of tolerance, and more. This information will assist participants in gaining applicable skills to support de-escalation measures in a safe and trauma informed way. Additionally, debriefing will be discussed and how to best resolve post-crises challenges.	WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •□General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •□Social work practice, such as family centered services and social work methods including interviewing and assessment •□Communication skills required to work with children and families 	\$ 862	1	0.30

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FL & FLS: B & I & A	Jennifer Null, LMFT, RPT-S	CW1037	Basics and Beyond: Connecting Engagement & Intervention in Families Affected by SUD	This workshop will build worker's knowledge, understanding, and application of 3 key practice points for working with families affected by SUD. Learners will build or enhance their foundation of key practices and considerations for assessment, screening, and drug testing, including understanding behavioral indicators which support parental drug testing, types of testing available, and the approach to implementation of testing. Building upon the foundational practices, learners will gain and apply effective strategies for engaging families in relationship building, case planning, and supporting SUD treatment options. Workers will gain increased confidence in their ability to integrate family driven, relational, and trauma informed approaches within their everyday work.	WC; R	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •☐General substance abuse issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •☐Social work practice, such as family centered services and social work methods including interviewing and assessment •☐Communication skills required to work with children and families 	\$ 2,585	3	1.50

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FL & FLS: B & I & A	Jeff Kulley, DrPH	REL-ALL-0-AM	Anger Management	Anger is a universal emotion. Anger that is expressed in indirect, passive, or aggressive ways can cause problems in many aspects of your life. Anger that is recognized and managed effectively can actually serve to energize healthy, productive behaviors. This course will provide the learner with a basic understanding of anger and describe techniques for managing anger in the workplace.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	Team building and stress management training	\$ 268.79	Daily	2.70
FL & FLS: B & I & A	Jessica Pollard, PhD	REL-HHS-0-ANTAY	Addressing the Needs of Transition Age Youth	Transition Age Youth (TAY) face many challenges as they transition from juvenile care systems into adult systems. During this time, many serious mental illnesses are most likely to first present and there is a risk of TAY falling through the cracks between systems. This course will provide an overview of challenges experienced by transition age youth, the importance of service coordination, and some considerations and practical action steps for working with TAY in a variety of settings. This course is applicable to professionals working with TAY in a variety of settings such as children, youth, and families, juvenile justice, and behavioral health agencies.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Independent living and the issues confronting adolescents preparing for independent living	\$ 278.75	Daily	2.80
FL & FLS: B & I & A	Softskill	REL-ALL-SS-AYOLP	Assessing Your Own Leadership Performance	Monitoring your own progress as you develop is a simple and effective way to ensure success in your role. Knowing how to self-assess your leadership skills and competencies is important if you want to chart your development and plan your future growth as a leader. In this course, you'll learn about techniques leaders can use to carry out a self-assessment, such as reflective journaling, surveys and checklists, and 360-degree feedback. You'll also learn ways to increase your motivation and manage your own learning by creating a leadership development plan.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	Job performance enhancement skills (e.g. writing, basic computer skills, time management)	\$ 278.75	Daily	2.80
FL & FLS: B & I & A	Softskill	REL-ALL-SS-CVTM	Contributing as a Virtual Team Member	Companies often opt to create virtual teams in place of on-site teams. This allows employees to work from home or remote locations. However, if not managed appropriately, remote working may cause breakdowns in communication, collaboration, and teamwork. In this course, you'll learn how to develop the skills you need to show team leadership and be an effective member of a virtual team. You'll explore personal traits that are useful when working on a team remotely. You'll also learn strategies to stay connected with other team members, and ways to manage your time and overcome the challenges associated with managing teams remotely.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	Team building and stress management training	\$ 278.75	Daily	2.80

