CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
Annual Report
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SUBSTANTIVE CHANGES TO STATE LAW
SECTION 106(b)(1)(C)(i)

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. There were no new laws enacted over the past year that would negatively impact Iowa's eligibility under CAPTA. However, on April 20, 2016 Governor Branstad signed House File 543 into law. This law which will become effective on July 1, 2017 amends Iowa Code Section 232.77 subsection 2 (b) and reads as follows:

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

This law was passed in order to implement the federal amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA) which addresses:

- The removal of the term "illegal" as applied to substance abuse affecting infants
- Plans of Safe Care to address the health and substance use disorder treatment needs of both infants and their families or caretakers
- A system to monitor implementation of Plans of Safe Care to determine whether and in what manner local entities are providing referrals to and deliver of, appropriate services to infants and affected family or caregivers
- The addition of annual data reporting requirements relating to:
    - The number of infants identified under subsection 106(b)(2)(B)(ii)
    - The number of such infants for whom a Plan of Safe Care was developed
    - The number of such infants for whom a referral was made for appropriate services, including service for the affected family or caregiver

House File 543 also included amendments to Iowa Code 232.2, subsection 6, relating to a Child in Need of Assistances and child abuse cases involving certain drugs and other substances. In referencing the unlawful use of substances in the presence of a child by the parent, guardian or custodian, the amendment adds language to include any "other adult member of the household in which a child resides". The bill also further delineates unlawful use of a dangerous substance to include the "use, possession, manufacture, cultivation or distribution of a substance. The meaning of "dangerous substance" was expanded to include:

- Cocaine, its salts, isomers, salts of its isomers, or derivatives
- Heroin, its salts, isomers, salts of its isomers, or derivatives
- Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate

As stated above, these additions and amendments to Iowa law do not affect the state's standing under CAPTA as these laws were passed specifically to maintain Iowa's eligibility with regard to the amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). The Iowa Attorney General's Office was actively involved in assisting IDHS in writing and proposing legislation to meet the requirements under CARA.

PROGRAM AREAS SELECTED FOR IMPROVEMENT

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

In Iowa's CAPTA State Plan, submitted in June 2011, the Iowa Department of Human Services (IDHS) identified specific areas to target for improving Iowa's child protection system. Of the fourteen areas set forth in CAPTA, IDHS identified the following six for improvement:

1. **the intake, assessment, screening, and investigation of reports of child abuse or neglect;**

2. **(A) creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and**

   (B) improving legal preparation and representation, including—
   - procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
   - provisions for the appointment of an individual appointed to represent a child in judicial proceedings

3. **developing, strengthening, and facilitating training including—**
   - training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
   - training regarding the legal duties of such individuals;
   - personal safety training for case workers; and

- training in early childhood, child, and adolescent development;

4. **developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;**

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

6. **developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—**
   - investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
   - the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

There have been no changes in the areas for which CAPTA grant funding is being utilized since Iowa submitted their CAPTA State Plan in 2011.

ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES
SECTION 108(e)

The following section includes an update on recent activities supported through the State's CAPTA grant, alone or in combination with other State or Federal funds, in each of the areas identified in Iowa's State Plan.

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

The intake, assessment, screening, and investigation of reports of child abuse and neglect continues to be a program area that IDHS utilizes CAPTA basic state grant funds to support. In recent years CAPTA funds have been used to support a policy position in the Division of Adult, Child, and Family Services at IDHS. This position serves as the State's Child Protection Program Manager, as well as Iowa's State Liaison Officer. This position plays an important role in developing and implementing policy as it relates to intake, screening, and assessment of reports of child abuse and neglect. This individual has also played a key role in many of the activities and workgroups mentioned throughout this report, including the implementation of a Differential Response (DR) system in Iowa.

On January 1, 2014 the State of Iowa began its Differential Response system. Under this system Iowa now has two distinct pathways for responding to child abuse allegations which includes a Family Assessment or a Child Abuse Assessment. As with the traditional Child Abuse investigation, the Family Assessment pathway involves a full family functioning assessment and an assessment of child safety and risk. The difference in the two pathways is that with the Family Assessment there is not a determination of whether or not the abuse occurred, but rather an evaluation of the reported concerns and a recommendation for any services that may benefit the family. Following a Family Assessment, any family that scored "moderate" to "high" on the risk assessment is offered voluntary services through Community Care, a statewide contacted family service provider.

Differential Response did not impact the criteria for accepting a report for assessment. The focus under Differential Response remained on the safety of the child. However changes made to the Iowa Administrative Code did impact worker response times, the labeling of perpetrators and victims, and the report conclusion categories for less serious neglect cases following the acceptance of a report. In addition to these changes, Iowa Code also established an avenue for which Family Assessment cases can be re-assigned to the Child Abuse Assessment pathway if, during the Family Assessment process, it is determined that children are conditionally safe or unsafe.

Working on the premise that the safety of a child comes first in both the Family and Child Abuse Assessment pathways, the Department and stakeholders developed process and outcome measures to monitor the implementation of Differential Response system. Process measures were developed to indicate how the system is working and

outcome measures were developed to measure a families' increased ability to protect and parent their children.

The third year report on Iowa's Differential Response system remains favorable. Process and outcome measures indicate that the system is working as designed and the outcomes for children and families are positive.

Highlights of the IDHS report findings from CY 2016 include the following*:

- 95% of children who received a Family Assessment did not have a substantiated abuse report within six months.
- 98.09% of families referred to Community Care services did not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- 92.92% of families referred to Community Care services do not experience a substantiated abuse report within six months of service.
- 3,815 families were referred to Community Care.
- 1,350 of 8,857 families originally assigned to the Family Assessment path were re-assigned to the Child Abuse Assessment pathway.
- Reassigned families constitute 5% of all accepted intakes for CY16. Of the families reassigned, 50.5% resulted in a confirmed or founded outcome, which indicates pathway reassignment is being utilized as designed.

*Source: http://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2016.pdf

MULTIDISCIPLINARY TEAMS AND LEGAL PREPARATION AND REPRESENTATION

(A) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and

The Iowa Child Protection Council (CPC), which serves as both the State's CJA Taskforce and as the State's Citizen Review Panels, has taken a particular interest in reviewing the current status and utilization of Multidisciplinary Teams (MDTs) in Iowa over the past few years. According to Iowa Code (235A.13, subsection 8), an MDT is defined as follows:

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

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

> *In each county or multicounty area in which more than fifty child abuse reports are made per year, the department shall establish a multidisciplinary team, as*

defined in section 235A.13, subsection 8. Upon the department's request, a multidisciplinary team shall assist the department in the assessment, diagnosis, and disposition of a child abuse assessment.

The Council has been particularly interested in the status of local Multidisciplinary Teams (MDTs) since the IDHS went through a significant reorganization from 2009-2010. As a result of significant changes in the structure and staffing of county IDHS offices, as well as dramatic populations shifts throughout the state (with younger populations moving away from rural counties and into more urban counties), it became apparent that there was a need to reexamine the idea of MDTs, as they were established in Iowa Statute in the 1980s.

Therefore, the Council conducted a brief review of the status of MDTs in 2012, but the IDHS felt a more thorough review was needed and sought out a contracted consultant in 2013 to assist with the review. In the fall of 2013, with the support of the Council and Children's Justice Act grant funds, the IDHS released an informal procurement opportunity for a researcher/consultant to assist the IDHS in facilitation of a stakeholder workgroup and in the research and evaluation of the current status of MDTs across the state of Iowa. The contract was awarded to Iowa State University (ISU) and began January 1, 2014.

The project consisted of the establishment of a stakeholder review panel that included the various disciplines outlined in the Iowa Code, i.e., medical, law enforcement, prosecution, education, social work, substance abuse, domestic violence, etc. Several of the Council members also served on the stakeholder workgroup, which met six times from February 2014 through August 2014.

Workgroup members reviewed the history and various definitions of MDTs, child abuse statistics, recent demographic shifts, and the current status of MDTs in Iowa. They examined similarities and differences in roles and responsibilities of IDHS (as defined by Iowa Code) and non-IDHS MDTs (i.e. Child Advocacy Centers, County Attorney MDTs, etc.). The group also reviewed results of telephone interviews conducted by ISU regarding the purpose and function of MDTs in seven other states.

In addition, findings of a newly developed 2014 MDT Survey administered and analyzed by ISU were evaluated by Workgroup members in light of earlier findings of a 1990 MDT Survey. The 2014 survey responses were analyzed overall and by various respondent subgroups (i.e., IDHS MDT members and non-IDHS MDT members). In general, where MDTs exist, the survey results indicated that these teams appear to be going well, but there is a need to improve on assuring that MDTs are developed, used, and accessed consistently across the state and in accordance with the law.

The work of this project was summarized in a final report (*Multidisciplinary Team Approach to Protective Assessments: Review and Consultation, Final Report*). The full report was submitted to Children's Bureau in 2015.

The recommendations from this review included the following:

1. Increase MDT staffing support
2. Create updated best practice guides for MDT processes and procedures

3. Increase accountability and evaluation across the system
4. Obtain IDHS investment and support for MDTs up and down the system (i.e., local, administrative, etc.)
5. Strengthen IDHS communication about MDTs to outside groups
6. Build and standardize training regarding MDT

Following the report, several of the MDT review recommendations were implemented. The IDHS has created new MDT agreement forms and practice guidance documents that were rolled out to the field in the fall of 2015. These forms create greater flexibility in establishing teams for either child abuse, dependent adult abuse, or both. In addition, they create the ability to form "ad hoc" committees for the purposes of a specific review. The practice guidance provides an overview of the MDT process including directions on forming MDT teams and using the new agreement form.

In 2016, to bolster MDTs across the state, IDHS collaborated with the state's Child Advocacy Centers (CACs) around multidisciplinary trainings. One such project included the use of Children's Justice Act grant dollars for multiple "mini-grants" for CACs to provide training specific to multidisciplinary child abuse assessments/investigations. Five grants, with funding up to $5000.00 a piece, were awarded to CACs throughout the state. Under the contracts, CACs were required to develop and submit a training plan by May 1, 2016. Guidance was provided on the training topics to ensure that they were reflective of those under CJA (i.e., child trauma, human trafficking, child fatalities, children with disabilities, etc.). The trainings were promoted and made available to all disciplines involved in child protective services. The total number of attendees across the state was 343. All of the projects were implemented by September 2016.

In addition to the multidisciplinary trainings, IDHS also updated the Memorandums of Understandings (MOUs) between IDHS and each of the state's Child Advocacy Centers. Significant changes were made to assure CACs are reaching out to all counties in their assigned IDHS Service Area to assist with a multidisciplinary approach to investigations/assessments. Beginning July 1, 2016, all CAC MOUs included Interagency Agreements for all of Iowa's 99 counties. Each of the Interagency Agreements included signatures from the local CAC, IDHS, the County Attorney's Office, and county/municipal law enforcement. This collaboration is seen as critical in building and enhancing MDTs throughout the state.

(B) Improving legal preparation and representation

Another area of focus for which the IDHS utilizes CAPTA grant funds is the preparation and procedures related to child abuse/neglect appeals of substantiated findings. The IDHS recognizes the rights to due process for any individual accused of child abuse and/or neglect and has in place a process by which individuals can appeal a decision made by the IDHS and request a hearing before an Administrative Law Judge. There is significant preparation work involved in appeals. Therefore, CAPTA funds have been, and will continue to be, used to support salary and staff time for a position to assist with appeal preparation.

DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

The IDHS is involved in a variety of different training programs geared toward Child Protective Service intake workers, assessment workers, case managers, supervisors, and contracted service providers. These various training programs, despite different audiences, all cut across the four identified areas:

> **(A) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;**
> **(B) training regarding the legal duties of such individuals;**
> **(C) personal safety training for case workers; and**
> **(D) training in early childhood, child, and adolescent development;**

Many of these training initiatives are outlined in the State's APSR and are funded through a variety of state and federal sources. However, there are a few training initiatives, specifically funded through CAPTA, which are outlined below and in further detail in a separate section of this report (on collaborations with Domestic Violence services).

CAPTA funds are used specifically to contract with Iowa State University's Child Welfare Training and Research Project, to fund a key training position. This position is the "Domestic Violence Response Coordinator" for the IDHS. This role is critical to the state's training of Child Protective Workers. The individual in this role managed and organized Iowa's rollout of the Safe and Together Model. The Safe and Together Model is a perpetrator pattern based, child centered, and survivor strengths approach to working with domestic violence. The model which has since been adapted to a number of different disciplines was originally developed for use in the child welfare system.

This rollout began in June of 2015 by introducing the model to 51 IDHS Leadership members. Following that event, 43 content experts, 132 IDHS supervisors, and a total of 904 front line IDHS workers and other community service providers received the training, through November of 2015. This resulted in a total of 1130 people across the state receiving training in the Safe and Together Model. This model has been critical in creating a paradigm shift towards a more domestic violence informed child welfare system by helping child protective workers and their partners, build the skills necessary to engage non-perpetrating caretakers and promote collaboration with families.

The use of the Safe and Together Model has continued to expand in 2016. In addition to incorporating this model into the existing Domestic Violence training courses for IDHS workers, Connect And Protect (CAP) teams have been formed in each of the Service Areas. CAP team members, who have received advanced training in the Safe and Together Model, provide cases consultation services regarding child abuse cases that include domestic violence. In addition, members also facilitate information sharing within their local communities.

In addition to implementing the Safe and Together Model in Iowa, the Domestic Violence Response Coordinator has also played a critical role in the development and implementation of other courses. The Coordinator was involved in the development and presentation of a course which focused on screening for mental health, substance

abuse, and domestic violence during child abuse assessments and another training which highlighted the effect of mental health disorders on parental capacity. These training courses provided attendees with concrete tools to more effectively screen child protective cases for individual or co-occurring issues.

Going forward, the Domestic Violence Response Coordinator will be working with Prevent Child Abuse Iowa on a pilot project with the Caring Dads program which is targeted at fathers who use domestic violence. The Coordinator will also be involved in the development of an online training module for the Juvenile Court Judges that serve in each of the IDHS Service Areas.

Although there are certainly other trainings offered by IDHS, and which are outlined in the State's APSR, these trainings are highlighted in this report section due to the use of CAPTA funds in supporting one of the key trainers involved in the development and implementation of these specific trainings.

DEVELOPING AND ENHANCING THE CAPACITY OF COMMUNITY-BASED PROGRAMS TO INTEGRATE SHARED LEADERSHIP STRATEGIES BETWEEN PARENTS AND PROFESSIONALS TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT AT THE NEIGHBORHOOD LEVEL

There are multiple initiatives through the IDHS which seek to develop and enhance community-based programs and shared leadership strategies to prevent and treat child abuse and neglect at the neighborhood level. While not all of these initiatives are funded directly through the CAPTA basic state grant, they often intersect closely with those that are.

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)

The Community Partnerships for Protecting Children (CPPC) approach aims to keep children safe from abuse and neglect and to support families. This approach recognizes that keeping children safe is everybody's business and that community members must be offered opportunities to help vulnerable families and shape the services and supports provided.

In Iowa, Community Partnerships have brought together parents, youth, social service professionals, faith ministries, local business, schools and caring neighbors to help design, govern and participate in programs that seek to create a continuum of care and support for children, youth and parents in their neighborhoods.

What is Community Partnership?

- Community Partnerships for Protecting Children (CPPC) is an approach that recognizes keeping children safe is everybody's business.
- It's an approach that neighborhoods, towns, cities, and states can adopt to improve how children are protected from maltreatment.
- A Community Partnership is not a *program* - rather, it is a way of working with families that helps services to be more inviting, needs-based, accessible, and relevant.

- Community Partnerships incorporate prevention strategies as well as those needed to address identified maltreatment.
- The Community Partnership approach aims to blend the work and expertise of both professionals and residents to bolster supports for vulnerable families and children.
- It's an opportunity for community members to get involved in helping families in need, and in shaping the types of services and supports needed by these families.
- It is a partnership of public and private agencies, systems, community members, and professionals who work together to:
    - prevent maltreatment before it occurs;
    - respond quickly and effectively when it does occur;
    - reduce the re-occurrence of child maltreatment, through tailored family interventions.

Community Partnership has four primary strategies that guide this approach:

- Individualize Course of Action (also referred to as a Family Team Decision Making)
- Community/Neighborhood Networking
- CPS Policy and Practice Change
- Shared Decision Making

IOWA CHILD ABUSE PREVENTION PROGRAM (ICAPP)

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Service's foremost approach to the prevention of Child Maltreatment. The premise behind the Iowa Child Abuse Prevention Program (ICAPP) is that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, the Program has been structured in such a way that it allows for local Community Based Volunteer Coalitions or Councils to apply for Program funds to implement child abuse prevention projects based on the specific needs of their respective communities.

