



Department of
HUMAN SERVICES

***FFY 2020-2024
CHILD AND FAMILY SERVICES PLAN
TRAINING PLAN***

June 2020

**FFY 2020-2024
Child and Family Services Plan (CFSP)
Training Plan**

State of Iowa
Iowa Department of Human Services
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New Worker Training Requirements

The DHS requires newly hired social work staff to complete the New Worker Training Plans by the timeframes specified for each course (Attachment 8D-A for SW2/SW2 Supervisors and Attachment 8D-B for SW3/SW3 Supervisors). The New Worker Training Plans serve as a roadmap of the training requirements within the first year of hire. These documents also detail the learning modality and number of credit hours associated with each course. The DHS contracts with the Child Welfare Research and Training Project at Iowa State University (ISU) to perform many of the necessary day-to-day activities related to the coordination of training. One of ISU's responsibilities is to review the New Worker Training Plan with learners during their New Worker Orientation phone call.

SW2 training prior to caseload assignments is as follows: New Social Worker 2s must complete the initial four days of *SW 020 Foundations of Social Worker 2 Practice* before assignment to any cases. Following this classroom time, learners participate in the month-long field learning experience before they return to class for the final 3.5 days of SW 020. Newly hired staff will work with their mentors on no more than 10 cases during their field learning experience prior to the completion of SW 020. Suggested types of cases to avoid assigning during the field learning experience timeframe include:

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

CPW training prior to caseload assignments is as follows: New Social Worker 3s must complete the initial three days of *CP 200 Basic Training for Child Protective Workers* before assignment to any cases. Following this classroom time, learners participate in the month-long field learning experience before they return to class for the final 3.5 days of CP 200. Newly hired staff receive no more than six Family Assessment or Child in Need of Assistance (CINA) cases during their field learning experience prior to the completion of CP 200. Additionally, new Social Worker 3s must complete *DA 202 Dependent Adult Abuse Fundamentals* before assignment to any dependent adult abuse cases.

Supports provided during the in-service training period: Within the CFSP reporting period, the DHS developed a formalized mentoring program with the goal of supporting new workers as they transition into their role. Attachment 8D-C documents the framework for this program, along with Attachment 8D-C(1), the Mentoring Agreement. The Field Learning Experience Guides are Attachments 8D-C(2) for SW2 and 8D-C(3) for SW3, which detail tasks performed to both support and supplement classroom learning.

Another level of support provided to new staff is access to the DHS Help Desks. During the orientation coursework, new staff receive an introduction to these specialized teams of personnel. The Service Help Desk answers more complicated practice and policy related questions, and the CWIS Help Desk answers information system questions and technical questions that arise.

ISU plays a role in providing support during the initial service training period by conducting a training orientation call with each new worker to discuss the training requirements, walk-through the Learning Management System (LMS), and help new staff acclimate to the mentoring program.

Ongoing Worker Training Requirements

DHS requires social work staff to complete a minimum of 24 training hours each state fiscal year (e.g., July 1, 2019 – June 30, 2020).

Training Hour Reminder Emails: One of ISU's contracted services is to send out a bi-annual email to all staff to reiterate the 24-hours training requirement.

Learning Needs Surveys: DHS distributes a bi-annual statewide Learning Needs Survey to SW2s, SW3s, Supervisors, as well as to Policy and Service Help Desk staff. The purpose of the survey is to identify the ongoing training needs of staff. These results serve as a basis for the DHS Training Committee to select and align training initiatives for the upcoming fiscal year with the learning needs of staff.

DHS Training Committee Feedback: The DHS Training Committee members include a Supervisor, SW3, and SW2 from each of the five Service Areas; as well as DHS leadership, Service Help Desk staff, Policy Program Managers, and contracted training personnel. Incorporating feedback from the DHS Training Committee helps to ensure that ongoing training addresses skills and knowledge needed by staff to carry out their duties.

Focus Group Feedback: Focus groups occur for newly developed or significantly updated ongoing courses. The focus groups are comprised of DHS Training Committee members as well as additional key stakeholders and staff. These focus groups assist in refining the course objectives and reviewing the curriculum during development prior to the pilot offering.