FL & FLS: B & I & A	Pamela Green, LCSW, RPT	REL-BHC-0-WMELGBTQ CY	Working more Effectively with LGBTQ+ Children and Youth	LGBTQ+ children and youth are like other children and youth, but they face unique challenges and discrimination. Families, caregivers, providers, and educators can all play a role in fostering positive development, healthy coping skills, and resilience in LGBTQ+ children and youth. Families' culture, historical traditions, and belief systems can be assets in resilience building. In this course, you will receive basic information on gender and sexual identities in LGBTQ+ children and youth to better inform your practice. The course will also discuss the effects of institutional, cultural, and social discrimination on LGBTQ+ youth as well as the impact of complex trauma. It will explore assessment practices, treatment models and methods for building resilience in LGBTQ+ children and youth. The goal of this course is to provide behavioral health counseling, addictions, marriage and family therapy, psychology, and social work professionals with information and strategies to better support LGBTQ+ children and youth.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> Cultural competence: How to assess and serve the needs of children without bias and ensure their safety, including how to parent youth struggling with issues related to sexual orientation, gender identity and/or gender expression. • <input type="checkbox"/> Resilience: Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships. 	\$ 298.66	Daily	3.00
FL & FLS: B & I & A	Chris Martin, BS, BA	REL-ALL-0-BDD	Basics of Defensive Driving	Many functions of your daily life probably require the use of a motor vehicle. This course will address your responsibility as a driver to ensure the safety of other individuals. In this course, you'll learn how to identify potential hazards while driving, and several defensive driving techniques. The goal of this educational program is to provide all staff with knowledge of defensive driving techniques.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	Safe Driving	\$ 298.66	Daily	3.00
FL & FLS: B & I & A	Richard Harris	REL-PS-0-INTROGANGS	Introduction to Gangs	The Gang Threat Assessment published by the National Gang Intelligence Center in 2011 indicated that in the United States, District of Columbia, and Puerto Rico, there are an estimated 33,000 active street, prison, and outlaw motorcycle gangs with more than 1.4 million members. The Center also states that gangs are responsible for 48% of violent crime in some jurisdictions and up to 90% in others. This course will provide staff working directly with justice-involved individuals in jails, prisons, and on community supervision in both adult and juvenile justice sectors with a brief introduction to gangs, including the common features of a gang, indicators of gang membership, and risk and protective factors of gang membership. You will also learn about different types of gangs and key differences and relationships between prison and street gangs.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Social work practice, such as family centered practice and social work methods including interviewing and assessment	\$ 298.66	Daily	3.00
FL & FLS: B & I & A	Kimberly Cobb, MS	REL-PS-0-JFSICP1	Suicide in Juvenile Facilities Part 1: An Overview of the Problem	The Centers for Disease Control and Prevention has identified individuals in correctional facilities at high-risk for suicide. Risk factors unique to a correctional environment such as shock of incarceration, guilt/shame over incarceration, and existing mental health issues (e.g., alcohol/substance use or mental health disorders) are risk factors for suicide. Isolation from family and friends compounds this risk. This course will provide youth workers working in juvenile detention and other facilities that house youthful offenders with an overview of suicide in juvenile correctional facilities. You will review information related to statistics of suicide in juvenile correctional facilities, examine common myths and facts about suicide, review liability issues related to suicide in juvenile correctional facilities, and be introduced to the components of what should be included in a facility's suicide prevention program.	RL; Access to Relias Learning Users	100% All Child Welfare 75% FFP)	General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	\$ 313.59	Daily	3.15

FL & FLS: B & I & A	Susan Fee, M.Ed., LPCC	REL-ALL-0-STRMGT-V2	Employee Wellness - Stress Management	Stress is part of everyone's life. That's not necessarily a bad thing. A certain level of stress is healthy because it motivates you to be productive. However, too much stress can do the opposite, leaving you feeling drained and irritable. You can't escape stress, but you can learn to respond differently. This course will teach you to identify triggers and develop a personal stress management plan.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> Job performance enhancement skills (e.g. writing, basic computer skills, time management) • <input type="checkbox"/> Worker retention and worker safety 	\$ 318.57	Daily	3.20