CAPTA funds will supplement a portion of the total, approximately $1.28 million annually, budgeted for local prevention programs for SFY 2016-2018. This was the first time contracts for grantees were awarded for a period of 3 years. These contracts began July 1, 2015. Competitive grants for this cycle were awarded in the following categories:

1. *Community Development*—for the use of council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building (awards limited to $5,000).

2. *Core Prevention Services*—to include any projects that provide the following types of activities and services to children and families:

    a. *Parent Development*—to include, but not be limited to, parent education, parent-child interaction programs, mutual support and self-help, and parent leadership services. This service may also be targeted toward specific populations at greater risk, for example young parents, parents of

children with disabilities, or non-custodial parents (such as fatherhood initiatives).

b. *Respite Care Services*— the term "respite care services" means short term care services, including the services of crisis nurseries, provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who—
   (A) are in danger of child abuse or neglect;
   (B) have experienced child abuse or neglect; or
   (C) have disabilities or chronic or terminal illnesses.

c. *Home Visitation*—these services include parenting instruction and family support services primarily delivered in a Participant's home. To be eligible for inclusion in this category, a Project must comply with the standards of a national Evidence-Based Practice model, such as Parents As Teachers, Nurse Family Partnership, Healthy Families America, or other models listed on the United States Department of Health and Human Services, Administration for Children and Families' Home Visiting Evidence of Effectiveness website at: http://mchb.hrsa.gov/programs/homevisiting/models.html .

3. *Sexual Abuse Prevention*— the term "sexual abuse prevention" means services provided to prevent the likelihood of Child victimization through sexual abuse or exploitation. Projects funded under this area should focus on best practices in the prevention of child sexual abuse and exploitation and should, at a minimum, include some aspect of adult instruction. Examples would include public awareness campaigns, educator training, and parent/child instruction on topics such as healthy sexual development, media safety, etc.

Funds are awarded to volunteer-based community councils throughout the State, who are able to apply for up to three projects in their respective communities. Most of these councils are organized by county; however, there are some, particularly in more rural areas of the State, which have combined to cover a multi-county area (up to four or five counties). A map of the projects that were awarded ICAPP funds, and the specific types of services funded by county, can be found in Attachment A**.** It should be noted that projects in 72 of Iowa's 99 counties have been awarded funds under ICAPP for SFY 2016-2018. Of the 27 counties that did not receive funds (most because they did not apply for eligible projects), all but 2 (Lyon and Sioux) border on at least one county where services are being provided. Families are eligible to access core services in a neighboring county, if services are not available in their home county.

Iowa is proud to be one of three states participating in a collaborative effort between University of Kansas and Friends National Resource Center to compare and analyze Protective Factor Survey (PFS) data. Iowa's PFS data has been presented at several venues, including the National Conference on Child Abuse & Neglect. In addition, the ICAPP program has expressed willingness to pilot the retrospective version of the PFS-2, recently developed by researchers at the University of Kansas. Current PFS outcome data for ICAPP can be located in the State's APSR submission, as the

program's largest funding source is actually Promoting Safe and Stable Families (PSSF).

One significant change that occurred in this past year related to prevention in Iowa was the decision to combine the state's federal CBCAP funding into the larger ICAPP program. Previously the two programs were run very similarly, with only slight variations. Often this resulted in the exact same local programs being funded by both sources, requiring local providers to apply for two different grants, submit two separate reports, and bill to two separate contracts. It was determined that this approach was resulting in a lot of unnecessary duplication of administrative duties. A statewide survey was conducted with prevention providers and the feedback in support of the merger was overwhelming. Therefore, the merger began with the administrative services contract which was procured this past year for SFY 2018 (July 1, 2017). Prevent Child Abuse (PCA) Iowa, the incumbent contractor, was awarded this contract to administer the new combined program. In the coming months, PCA Iowa will be conducting a statewide needs assessment and preparing for the next round of local service contracts with the new combined funding for SFY 2019. See Attachment B for a map of all ICAPP and CBCAP contracts awarded through SFY 2018.

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

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

CAPTA funds are used to support travel expenses for CAPPAC members to attend quarterly meetings to review the ICAPP program and its progress towards program goals. The CAPPAC also plays a unique role in reviewing the results of the competitive bidding process for community-based projects and in making recommendations to the IDHS in regards to funding for these projects. This past year the CAPPAC established a charter with the Council on Human Services (the legislatively mandated body that CAPPAC reports to) which outlines clear expectations around membership, meetings, and the requirements for annually reporting to the Council. In addition, the CAPPAC

welcomed four new members with a wide range of experience in the realm of child and family services, representing several different areas of the state.

MINORITY YOUTH AND FAMILY INITIATIVE (MYFI) & BREAKTHROUGH SERIES COLLABORATIVE

Other initiatives, which seek to build community and reduce the level of disproportionate representation in the child welfare system, are also key to developing and enhancing the capacity of community-based programming and shared leadership. Two such initiatives are the Minority Youth and Family Initiative and the Breakthrough Series Collaborative, as described in the Iowa APSR. While these programs are not funded directly through the State's CAPTA grant they work closely with community-based partnerships and local prevention providers to build relationships with minority communities and to assist in the development of community-based prevention programs that meet their specific needs.

The Iowa Breakthrough Series Collaborative (BSC) is composed of ten local community teams from across the state. This includes Iowa's two preexisting MYFI teams. Teams meet regularly in their local service areas to develop, implement and track efforts to reduce disproportionality and disparity for children and families of color. The success of the BSC model is contingent on stakeholder engagement and shared leadership by the team core members. Core members of the BSC team are responsible to work together to develop and rapidly test strategies designed to improve a prevailing issue and practice challenge in child welfare. All team members are engaged in the process of development, testing, improving, implementing and spreading successful strategies. Teams share lessons learned via phone conferences and biannual meetings called Learning Sessions. Core membership for a BSC team is composed of a minimum of eight (8) individuals including, but not limited to the following:

- DHS Social Work Administrator
- DHS Social Work Supervisor
- DHS Social Worker 2 and/or 3
- Judge
- Court Partner (i.e. County attorney, guardian ad litem, etc...)
- Birth Parent Representative (Usually a Parent Partner)
- Young Adult Representative (Current or former foster care youth, usually a member of AMP)
- Child Welfare Services Community Partner (Usually a local child welfare services provider)

In addition to the core membership identified above, most teams have extended team members representing the areas of law enforcement, education, mental health, domestic violence, substance abuse, and/or the faith based community.

In regard to team birth parents and young adult representatives they take on additional responsibilities at the biannual conferences. These members attend a pre-institute facilitated by a Parent Partner Coordinator and a Youth Transition Decision Making facilitator prior to the conference. The Pre-Institute is designed to support team birth parents and young adults in preparing for the Learning Session. Time is also spent building on Strategic Storytelling concepts and preparing a 60-90 minute presentation that the birth parents and young adults will share during the course of the 2-day learning

session for the purpose of ensuring that their voices are heard and connected to the topics being discussed at the learning session.

Following is a description of the activities under these initiatives during SFY2017:

- October 2016 – DHS hosted a fall learning session the brought together 180 people, including the states two (2) MYFI teams and ten (10) BSC teams, and a variety of other stakeholders including state legislators, service providers, and community partners. The focus of this event was to discuss future activities, initiatives and programs related to building relationships with minority communities and the development of community based prevention programs. DHS leadership provided an overview of upcoming changes to the CW Service array and identified where the MYFI and BSC efforts fit in this. The group was provided with current and historical data to review the progress of the MYFI/BSC efforts and identify areas where we can continue to improve. Teams spent time sharing efforts they have implemented that have proven successful in increasing community engagement and/or reducing disproportionality. Teams also discussed barriers that they are facing and brainstormed ways to overcome these.

- May 2017 – DHS hosted a spring learning session that brought together 160 people, including the states two (2) MYFI teams and ten (10) BSC teams, and a variety of other stakeholders including state legislators, service providers, and community partners. The focus of this event was on improved community collaborations and spreading of the DHS adopted Guiding Principles of Cultural Equity. Teams spent time identifying individuals/groups that were currently missing from the conversation and ways to better engage with these people. They also began to identify ways to share resources in order to expand efforts at the local level. Team champions were identified and attended a train-the-trainer session on how to promote the Guiding Principles of Cultural Equity. Champions received materials and training on facilitating conversations on supporting partner organizations in adopting and implementing the Guiding Principles of Cultural Equity.

- In SFY ’17 there were no changes to or expansion of these efforts. There is no planned change or expansion for SFY ’18.

Iowa continues to have strong community and neighborhood-level initiatives to address child maltreatment and racial disproportionate representation in the child welfare system. The broader challenge, going forward, will be in continuing to identify the interconnectedness between various programs and to develop a more comprehensive continuum of care in the child welfare service array.

IDEA PART C

Revisions to CAPTA in 2004 required the determination of eligibility for the Part C Services for abused and neglected children under the age of 3. In Iowa, the Early Access (IDEA Part C) initiative provides for a partnership between three State agencies (Iowa Department of Human Services, Iowa Department of Public Health, Iowa Department of Education), and Child Health Specialty Clinics to promote, support, and utilize the services under Early Access.

Prior to July 1, 2016, the Department of Human Services produced a monthly report with the addresses of families of children under three years old with a substantiated child abuse or neglect case. This report was electronically sent to Visiting Nurse Services who mailed a letter to each of these families informing them about Early ACCESS services.

Upon review of this process it was found that less than 3% of all letters were returned by families. In addition, IDHS received negative feedback from families as they were upset that their contact information was divulged to a third party.

Beginning July 1, 2016, IDHS began a new process of referring families with substantiated child welfare cases. Instead of an electronic referral process, the Social Worker III assessing the child abuse case and/or the Social Worker II who is providing ongoing casework services will discuss Early ACCESS services with the family and provide them with the necessary information.

Prior to the implementation of this new procedure a mandatory training for all field staff was held. A follow-up training which focused on screening children for Early ACCESS services was held in August 2016.

Current IDHS child protective and ongoing case management trainings include developmental delayed components. The trainings provide instructions on how to make meaningful referrals to Early ACCESS and encourage families to participate in eligible services. These training opportunities will continue to be offered through IDHS.

In addition to the trainings mentioned above, a new mental health, substance abuse, and domestic violence screening training is now mandatory for all Supervisors, Child Protective Workers (those responsible for the intake/assessment process), and Social Work Case Managers (those responsible for the ongoing child welfare cases). Additional information is provided during this training to assist in referring families to Early ACCESS, even if there is not a substantiated case of abuse following the assessment (i.e., in the case of “Family Assessments”).

A copy of the Early ACCESS one-page overview that all DHS workers have been advised to provide to families and a copy of the training document that explains Early ACCESS services and the role of SWII’s and SWIII’s in the referral process can be found in Attachment B.

Early ACCESS Data

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

Children who receive Early ACCESS services (following a CPA)			
SFY	**# of Children referred**	**# of Children receiving services**	**Percent of children on IFSP**
SFY 16	2105	229	10.9%
SFY 15	2001	279	13.9%
SFY 14	2395	329	13.7%
SFY 13	2817	363	12.9%
SFY 12	3017	382	12.7%
SFY 11	2766	404	14.6%

During SFY 16 the number of children referred to Early ACCESS following a Child Protective Assessment increased by 104 over SFY 15. While this number reflects an increase in referrals, there was a decrease in the percentage of children who ultimately received services (from 13.9% to 10.9%) in SFY 16. A decrease in the number of children receiving Early ACCESS Services may indicate that these children did not have a developmental delay and/or that they are currently receiving services in the community to address any issues.

There is also an overall decrease in referrals to Early Access from SFY 2014-2016. This decrease may be due to the 2014 implementation of Differential Response in Iowa's child welfare system. Under Differential Response families may now be diverted from formal child welfare services to more community-based services. As a result, the number of child "victims" has decreased. It should be noted that many of these children/families may still be referred to Early ACCESS and are receiving services through IFSPs, but as they are not part of a substantiated case of abuse they are not part of this count as the family's participation in services is voluntary without a substantiated case of abuse.

The following table below indicates the number of children in foster care on an IFSP:

Foster Children who receive Early ACCESS services			
SFY	**# of children in foster care below age three**	**# of Children receiving services**	**Percent of children on IFSP**
SFY 16	1773	352	19.9%
SFY 15	1654	384	23.2%
SFY 14	1641	405	24.7%
SFY 13	1637	456	27.9%
SFY 12	1798	459	25.5%
SFY 11	2430	788	32.4%

During SFY 16 the number of children in foster care who received services declined by 32, from 384 (SFY15) to 352 (SFY16). In contrast to the number of children involved in a substantiated case of child abuse during this time, foster care numbers (for children under 3) increased by 119, from 1654 (SFY15) to 1773(SFY16). As a result, there was a decline in the actual percentage of foster children with an IFSP from 23.2% to 19.9%. The IDHS and the IDOE will continue to work through the Early ACCESS state team and with Early ACCESS regions across the state to continue to support and build upon the existing collaborations between local IDHS offices and the Early ACCESS program.

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING

As IDHS continues to focus on the needs of early intervention we have partnered with the Iowa Department of Public Health (IDPH) in their undertaking of the Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant Program. IDPH was allotted an initial formula grant for this program, authorized through the Affordable Care Act, and was later awarded a competitive expansion grant as well. Both the CPPC and ICAPP program managers for IDHS have been involved in the MIECHV Advisory Group throughout this process.

Part of the application process for State lead agencies applying for these funds was to conduct a comprehensive needs assessment to identify key at-risk communities throughout the State where there was a need for home visiting and family support services. IDHS, along with other agencies, contributed a significant amount of data to this assessment and have continued our involvement in the rollout of the State's evidence-based home visiting program.

Conversations continued this past year in regards to ICAPP/CBCAP programs over the use of the DAISEY Software System. DAISEY is a web-based shared measurement system housed on a secure server at the University of Kansas. This system replaced

the REDCap (Research Electronic Data Capture) system that was formerly being used for all MIECHV and Early Childhood Iowa (ECI) Family Support programs in July of 2016. Since making the shift to DAISEY, there has been a lot of positive feedback from local providers about the system. Providers have been anxiously waiting to find out if the IDHS would also transition to DAISEY, as many of our local programs are co-funded with ECI programs and this would eliminate the use of multiple data bases. So, IDSH and IDPH have been in talks over the past year to establish an MOU for these purposes.

While we had hoped to have this transition occur on July 1, 2017, we ran into some challenges regarding legal agreements and the sharing of data between the two agencies. Our hope is to address these issues through a change in our Iowa Administrative Code (IAC) in the coming months, with the expectation that ICAPP/CBCAP projects will be using DAISEY by 2018. This will reduce some of the costs on the program related to data collection and will also make things easier for local programs that may receive other state funding.

It was also noted in the APSR that the IDHS CAPTA Program Manager has been involved with several interagency collaborations, including the following:

EARLY CHILDHOOD IOWA, IOWA DEPARTMENT OF MANAGEMENT

Early Childhood Iowa (ECI) was founded on the premise that communities and state government can work together to improve the well-being of our youngest children. The initiative is an alliance of stakeholders in Early Care, Health, and Education system that affect child prenatal to 5 years of age in the state of Iowa. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families.

The IDHS Prevention Program Manager (who oversees child abuse prevention and adolescent pregnancy prevention programs) continues to be an active member of the ECI Results Accountability workgroup. The workgroup's purpose and responsibilities include:

- To define appropriate results and indicators, and serve as a clearinghouse for consistent definitions of result and performance measures among programs,
- To serve as a clearinghouse for national, state and regional data using existing data bases and publications to assure consistency in demographic and indicator data, and
- To serve in a consultative capacity to provide feedback on proposed results indicators and service, product, activity performance measures, including definitions, collection methods and reporting formats.

The group is currently exploring the use of integrated data systems (IDS) that have been used in various state and regional areas to link administrative data across government agencies to improve programs and practice and recently submitted an application to the University of Pennsylvania, Actionable Intelligence for Social Policy (AISP) to have Iowa become a "pilot" site in their national IDS network. The group hopes to learn the outcome of this application in the coming weeks.

IOWA FAMILY SUPPORT, IOWA DEPARTMENT OF PUBLIC HEALTH

The State of Iowa has been working towards state infrastructure building in the area of family support for many years. However, as a recipient of Federal MIECHV (Maternal Infant Early Childhood Home Visitation) funding, the state had an opportunity to significantly advance this work. The Iowa Family Support Program is housed in the Iowa Department of Public Health (IDPH), Bureau of Family Health and serves as a hub for numerous programs, services, and initiatives including:

- The National Academy – an online learning environment built upon core competencies necessary for success in the field of family support
- The Iowa Family Support Network website – an information and resource referral source for various support programs in the state
- Parentivity – a new web-based community for parents currently being piloted in the state
- The Iowa Family Support Credentialing Program – an accreditation program for family support programs in Iowa
- Family Support Leadership Group – a multidisciplinary group of stakeholders from various public/private agencies who lead various state family support and/or home visitation programs
- Family Support Programming:
    - HOPES/HFI – Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) follows the national Healthy Families America evidence-based program model.
    - MIECHV – Maternal Infant Early Childhood Home Visitation, federal funding for various evidence based home visitation models being used in a number of “high risk” communities in Iowa

The IDHS, Bureau of Child Welfare, has been actively involved in many of these efforts by participating on the Family Support Leadership Group and serving on the MIECHV State Advisory Committee.