Pilot Offerings for Newly Developed/Revised Ongoing Coursework: Any newly developed or significantly updated course includes a pilot offering before introduction to frontline staff. This practice ensures course content meets the needs of ongoing workers before implementing training.

Levels of Proficiency: Structuring coursework by levels of proficiency is one method to better target staff's ongoing training needs. The design of the fundamentals-level coursework is for acquiring basic skills and knowledge, while the intermediate-level trainings focus on building advanced skills for more tenured staff.

Post-Training Electronic Surveys and Analysis: ISU staff conducts post-training surveys 60 days after training for newly developed coursework. In previous years, ISU surveyed learners by phone. A change to that process this year was to survey learners electronically.

| Table 1: 60 Day Post-Training Surveys | | |
|--|---|--|
| Course Title | I will be able to apply on the job what I learned during this session. (AVERAGE) | How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE) |
| 200 | 4.11 | 7.5 |
| 020 | 3.80 | 8.29 |
| SP 812 | 3.10 | 6.60 |

Source: ISU

Post-Training Evaluation of Ongoing Training: Learners complete a standardized electronic post-training evaluation after attending training. This 16-question evaluation includes a number of questions designed to measure how well the training addresses skills and knowledge needed by staff to carry out their duties.

Collaboration

The Bureau of Service Support and Training implemented a number of practices to collaborate with external partners (e.g., courts, provider community, etc.). For the past year, DHS staff met on a regular basis with Kathy Thompson, Iowa Children’s Justice Director, Iowa’s Court Improvement Program (CIP), and Kristie Oliver, liaison for our provider community. During the meeting, each leader provides updates on their respective training efforts, looking as well for opportunities to partner, share, and align the trainings we offer.

Over the past months, the focus was on Family First related trainings. Most noteworthy is the Danger vs Risk training that DHS recorded for its staff, as well as to share with provider staff, court personnel, and legal partners across the state. Danger vs Risk is the initial training related to the new Safety Assessment and Safety Plan tools. DHS contracted with the National Council on Crime and Delinquency (NCCD) to develop these tools. This collaboration has promoted a more standardized understanding of danger and risk in our collective work with children and families of Iowa.

Another example of a successful collaboration between DHS, providers, court, and legal partners was the coordination of the Family First context setting presentation by Amelia Franck-Meyer, CEO of Alia Innovations and a well-known advocate for the significant redesign of America’s foster care system.

Training announcements about all DHS-sponsored learning opportunities, including those unrelated to Family First, go statewide to providers, tribal representatives, and various other partners.

Training to Support the FFY 2020-2024 Child and Family Services Plan (CFSP) Goals and Objectives

Because of Iowa’s continued work on its Child and Family Services Review (CFSR), Program Improvement Plan (PIP) development, DHS updated the training plans for FY 2020 and FY 2021. Details regarding these trainings are in the Updates to Training Plan spreadsheet, Attachment 8D(1). In addition, DHS incorporates the Child Welfare Provider Training Academy (CWPTA) training plan as part of the state’s training plan (see Attachment 8D(2)).

DHS trained on the Family First implementation in FY 2020. With Iowa’s Family First implementation effective October 1, 2020, DHS will continue this training into FY 2021. The training will prepare staff for the resulting changes in practice and services.

- Family First Related Coursework Offered in FY 2020:
 - Mentoring for Supervisors (online learning)
 - DHS Alia Seminar (online learning)
 - How to Achieve Best Practice – CFSR Training
 - Solution Based Casework for Supervisors (online learning)
 - Danger versus Risk (online learning)
 - Revised Risk Re-Assessment (online learning)
 - FCS/Q RTP Contract Fundamentals (online learning)