FL & FLS: B & I & A	Kimberly Cobb, MS	REL-PS-0-JFSICP2	Suicide in Juvenile Facilities Part 2: Identifying Suicide Risk	Youth workers working in juvenile detention facilities and other community confinement facilities have a duty to protect residents in their custody and care. This includes protecting them from self-harm and suicide. This course is designed to provide information on identifying risk factors and warning signs for suicide. In addition, you will also learn about stressors unique to a custodial environment that may heighten a resident's likelihood to attempt or complete suicide. You will be given the chance to apply your knowledge in a series of interactive exercises that test your understanding of the course material.	RL; Access to Relias Learning Users	100% All Child Welfare 75% FFP)	General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	\$ 328.52	Daily	3.30
FL & FLS: B & I & A	Larry Lipsitz, M.Ed.	REL-HHS-0-PBSC	Positive Behavior Support for Children	The children you work with will come from different backgrounds and upbringings and might spend more time with you than they do with anyone else outside of their families. They might be from a broken home, or from a home that is nicer than your own. They might live with their birth parents, adoptive parents, grandparents, or in a foster home. Sadly, some children will have gone through several different "family" environments, sometimes forced to leave each, and typically for reasons completely out of their control. Regardless of their background, they all have at least one thing in common: they are now in the system you are a part of and have likely experienced some form of abuse (e.g., sexual, physical, or verbal). Do not automatically assume the child's abuser was a family member; it could have been someone outside the family. Each child and each situation are different. Growing research has exhibited progressive findings that indicate success with positive behavioral supports. Positive behavioral supports deemphasize punishment, and instead focus on replacing challenging behaviors with more appropriate behaviors. You will use positive behavior supports to help the child understand that failures can provide opportunities for improvement and growth. Your goal is to teach the child valuable techniques that will help them live a positive life. Your job is not to be the expert – doctors and other specialists have already determined the child's medical and personal needs. Your job is to help make the child feel comfortable and safe. You, not experts, will get to know the child.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> Child abuse and neglect issues, such as the impact of child abuse and neglect on a child • <input type="checkbox"/> Resilience: Strategies for minimizing the traumatic experience of placement(s) for children, including facilitating attachment and promoting stable relationships. 	\$ 358.39	Daily	3.60
FL & FLS: B & I & A	Softskill	REL-ALL-SS-ITSEUISF	IT Security for End Users: IT Security Fundamentals	Companies that have the greatest chance of fending off IT security attacks are those that have employees who are armed with the knowledge of how to use a company's computers, network, and mobile devices with security in mind. In this course, you'll learn fundamental security concepts that apply to use as an end user, like the role you play in your company's overall IT security. This course also covers some of the most common IT security policies that apply to you as an end user, including policies for secure computer use, mobile device use, and general security policies if you work remotely.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	State agency personnel policies and procedures	\$ 403.19	Daily	4.05

FL & FLS: B & I & A	Cynthia McDaniel, MSN, RN, FGnLA Catherine Zimmerman, LICSW, CSW-G	REL-PAC-0-DIPV	Domestic and Intimate Partner Violence	This purpose of this course is to familiarize the learner with basic information concerning domestic and intimate partner violence (IPV). Information about IPV's prevalence, characteristics, legal protections and risk factors will be presented. The cycle of abuse will be explained along with issues related intimate partner homicide. Screening and intervention protocols will be described along with community resources available to people experiencing domestic and intimate partner violence.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •☐General domestic violence issues related to children and families involved in the child welfare system, if the training is not related to providing treatment or service •☐Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 418.12	Daily	4.20
FL & FLS: B & I & A	Cynthia McDaniel, MSN, RN	REL-PAC-0-HOALRC	HIPAA Overview for Assisted Living and Residential Care	The purpose of this course is to familiarize the learner with Health Insurance Portability and Accountability Act (HIPAA). Protecting the privacy of resident information is an important responsibility. An overview of HIPAA privacy regulations and how they apply to residential care will be provided. The course engages learners in learning what information is protected and what safeguards should be in place to comply with the regulations.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Ethics training associated with a title IV-E State Plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act	\$ 438.03	Daily	4.40