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMHC)

Iowa has long struggled with a fragmented mental health system and a shortage of psychiatrists. Iowa often ranks as one of the lowest states in the nation when it comes to mental health treatment services and accessibility. This is, at least in part, due to our geography and the increasing decline in population in many of our rural areas. Understanding what we do now about mental health and the correlation between childhood trauma and chronic disease, we know that perhaps the best way to prevent mental illness in adults is to screen for and treat mental health concerns in early childhood. However, as noted, providers and services are sometimes scarce in certain parts of the state. One way the state can address this is through the promotion and development of infant and early childhood mental health consultation (ECMHC) services.

In the past year an ECMHC workgroup was formed within the State of Iowa under the direction of the IDPH to assess the needs of the state in this area and to develop a plan to increase capacity. The IDHS Prevention Program Manager is a member of this state level group of leaders currently working with a TA Specialist from the Center of

Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) to improve access to ECMHC in Iowa for professionals in the early childhood fields (i.e., childcare, early learning, family support, home visitation, etc.). The group has had monthly conference calls/webinars and will have our first onsite TA visit in August of 2017. The IDHS is excited to be a part of this effort and we look forward to providing more information on the progress of this workgroup in next year's report.

DEVELOPING AND IMPLEMENTING PROCEDURES FOR COLLABORATION AMONG CHILD PROTECTIVE SERVICES, DOMESTIC VIOLENCE SERVICES, AND OTHER AGENCIES

As the co-occurrence of child maltreatment and domestic violence increased in child welfare cases, IDHS recognized a need for collaboration and inter-disciplinary work in this area. Previously, IDHS had experienced some successes in collaboration in the areas of substance abuse and mental health (as these disciplines often follow a medical model approach that includes a clear plan for treatment) but IDHS was still struggling to build meaningful collaborations between child protection workers and DV Advocates. Philosophically, these disciplines have, and often continue to be, at odds. While Child Protection Workers have the responsibility to protect children from harm, DV Advocates are charged with the task of supporting victims of domestic violence and working together with them to plan for their safety. In addition, there was not a consistent statewide effort to address domestic violence from a policy standpoint.

In order to enhance collaboration the IDHS utilized CAPTA funds to support a position through a contract with Iowa State University's Child Welfare Training and Research Project for a statewide Domestic Violence Liaison to Iowa IDHS. This person began in November of 2011. To date, CAPTA funds continue to support this position.

The position that was originally titled the Domestic Violence Liaison to Iowa DHS, but has since been renamed the Domestic Violence Response Coordinator for IDHS. The change in the job title was the result of a re-evaluation of the job description which was expanded to include the wider range of activities that this person has since taken on.

Duties under this position now include providing case consultation services for field workers throughout the State. In addition to being available on a case-by-case basis, this subject matter expert is available to assist local communities in their collaboration efforts between local child protection workers and DV service providers and other disciplines. In addition, this individual serves as a point person in regards to policy issues related to DV and child maltreatment.

As the position has evolved, the work of the Domestic Violence Coordinator has become a critical piece in the state's training and mentoring of Child Protection Workers and in the development of practice around making the system more domestic violence-informed. As a part of that effort, the individual in this role has continued to manage and organize Iowa's multi-year rollout of the Safe and Together Model, a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence, originally designed for use in child welfare systems.

In the first year, this individual attended the Child Protection Worker training series to become acclimated to IDHS procedures and standards and researched the way that domestic violence is addressed here in Iowa, as well as the procedures in other states. Through discussions with the Statewide CPPC Coordinator and other key players via a Domestic Violence Advisory Committee, the needs of training and perpetrator programming were identified. The Domestic Violence Advisory Committee is a group of DHS administrator, workers, advocates, Parent Partners, FSRP and Community Care providers, Attorneys General, and Iowa Coalition Against Domestic Violence personnel who were tasked with identifying needs in the state related to domestic violence and child welfare.

At that time, a review of current domestic violence curriculum was performed, and the introductory training material for SP 301: Impact of Domestic Violence and Substance Abuse was revised to be more up-to-date with current DV research and curriculum. The Domestic Violence Response Coordinator also worked with a contractor to develop an advanced domestic violence training course entitled SP 548: Advanced Domestic Violence with Safety Planning and rolled this out during 2012-2013. In 2016, both of these courses were re-evaluated and updated by the Domestic Violence Response Coordinator.

The role of the Domestic Violence Response Coordinator has continued to expand over the past few years to include input on several committees including the Iowa Domestic & Sexual Violence Prevention Advisory Committee and the Iowa Domestic Abuse Death Review Team. This content expert has also been invited to take part in many meetings, webinars, and conferences (state and national) to provide a “domestic violence lens” to other child welfare issues, with a large focus on training, community collaboration, and case consultation.

In 2014-2015 the Advisory Committee identified enhanced DV training to child welfare staff as well as partners as a priority, and proposed to IDHS leadership that all child welfare staff be trained in the Safe and Together Model through the Safe & Together Institute (formerly David Mandel & Associates, LLC). I

In 2015-2016 the Domestic Violence Response Coordinator coordinated 10 offerings of an introductory course on the model. All Child Protection Workers were trained alongside providers and DV advocacy partners. As a part of the sustainability plan for implementation of the model, teams of 7-8 members in each Service Area were trained intensively for 4 days in the Model to become Connect And Protect (CAP) teams in their respective areas. These teams included local Iowa IDHS workers, providers, Parent Partners, and DV advocates. They began to apply the Safe & Together Model in their practice and via case consultation and information sharing in their communities.

Following are additional activities in SFY 2017 that the Domestic Violence Response Coordinator was involved in:

- As a part of the continued implementation, the Safe & Together Model was incorporated into the existing DV training. The Domestic Violence Response Coordinator facilitated seven 1-hour webinars to shore up learning of the model

and more deeply explore each component of the practice. Over 100 workers and other partners signed up for every webinar – a record for the training department. Through working closely with David Mandel and the Safe & Together Institute we were able to train a total of 52 content experts (20 new CAP members) and over 1000 other human service workers in the Safe & Together Model via the follow up webinars.

- The Domestic Violence Response Coordinator also facilitated 26 IDHS face-to-face trainings with over 950 participants. These trainings included content related to mental health, screening for mental health, substance abuse and domestic violence, domestic violence fundamentals, and Safe & Together trainings. The Coordinator trained 20+ new Connect And Protect member content experts in August, as well.
- The Coordinator has continued to manage the 6 CAP teams with a total of 52 members through quarterly meetings, site visits, and assistance with consults and information sharing sessions.
- Year 2 implementation of the Safe & Together Model has included the organization of 3 quarterly face-to-face meetings for CAP members continued education, as well as site visits and consultations via phone and emails. CAP teams conducted over 60 consultations with IDHS staff, providers, and advocates on the cases. These consultations are aimed at identifying additional information that needs to be gathered and how to move forward in each case in the most effective way: partnering with survivors and focusing on perpetrator behavior change as the source of child safety.
- The Coordinator presented or trained at 5 other conferences or events this year reaching over 200 participants.
- Collaboration efforts with Children's Justice (a part of the Juvenile Justice Department) and the Crimes Against Persons Program within the State Court Administrator's Office have continued including our participation in their Ontario Domestic Abuse Risk Assessment (ODARA) training and a newsletter that was co-created to inform judges about the Safe & Together Model and its roll out at DHS.
- The Domestic Violence Response Coordinator was invited to Orlando to present on how Iowa has implemented the model in its second year at the Annual Safe & Together Symposium (October 2016).
- The Coordinator also continues to sit on 4 committees: Domestic Violence Oversight Committee (which the Coordinator leads and facilitates), CPPC Executive Committee, Iowa Domestic and Sexual Violence Prevention Committee, and the Iowa Domestic Abuse Death Review Team.
- Relationships between Iowa State University and the IDHS were also cultivated as the Coordinator guest-lectured in three university courses and collaborated with faculty on the submission of a grant for evaluating a program for mothers of children whose fathers have participated in the 24/7 Dad program.

In addition to these accomplishments, the Domestic Violence Response Coordinator is currently working on some new projects to continue to meet the goals set out by the DV Advisory Committee including continued training and capacity building in the Safe & Together Model and programming for perpetrators of domestic violence. Currently, the Coordinator is working with Prevent Child Abuse Iowa to begin a pilot project offering

the Caring Dads program in Polk County. Caring Dads is a 17-week treatment group for fathers who commit domestic violence. Treatment services for perpetrators who are not involved with the criminal court system have been nearly non-existent in Iowa, so piloting of this program will be an effort to introduce these services to Iowa. The Coordinator and the Advisory Committee did a search for evidence-based interventions for perpetrators of domestic violence who are fathers and found Caring Dads to be the best fit. Facilitators for these pilot groups will be trained in May 2017 and begin groups immediately.

The three year roll out of the Safe & Together Model is also continuing with a two-day practice course titled “Safe & Together: Working for You” which is being offered 5 times throughout the state between in April and June 2017. This will offer additional learning and an opportunity to practice the concepts in training for workers who are seeking additional skills.

The work with the Children’s Justice (a part of the Juvenile Justice Department) and the Crimes Against Persons Program within the State Court Administrator's Office will also continue with a 2-hour online training module being offered to two judges in each district. These judges will then determine how to best get the information out to juvenile court judges statewide. These judges will receive their online training in summer of 2017 with a plan for further training of juvenile court judges happening in the fall of 2017.

Surveys have gone out to supervisors twice in the last year to determine where they see practice and outcomes improving in their units, and where they still have room for improvement. The surveys are currently being analyzed by graduate students at Iowa State University, but preliminary results show workers are improving in their ability to partner with survivors of domestic violence and document their protective capacities. Early results also show that supervisors feel that their workers continue to need instruction on intervening with perpetrators and documentation in domestic violence cases. The data gathered will be used to determine next steps in training and implementation of Safe & Together. We are also exploring data collection options with QA regarding an ability to track certain factors in cases that use the Safe & Together model and consultation process.

Overall, the Domestic Violence Response Coordinator role continues to help IDHS and child welfare partners come together to learn best practices in working with children and families affected by domestic violence via training, case consultation, and implementation of effective services.

CITIZEN REVIEW PANELS
SECTION 106(c)(6)

The Annual Reports for each of the following Citizen Review Panels can be found under Attachment C of this report. The States' Responses to the recommendations of each of the Panels can be found in Attachment D.

Iowa's three Citizen Review Panels include:

- The Iowa Child Protection Council/Citizen Review Panel (Statewide CRP)
  - Jerry Foxhoven, Director
    Drake Legal Clinic—Middleton Center for Children's Rights
    2400 University Ave.
    Des Moines, IA 50311
    jerry.foxhoven@drake.edu
    (515) 271-2824

- The Cerro Gordo County Family Violence Response Team (Local CRP)
  - Mary J. Ingham
    Crisis Intervention Service
    PO Box 656
    Mason City, IA 50402
    Mary@CIShelps.org
    (641)424-9071

- Northwest Iowa Citizen Review Panel (Regional CRP)
  - Barb Small
    Mercy Child Advocacy Center
    801 Fifth Street
    Sioux City, IA 51102
    Smallb@mercyhealth.com
    (712) 279-2548

AMENDMENTS TO CAPTA MADE BY P.L. 114-22,
THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015
Effective May 29, 2017

Excerpt from 2017 APSR Program Instruction:

> ***Provide an update on the steps the state has taken to address the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015 since submission of the 2017 APSR and CAPTA Annual Report.***

On April 6, 2016, Governor Branstad signed SF2258 into law, effective July 1, 2016. This law was passed in order to accomplish the following:

- Implement federal requirements from the ***Justice for Victims of Trafficking Act of 2015 (P.L. 114-22, amends the Child Abuse Prevention Treatment Act),*** which requires:
  - Child Sex Trafficking to be a new type of child abuse – without the requirement of a "caretaker"
  - Child Protective workers identify, assess, and provide services for victims of sex trafficking
- Modifies the child abuse definition of sexual abuse – to include any perpetrator who resides in a home with the child.
- Directs a stakeholder workgroup be established to address Drug Endangered Children.

Effective July 1, 2016 modifications were made to Iowa law with the addition of a new child abuse category of Child Sex Trafficking (Iowa Code 232.68(2)(a)(11) and an addition to Child Sexual Abuse (Iowa Code 232.68(2)(a)(3):

New Child Sex Trafficking Abuse Code:
Iowa Code section 232.68(2)(a)(11) defines "Child Sex Trafficking" as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1

- "Commercial sexual activity" means any sex act or sexually explicit performance for which anything of value is given, promised to, or received by any person and includes, but is not limited to, prostitution, participation in the production of pornography, and performance in strip clubs.
- NOTE: This category of child abuse does not require caretaker status.

Modification to Sexual Abuse Code:

Iowa Code section 232.68(2)(a)(3) defines "Sexual Abuse" as the commission of a sexual offense with or to a child pursuant to Iowa Code chapter 709, section 726.2, or section 728.12(1), as a result of the acts or omissions of the person responsible for the care of the child or of a person who resides in a home with the child.

- NOTE: This category of child abuse is expanded from caretaker status to also include any person who resides in a home with the child.

Following the passage of this legislation, the Iowa Administrative Code (IAC) or "Rule", the IDHS Employee's Manual and related forms were all updated to reflect the new law changes. System changes have also been implemented within the IDHS JARVIS system.

The implementation of these law changes included the following statewide trainings, notifications and field support:

- A mandatory training for all SWII's, SWIII's and supervisors was held on June 14, 2016. This was a webinar entitled, "Trafficking and Sex Allegations: Child Abuse Law Update".
- A follow up statewide teleconference, to provide an additional opportunity for discussion and questions prior to the July 1, 2016 rollout, was offered to all IDHS field staff, including supervisors and administrators on June 28, 2016.
- In addition to these trainings, the law changes were discussed on two Bi-Monthly Service CIDs calls (February 17, 2016 & July 21, 2016) that include all IDHS field supervisors.
- Added supports included a Q & A that was posted on a Share Point for field access and several official communication and instruction releases to the field from the Central Office Service Help Desk.

Drug Endangered Children (DEC) Stakeholder Group

SF2258 also mandated that a stakeholder workgroup be established to address Drug Endangered Children (DEC). A detailed discussion of the work and recommendations from this group can be found under the next section of this report related to *the Amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA).*

Excerpt from 2018 APSR Program Instruction:

> *Identify any continued technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.*

Identifying child victims of human trafficking remains the most difficult barrier to implementing the Justice for Victims of Trafficking Act of 2015. These victims, who are already vulnerable, are being targeted and manipulated by the person(s) trafficking them. Many times they do not see themselves as victims or often will not identify themselves as such out of a sense of fear. The victims are often trained by those holding them to lie, not cooperate with state officials, and to runaway back to their captors.

As a result, it is difficult to distinguish a victim of trafficking from children who may simply be demonstrating some of the trafficking indicators. While IDHS field staff continue to be encouraged to follow up with the next logical question as indicators are identified, and to work with law enforcement on any potential trafficking concerns, the task remains difficult. It would be helpful to know if there is recent national data on

victims to assure that IDHS is looking at the most accurate and up to date indicators. It would also be helpful to hear what strategies and approaches other states are using to identify child trafficking victims and what steps they are taking to assure they are receiving the appropriate services.

THE COMPREHENSIVE ADDICTION and RECOVERY ACT OF 2016 (CARA)

SECTION 106(b)(2)(B)(ii) and (iii)

Excerpt from 2017 APSR Program Instruction:

> *Provide an update on the steps the state has taken since submission of the 2017 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) - (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.*

Since the submission of the 2017 APSR and Annual CAPTA Report Iowa has passed legislation (HF 543) regarding the CARA amendments that address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

Under House File 543, effective July 1, 2017, health care providers involved in the delivery or care of an infant affected by any substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder will be required to notify IDHS. Prior to this law change in Iowa, only infants born positive for an illegal substance in their body were required to be reported.

In addition to the changes described above, House File 543 also includes amendments to the Iowa Code regarding Child in Need of Assistance and child abuse cases involving drug usage by expanding the meaning of dangerous substances.