- Family First Related Coursework Planned for FY 2021:
 - Safety Assessment and Planning
 - CFSR Fundamentals for New Workers
 - Solution Based Casework - Protective Assessment
 - Solution Based Casework - Case Permanency Planning
 - Family Engagement
 - CSC and SFM Fundamentals

| Name of Training | Description |
|-------------------------|---|
| CFSR Training | Understand the basic content of the CFSR and develop best practice commitment plan. |
| Danger Versus Risk | Assure all child welfare stakeholders (court, providers, etc.) are trained on, and able to apply, definitions of “danger” versus “risk” as they pertain to decision-making (including removal and reunification) when working with families, youth, and children. |

| Table 2: Training Descriptions | |
|---|--|
| Name of Training | Description |
| Engagement | Train DHS staff on the new practice skills to assure demonstrated understanding of what it means to “actively engage” parents and children in case planning during routine visits. |
| Advanced Micro-aggressions | Because DHS social workers and supervisors deal with the community on a regular basis, secondary trauma can settle in and lessen tolerance for certain groups. By addressing field exhaustion and the level of compassion toward the work, supervisors can assess the following: <ul style="list-style-type: none"> • what their staff needs, • use assertiveness* to clarify and rectify issues in their department, and • ask for the necessary supports to increase staff morale and personal self-care practices. |
| Problematic Sexual Behavior in Children | <ol style="list-style-type: none"> 1. Increase knowledge of best practices in addressing problematic sexual behavior in children & adolescents for families 2. Increase knowledge of child welfare workers role in addressing problematic sexual behavior in youth 3. Increase knowledge of effective treatment components |
| Safety Assessment and Planning | Train DHS staff on the new practice skills for evidence-based tools and how they inform decision-making, including initial and on-going safety assessment, removal, and writing actionable safety plans consistent with safety expectations. |

Progress on Goals

Item 26: Initial Staff Training

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

Strategies to reach this goal are:

- New Worker Training Timeframes Data: Starting FY 2020, DHS developed quarterly reporting that tracks the average length of time between new worker hire dates and the start of new worker training (SW 020/CP 200). The tracking enables DHS to better assess the length of time it takes to initiate core training for new workers in their first three months of employment (see Table 3 below for this data).

| | Average Days to 020/200 | #/% within 30 Days of Hire | #/% within 60 Days of Hire | #/% within 90 Days of Hire |
|-----------|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| New SWCMs | 24 | 48 (59%) | 34 (41%) | 0 |
| New CPWs | 27 | 22 (63%) | 9 (26%) | 4 (11%) |

- **Transitioning to a Statewide Learning Management System:** DHS is excited to be part of a statewide inter-departmental initiative to transition to the LearnSoft Learning Management System (LMS). This new system will greatly benefit learners by providing an enhanced online learning experience. Planning for this migration has occurred throughout this reporting period with an anticipated go live date of July 1, 2020. What this new LMS means for the DHS:
 - Significantly enhanced reporting capabilities
 - Intuitive navigation
 - Coursework is pushed out to learners instead of putting the responsibility on the learner to register for coursework
 - Technical support provided by specialists at LearnSoft
 - Enhanced collaboration between state agencies about course offerings open to all state employees
- **Strategic Scheduling:** In past fiscal years, DHS scheduled SW 020 and CP 200 around influxes of newly hired staff. Upon reflection, that method was ineffective as hiring patterns fluctuate between Service Areas.

This fiscal year DHS intentionally offered SW 020/CP 200 on a bi-annual basis. This strategy ensures that a new worker training session is always on the horizon for newly hired staff. Additionally this scheduling method better allows for advanced planning by Social Work Administrators and DHS trainers.

- **Increased Training Capacity:** DHS implemented an enhanced facilitator model this year, structured around having two full-time DHS internal trainers with significant DHS background in the field. These trainers are responsible for providing SW 020/CP 200 facilitation for new DHS staff. With two internal trainers on board instead of just the one trainer we had in the past, DHS now has the capacity to offer these courses on a regular bi-monthly basis.