FL & FLS: B & I & A	Ron Orth, RN, CHC, CMAC	REL-ALL-0-FSBASIC-V2	Fire Safety: The Basics	The goal of this course is to provide all employees with easy-to-remember steps and information about responding to and preventing fires.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	First aid, CPR, or facility security training	\$ 447.99	Daily	4.50
FL & FLS: B & I & A	Kimberly Cobb, MS	REL-PS-0-RYW-V2	The Role and Ethical Boundaries of a Youth Worker	A youth worker plays an important role in the juvenile justice system. A youth worker is responsible for providing for the safety, security, and well-being of justice-involved youth adjudicated to a custodial setting. This course will provide staff providing direct care/supervision to youth in confinement facilities with an overview of the common functions and tasks performed by youth workers and descriptions of traits of an effective youth worker. Additionally, you will learn ways for youth workers to maintain ethical boundaries.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Social work practice, such as family centered practice and social work methods including interviewing and assessment	\$ 517.67	Daily	5.20
FL & FLS: B & I & A	Stephanie L. Furness-Kraft, LCSW, CCTP	REL-BHC-0-OIPV	An Overview of Intimate Partner Violence	Intimate partner violence (IPV) affects thousands of people each year. IPV affects people of all social and economic backgrounds, ages, sex, sexual orientation, race, and ethnicity. Those who experience IPV often suffer adverse social and health outcomes that make early recognition, identification, and response a priority for professionals working in healthcare and health and human services. The goal of this educational program is to provide nurses, psychologists, social workers, alcohol and drug counselors, marriage and family therapists, and professional counselors in health and human services with information for recognizing, identifying, and responding to intimate partner violence.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	General domestic violence issues related to children and families in the child welfare system, if the training is not related to providing treatment or services	\$ 612.25	Daily	6.15
FL & FLS: B & I & A	Naju Madra, MA Bridgett Ross, PsyD	REL-HHS-0-OTSRD-V2	Traumatic Stress Disorders in Children and Adolescents	Nearly 35 million children in the United States experience one or more traumatic events in their lives (National Survey of Children's Health, 2012). These events include abuse, natural disasters, and community violence that can lead to mental disorders. In this course, you will learn about the different mental disorders that often develop in children and adolescents who have been exposed to trauma. You also will gain a basic understanding of the most effective treatments for these disorders. With a blend of interactive exercises, this course offers a number of practical strategies that you can apply in your own setting to better care for children exposed to trauma and other stressors. DSM™ and DSM-5™ are registered trademarks of the American Psychiatric Association. The American Psychiatric Association is not affiliated with nor endorses this course. <i>This course provides general information about the disorders that children and adolescents may develop as a result of trauma and effective treatments. The practical strategies are how to care for children exposed to trauma and other stressors, not how to provide a specific treatment or service.</i>	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •☐General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or service •☐Trauma: general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning 	\$ 627.18	Daily	6.30

FL & FLS: B & I & A	Clive Jones, B.A.	REL-HHS-AIRS-SPMHI-V2	Information and Referral: Serving People with Mental Health Disorders	Despite increased awareness, there remains a stigma about mental illness and a lack of understanding of what exactly a "mental illness" is. This interactive course provides general, introductory information on the nature and types of mental health issues and the services that are available to affected individuals. It is primarily intended for staff at Information & Referral (I&R) organizations that need the ability to handle a wide range of clients and issues, including those involving mental health concerns. Some material within this module was drawn, according to permission guidelines, from the website of the Canadian Mental Health Association at www.cmha.ca. This course is not suitable for specialized professionals working within the mental health sector. It also does not cover crisis calls or crisis intervention. This course was written by AIRS staff member, Clive Jones, a former President of InformCanada, who is responsible for the AIRS Certification Program, in addition to assisting with training and standards development. It was adapted from material within The ABCs of I&R (copyright AIRS). AIRS is the nonprofit Alliance of Information and Referral Systems at www.airs.org.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services • <input type="checkbox"/> Training on referrals to services, not how to perform the service 	\$ 657.05	Daily	6.60