On April 20, 2017 the Governor signed House File 543 which became law on July 1, 2017. With the passage of House File 543, Iowa is in compliance with the Comprehensive Addiction and Recovery Act of 2016 (CARA). Iowa has in place legislation and child welfare policies and procedures that remove the term “illegal” as applied to substance abuse affecting infants and addresses the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Iowa health care providers involved in the delivery or care of such infants are now mandated to notify the IDHS. Child welfare policies include plans of safe care and procedures for monitoring those plans to ensure that appropriate services are being provided to the infant and the family. IDHS has also implemented system changes to meet the annual data report requirements in section 106(d) of CAPTA regarding the number of identified infants, the number of infants that have a plan of safe care, and the number for whom a referral was made for services, including services for the affected family or caregiver.

Excerpt from 2017 APSR Program Instruction:

> *Provide information on any* changes to laws, policies or procedures relating to the identification and referral to Child Protective Services (CPS) of infants *identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.*

Iowa Legislation

House File 543 was signed into law in Iowa on April 20, 2017. This law was passed in order to implement the federal amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). The law, which will become effective on July 1, 2017, amends Iowa Code Section 232.77 subsection 2 (b) as follows:

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

House File 543 also included additional amendments to Iowa Code 232.2, subsection 6, relating to a Child in Need of Assistances and child abuse cases involving certain drugs and other substances. In referencing the unlawful use of substances in the presence of a child by the parent, guardian or custodian, the amendment adds language to include any "other adult member of the household in which a child resides". The bill further delineates unlawful use of a dangerous substance to include the "use, possession, manufacture, cultivation or distribution of a substance. The meaning of "dangerous substance" was expanded to include:

- Cocaine, its salts, isomers, salts of its isomers, or derivatives
- Heroin, its salts, isomers, salts of its isomers, or derivatives
- Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate

Drug Endangered Children (DEC) Stakeholder Group

In 2015, the Iowa legislature mandated that a stakeholder workgroup be established to address Drug Endangered Children (DEC). The DEC workgroup was directed to examine issues and develop policy recommendations related to the protection and safety of drug endangered children for purposes of child in need of assistance and child abuse proceedings.

At the conclusion of their work, the DEC group submitted formal recommendations to the Iowa Legislature. The recommendations included a definition of a "Drug Endangered Child", proposed changes to Iowa Code in regard to a "Child In Need of Assistance", the specific identification and listing of illegal drugs and controlled substances, a definition of "Child Abuse", and an amendment related to the implementation of the federal CARA and CAPTA regulations.

The DEC group is noted here as they played a critical role in assisting the IDHS, as the department proposed legislation and developed policies and procedures in their efforts to come into compliance with *the Comprehensive Addiction and Recovery Act of 2016 (CARA).*

IDHS Policies and Procedure

Following are the intake policies and procedures that IDHS has implemented with response to the passage of House File 543 regarding referrals of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to Child Protective Services (CPS).

IDHS Intake Referrals

A child is born positive for illegal or legal substances

Illegal Substances Only

At intake, when a referral is received that an infant is born positive for an ***illegal substance*** it will be accepted for a Child Abuse Assessment under the abuse category of Presence of Illegal Drugs (PIDS) in a Child's Body.

Illegal or Legal Substances

No Additional Child Abuse Allegations

A report will be accepted as a *CINA Assessment* under 232.2(6)(c)(2) and a Safe Plan of Care is required if a child abuse referral is received that an infant is affected by substances, either illegal or legal, has withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder and the following apply:

- The report is from a Health Practitioner
- There are no additional child abuse allegations, and
- There is no open child welfare case on the family

If a child abuse referral is received that an infant is affected by substances, either illegal or legal, has withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder and the following apply:

- The report is from a Health Practitioner
- There are no additional child abuse allegations, and
- There is an open child welfare case on the family

A referral will be made to the Social Work Case Manager (SWCM) who is handling the open child welfare case on the family. A Safe Plan of Care is required.

Additional Child Abuse Allegations

If a child abuse referral is received that an infant is affected by substances, either illegal or legal, has withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder and the following apply:

- The report is from a Health Practitioner

- There are additional child abuse allegations, and
- The additional child abuse allegations fall under the abuse category of Denial of Critical Care

The referral may be accepted for a Family Assessment. A Safe Plan of Care is required.

In addition to these internal policies, IDHS has implemented system changes to JARVIS which will allow for the collection of annual data relating to:

- The number of infants identified under subsection 106(b)(2)(B)(ii)
- The number of such infants for whom a Plan of Safe Care was developed
- The number of such infants for whom a referral was made for appropriate services, including service for the affected family or caregiver

Excerpt from 2017 APSR Program Instruction:

Provide an update on the state's policies and procedures regarding the development of plans of safe care to address the health and substance use disorder treatment needs of substance-exposed infant and their families or caretakers.

In response to the need to develop plans of safe care to address the health and substance use disorder treatment needs of substance-exposed infant and their families or caretakers the IDHS has developed policies and procedures to be followed during the Assessment process. IDHS has also identified key elements that the plans of safe care must include.

IDHS Assessment Process

- In all instances (Child Abuse, Family Assessment, or Child in Need of Assistance) the assessment process requires that the IDHS worker consult with the Health Practitioner to confirm that the infant is affected by substance use, withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder. Upon confirmation of the substance abuse, the IDHS worker in conjunction with the family will develop a Safe Plan of Care to be reviewed by the Health Practitioner to ensure that the needs of the infant and family are met under the Safe Plan of Care. Safe Plans of Care are required for all infants affected by either legal or illegal substances. If at any point, the family is not willing to participate in a Safe Plan of Care the County Attorney will be consulted.
- If the infant is not affected, the information from the medical provider will be documented in the assessment.
- For an existing open child welfare case, the SWCM should consult with the Health Practitioner to confirm that the infant is affected by substance use, withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder. If the infant is not affected, information from the Health Practitioner will be documented in a JARVIS Contact Note. If the infant is affected the Safe Plan of Care will be

document on a Safety Plan form. The SWCM will consult with the County Attorney if the family does not want to participate in the development of the Safe Plan of Care.

- It should be noted that IDHS will use the term Safe Plan of Care when referring to the required plans under CARA. The IDHS term Safety Plan will continue to refer to a plan that addresses the needs of a child, who through a safety assessment, is considered to be conditionally safe. The Safe Plan of Care and the Safety Plan will be documented on the IDHS Safety Plan form. When completing a CARA Safe Plan of Care, workers must identify in the system if the infant is affected by substance use, withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder. If so, the worker must document the number of infants affected.

Oversight and Monitoring of the Safe Plan of Care

IDHS will be involved in the development and oversight of the Safe Plans of Care. If the case involves formal FSRP services a Safe Plan of Care will follow the infant. The FSRP worker will then be involved in the monitoring and oversight of the Safe Plan of Care. Others providing monitoring and oversight services may include medical staff, Community Care providers or local community based providers. If at any time the family is not following through or cooperating with the Safe Plan of Care providers are expected to make a referral back to IDHS.

Elements of a Safe Plan of Care

To ensure the safety and well-being of infants following their medical release from the care of Health Practitioners, a Safe Plan of Care will be developed and implemented. A Safe Plan of Care will include the following:

1. The identification of the health and substance use disorder treatment needs of the infant and those of the affected family/caregiver.
2. A description of how the Safe Plan of Care will be monitored to determine whether or not, and how, local entities are:
    - Completing referrals for needed services.
    - Delivering appropriate services to the infant and affected family or caregiver.
    - Monitoring the family's participation in services and ensuring that the provision of services is meeting the needs of the infant and their family. If at any point the family refuses to participate in the Safe Plan of Care the case should be referred to the local County Attorney
3. Infants affected by all substance abuse (not just illegal substance abuse as was the requirement prior to the CARA changes).

The CPW or SWCM should consult with the referring physician/health practitioner and document the following information:

- Name of infant's current physician, if different from the referring physician.
- Reason for initial referral.
- The services being provided by all agencies involved with the family.
- Indication that the medical provider has reviewed the Safe Plan of Care and agrees the family's needs are being met.
- The Safe Plan of Care is documented on the Safety Plan form. At the time of Intake, IDHS workers must identify in the system that the child is an infant that is affected by substance abuse, withdrawal symptoms or has a Fetal Alcohol Spectrum Disorder. Additional documentation includes the number of infants involved, a statement that a Safe Plan of Care has been developed for each infant and that service referrals have been made, including services for the affected parent or caregiver.
- The Safe Plan of Care is uploaded into the JARVIS File Manager or filed in the ongoing case file.

Excerpt from 2017 APSR Program Instruction:

> *Describe the procedures the state has developed to monitor plans of safe care, to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.*

IDHS has implemented the following procedures to develop and monitor Safe Plans of Care.

Appropriate Services

During the development of a Safe Plan of Care the IDHS worker must confer with the Health Practitioner to identify the health and substance use disorder treatment needs of the infant and the affected family or caregiver. This will ensure that services are appropriate to meet the needs of the child and the family.

Referrals & Delivery of Services

If a traditional Child Abuse Assessment is completed and the report is Founded or Confirmed and the Family Risk Assessment Tool indicates a high level of risk to the child, the infant and the affected family or caregiver will be referred to IDHS for formal services under the FSRP program. Cases under a CINA Assessment may also have formal RSRP services. If a Family Assessment has been completed, the infant and the affected family or caregiver may be referred to Community Care for services or to community–based services. In all cases, the Safe Plan of Care will follow the infant and family.

Monitoring

IDHS workers receive monthly updates from FSRP providers as to the progress that the family is making with services. Any needed changes in the level or type of services must be reported to the IDHS worker who approves the changes.

If at any time, during the assessment phase or the delivery of case management services, the family refuses to participate in, or comply with, the Safe Plan of Care the IDHS worker will consult with the local County Attorney.

Excerpt from 2017 APSR Program Instruction:

> *Describe any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs).* Provide information on the role of the agencies involved in ensuring effective implementation of these provisions.

To support and ensure effective implementation of The Comprehensive Addiction and Recovery Act of 2016 (CARA) IDHS has taken a number of different steps both internal and external.

IDHS Internal Efforts

Below is a listing of activities that IDHS has initiated to date with the passage of House File 543 which was enacted to meet and implement the federal requirements related to CARA.

- A CAPTA-CARA Workgroup was established to identify the policies, procedures and system changes that would be needed to implement CARA.
- On March 16, 2017 CARA and the related changes in policies, procedures and system changes were discussed on a Bi-Monthly Service CIDs call with IDHS field supervisors. A copy of the document entitled "*Changes Related to CAPTA/CARA* "that was distributed to the field can be found in ***Attachment E.***
- Added supports included communication documents and instructional releases to the field from the Central Office Policy Division and the Service Help Desk.
- System changes have also been implemented within the IDHS JARVIS system.
- The Iowa Administrative Code (IAC) or "Rule", the IDHS Employee's Manual and related forms are currently being updated to reflect the new law changes.
- Policy Program Managers comprised a Letter of Notification and Guidance document (Attachment E) for external stakeholders and partners regarding the implantation of CARA.
- In October, 2017 a Review of a random sample of CARA cases will be conducted by Policy staff. It will include a review of all components from Intake to ongoing case management. A tool will be developed for the review that will identify if the appropriate boxes in the JARVIS system were checked, that Plans of Safe Care were completed and that referrals were made and that they were appropriate. The information gained from the review will be used to make any revisions or improvements in the process. It is planned that the findings of the review and any adjustments to the practice guide will be presented to the field staff on the November 16, 2017 statewide CIDS call.

IDHS External Efforts

In addition to its internal preparations, IDHS has also reached out to a number of different groups and agencies across Iowa to ensure that they are aware of the CARA requirements and of the changes in Iowa law that will become effective July 1, 2017. While IDHS is continuing its outreach and notification efforts to ensure the effective implementation of these provisions, below are the actions IDHS has taken to date.

- Information regarding the CARA requirements as it relates to Mandatory Reporters was posted on the IDHS Website.
- The CARA Letter of Notification and the Guidance document ***(Attachment E)*** was shared with the Iowa Department of Public Health (IDPH) who in turn posited it on the IDPH Mandatory Reporter Training web page.
- A presentation, accompanied by the Guidance document, was offered to the Child Protection Council, Statewide Citizen Review Panel. This group consists of 21 members who individually represent a number of different disciplines such as medical, child advocacy and prevention, law enforcement, the University of Iowa, juvenile justice, and Iowa's Child Advocacy Centers. Each of these professionals was asked to share this information within their areas of practice.
- The Cara Letter of Notification and Guidance document were sent to the Juvenile Justice Division where it will be shared statewide with Juvenile Justice personal and Juvenile Judges.
- The CARA Letter of Notification was distributed through the IDHS Iowa Medicaid Enterprise (IME) Division to all health providers of Medicaid in Iowa.
- On September 13, 2017 the DHS Child Protection Program Manager presented a Webinar on CARA to the medical staff at the central Unity Point Hospital in Des Moines. In addition to Unity Point staff, over one hundred and thirty other medical personnel from across the state joined the webinar. This presentation was taped and a link to the webinar will be made available for any medical person and/or agency who may wish to view it.

In addition to the efforts listed above IDHS is continuing to explore additional avenues in which to share information about CARA. These include local providers as well as, Medical Associations in Iowa such as Substance Abuse and Mental Health providers, the Iowa Academy of Pediatrics, the Iowa Board of Nursing and the Iowa Association of Family Physicians.

Excerpt from 2017 APSR Program Instruction:

> *Submit the Governor's Assurance Statement certifying that the state is in compliance with the amended provisions of section 106(b)(2)(B)(ii) – (iii) (Attachment G).*

Iowa IDHS has submitted a Governor's Assurance Statement certifying that the state is in compliance with the amended provisions of section 106(b)(2)(B)(ii) – (iii)

CAPTA Annual State Data Report Items:

***Information on Child Protective Service Workforce*:** For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State, report available information or data on the following:

- information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
- data on the education, qualifications, and training of such personnel;
- demographic information of the child protective service personnel; and
- information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10)).

STATE RESPONSE:

Education, Qualifications, and Training

The Iowa Department of Administrative Services (IDAS) maintains job descriptions, including education requirements, qualifications, and regular duties for all State employees, including CPS personnel. In Attachment F of this report you will find current job descriptions for the positions of *Social Worker III*, those social workers responsible for the intake, screening, and assessment of cases of suspected child abuse and/or neglect, and *Social Work Supervisor*, management positions responsible for providing supervision of all frontline social workers.

Any CPS worker (Social Worker III) must meet or exceed these education/qualification requirements in order to be considered for employment. Demographics on the specific breakdown of educational level and qualifications (i.e. the percentage of workers who hold a BA, BASW, MA, MS, MSW, etc.) of all State employees in this classification is not readily available, without conducting a comprehensive review of personnel files. Therefore a survey was administered to gather this data.

Of the 297 staff identified as having a role in the intake, screening and assessment of child abuse and neglect there were 170 responses to the survey (69% response rate). Therefore current educational data is available on the following number of individuals and is summarized in the tables below:

- 105 Social Worker IIIs and IVs
- 61 Social Work Supervisors
- 4 Social Work Administrators

Highest Degree Obtained	
136	BA/BS (84%)
33	Master's Degree (16%)
1	No degree

170	**TOTAL**

BA/BS Area of Degree		**Master's Area of Degree**	
40	BA/BS in Social Work (29%)	12	Master's in Social Work (36%)
87	BA/BS in a HS Related Field (63%)	15	Master's in a HS Related Field (46%)
9	BA/BS in another area (7%)	6	Master's in another area (18%)
2	Not indicated (1%)	0	Not indicated
138	**TOTAL**	**33**	**TOTAL**

Social Work Licensure Level (if applicable)	
9	LBSW (Licensed Bachelor Social Worker) 50%
6	LMSW (Licensed Master Social Worker) 46%
3	LISW (Licensed Independent Social Worker) 17%
18	**TOTAL**

Training Requirements

In addition to new worker training for all social workers new to the IDHS, ongoing training requirements, after the initial 12 months with the Iowa Department of Human Services, include:

- Minimum of 24 hours child welfare training annually for all Social Workers. It should be noted that New Worker Training for Social Worker II's is a separate track than New Worker Training for Social Worker III's.
- Minimum of 24 hours child welfare/ supervisory training annually for all Social Work Supervisors

[Source: Iowa Department of Human Services 24 Hour Guidelines approved by Service Business Team (SBT) June 2007, Effective date: July 2007]

Demographic Data on CPS Personnel

The IDHS maintains demographics data on all social work personnel. The following data includes demographic information on those specific "social worker" classifications involved in the intake, screening and assessment process. This includes intake and assessment workers (Social Worker 3s), team lead intake workers (Social Worker 4s), Social Work Supervisors, and Social Work Administrators. The data is broken down then by front line social workers and management positions.