Goal 2: Improve the perceived effectiveness of the trainings

Strategies to reach this goal include:

- **Training Effectiveness Report Conducted by ISU:** As planned for this fiscal year, ISU conducted an in-depth analysis of SW 020 and CP 200. The analysis identified barriers in learning/practice and proposed modifications based on the findings (see Attachment 8D-D). The basis of these evaluations on the new worker trainings (SW 020 and CP 200) are on the work of California Social Work Education Center (SWEC).
- **Post-Training Evaluation of New Worker Training:** Learners complete a standardized electronic post-training evaluation after attending training. This

evaluation includes a number of questions designed to measure how well the training addresses basic skills and knowledge needed by staff to carry out their duties. Table 4 reflects data for the reporting period that measures perceived effectiveness of new worker training.

| Table 4: Post-Training Evaluation Data for APSR 2020 | | |
|---|---|--|
| | I will be able to apply on the job what I learned during this session. (AVERAGE) | How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE) |
| CPW New Worker | 4.37 | 8.20 |
| SWCM New Worker | 4.66 | 9.13 |
| CPW Ongoing (includes all courses except 200, 202, 020) | 3.99 | 7.58 |
| SWCM Ongoing (includes all courses except 200, 202, 020) | 4.29 | 8.34 |

- **Subject Matter Expert Trainers:** As mentioned previously, the enhanced facilitator model consists of pairing an internal DHS trainer with a carefully selected subject matter expert (SME) co-facilitator. In the past, ISU facilitators who lacked direct DHS field experience trained DHS staff. Under the new model, DHS now employs two full-time internal trainers with significant DHS background in the field.

A second component of this model is that DHS is more selective in finding qualified subject matter experts, seeking to collaborate with leaders across disciplines to keep training relevant and fresh. A great example is the partnership with Dana Christianson, model developer for Solution Based Casework® (SBC). This evidence-based model will serve as the foundation for our new Family-Centered Services, aligning well with Family First. Dana Christianson directly facilitated training for DHS supervisors, establishing credibility in the facilitator and the model for the field. Dana will likewise be training our trainers in the model as a means to build ongoing internal training capacity on this front.

- **Summative Evaluations for Fundamentals Training:** Establishing post-tests for Fundamentals-level training is an ongoing objective planned for FY 2021. These summative evaluations will measure if the learning objectives of the training were met.
- **Annie E. Casey Feedback Partnership Update:** The Annie E. Casey Foundation selected Iowa to provide readiness assessment and consultation to DHS. The assessment and consultation related to DHS' rollout of Family First, e.g. helping DHS think through its selection of evidence-based models, approach to service funding, development of performance measures and ongoing contract monitoring plans, contract development, training considerations, and how to further enhance

collaboration and engagement with our provider community. The foundation's work with Iowa concluded recently, but their depth of knowledge, experience, and insight proved critical in the development of our Family First related strategies.

- Child Welfare Policy and Practice Group (CWPPG) Recommendations & Implemented Measures: DHS invited a representative from Child Welfare Practice and Policy Group (CWPPG) to attend both of the new worker orientation courses SW 020 and CP 200 to provide recommendations for enhancing training. These recommendations and the response measures DHS implemented are in Attachment 8D-E.

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

Strategies to reach this goal include:

- Mentoring Program: A multidisciplinary focus group convened to develop a standardized mentoring program for new Child Protection Workers (CPW/SW3s) and Social Work Case Managers (SWCM/SW2s) during their first six months of employment. This framework formalized an informal system that was already in place in an effort to improve statewide consistency. The Mentoring Program aims to build the confidence level of a new worker as well as their competency in doing casework in the counties they serve. With this goal in mind, the design of the program is around experiential learning opportunities in the field that reinforce classroom learning. The desired outcome of the program is increased employee satisfaction and retention.

To infuse the formalized mentoring program into the onboarding culture, the Bureau of Service Support and Training conducted a webinar required for supervisors providing an overview of the program and outlining responsibilities for supervisors, mentors, and mentees.

The documents in the mentoring toolkit are to support the goals and objectives of the program and track required field learning experiences. The multidisciplinary group updated the Field Learner Experience Guides, essential tools for staff, this fiscal year to ensure they align with the core job duties of each position.

The next step in the process in the coming fiscal year is to survey folks who participated in the mentoring program. The results will serve as feedback for evaluating and enhancing the Mentoring Program.