FL & FLS: B & I & A	Terry Gregoire, RN, BSN, PHN II, NCSN	REL-ALL-0-FIRSTAID	First Aid Refresher	Are you prepared to take action to help someone in the event of an accident, injury, or medical emergency? What will you do if you encounter someone who is injured, bleeding, or even unconscious? Offering someone immediate basic first aid can provide relief from injuries or even save lives until trained emergency medical assistance arrives. This course will teach you basic first aid strategies so that you can respond effectively to a range of situations, from minor injuries to life-threatening emergencies.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	First aid, CPR, or facility security training	\$ 657.05	Daily	6.60
FL & FLS: B & I & A	Ron Orth, RN, CHC, CMAC	REL-ALL-0-RCPR	Refresher for CPR	Every year, hundreds of thousands of individuals experience cardiac arrest, with more than 80% of cases occurring outside of the hospital. Immediate initiation of cardiopulmonary resuscitation (CPR) can triple a person's chances of survival. Although technology has increased and the public now has access to automated external defibrillators in most public places, no initial intervention can be delivered unless bystanders and formally trained personnel are ready to respond. Regardless of whether you have been formally trained to perform CPR, after completing this course you will have a firm grasp on the essential components of CPR, including the initial first aid steps you can take prior to performing CPR. The goal of this course is to provide all staff with an overview of CPR.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	First aid, CPR, or facility security training	\$ 657.05	Daily	6.60
FL & FLS: B & I & A	Kevin Fawcett, Ph.D.	RL 007; REL-ALL-0-BOUND	Maintaining Professional Boundaries	As a healthcare professional, you may find yourself in situations where issues with professional boundaries develop. Some boundary violations can be quite serious for you, your team members, your organization, and the people you provide care for. For this reason, it is important for you to be aware of these risks. You should understand the difference between a boundary crossing and a boundary violation. You must also be able to recognize situations that may lead to a boundary crossing or violation and know how to prevent problems. The goal of this course is to share with general staff in any setting the basics of how to maintain professional boundaries.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Social work practice, such as family centered practice and social work methods including interviewing and assessment	\$ 657.05	Daily	6.60

FL & FLS: B & I & A	Donna Petras PhD., MSW	REL-HHS-CWLA-CCC	Calming Children in Crisis	A major challenge in working with children who have experienced trauma is helping them manage the strong emotions often experienced as a result. Feelings of emotional pain resulting from maltreatment and loss often present as anger. Children may feel overwhelmed by their feelings and express anger in a way that places themselves and others at risk. This course provides skills for helpers to assist children in identifying and managing their feelings in a healthy manner. Specific skills taught include helping children identify and label their feelings, cope with feelings of anger, develop a Safety Plan; and learn how and when to use the plan. The skills taught in this course are helpful for persons working with children in a wide variety of settings including family foster care, and residential and educational facilities.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •☐Social work practice, such as family centered practice and social work methods including interviewing and assessment •☐Communication skills required to work with children and families 	\$ 716.78	Daily	7.20
FL & FLS: B & I & A	Linda Henderson-Smith, PhD, LPC	REL-BHC-NCCBH-CFCS	Webinar: Compassion Fatigue and Caregiver Satisfaction	Self-care should be a top priority in all trauma-informed care initiatives. Working in behavioral health and human services can cause a significant amount of mental and physical stress, lead to burnout and compassion fatigue, and expose individuals to vicarious trauma. Consequently, working in a trauma-informed way requires constant focus, self-awareness, and positive energy. Accomplishing this requires that a trauma-informed approach prioritizes an organization taking care of employees, coworkers taking care of each other, and finally caring for yourself.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Trauma: impact of secondary trauma on caregivers and providers	\$ 731.71	Daily	7.35