Table 1. TOTAL BREAKDOWN BY JOB TITLE

1. Personnel	
206	Social Worker 3s and 4s (Screening, Intake, Assessment)
80	Social Work Supervisors
11	Social Work Administrators
297	**TOTAL**

Table 2. GENDER DISTRIBUTION

2.1 Hourly (Social Worker 3s/4s)		2.2 Management (Supervisors/Administrators)	
38	Male (18%)	22	Male (24%)
168	Female (82%)	69	Female (76%)
206	**TOTAL**	**91**	**TOTAL**

Table 3. RACE/ETHNICITY DISTRIBUTION

3.1 Hourly (Social Worker 3s/4s)		3.2 Management (Supervisors/Administrators)	
6	African American (3%)	1	African American (1%)
0	American Indian/Alaska Native	0	American Indian/Alaska Native
4	Asian/Pacific Islander (2%)	0	Asian/Pacific Islander
3	Hispanic/Latino (1.5%)	1	Hispanic/Latino (1%)
1	2 + Races (.5%)	0	2+ Races
192	White (90%)	89	White (99%)
206	**TOTAL**	**91**	**TOTAL**

Table 4. DISABILITY STATUS

4.1 Hourly (Social Worker 3s/4s)		4.2 Management (Supervisors/Administrators)	
1	Yes (.4%)	0	Yes
183	No (89%)	88	No (97%)
22	Did Not Disclose (10.6%)	3	Did not Disclose (3%)
206	**TOTAL**	**91**	**TOTAL**

Table 5. AGE RANGE

5.1 Hourly (Social Worker 3s/4s)		5.2 Management (Supervisors/Administrators)	
11	20-29 years (5%)	1	20-29 years (1%)
59	30-39 years (29%)	27	30-39 years (30%)
80	40-49 years (39%)	30	40-49 years (33%)
50	50-59 years (24%)	28	50-59 years (31%)
6	60+ years (3%)	5	60+ years (5%)
206	**TOTAL**	**91**	**TOTAL**
Avg. Age = 44		**Avg. Age = 46**	

Caseload Data

IDHS child protective workers (those preforming assessments) were assigned an average of 13 new cases a month in calendar year 2016, including cases alleging adult abuse. This caseload number remains the same as that of 2015. A one page breakdown of child abuse statistics can be found on the IDHS website here: http://dhs.iowa.gov/sites/default/files/childwelfarebythenumbers2015.pdf

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

Juvenile Justice Transfers:

Report the number of children under the care of the State child protection system who were transferred into the custody of the state juvenile justice system in FY 2016 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.

State Response

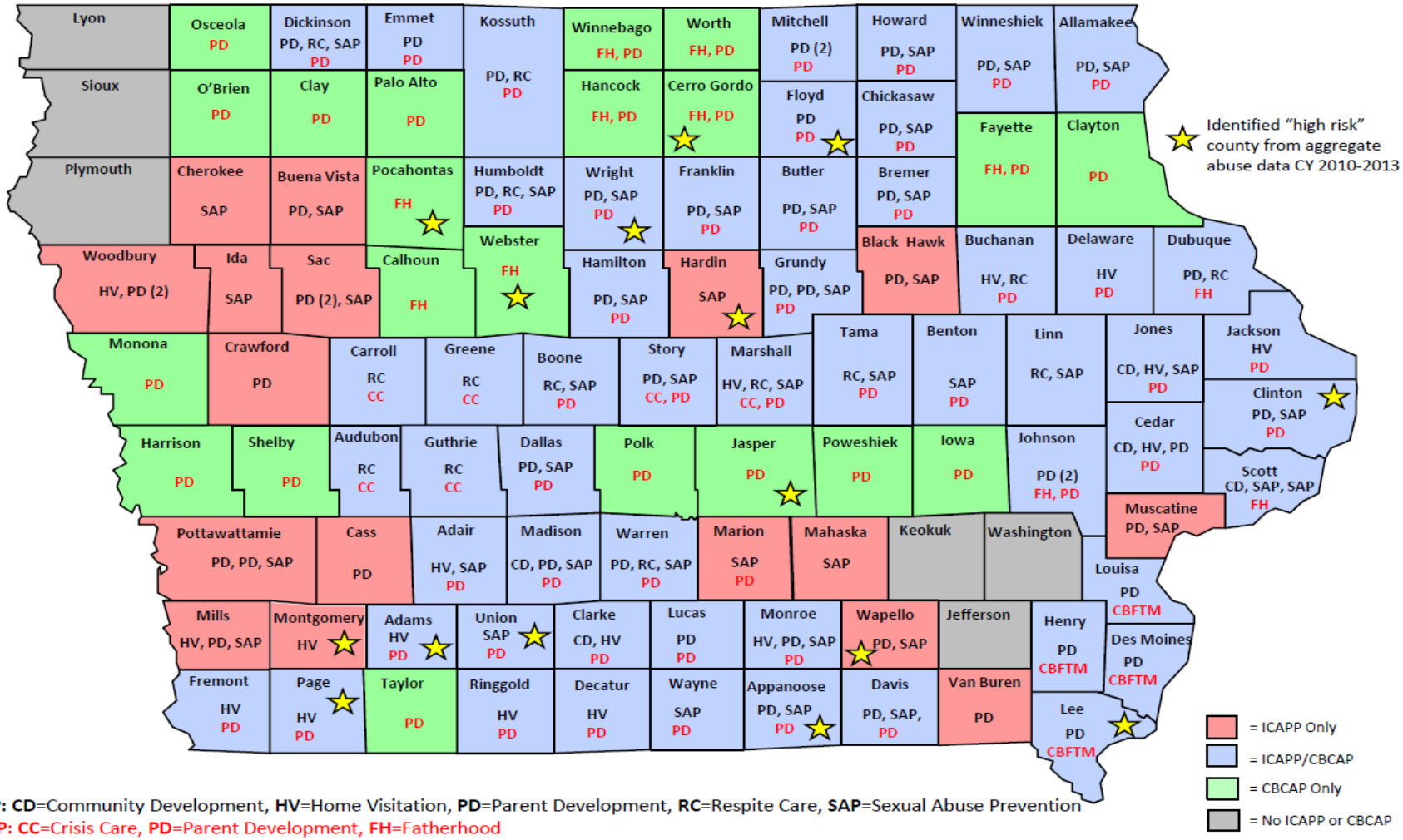
Juvenile Justice Transfers in Iowa for FFY 2015 totaled 82. It should be noted that this count is somewhat higher than what IDHS has previously reported over the past number of years. As was discussed in last year's report, IDHS had been reviewing the data regarding the number of Juvenile Justice Transfers and questioned if the method of collection that was being used was the most accurate way to pull this data.

Previously, this data had been collected through the DHS FACS mainframe system which involved downloading and reviewing 12 monthly data files and comparing them month by month and counting when a child transferred. The accuracy of this report was dependent upon the IDHS worker having appropriately entering the transfer into the system whenever a child transferred to Juvenile Justice and again, if a child returns to IDHS.

Following further discussions in this past year it was determined that a more accurate count of Juvenile Justice Transfers could be obtained by using the IDHS Data Warehouse. This approach would offer a more accurate method of counting transfers as it would be based on case load movement, from the IDHS worker to a Juvenile Court Officer (JCO), as opposed to reliance on a IDHS worker manually entering data in an electronic field. In addition, by using the Data Warehouse the count can be viewed on a daily basis verses monthly. This method of collection was used this year and while it is an increase over last year's number, it is believed to be a more accurate count going forward.

ATTACHMENT A
ICAPP (Iowa Child Abuse Prevention Program) and
CBCAP (Community-Based Child Abuse Prevention) Program
Awarded Projects Map for SFY 2016- 2018

SFY 2016-2018 ICAPP/CBCAP Project Grant Awards



Key:
ICAPP: CD=Community Development, **HV**=Home Visitation, **PD**=Parent Development, **RC**=Respite Care, **SAP**=Sexual Abuse Prevention
CBCAP: CC=Crisis Care, **PD**=Parent Development, **FH**=Fatherhood

ATTACHMENT B
EARLY ACCESS HANDOUT

EARLY ACCESS
EARLY INTERVENTION IN IOWA

CONTACT US TODAY!

We are available to discuss your concerns, your child's development and help you find support that fits your needs.

Toll-free Phone: 1-888-IAKIDS1 (1-888-425-4371)

www.iafamilysupportnetwork.org

EARLY ACCESS AND FAMILIES

What is Early ACCESS?

Early ACCESS is Iowa's early intervention system for infants and toddlers with or at risk for developmental delays or disabilities and their families. The focus of Early ACCESS is to support caregivers to help their children learn and grow throughout their everyday activities. This means Early ACCESS providers work with parents and other caregivers to help their children learn.

How do young children learn?

Children learn doing the activities that their caregivers and other children around them do all day long. Caregivers and other children are teaching young children without even realizing it!

Children learn in multiple places. Getting a drink or snack and then washing hands afterwards may occur in the family kitchen, at a restaurant, or at child care. Children learn how to participate with their family and others in all their daily routines and activities.

How do caregivers learn to support their child's growth?

Early ACCESS service providers get to know families' daily activities, priorities, and hopes for their child. Together, service providers and caregivers plan and practice interventions that can be used throughout the day in routines and activities that the family already does.

Early ACCESS Vision & Mission

Vision:
Every infant and toddler with or at risk for a developmental delay and their families will be supported and included in their communities so that the children will be healthy and successful.

Mission:
Early ACCESS builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

EARLY ACCESS FOR FAMILIES

What are everyday routines and activities?

Routines are activities we do so much that we may not have to think about what we are doing to complete them. For example, changing diapers, getting snack, getting the mail, or picking up toys are all routines. Inviting children to assist with routines and activities is a way to help them learn and grow. Routines are predictable so we know what is coming next.

Other activities that may not be done as often as routines can be helpful for children too. For example, watering flowers, playing peek-a-boo, dropping brothers and sisters off at school, or feeding the dog can all be good teaching and learning activities.

Does this work? I am not a trained therapist or teacher.

Yes.

Service providers do not expect caregivers to do what they do. They support families by coaching them to help their child grow and learn. Everyday routines and activities are teaching and learning opportunities. The more children are able to practice skills, the more they are being supported in development.

What happens if I don't have time? Do I have to have a schedule?

There is no need for a special time or schedule. Children learn throughout the day when they are part of activities and routines, such as snack, bath time, getting dressed, and going in the car. Service providers work with caregivers to find ways to embed learning into these activities.

Family Guided Routines Based Intervention is a project within The Communication and Early Childhood Research and Practice Center (CEC-RAP). CEC-RAP is a collaborative center within the College of Communication and Information, School of Communication Science and Disorders at Florida State University. For more information, visit the FGRBI website at: http://fgrbi.fsu.edu.

Early ACCESS and the Role of SWII's and SWIII's

Early ACCESS is Iowa's early intervention system of services that helps infants and toddlers with or at risk for developmental delays or disabilities. According to both CAPTA and IDEA Part C Law, DHS is responsible for referring families with a substantiated case of child abuse and neglect to Early ACCESS. *You are encouraged to refer any family with a child birth to three years old to Early ACCESS.*

Who is eligible for Early ACCESS?

It is not up to you to decide eligibility. Once a referral occurs, the AEA will determine eligibility with an evaluation

- Early ACCESS serves infants and toddlers up to their 3rd birthday.
- Early ACCESS services can take place when:
  - A child has a diagnosed and documented physical or mental condition that has a high probability of resulting in developmental delay OR
  - A child experiences a 25% or greater delay in one or more areas of development. Common areas are talking, moving, seeing, listening, thinking, eating, or playing

Why refer to Early ACCESS?

- DHS is responsible for referring children birth to 3 years-old with a substantiated case of child abuse and neglect to Early ACCESS.
- Maltreatment has a significant negative impact on children's development. The stress suffered by young children exposed to recurrent physical abuse, emotional abuse, or chronic neglect can lead to difficulties in learning, behavior, and physical and mental health. Providing early services and intervention to support the healthy development of young children can have positive effects that last throughout childhood and into adulthood (Center on the Developing Child at Harvard University, 2010).
- Early ACCESS services aligns with DHS Better Results for Kids Initiative which identifies that kids 0-5 are most vulnerable, least often seen in the community, can't communicate wants or needs (cannot do self-advocacy) and need our attention.
- The focus of Early ACCESS is to support caregivers to help their children learn and grow.

How do I make a referral?

Parent participation is important for a meaningful referral. Please take a moment to discuss Early ACCESS services

- Give each family with a child 0-3 the *Early ACCESS and Families* document
- Discuss benefits of Early ACCESS services
- Encourage family to call 1-888-425-4371 OR visit http://www.iafamilysupportnetwork.org for an online referral. Families can find child development information and videos about Early ACCESS services on the website.

What if the family refuses the referral?

Early ACCESS services are voluntary. Families can determine if they wish to participate. It is important to engage and encourage the family and communicate the benefits of participation. Document the referral and ask others to follow up with referral and services

For more information contact DHS Early ACCESS Liaison, Teri Mash, B.S., M.A.T. tmash@dhs.state.ia.us

ATTACHMENT C
CITIZEN REVIEW PANEL REPORTS

The Child Protection Council
Iowa's Statewide Citizen Review Panel
Annual Report

The Child Protection Council, Statewide Citizen Review Panel (CPC) meets on a bi-monthly basis in Des Moines, Iowa. Council members also attend conferences and trainings throughout the year related to the work of the panel. The CPC seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. All meetings are open to the public and a public notice is posted regarding the date, time, location, and agenda of the council meetings. In addition, the CPC Annual Report is posted on the IDHS website. Members of the public who are unable to attend meetings can direct any comments and/or questions to the Iowa Department of Human Services (IDHS) or to the State Coordinator though the IDHS website.

Summary of Panel Activities in SFY 2017

CPC meetings were scheduled and/or held during SFY 2017 (July 1, 2016 -June 30, 2017) on the following dates, from 10 am – 2 pm in Des Moines, Iowa:

Date	Presenters, Activities, and /or Topics Covered
07/12/2016	Face-to-face meeting: **Presentations:** • **Safe & Together Model & IDHS Implementation** Leah Kinnaird, Domestic Violence Response Coordinator to IDHS Child Welfare Research and Training Project; Iowa State University • **Overview of HR2258** Changes to Iowa child abuse laws effective July 1, 2016: o Sex Trafficking o Sexual Abuse **Group Discussions/Topics:** • DEC Workgroup • 2016 CJA Project Updates
09/13/2016	Face-to-face meeting: **Presentations:** • **Iowa's Managed Care Organizations (MHO)** o United Healthcare; Diane Johnson (Presentation and Q&A) o AmeriHealth; Dr. Steven Sehr & Misti Johnson (Presentation and Q&A)

	Group Discussions/Topics: • Recap of CJA Grantees Meeting
11/08/2016	Face-to-face meeting: **Presentation:** • **Early ACCESS, IDEA Part C Services** Early Intervention Services in Iowa for Infants and Toddlers The Iowa Family Support Network, Kate Small **Group Discussions/Topics:** • 2017 CJA Projects & Initiatives
01/10/2017	**Meeting Cancelled** – Only required to meet four times per year
02/20/2017	**Meeting w/ Coordinator and Chairperson** • 2017 – 2018 CJA Projects & Activities, CPC By-Laws & Membership terms
03/14/2017	Face-to-face meeting: **Presentation:** • **CARA & Iowa DEC Team** Janee Harvey, IDHS Child Welfare Bureau Chief **Group Discussions/Topics:** • Review of CPC By-Laws • CPC Memberships • CJA Funding • Future CJA Activities, Projects & Initiatives
05/09/2017	Face-to-face meeting: **Presentation:** • Mason City Satellite Child Protection Center Mason City, Iowa Katie Strub, MA, LMHC, Supervisor/Forensic Interviewer Allen Child Protection Center, UnityPoint Health / Allen Hospital **Group Discussions/Topics:** • Election of Officers • 2017 Annual Report/Application • Future CJA Activities, Projects & Initiatives

Annual Recommendations of the Child Protection Council

Recommendations of the Council are as follows:

Mandatory Reporter Training

Recommendation:

> The Council is recommending that IDHS develop and maintain an online Mandatory Reporter curriculum for child and dependent adult abuse that includes a certification process upon completion of the course. Under this recommendation, IDHS would be responsible for the oversight and maintenance of the curriculum and as such, ensure that the content is current and that a certain level of understanding is attained and recorded.

In Iowa, over 1,200 Mandatory Reporter curriculums are currently being offered online. As such, it is the responsibility of the individual or their respective agency that placed the curriculum online to ensure that it is updated and reflects Iowa Code. Presently, there is no quality assurance mechanism in place to ensure this occurs, nor is there a mandated level of understanding requirement upon completion of a course.

The Child Protection Council has long recognized the challenges with Mandatory Reporter Training in Iowa. The Council, which also serves as Iowa's Task Force under the Children Justice Act (CJA) Grant, first noted their concerns in the 2009 CJA Report and again in the 2012 report. Recently, several Council members participated in a review of the Iowa's Department of Human Services (IDHS) Intake System. The findings from that review found that many of the concerns within that system stem from reporter's general misunderstandings and misconceptions about Iowa law as it relates to child abuse reporting and what must be present for an allegation to be accepted for a child protection assessment.

Over the years, legislative action has included several committees charged with reviewing and making recommendations regarding the Mandatory Reporter program but to date; no substantial improvements have been made to the program. While the Council recognizes that this recommendation is not a solution to the larger issues within the Mandatory Reporter Training program but they do feel this would be a positive step in that direction.

IDHS Centralized Intake Unit

Recommendation:

> The Child Protection Council is recommending that the IDHS Centralized Intake Unit (CSIU) be expanded to a 24/7 Call Center that is fully staffed with a designated number of IDHS intake workers and supervisors.

As referenced in the previous section, several Council members participated in a review of the Centralized Child Protection Intake system. While the review and resulting recommendations led to several positive changes in IDHS practice and in the automated Child Welfare Information System (CWIS), concerns remain regarding the Intake Unit. Currently, after/hour intake calls are being directed to another facility and are handled by part time operators at that location. These operators are not part of the CSIU staff and as such, their intake training and experience is limited in scope. The review found that afterhours intakes had a decided lack of information. The study indicated a lack of consistency regarding system lookups and inadequate and/or missing information on after hour intakes.

The Intake Review also showed a significant high volume of calls are received in the hours shortly after the phone lines are transferred at 4:30pm and right before they are switched back to CSIU at 8:00am The final report noted that these are times in which medical facilities and clinics, schools, etc. are often open for business thus indicating a need for expanding the hours of operation.

The Council supports expanding CSIU to a 24/7 call center staffed by IDHS intake workers and supervisors. This move would lead to greater consistency and the quality of intakes as the staff would be adequately trained in this area.

It should be noted that this recommendation has previously been submitted to IDHS but at that time, IDHS was unable to consider the recommendation due to Collective Bargaining Rules in Iowa. This year, legislation was passed that eliminated many of the restrictions under Collective Bargaining. Due to this legislative change, the Child Protection Council is again submitting a recommendation regarding a fully staffed 24/7 Intake Call Center for IDHS.

Multidisciplinary Teams (MDTs)

Recommendations:

- The Council recommends that IDHS appoint a MDT lead in each of the Service Areas to serve as a designated point of contact regarding IDHS MDTs.

Iowa Code requires that IDHS have and utilize MDTs. Under Iowa Code, there must be an MDT in every county or multicounty area in which more than 50 child abuse cases are received annually.

Several years ago the IDHS contracted with Iowa State University to review Iowa's Multidisciplinary Teams (MDTs) as they relate to protective assessments of children and/or dependent adults. Several Council members served on the MDT Stakeholder Workgroup that was part of this initiative. The project's final report (November 2014) included recommendations in the areas of practice and policy around MDTs. Several of the recommendations, including updating existing MDT forms and developing new ones to better support the MDT process have been completed and distributed. As the

Council continues to look for ways to support the use of Multidisciplinary Teams (MDTs) they would like to recommend an additional proposal that was highlighted in the review.

The Council would recommend that IDHS assign a lead in each of the Service Areas to serve as a designated point of contact regarding IDHS MDTs. Having an MDT lead in each Service Area will promote consistency between MDTs across the state. These individuals can provide direction and guidance to IDHS workers/supervisors and other MDT members regarding the structure of an MDT, member roles and expectations, use of MDT forms and confidentiality rules concerning child and dependent adult abuse laws. As the MDT lead, this individual would also be responsible for identifying and mobilizing local efforts to recruit professionals to participate in and sustain local MDTs which would reduce staff burden in this area. Ultimately, providing external support and technical assistance to local MDTs will better serve the needs of specific abuse cases.

Progress and Implementation of Prior Recommendations

Drug Endangered Children

As the statewide Citizen Review Panel, the Council took an active interest in the implementation of Iowa's Differential Response (DR) system which occurred in 2014. Once the program was up and running the Council was involved in an Intake evaluation related to the DR path that reported allegations take i.e. a "Family Assessment Response" (Iowa's DR approach) or a more traditional "Child Abuse Assessment".

In addition to the implementation of DR and its outcomes, the Council has also followed the formation of the Drug Endangered Children's (DEC) workgroup in 2016 through updates provided at Council meetings. This group was formed in response to a legislative directive as part of a continuing improvement follow up to DR. The purpose of the workgroup was to review the impact of DR on the health and safety of drug endangered child and to make policy recommendations. Recommendations included a proposed definition of a "drug-endangered child' and changes in Iowa Code that added to the list of dangerous substances for which a child in need of assistance case would be assigned to the child abuse pathway instead of the family assessment pathway.

This group also assisted IDHS in proposing changes in Iowa Code that were required in order to implement the federal amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). On April 20, 2017 House File 543 was signed into law. This law will become effective on July 1, 2017. The law mandates that health care providers involved in the delivery or care of an infant (under the age of one) affected by any substance abuse, or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder are required to notify IDHS. Prior to these law only infants born positive for an illegal substance in the child body were required to be reported. Federal law also mandates a Safe Plan of Care to ensure that the infant's and the family's needs are met. As part of this mandate IDHS will now be collecting annual data regarding the number children being reported, Safe

Plan of Cares and the services provided. Going forward the Council is interesting in viewing this data and closely watching the outcomes related to this law change.

Multidisciplinary Teams

The Council and the IDHS recognize that in order to respond adequately to reports of suspected child abuse and neglect a collaborative, multidisciplinary approach is needed. The Council has been very supportive of the efforts that IDHS has made to enhance multidisciplinary approaches to child protective assessments, through both policy and practice changes, as well as in their relationships with key partners, such as Iowa's Child Advocacy Centers that provide critical forensic interviewing and medical services during the course of child abuse assessments.

In 2016 IDHS updated their Memorandums of Understanding (MOUs) with each of the six Child Advocacy Centers in Iowa. The MOUs now require Child Advocacy Centers to reach out to each of the counties within their assigned IDHS service area to assist with a multidisciplinary approach to child abuse investigations/assessments. The MOUs included Interagency County Agreements to be completed for all of Iowa's 99 counties. Signatures on the Interagency Agreements are to include at minimum; the Child Advocacy Center, IDHS, the County Attorney's Office and county/municipal law enforcement.

The Council will continue to support this initiative as they view it as a critical piece in building and sustaining MDTs throughout the state.

Interdisciplinary Trainings

The Child Protection Council believes that an effective way to support MDTs is through multidisciplinary training. As such, the Council continues to be actively involved in the development and implementation of numerous interdisciplinary trainings throughout the state. Over the past year (SFY 2016 – 2017) Council members have worked closely with IDHS staff and community partners to continue to offer learning opportunities. The CJA Mini-Grant project which is a collaborative effort with Iowa's Child Advocacy Centers provides interdisciplinary trainings for child protective assessment workers and their local partners involved in child protective services. This project began in FFY 2016. In the first year of this initiative, attendance was strong and the trainings were well received. The year the Council will again offer and support these trainings provided through the Child Advocacy Centers.

This project and the trainings are described in greater detail in Iowa's 2017 Children's Justice Act submission.

Future Direction and Focus of the Child Protection Council

The Child Protection Council, Statewide Citizen Review Panel intends to be actively involved in child welfare system reform efforts in the coming year. Iowa's statewide CFSR review is scheduled for 2018. As part of this statewide review process, the

Council will be asked to participate in a case analysis project involving the re-abuse of children. This will consist of a review of data gathered from IDHS child abuse and neglect cases and identifying factors that contribute to re-abuse. A number of Council members will also be asked to serve on one or more of the stakeholders groups that will be forming in response to Iowa's CFSR.

As this Council serves as the Statewide Citizen Review Panel and as Iowa's Statewide Task Force under the Children's Justice Act Grant (CJA) this Council will also be involved in Iowa's Three Year Assessment under the CJA grant. This Assessment is also scheduled to occur in 2018. Under this review, Council members will be asked to form subcommittees to review Iowa's past progress and achievements under the CJA grant and to identify future activities and initiatives going forward.

North Iowa Domestic & Sexual Abuse Community Coalition
Cerro Gordo County Citizens Review Panel
Annual Report

The North Iowa Domestic & Sexual Abuse Community Coalition/Cerro Gordo County Citizens Review Panel meets 10 times/year in Mason City, Iowa. The members of the Coalition also attend conferences and trainings throughout the year related to the work of the panel and their individual discipline. The Coalition also seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. The Coalition will provide an annual written report outlining activities and making recommendations for changes. The team will make this report available to the public to allow for input.

Summary of Panel Activities

In the past year, the meeting format was adapted to facilitate work towards opening a satellite child protect center in Mason City. The Coalition meetings were scheduled and/or held during SFY 2016 (July 1, 2016-June 30, 2017) on the following dates, from 11:15 a.m. to 1:00 p.m. in Mason City, Iowa.

Date	Presenters, Activities, and /or Topics Covered
07/14/16	• The Child Abuse Prevention Council is collaborating with the Coalition to open a Child Protection Center in Mason City. A workgroup will meet every month prior to the regularly scheduled Coalition meeting to discuss site, services and funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training in the spring of 2017. • Two individuals from Fort Dodge attended the Coalition meeting to learn more about our process and work.
08/11/16	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site selection/prep, services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training in the spring of 2017.
09/08/16	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site selection/prep, services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to

	host a Forensic Experiential Trauma Interview training the third week of March 2017. There will be an intensive 3-day training for up to 20 investigators, then two 1-day trainings open to multi-disciplinary attendees. • The Attorney General's Crime Victim Assistance Division will hold their Victim Justice Symposium on September 12 & 13 in Des Moines. • Allen Child Protection Center is hosting a Multi-Disciplinary Team training on September 15th in Waterloo. • CIS, the Mason City Youth Task Force and Iowa Sheriff's Association will be co-hosting a train the trainer training on anti-trafficking curriculum on September 22nd (flyer attached) • Crisis Intervention Service will be hosting a balloon release in honor of the National Day of Remembrance for Murder Victims on September 24th from 6:00-7:30 p.m. at East Park (flyer attached)
10/13/16	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site selection/prep, services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training the third week of March 2017. There will be an intensive 3-day training for up to 20 investigators, then two 1-day trainings open to multi-disciplinary attendees. • The Coalition did not meet, but focused time and effort on promoting Domestic Violence Awareness Month. Activities included a media blitz, proclamation signings and the Remember My Name ceremony. • The North Iowa Trauma Initiative sponsoring a several community workshops for target sectors: Business & Industry, Health Care & Community Services, Public Policy, Education, First Responders & Emergency Management, Culture & Advocacy.
11/10/16	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site prep, services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training the third week of March 2017. There will be an intensive 3-day training for up to 20 investigators, then two 1-day trainings open to multi-disciplinary attendees. • The Coalition review October-Domestic Violence Awareness Activities. • The Coalition finalized plans for the December fundraiser. • The North Iowa Trauma Initiative is sponsoring a Psychological First Aid Training on November 29 & 30 in Mason City.
12/01/16	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site prep,

	services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training the third week of March 2017. There will be an intensive 3-day training for up to 20 investigators, then two 1-day trainings open to multi-disciplinary attendees. • The election of officers will be held in January. • The Coalition toured the local CPC, which included an explanation of the entire process from checking-in to interviewing. There will be an interviewer, nurse practitioner, nurse, and then the Crisis Intervention Service advocate at the site. Allen Hospital will be in charge of all scheduling. They will offer the first appointment available regardless of location and will only schedule appointments two weeks out.
01/12/17	• The Child Abuse Prevention Council met to continue work on the Child Protection Center. Primary work is focused on site prep, services & ongoing funding. • The Sexual Assault Response Team continues to meet monthly for case reviews and educational opportunities. The group is currently planning to host a Forensic Experiential Trauma Interview training the third week of March 2017. There will be an intensive 3-day training for up to 20 investigators, then two 1-day trainings open to multi-disciplinary attendees. • Officers were elected • Results of December fundraiser were shared with the group.
02/09/17	• Four Oaks will be ordering Child Abuse Awareness materials for April. There will be pinwheels displayed representing the number of child abuse cases that Cerro Gordo County had during 2016. President Hugi will remind Robin about available funds through the Mason City Exchange Club. • Taylor walked the council through the case review process that now has to be completed either biweekly or quarterly for Cerro Gordo County. The case reviews will typically be just over an hour long and will include law enforcement, DHS, prosecution, the Crisis Intervention Service advocate, a mental health provider, and the CPC staff. Only individuals involved in the case can attend due to confidentiality. There will be confidentiality agreements that have to be signed at every meeting. Cases that will be presented are either open cases or new cases. They will look in-depth at the interview and medical exam along with discuss concerns and provide updates on what the CPC is doing. • The Coalition received a $2,000 grant from the First Citizens Charitable Foundation to support the FETI training.
03/09/17	• Update on the CPC center • Review final plans for FETI training • Review plans for Child Abuse Prevention Month

	• Review plans for Sexual Assault Awareness Month
04/28/17	• First local case review at CPC • CPC Open House
05/09/17	• Scheduled Meeting
06/13/17	• Scheduled Meeting

Annual Recommendations of the Cerro Gordo County Citizens Review Panel

This past year has been a struggle for the coalition in regards maintaining or expanding the functions of the Citizens Review Panel. In the past year, the Cerro Gordo County Attorney's office has formed a multi-disciplinary team. The dual groups have caused some confusion and duplication of efforts. The Coalition group (CRP) has since taken a lesser role in an effort to allow the alternate group to establish themselves. Going forward we plan to evaluate the benefits and challenges of continuing both groups in the next several months.

Due to the struggles noted above the Coalition group has not been as active around the identification and formation of yearly recommendations as in the past. As a result, it was decided to again put forward the recommendations that have been made previously as the group as a whole continues to support these recommendations.

Recommendations of the Coalition are as follows:

- Enhance training on best practices related to the intersection of domestic violence, sexual assault and child abuse.
- Resume quarterly case reviews.
- Increase individual case consultations.
- Expand panel membership

Progress and Implementation of Prior Recommendations

The team was originally organized to provide a coordinated community response to domestic violence and sexual assault, with a primary interest in adults. Approximately seven years ago, the scope was broadened to include children. The team completed a countywide safety &

accountability audit that examined how child witnesses of domestic violence were identified by intervening organizations and whether the interventions help or hinder the child.

A Safety and Accountability Audit is designed to examine, in an inter-disciplinary way, whether institutional policies and practices enhance victim safety and enforce offender accountability. The premise behind the process is that workers are institutionally organized to do their jobs. In other words, workers are guided in how they do their jobs by the forms, policies, philosophy, practices and culture of the institution in which they work. A Safety and Accountability Audit, therefore, is not a performance review of individual employees. It examines the local and/or State institution or system in terms of the practices, policies and procedures in regard to handling domestic violence cases. Safety and Accountability Audits involve mapping the system, interviewing and observing workers and analyzing paperwork and other text generated through the handling of domestic violence cases.
The team will comply with the requirements set forth by the Child Abuse Prevention and Treatment Act. The team will identify strengths and weaknesses of the child protective service system in Iowa (Iowa Department of Human Services) and those of community-based services and agencies. Within the scope of its work the team will review these child protective systems in Iowa by clarifying expectations of these agencies by reviewing consistency of practice with current policies, and analyzing current child abuse trends. The team will provide feedback to the state and local agencies and the public at large as to what is, or is not working, and why, and recommend corrective action if needed.

Some members of the team formed a sub-group to conduct a safety & accountability audit to look specifically to increase accountability of the system to better protect victims of domestic violence, hold batterers accountable, and to integrate the concerns and expertise of African Americans into domestic violence prevention and intervention. This audit was completed in October 2007.

Coalition members continue to represent a broad range of stakeholders and they are dedicated to ensuring that the varied interests of North Iowa's children and adults are heard when making local decisions, as well as, public policy recommendations.

Future Direction and Focus of the Coalition

The Coalition plans to continue to work to raise local awareness of the intersection of domestic violence, sexual assault and child abuse.

The Coalition suspended case reviews in the past year, as we focused on securing a local child protection center. Our vision is to continue with quarterly case reviews and consultations (as needed), in an effort to enhance victim safety and hold offenders accountable.