FL & FLS: B & I & A	Katharine Leslie, PhD	REL-HHS-0-ADTT11-V2	Attachment Disorders: Attachment and Trauma	In this course, you will receive an overview of past and current research and theories on the process of attachment, an understanding of the impact of early exposure to trauma on brain development and the attachment process, a symptoms checklist of attachment problems, and a description of some long-term consequences for a child with attachment disorder. You will learn that an attachment disorder is a condition that occurs in many children who experience abuse, neglect, and chaos at the hands of their caregivers during infancy and early childhood. Learners will be able to review some of the pioneering literature on this topic and explore the issue from the perspective of case vignettes.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> •☐Child abuse and neglect issues, such as the impact of child abuse and neglect on a child •☐Trauma - the ways that trauma may impact children's functioning and well-being at various stages of development •☐General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services 	\$ 736.69	Daily	7.40
FL & FLS: B & I & A	Bryn Davis, LPC, MAC	REL-BHC-0-BMSRAD	Biopsychosocial Model of Substance-Related and Addictive Disorders	Historically, substance-related and addictive disorders were viewed from the perspective of the medical or disease model. Unfortunately, this approach neglected other critical factors that are central to the etiology of these disorders. The biopsychosocial model takes a more holistic perspective, emphasizing biological, sociocultural, and psychological factors that relate to the risk of these disorders. This course will present an overview of this model's primary assumptions, how it differs from other perspectives on substance-related and addictive behaviors, and how it can inform your approach to engaging children and families. The goal of this course is to provide social workers with information on how the biopsychosocial model is used.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	General substance abuse issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	\$ 736.69	Daily	7.40
FL & FLS: B & I & A	Jennifer W. Burks, MSN, RN	REL-ALL-0-UBBPATH	Understanding Bloodborne Pathogens	Exposure and injury prevention is the responsibility of each and every employee. Knowing what is in your organization's ECP, and adhering to it, is a great step forward in maintaining a safe and injury free workplace. This course aligns with OSHA's Bloodborne Pathogen Standard.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	First aid, CPR, or facility security training	\$ 756.60	Daily	7.60
FL & FLS: B & I & A	Kelly J. Ace, PhD	REL-ALL-0-SHEMP	Sexual Harassment for Employees	Sexual harassment makes it hard for workers to feel comfortable and do their job. It also creates problems for employers. This course will help employees working in any industry to understand what sexual harassment is and what they can do about it.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	State agency personnel policies and procedures	\$ 826.28	Daily	8.30

FL & FLS: B & I & A	David Winter, MBA, SPHR, SHRM-SP	REL-ALL-0-HW	Harassment in the Workplace	A healthy work environment is one that is free from harassment. A key to achieving your company's goals is to ensure that employees have a safe and healthy work environment. This course is about harassment in the workplace, including sexual harassment and other types of workplace harassment. It looks at the basic skills needed to deal with situations involving harassment. This course will provide information that will help produce a healthy work environment that is free of harassment. It will also help you understand your role if you encounter harassment in the workplace. The content in this course is applicable to all employees.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	State agency personnel policies and procedures	\$ 851.17	Daily	8.55
FL & FLS: B & I & A	Rachel O'Connor, RN, BSN, M.Ed.	REL-HHS-0-MMCS	Medication Management for Children's Services Paraprofessionals	As a Children's Services Paraprofessional, being familiar with medication management skills is essential in maintaining a high level of safety for those in your care. This course includes important information intended to increase your knowledge of medication management and reduce the risks associated with medication administration errors. Included within the course is an overview of medication management; understanding medications; medication administration; state regulations and common policies and procedures; and ideas for practice.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	General supervisory skills or other generic skills needed to perform specific jobs	\$ 955.70	Daily	9.60
FL & FLS: B & I & A	Linda Weaver, PhD, JD	REL-ALL-0-HBASIC	HIPAA: The Basics	The Health Insurance Portability and Accountability Act (HIPAA) protects the confidentiality and security of healthcare information. HIPAA creates and protects individual privacy rights for protected health information and governs the use and disclosure of that information.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Ethics training associated with a title IV-E State Plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act	\$ 1,065.21	Daily	10.70