Membership

Child Protection	Allen Child Protection Center	Katie Strub
		Sandy Kahler
	Department of Human Services	Becky Heilscov
		Doug Sedgwick
	Iowa Child Protection Centers	Nancy Wells
Community	Business	Cheryl Kurtzleben
	KIMT	Jerome Risting
	Pastor	Stephen Wolfe
	Retiree	Barbara Kellogg
	United Way of North Central Iowa	Jen Butler
		Jodee O'Brien
Corrections	Department of Corrections	Diana Kellar
		Mike McGuire
		Thomas Gayther
Education	North Iowa Area Community College	Bridget Schultz
		Kay Long
		Lisa Vance
Law Enforcement	Cerro Gordo County Sheriff's Office	David Hepperly
		Kevin Pals
	Clear Lake Police Department	Pete Roth
		Deb Ryg
		Jim O'Keefe
	Mason City Police Department	Arron Onder
		Jeff Brinkley
		Duane Kemna
		Jason Hugi
		Mike McKelvey
		Rich Jensen
Medical	Mercy Medical Center	Luann Engels-Hepker
		Patti Peterson
Prosecution	Cerro Gordo County Attorney's Office	Andrew Olson
		Carlyle Dalen
		Deb Angell
		Gina Jorgensen
		Nichole Benes
Service Providers	Four Oaks	Robin Schwickerath
	Iowa Legal Aid	Diane Wilson
		Evelyne Ocheltree

	Lutheran Services of Iowa	Leah Wilhite
	North Iowa Community Action Organization	Lori Brandt
		Mindy Watters
	Parent Partners	Jeremy Simerson
		Rebecca Fayer
	Therapist, Private Practive	Bridgid Christianson
Victim Services	Crisis Intervention Service	Hillary Snow
		Mary J. Ingham
		Mary Beyerhelm Huey
		Theresa Price
Youth Organization	Mason City Youth Task Force	Marti Hendrickson
		Mary Schissel
	Youth & Shelter Services	Amber Lawrence
		Yolanda Harden

The Community Initiative for Native American Families and Children
Woodbury County Citizen Review Panel
Annual Report - 2017

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

Summary of Panel Activities in SFY 2016

CINCF meetings (all face-to-face meetings) were scheduled and/or held during SFY 2016/17 (July 1, 2016 through June 30, 2017) on the following dates, from 1:30pm to 4pm in Sioux City, Iowa:

Date	Presenters, Activities, and /or Topics Covered
07/2016	No meeting
08/03/2016	**Presentation** (Matt Walz) on the health concerns and cost of alcohol. Alcohol is linked to 7 cancers: breast, mouth, throat, liver, colon, esophagus, and larynx. By 2020 ingredients on beer must be listed on the can. Beer is high in carcinogens. In South Dakota, the 5 cent return on a can equals $15 million/year. Cost for police, jailers, medical are estimated at $542 million/year. **June 2016 to present DHS Data:** 62% placement with relatives, 40% non-ICWA
09/07/2016	**Presentation**: Securing Your Parental Rights-Action, Not Words: 16 enrolled with 14 graduating. Offered monthly. **Service Care Provider:** Met with Winnebago Health Advisory Committee to help fund the new position in Woodbury County **June 2016 to present DHS Data**: 71% placement with relatives, 45% non-ICWA
10/2016	No meeting.
11/02/2016	**Native Foster homes:** 7 new native foster homes with 5 active families and 1 in training. **Service Care Provider:** IA-DHS (Charles Palmer) approved a one-time $50,000 grant to support this position in Woodbury County for 1 year. **Whiteclay Summit**: CINCF members attended. Topics covered included FASD, advocacy, education on malt liquor. **Memorial March**, 11-21 to 23, 2016: Plans reviewed to include the educational event featuring Dr Larry Byrd-FASD, Power of Illusion, the Memorial March for Lost Children, and Town Hall meeting. **Presentation** (Rita DeJong): BOOST program working with 14-24 years old with juvenile record. The program helps with GED, post-secondary education,

	and job placement. **June 2016 to present DHS Data**: 139 self-identified cases in October. ICWA applicable children 71 with 68 non-ICWA applicable children. ICWA-relative placement was at 68% and foster care placement at 32%. Non-ICWA relative placement is 57% with foster care placement at 43%.
12/07/2016	**Standing Rock:** Frank Lamere has been present along with others from the Siouxland area **Whiteclay:** Reviewed progress on liquor licenses and benefits to defray costs. **Service Care Provider:** Winnebago Hospital has written a SA>HAS grant to support this new position. Job Description has been written and job posted. **Jackson Recovery**: One goal of CINCF was to work more closely with Jackson Recovery and the 4Directions Parent program. Jackson averaged 5-7 mothers with children. In Sanctuary, there are 5 Native women out of 24 residents. **Memorial March:** Hundreds of Native and non-Native people marched this year. Judge Tott addressed the crowd at the Courthouse. Students spoke at the Public Museum and released 114 balloons representing the 14th year of the memorial March. Matt Ohman and SHIP was presented with a start quilt. **United Way Grant:** SHIP is looking at an upcoming United Way grant to help support 4 Directions Center. **Memorialization:** Tribute respect was paid for the loss of two Native leaders, Judy Yellowbank and Liz White.
01/11/2017 (Met at Goodwill)	**Service Care Provider:** Interviews begin 1-12-17 **Parenting Classes:** 4 Directions begins their parenting classes at Jackson Recovery. Jackson currently serving 29 women with 40 children of which 3 are native with 8 children. CSADV also holding classes at the Center **Whiteclay:** Beer establishments must re-apply for licensure using the long form. After a 4 hour hearing, the establishments were granted their license renewals. Next steps involve preparing for the Liquor Control Commission hearing in Lincoln. **June 2016 to present DHS Data**: 130 self-identified cases in December. ICWA applicable children 65 with 65 non-ICWA applicable children. ICWA-relative placement was at 75% and foster care placement at 25%. Non-ICWA relative placement is 57% with foster care placement at 43% **Goodwill Presentation:** Diane Neri shared the free services offered at Goodwill. **SC Schools Attendance**: Concern regarding poor attendance of Native children. Jen Gomez from the SC Schools to attend next meeting. Roland Warner working on starting an Indian Club at the schools.
02/01/2017 (Met at SHIP)	**Service care Coordinator:** Val Uken hired and to start 1-30-17. Office will be at 4Directions. **June 2016 to present DHS Data**: 120 self-identified cases in January. ICWA applicable children 65 with 65 non-ICWA applicable children. ICWA-relative placement was at 75% and foster care placement at 25%. Non-ICWA relative placement is 57% with foster care placement at 43%. **Eight Magic Keys Presentation**: Members watched a video featuring a student's perspective having FASD. The 8 strategies are concrete, consistency, repetition, routine, simplicity, specific, structure, and supervision. **Street Project**: Raising funds to continue a day shelter and hiring 2 security guards. **Native Foster Care:** Doing recruitment training

	FASD: Dr Chasnoff doing a 2-day seminar at Briar Cliff 6-13/14, 2017
03/15/2017 (Met at H-Chunk)	**June 2016 to present DHS Data**: 126 self-identified cases in February. ICWA applicable children 51 with 75 non-ICWA applicable children. ICWA-relative placement was at 55% and foster care placement at 45%. Non-ICWA relative placement is 59% with foster care placement at 41%. **Linking the Generations Presentation**: Pam Degener talked about services with the Meskwaki Tribe. They have a book of letters from Native elders to be handed down to younger generations. **Street Project**: Day shelter at the soup kitchen will be trialed 4-3 through 4-30-17. Goal is to have the day shelter open November through April. **Whiteclay**: Attorney David Domina will respresent at the 4-6/7 liquor control Commission. **Memorial March**: Scheduled 11-20/21 with workshop followed by a Town Hall meeting and the march on 11-22-17 **FASD**: Possible grant with Children's Justice Initiative to diagnose FASD at local clinics. **Drug Testing:** Local hospital policies and recommendations from the State's Perinatal Standards. **NICWA Conference**: 4-2 through 5 with local CINCF members attending. **Paper Tigers Documentary**: Showing several times in April at WITCC followed by discussion on IA ACES results
04/12/2017	**NICWA Conference:** 1300 in attendance. Russell Means' son honored Frank Lamere at a ceremony dinner. **Service Care Provider:** Val Uken gave a report on the number of people utilizing the shuttle to and from Winnebago for health care. She has also initiated youth dances and a monthly parent night. **June 2016 to present DHS Data**: 126 self-identified cases in March. ICWA applicable children 50 with 76 non-ICWA applicable children. ICWA-relative placement was at 52% and foster care placement at 45%. Non-ICWA relative placement is 59% with foster care placement at 41%. **Whiteclay:** CINCF members attended the rally 3-31 in Lincoln NE along with the Commission hearing. Decision to be released 5-2-17. Licenses for the 4 bar establishments was extended to 4-30-17. **Iowa Commission on Native American Affairs:** In need of Native American representation. Roland Warner requested to be a representative. **Memorial March**: Final plans were completed for the event 11-20-23 with the workshop, Sober Indian documentary, Town Hall meeting and dinner and the march.

Annual Recommendations of the Child Protection Council

Recommendations of the Panel are as follows:

1. Increase Native American foster families by 3 to a total of 10 by utilizing the Native Families for Native Children (NF4NC) grant:
    - Continuing collaboration the DHS Native unit and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents
    - Continuing to work with the NF4NC grant for recruitment and retaining

native American Foster Homes.
    - Working with BCU and NF4NC promoting Native American Foster Care classes (TIPS-MAPP).
2. Increase enrollment in "Securing Your Parental Rights" class to 30 for Fiscal year:
    - Promoting the 2-day classes in the Native community
    - Working with the University of Iowa and BCU creating to provide parent curriculums and training
3. Continue to promote Four Directions to be the Center for much needed services for the Native American Community by:
    - Continuing to be a forerunner in the Native community.
    - Working collaboratively with the Winnebago Tribe and Indian Health Services to support Four Direction and offer health care locally.
    - Continue active participation on the Vagrancy committees
    - Holding monthly CINCF Meetings
4. Increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered weekly.
5. Increase the awareness of the newly developed Care Coordinator position stationed at the Four Directions Community Center.
    - Coordinate needed services to families that are not involved with the Iowa Department of Human Services and are not on Title IX. Examples of services would include assisting in locating employment, referring to alcohol and drug assessments, assisting Natives getting to and from the Winnebago IHS, etc.

Progress and Implementations of Prior Recommendations

In FY 17 a goal of the Panel was to decrease the number of Native American Children in Care in Woodbury County. Data was taken from the Iowa Department of Human Services ROM Reports using Racial Disparity: Decision Points from January 2016 through January 2017.

Racial Disparity in Western Iowa Service Area for American Indian/Alaska Native Children

The numbers below show the Disparity Rate of Native American children compared to white children in the DHS Western Service Area. The Disparity Rate for FY 2015 and 2016 are shown. The chart indicates improvements in the Disparity Rate from 2015 to 2016.

Disparity Rate

Disparity Rate in the Western Iowa Service Area	Entered Foster Care	In Foster Care	Exited Foster Care	Accepted Intake Referrals	Child Victim/Founded Report
2016	10.365	8.14	11.54	4.21	6.32
2015	12.27	9.03	8.69	5.11	8.35

The Panel continued to promote the knowledge of the Iowa ICWA laws through ongoing training locally, regionally, and nationally at the NICWA Conference. Case studies were also reviewed at CINCF meeting and members were updated through electronic communication.
Working with BCU and Native American BCU students, curriculum for foster care parents and parenting classes has been reviewed and updated. The community remains committed to increasing Native American Foster Homes as it continues to be involved in the NC4NF grant for the recruitment and retention of native Foster Homes.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The future direction and focus of the Woodbury County Citizen Review Panel will consist of recruitment for Native American Foster Homes and to continue to lower the disproportionate number of Native Children in out of home care. There is currently seven Native Foster Homes in Western Iowa. To lower the disproportionate number of Native American children in Foster Care, efforts will continue with the CINCF group, NF4NC and other local initiatives.

ATTACHMENT D
STATE'S RESPONSE TO ANNUAL CITIZEN REVIEW PANELS

STATE RESPONSE TO IOWA'S CITIZEN REVIEW PANELS
SECTION 106(c)(6)

Following is the State's response to the recommendations of the Child Protection Council State Citizen Review Panel, the Cerro Gordo County Family Violence Response Team and the Northwest Iowa Citizen Review Panel.

Child Protection Council Citizen Review Panel (CPC) Recommendations

The Iowa Child Protection Council Citizen Review Panel offered three recommendations in their 2017 Annual Report. The recommendations involved Mandatory Reporter Training, the IDHS Centralized Intake Unit and Multidisciplinary Teams (MDTs). The recommendations and the State's response are highlighted below:

CPC Recommendation:
The Council is recommending that IDHS develop and maintain an online Mandatory Reporter Training curriculum for child and dependent adult abuse. Under this recommendation, IDHS would be responsible for the oversight and maintenance of the curriculum to ensure that the content is current and that a certain level of understanding is attained and recorded.

State Response:
IDHS is aware of the concern regarding Mandatory Reporter Training in Iowa and is moving forward with this recommendation. Approval for this project has been secured from the IDHS Administration.

IDHS plans to contract with a child welfare partner to host an online Mandatory Reporter Training curriculum for child and dependent adult abuse. The oversight and maintenance of an online curriculum will help to ensure that it is current with Iowa Code, Iowa Administrative Rules and IDHS policies and practices. The course will include Pre- and Post-training tests which will require an appropriate level of skill needed to identify and report child and dependent adult abuse and neglect. Certificates of completion will be offered to participants upon successfully completing the course. The training which will be offered at no cost will be made available to IDHS workers and external stakeholders and partners, including childcare providers across the state.

CPC Recommendation:
The Child Protection Council is recommending that the IDHS Centralized Intake Unit (CSIU) be expanded to a 24/7 Call Center that is fully staffed with a designated number of IDHS intake workers and supervisors.

State Response:
Recently, Legislation has been passed that eliminates many of the previous restrictions under Collective Bargaining in Iowa. One effect of this change is that it would

potentially allow for extended hours in regard to the operation of the IDHS Centralized Intake Unit. IDHS is aware of this new development and will consider all options when reviewing the structure and operating needs of the CSIU.

CPC Recommendation:
The Council recommends that IDHS appoint a MDT lead in each of the Service Areas to serve as a designated point of contact regarding IDHS MDTs.

State Response:
IDHS recognizes the critical role that MDTs play in the child welfare system. Most recently, in an effort to support local MDTs, the IDHS required that the Memorandums of Understandings (MOUs) with Iowa's Child Advocacy Centers include Interagency Agreements, Each of the Child Advocacy Centers were required to sign Interagency Agreements for each county in the Service Area that they cover. Additional efforts by IDHS included support for a statewide review of MDTs that was conducted in 2014. As a result of this study, IDHS has since implemented several of the recommendations that came out of this review.

In response to the recommendation that an MDT lead be assigned in each of the IDHS Service Areas, it should be noted that while not mandated, each Service Area has been encouraged to consider this as it is best practice. This was originally presented as such, due to the differing needs and practices within each Service Area and their local communities. IDHS will continue to encourage Service Areas to consider this option as they move forward in supporting and promoting the use their local MDTs.

North Iowa Domestic & Sexual Abuse Community Coalition Recommendations

The **North Iowa Domestic & Sexual Abuse Community Coalition; Cerro Gordo County Family Violence Response Team** has presented four recommendations in regards to the State's policy and practices in the handling of child abuse cases involving domestic violence. Several of the recommendations are targeted toward local coordination efforts while others are relevant to a statewide review of IDHS policy and practice.

Recommendations:

- Enhance training on best practices related to the intersection of domestic violence, sexual assault and child abuse.
- Resume quarterly case reviews.
- Increase individual case consultations.
- Expand panel membership

State Response:

The State continues to work towards enhancing the skills necessary for child welfare workers to successfully partner with families facing domestic violence. In response to the high rate of co-occurrence between domestic violence and child maltreatment, the IDHS began in 2011 to utilized CAPTA funds to contract for a fulltime Domestic Violence Response Coordinator. Duties under this position include providing individual case consultation services for IDHS field workers, multidisciplinary teams and Citizen Review Panels across the state that are reviewing child abuse cases involving domestic violence. This subject matter expert is also available to assist local communities in their collaboration efforts between local Child Protection Workers and DV service providers and other disciplines. IDHS continues to encourage staff to utilize this individual as a resource in child abuse cases involving domestic violence.

In addition to case consultation services, the Domestic Violence Response Coordinator assists in the development, enhancement and facilitation of the current domestic violence training for IDHS. Recent DV trainings have included the Safe and Together Model of practice in child welfare. The Safe and Together Model of practice speaks to the intersection of child abuse and domestic violence. Other domestic violence trainings include an introductory course SP 301 Impact of Domestic Violence and Substance Abuse and an advanced course entitled SP 548 Advanced Domestic Violence with Safety Planning. In 2016 each of these courses were reviewed and updated by the Domestic Violence Response Coordinator to reflect current DV research. A new course on the issues of domestic violence, substance abuse and mental health disorders in child abuse cases is also available. In each of these DV training courses sexual assault is addressed within the DV spectrum or scale of violence. The issue of power and control and how that plays out in a sexual assault is described and discussed in the courses. .

In response for an increase in quarterly case reviews and individual case consultations within the local Service Area, IDHS notes its investment in and continued support for cases consultations as well as, the use of local MDTs to review complex child abuse cases. IDHS recognizes that case reviews and consultations play vital roles within the child welfare process as they serve to increase accountability across the system and serve as an evaluation tool regarding child welfare practices. Going forward, Service Areas will see an increase in each of these activities as they will be part of Iowa's CFSR statewide review process which will begin in 2018. In addition, this Citizen Review Panel has been asked to participate in Iowa's upcoming CJA Three Year Assessment which is also scheduled for 2018.

It should also be noted that the State's Citizen Review Panel Coordinator continues to be a resource to the Cerro Gordo County Family Violence Response Team and other MDTs across Iowa as it applies to best practices regarding case reviews and in the engagement and recruitment of new panel members. Other supports include the MDT forms that are available. IDHS recently updated the existing MDT forms and developed new ones where needed to better support and provide direction to Iowa's MDTs.

In March of 2017 the Mason City satellite Child Advocacy Center (CAC) that the Cerro Gordo County Family Violence Response Team had been advocating for was opened. In addition to other funding, seed money for startup costs were provided through the Children's Justice Act Grant with the support of IDHS. The opening of this center fills a critical need for a CAC in North Central Iowa for those children and families who are experiencing severe trauma. Initial data supports the need for a CAC in this area of the state.

As discussed, in an earlier portion of the State CAPTA report, the IDHS utilized CAPTA funds to contract for a fulltime Domestic Violence Liaison. This individual has been working to provide case consultation services and to update and enhance training for IDHS Social Workers in the area of domestic violence, as noted in that section.

Enhancements to training include a carefully planned rollout of the "Safe & Together" model by David Mandel & Associates, LLC. The model is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. The CRP coordinator was invited to attend the initial IDHS leadership kickoff event, to introduce key stakeholders and administrators to the model, on June 24, 2015.

In addition, the State's CRP Coordinator will continue to act as a resource to the Cerro Gordo County Family Violence Response Team as applies to best practices regarding case review.

Northwest Iowa Citizen Review Panel Recommendations

The **Northwest Iowa Citizen Review Panel** has made several recommendations to their local county office related to efforts to reduce disproportionate representation of Native children and families in the child welfare system.

Recommendations:

1. Increase Native American foster families by 3 to a total of 10 by utilizing the Native Families for Native Children (NF4NC) grant:
    - Continuing collaboration the DHS Native unit and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents
    - Continuing to work with the NF4NC grant for recruitment and retaining native American Foster Homes.
    - Working with BCU and NF4NC promoting Native American Foster Care classes (TIPS-MAPP).
2. Increase enrollment in "Securing Your Parental Rights" class to 30 for Fiscal year:
    - Promoting the 2-day classes in the Native community
    - Working with the University of Iowa and BCU creating to provide parent curriculums and training
3. Continue to promote Four Directions to be the Center for much needed services for the Native American Community by:
    - Continuing to be a forerunner in the Native community.
    - Working collaboratively with the Winnebago Tribe and Indian Health Services to support Four Direction and offer health care locally.
    - Continue active participation on the Vagrancy committees
    - Holding monthly CINCF Meetings
4. Increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered weekly.
5. Increase the awareness of the newly developed Care Coordinator position stationed at the Four Directions Community Center.
    - Coordinate needed services to families that are not involved with the Iowa Department of Human Services and are not on Title IX. Examples of services would include assisting in locating employment, referring to alcohol and drug assessments, assisting Natives getting to and from the Winnebago IHS, etc.

State Response:

The local IDHS continues to participate in the activities recommended above. Local IDHS staff are part of the Native recruitment team and have been involved with Briar Cliff and other Sioux land agencies, including Iowa Kids Net, on the NF4NC *(Native Families for Native Children)* grant. At both the state and local levels, IDHS is involved with the Native PSMAPP (*Partnering for Safety and Permanence: Model Approaches to Partnership in Parenting*) classes through Briar Cliff. IDHS also continues to be part of

the team under the NF4NC grant along with the State of Nebraska, Winnebago Tribe, Ponca Tribe, Omaha Tribe and the Santee Sioux Tribe. To date, Woodbury County has 7 active Native Foster Parents which is an increase of two over last year.

In addition to the activities sited above, the IDHS is also active in planning for the Memorial March to Honor Lost Children. This march is held each year in November to honor those children lost in the child welfare system. This is an educational event that has now evolved into a two day cultural training at Briar Cliff University.

The local IDHS actively promotes and refers the Native parenting classes to all families involved in child welfare services. IDHS provides significant funding for the classes and serves as the primary referral source, in constant collaboration with Four Directions and Briar Cliff University. IDHS also funded a Native American Social Worker to become trained as a facilitator of the *Motherhood is Sacred* program which is now available to families. IDHS has also provided funding (including in-kind support) and made referrals to a successful youth program – *Native Youth Standing Strong*.

Woodbury County continues to offer *Motherhood Is Sacred* Classes through a contract with Chiara Cournoyer. Classes average 6-8 participants per session which is offered throughout the year. Woodbury County also sent Roland Warner, Native Liaison, to be trained as a Facilitator for *Fatherhood Is Sacred*. The *Fatherhood Is Sacred* class is averaging about 5 participants per class.

Lutheran Social Services (LSS) was recently awarded the IDHS Recruitment and Retention contract. Under the new contract, LSS will continue their efforts in providing services in this area and remain a partner in the Diligent Recruitment Grant for Native Americans.

The local IDHS has financially, to the extent that funding is available, supported Four Directions as a center for services for Native adults and children. The Service Area Manager continues to participate in discussions around the funding for local programs and the need for adequate and safe housing. IDHS will also continue to financially support a class at Four Directions, titled "*Securing Your Parental Rights*."

Going forward IDHS will continue to collaborate with the Native Community and support their efforts in providing the services needed in Woodbury County. IDHS also recognizes the need for good communication between the Native American Community and IDHS. IDHS welcomes feedback from the Native Community on how IDHS can better serve the Native population within the child welfare system and will continue to share updates related to funding and program changes.

ATTACHMENT E

UPDATE ON THE COMPREHENSIVE ADDICTION AND RECOVERY ACT of 2016 (CARA)

SECTION 106(b)(2)(B)(ii) and (iii)

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

May 16, 2017

Dear Health Care Provider:

As a Mandatory Reporter, this letter is to inform you of a change in Iowa law relative to infants, which refers to a child less than 1 year of age, born with and identified as being affected by substance abuse.

As of July 1, 2017, health care providers involved in the delivery or care of an infant affected by ***any*** substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder will be required to notify the department via the Child Abuse Hotline number **1-800-362-2178**. Prior to this, only infants born positive for an ***illegal substance*** in the child's body were required to be reported.

This change in Iowa law is the result of new federal legislation. Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA), was passed on July 22, 2016. The intent of this legislation is to address the problem of opioid addiction and to assist states in handling infants born with a substance abuse disorder.

The Iowa Department of Human Services has implemented policies and procedures to address the needs of these infants and their families. When a Child In Need of Assistance assessment is initiated, the DHS worker will consult with the health care provider to confirm that the infant is affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Once confirmed, a Safe Plan of Care will be developed. The health care provider will be asked to review the plan and agree that the concerns and needs of the child and family have been identified and are addressed.

If DHS is notified by a health practitioner that an infant is substance-affected and additional information is provided that constitutes a child abuse allegation, the department shall commence a Child Abuse Assessment rather than a Child in Need of Assistance assessment. A Safe Plan of Care will still be developed as previously indicated.

Additional information related to the CARA legislation can be found at the following website: www.acf.hhs.gov.

Sincerely,

Janee Harvey, LISW
Child Welfare Bureau Chief

1305 E. Walnut Street, Des Moines, IA 50319-0114

New Legislation

Public Law 114-198

The Comprehensive Addiction and Recovery Act of 2016 (CARA)

Legal Reference: Title I of the Child Abuse Prevention and Treatment Act (CAPTA); as amended by Public law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

CAPTA/CARA

State policies and procedures relating to the needs of substance exposed infants have been a requirement under CAPTA sections 106(b)(2)(B)(ii) and (iii) since 2003. At that time the requirements were specific to "infants born and identified as being affected by "*illegal*" substance abuse or withdrawal symptoms resulting from prenatal drug exposure." Other requirements included referrals of these infants to child protective services, a Plan of Safe Care and appropriate services. In 2010, these CAPTA sections were amended to include infants affected by Fetal Alcohol Spectrum Disorder.

In response to the growing opioid addiction problem, CAPTA Sections 106(b)(2)(B)(ii) and (iii) was amended once again in 2016. The tem "*illegal*" was struck so to include infants affected by all substances (illegal & legal) and the requirement for Plans of Safe Care was extended to include the families' needs and the monitoring of these Plans for their appropriateness.

CARA requirements do not establish a federal definition of child abuse and neglect. The intent is to identify infants affected by prenatal substance exposure and provide a Plan of Safe Care to address the health and treatment needs of the child and the affected family or caretaker.

State Requirements under CARA

- States must apply policies and procedures to address the needs of infants born with and identified as being affected by all substance abuse Section 106(b)(2)(B)(ii) .
- Plans of Safe Care are required for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. This amendment modifies Section 106(b)(2)(B)(iii) of the CAPTA state plan to:

    1. Ensure the safety and well-being of infants following their release from the care of a health care provider by addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver

    2. Development of Plans of Safe Care for infants affected by all substance abuse not just illegal substance abuse.

    3. Monitoring the Plans of Safe Care to determine whether and how local entities are making referrals and delivering the appropriate services to the infant and family

Iowa Department of Human Services (DHS)

Iowa Legislation

The Iowa Department of Human Services has proposed an amendment to 232.77 as follows

> *"(3) A health care provider involved in the delivery or care of an infant affected by any substance abuse, or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder shall notify the department of the occurrence of such condition of an infant."*

DHS Policies and Practices

Intake Referrals
At intake, a referral regarding a child born positive for an ***illegal*** substance will be accepted for a Child Abuse Assessment under the category of Presence of Illegal Drugs in a Child's Body. A referral containing a report of withdrawal symptoms only, from an illegal or legal substance, may be accepted for a Family Assessment provided that additional allegations in the referral fall under the category of Denial of Critical Care.

A referral received from a medical provider involving a child affected by substance abuse or withdrawal symptoms of a ***legally*** prescribed drug or alcohol will be accepted for a CINA Assessment under 232.2(6)(c)(2), provided there is no open child welfare case on the infant or the family at the time of the referral. Where there is an open child welfare case the report will be forwarded to the DHS case worker who will follow up on the report.

Assessment Process
In all instances, the assessment process requires that the DHS worker consult with the Medical Provider to confirm that the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. Upon confirmation of the substance abuse, the DHS worker in conjunction with the family, will develop a Safe Plan of Care to be reviewed by the Medical Provider to ensure that the infant's and the family's needs are met by the Plan. Safe Plans of Care are required for all infants affected by either legal or illegal substances. If at any point, the family is not willing to participate in a Safe Plan of Care the County Attorney will be consulted.

Services
Services provided under the Safe Plan of Care are specific to the health and substance abuse treatment needs of the infant and those of the affected family or caregiver. Services are continually monitored to determine if referrals have been made and the identified services are appropriate to meet the need.

Changes Related to CAPTA/CARA

In July of 2016, the Child Abuse Prevention and Recovery Act (CAPTA) was enhanced with addition of the Comprehensive Addiction and Recovery Act (CARA), aimed to help states address the effects of substance abuse disorders on infants, children, and families. In order to ensure safety and well-being following release from the care of medical providers, the new requirements mandate Plans of Safe Care be developed for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder by:

1. Addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver.
2. Developing Plans of Safe Care for infants affected by substance abuse, be they legal or illegal substances.
3. Monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver.

What does this mean for practice?

Intake Considerations

1. If a child is born positive for an illegal substance, and the allegation is reported to the Department, we will continue to accept these for child abuse assessment for Presence of Illegal drugs in a Child's Body.
2. If abuse criteria is not met, there is no current open child welfare case for the infant's family, but the infant (defined as a child one year of age or younger) is affected by substance use or withdrawal symptoms or Fetal Alcohol Spectrum Disorder, the information will be accepted for a CINA assessment under **232.2(6)(c)(2)** – A child has suffered or is imminently likely to suffer harmful effects as a result of :
   (2) The failure of the child's parent, guardian, custodian, or other member of the household in which the child resides to exercise a reasonable degree of care in supervising the child.
3. If abuse criteria is not met, there is a current open child welfare case for the infant's family, and the infant (defined as a child one year of age or younger) is affected by substance use or withdrawal symptoms or Fetal Alcohol Spectrum Disorder, the intake will be Rejected to the SWCM and the existing open child welfare case.

ONLY reports from a medical provider that has determined a child meets the criteria for being affected by substance abuse or withdrawal symptoms of a legally prescribed drug or alcohol will be accepted for a CINA assessment or to be handled by a SWCM during an existing open child welfare case.

Assessment Considerations

1. During the course of the assessment (CA, FA, or CINA), consult with the medical provider to confirm the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
2. If the infant is not affected, document the information from the medical provider in the assessment.
3. If the infant is affected, document the Safe Plan of Care on the existing Safety Plan form.
4. If the family is offered the CINA assessment and is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required.

Case Management Considerations

1. For an existing open child welfare case, the SWCM should consult with the medical provider to confirm the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
2. If the infant is not affected, document the information from the medical provider in a JARVIS Contact Note.

3. If the infant is affected, document the Safe Plan of Care on a Safety Plan form.
4. The SWCM will consult with the County Attorney if the family does not want to participate in the development of the Safe Plan of Care.

Elements of a Safe Plan of Care

Ensure the safety and well-being of infants following the release from the care of health care providers by:

1. Identifying the health and substance use disorder treatment needs of the infant and affected family or caregiver.
2. Identifying how these plans will be monitored to determine whether and how local entities are:
    - Making referrals for needed services.
    - Delivering appropriate services to the infant and affected family or caregiver.
3. Developing the Safe Plan of Care for infants affected by all substance abuse (not just illegal substance abuse as was the requirement prior to the CARA changes).

The CPW or SWCM should consult with the referring physician/medical provider and document the following information:

1. Name of infant's current physician, if different from the referring physician.
2. Reason for initial referral.
3. The services being provided by all agencies involved with the family.
4. Indication that the medical provider has reviewed the Safe Plan of Care and agrees the family's needs are being met.
5. The Safe Plan of Care is documented on the Safety Plan form.
6. The Safe Plan of Care is uploaded into the JARVIS File Manager or filed in the ongoing case file.

Recommendations for Service

At the conclusion of a FA or CA, current service eligibility remains the same.

At the conclusion of the CINA Assessment:

- If the family is not complying with the Safe Plan of Care, consultation with the County Attorney is required and must be documented prior to closing the assessment.
- If the family is complying with the Safe Plan of Care, document as such and close the assessment.

In the case of already existing child welfare cases:

- Assist the family with complying with the Safe Plan of Care.
- If the family is not complying with the Safe Plan of Care, consultation with the County Attorney is required and must be documented.

NOTE: JARVIS guidance pertaining to intake, assessment, and ongoing case management entries for these cases will be released at the beginning of April 2017.

ATTACHMENT F
STATE OF IOWA JOB DESCRIPTIONS AND MINIMUM QUALIFICATIONS
(SOCIAL WORKER 3 AND SUPERVISOR)

Class Code: 03016
23016

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES ▼
HUMAN RESOURCES ENTERPRISE

SOCIAL WORKER 3

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

Provides or directs the preparation of necessary records and reports.

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

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

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

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

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

Completes or directs the preparation of necessary records and reports.

COMPETENCIES REQUIRED

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

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

Knowledge of interviewing skills and techniques.

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

Knowledge of environmental and cultural factors inherent in social work.

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

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

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

Ability to use interviewing skills and techniques effectively.

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

NECESSARY SPECIAL REQUIREMENTS

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

OR

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

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

NOTE:

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

Effective Date: 04/15 KF

Class Code: 03025
IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES ▼
HUMAN RESOURCES ENTERPRISE

SOCIAL WORK SUPERVISOR

DEFINITION

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

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

WORK EXAMPLES

Supervises and evaluates the work of lower level specialists/subordinate staff; effectively recommends personnel actions related to selection, disciplinary procedures, performance, leaves of absence, grievances, work schedules and assignments, and administers personnel and related policies and procedures.
Plans, directs, and supervises a statewide program in providing consultant services to community social service organizations.

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

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

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

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

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

COMPETENCIES REQUIRED

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

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

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

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

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

Knowledge of interviewing skills and techniques.

Knowledge of the principles of human behavior.

Knowledge of the basic principles of community organization.

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

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

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

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

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

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

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

OR

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

SELECTIVE CERTIFICATION

For designated positions, the appointing authority may request those applicants possessing a minimum of twelve semester hours of education, six months of experience, or a combination of both, or a specific certificate, license, or endorsement in the following area:

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

OR

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

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

NOTE:

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

Effective Date: 03/12 BR