FL & FLS: B & I & A	Monique Kahn, Psy.D.	REL-BHC-0-ASATAY	Addressing Suicide in Adolescents and Transition Age Youth	In 2018, suicide was the second leading cause of death for young people ages 15-24 (Centers for Disease Control and Prevention [CDC], National Center for Injury Prevention and Control [NCIPC], 2020). Rates of suicide among youth continue to increase, making it essential for behavioral health clinicians and other professionals working with adolescents and transition-age youth to understand the dynamics of suicide among young people. After providing a foundation on how widespread the problem is and the prevailing theories about the drivers of suicidal behaviors, this course will teach you about how to effectively screen potentially suicidal youth and ways you can intervene to lower their risk. The goal of this course is to provide alcohol and drug counseling, behavioral counseling, marriage and family therapy, nursing, psychology, and social work professionals in health and human services settings with skills for reducing suicide risk in adolescents and transition-age youth. <i>This course is informational for staff in how to recognize and respond to suicidal ideation of youth in their care, not to provide a specific treatment or service.</i>	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> General mental health issues related to children in the child welfare system, if the training is not related to providing treatment or service • <input type="checkbox"/> Communication skills required to work with children • <input type="checkbox"/> Independent living: the issues confronting adolescents preparing for independent living 	\$ 1,314.09	Daily	13.20
FL & FLS: B & I & A	Catie Hart	REL-ALL-0-UHT	Understanding Human Trafficking	Human trafficking is a significant issue in the U.S. and worldwide. Human trafficking victims are often concealed by their traffickers; however, studies show that many victims interact with healthcare professionals while they are being victimized. This places healthcare professionals in a unique position to recognize the signs and risk factors of human trafficking and take steps if they suspect a person may be a victim of human trafficking. The goal of this course is to provide healthcare staff with critical steps to recognize and respond to human trafficking.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • <input type="checkbox"/> Child abuse and neglect issues, such as the impact of child abuse and neglect on a child • <input type="checkbox"/> Communication skills required to work with children and families • <input type="checkbox"/> Social work practice, such as family centered practice and social work methods including interviewing and assessment 	\$ 1,358.89	Daily	13.65
FL & FLS: B & I & A	Stephanie L. Furness-Kraft, LCSW, CCTP	REL-BHC-0-SPDHS	Strategies for Preventing and De-escalating Hostile Situations	Behavioral health professionals are likely to encounter a client experiencing agitation or displaying hostile behavior at some point in their career. In this course, you will learn strategies for establishing safe environments, tools for the accurate assessment of risk, tips for violence prevention, and techniques for defusing hostile situations.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Communication skills required to work with children and families	\$ 1,368.85	Daily	13.75

FL & FLS: B & I & A	Cheryl Sharp, MSW, ALWF	REL-HHS-0-INTTIC-V2	Introduction to Trauma Informed Care	Over 90% of people receiving behavioral healthcare have a history of trauma. In this course, you will learn about the various types of trauma, the long-lasting consequences of trauma, and what it means to provide care through a trauma-informed lens. Through interactive practice scenarios and detailed examples, you will learn the scope of your role and responsibilities when you are serving individuals with histories of trauma. You will examine best practices to implement, as well as how to avoid harmful ones that can further perpetuate the suffering and silence of trauma. As you complete this course, you will gain a deeper understanding of how your personal history can impact your work with trauma survivors. Importantly, you will learn what it means to provide trauma-informed care, and why this approach is a multi-faceted one that you should consider for the individuals you serve. This training is designed for behavioral healthcare professionals who interact with individuals in a variety of behavioral healthcare settings, including those with basic to intermediate levels of experience with trauma.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Trauma: An overview of trauma, including definitions, key terms related to trauma and the long term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development; the impact of secondary trauma on caregivers and providers; and general descriptions of effective treatments and strategies for addressing traumatic reactions and restoring developmentally appropriate functioning.	\$ 2,120.47	Daily	21.30
FL & FLS: B & I & A	Linda Weaver, PhD, JD	RL 013; REL-ALL-0-HSOCM	HIPAA Dos and Don'ts: Electronic Communication and Social Media	The use of electronic communications and social media allows users to instantly share pictures and personal messages with anyone, anywhere. But as the opportunities to share information online have increased, so have the challenges for keeping information private. Assuring client confidentiality is key to providing ethical practice and important to engaging and maintaining working relationships with clients. The goal of this course is to make attendees aware of social media and privacy pitfalls that could violate client confidentiality.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Ethics training associated with a title IV-E State Plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act	\$ 2,747.65	Daily	27.60
FL & FLS: B & I & A	Christopher de Beer, LCSW, LCASA	REL-HHS-0-MI-V2	Motivational Interviewing	In this course, you will learn about the Motivational Interviewing approach to helping people discover their own desire and ability to make difficult changes. Motivational Interviewing (MI) is a way of communicating that draws out people's own thoughts and beliefs in order to help them resolve ambivalence about change. In addition to examining the underlying spirit of MI, you will learn specific skills and techniques that will support the MI processes of engaging, focusing, evoking, and planning with clients as they discover their own reasons for change. You will also learn about the varied settings in which MI is currently being practiced. Licensed clinicians in a helping profession will benefit from this course, whether it is used to learn about MI for the first time or to reinforce your knowledge of MI's important principles. The course uses a blend of instructive information and interactive exercises to help you understand and apply its core concepts.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Communication skills to work with children and families 	\$ 2,956.71	Daily	29.70
FL & FLS: B & I & A	Kristen Crusoe, EdD, MSN, RN & Cynthia McDaniel, MSN, RN	REL-PAC-0-SPBP	Standard Precautions and Bloodborne Pathogens	The purpose of this course is to familiarize the learner with standard precautions and bloodborne pathogens. Information about bloodborne pathogens, the exposure risks, diseases caused by bloodborne pathogens, and the role of the Occupational Safety and Health Administration are presented. This course engages the learner in the tools and practices for workplace safety, including standard precautions, proper handwashing, the use of personal protective equipment, and the steps to take if one is exposed to a bloodborne pathogen.	RL; Access to Relias Learning Users	100% All Child Welfare (50% FFP)	First aid, CPR, or facility security training	\$ 3,957.21	Daily	39.75
FL & FLS: B & I & A	Benjamin Reese, Jr., Psy.D.	REL-ALL-0-CDIV	Cultural Competence	As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Cultural competency related to children and families	\$ 4,370.35	Daily	43.90

FL & FLS: B & I & A	ISU	IDHS-DS169-2019	Iowa DS169 Child Abuse Mandatory Reporter Training	<p>Children in Iowa deserve the greatest possible protection from abuse. The Department of Human Services strives to achieve this through encouraging reports when abuse is suspected, prompt assessment of these reports, and working with families and supports to assist in providing a safe and stable home environment.</p> <p>Mandatory reporters are essential partners in protecting children from abuse. As professionals who have frequent contact with children, mandatory reporters are trained to identify the signs that a child may have suffered abuse or neglect.</p>	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect	\$ 4,619.23	Daily	46.40
FL & FLS: B & I & A	Ron Orth, RN, CHC, CMAC	REL-ALL-0-IHIPAA	Introduction to HIPAA	The Health Insurance Portability and Accountability Act (known as HIPAA) gives individuals rights and protection over their personal health care information. Allowing unauthorized individuals to see this personal information can have severe consequences for you and your organization, even if it happens by accident. This course will focus on two branches of HIPAA: the privacy rule (which describes what information is protected) and the security rule (which describes the steps that must be taken to protect this information). The goal of this course is to provide all staff with basic information about the principles of confidentiality and specific information about HIPAA privacy and security.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	Ethics training associated with a title IV-E State Plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act	\$ 4,883.04	Daily	49.05
FL & FLS: B & I & A	Stephanie L. Furness-Kraft, LCSW, CCTP	REL-BHC-0-PESSW	Professional Ethics and Standards for Social Workers	The goal of this educational program is to provide social workers in health and human services settings with information and tools to make ethical decisions in their professional practice. This course does not address every aspect of the NASW Code of Ethics, federal and local laws, or state board regulations but focuses on some of the most common ethical issues and decisions social workers face.	RL; Access to Relias Learning Users	100% All Child Welfare (75% FFP)	<ul style="list-style-type: none"> • Social work practice, such as family centered practice and social work methods including interviewing and assessment • Ethics training associated with a title IV-E State Plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act 	\$ 5,355.92	Daily	53.80