- Masters of Social Work Stipend Program: DHS explored drawing down title IV-E funding and collaborating with state universities to provide financial assistance to current DHS staff interested in earning a Masters of Social Work. We continue to work with the University of Northern Iowa to explore the development of a stipend program. Currently DHS, ISU, and UNI are working with an IV-E consultant to enhance our approach to evaluating training curriculum and corresponding administrative activities as they relate to IV-E funding. This enhanced understanding will assist UNI with conducting an IV-E funding analysis of its Social Work

coursework and administrative activities, allowing DHS to make informed decisions about the scope of a stipend pilot.

Item 27 – Ongoing Staff Training

Goal 1: Address staff not completing the required ongoing training hours within our established timeframes

Quarterly Reporting in FY 2021: The intent during this reporting period was to develop a quarterly report for Social Work Administrators and Service Area Managers detailing which of their workers have or have not met the minimum 24 hours of training each fiscal year. Due to technical limitations, DHS did not develop the report as planned, but DHS plans to develop the report in FY 2021.

The training team encountered technical obstacles for reaching this goal. The CW RTP through an annually renewed Service Training contract between the DHS and ISU has hosted and supported the Moodle-based DHS Training Management System website since 2010. The current Moodle-based LMS utilizes Moodle 3.2, which is outdated and no longer fully supports needed functions. In FY 2020, issues with the current LMS affected the quality of training experience for end-users. Some of the issues included:

- Outdated PHP code caused barriers for those creating new accounts. The system did not send out password reset and new account confirmation emails.
- The package of current content is in SCORM 1.2, which uses Flash. As of December 31, 2020, Adobe will no longer support Flash.
- Automatic certification generation did not occur in the manner expected throughout FY 2020.
- Inability to secure a video server in FY 2020 due to DHS security restrictions. Some learners were unable to access their trainings due to the barrier.

Mitigation Steps Taken:

- ISU Service Training team trained all members of the team to trouble-shoot common issues on Moodle and answer service training email requests.
- ISU Service Training Team posted on Moodle LMS the work around for watching videos not supported by Flash player and led users through steps to do this on their DHS computers.
- CHS-IT created a duplicate Moodle site for handling the high-volume non-DHS Mandatory Reporter training requests.
- ISU is currently reviewing all certificate generation for FY 2020 to ensure the accuracy of reports.
- In FY 2021, DHS will transition to the LearnSoft LMS.

The strategy to reach this goal is:

Transitioning to a Statewide Learning Management System: As noted previously, DHS will migrate to the LearnSoft Learning Management System (LMS), which has a much more robust reporting capacity. DHS will evaluate the need for a quarterly report for

SWAs and SAMs after DHS transitions to the new LMS when it is able to better assess all reports available to supervisors and administrators to track compliance with training expectations.

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

Strategies to reach this goal include:

- Provide supervisory specific webinars: DHS will develop topic-specific webinars specifically targeted for supervisors. These webinars will often be co-facilitated by a field supervisor and will be recorded for on-demand access. The topics will vary to include trending issues as well as overall best management practices. This strategy allows supervisors to enhance their management skills in short and simple increments of time.

DHS assembled a DHS supervisory workgroup to inform quarterly supervisory webinars (seminars). The first Supervisory Seminar will occur in September of 2020, focused on Team-Building in the Virtual Environment. The mentoring program is just one of the items that will be covered during this seminar as it relates to supporting supervisors with new staff during the pandemic.

- Additional face-to-face coursework offerings specifically designed for supervisors: The plan over the next five years is to offer additional courses designed specifically for supervisors. A good example of this type of training is the recently developed trauma course for supervisors. Participants of SP 810 Trauma Stewardship for Supervisors learn supervisory approaches to address worker secondary trauma, dealing with the aftermath of a critical incident, and create a plan of action to implement with their team.

Due to the COVID pandemic, this strategy is on hold for this fiscal year until we can safely resume in-person training on a regular basis.

- Advanced level course offerings: A strategy to engage supervisors in training is to provide the field with more advanced- level curriculum. Most supervisors are tenured staff who are beyond the fundamentals level of curriculum. By offering additional training that incorporates complex case studies and takes a deeper dive into trending issues, the intent is to reinvigorate and challenge senior staff members with new information and tools.

DHS is contracting with Safe and Together again this fiscal year to provide supervisors and tenured staff with more advanced-level domestic violence training. These trainings serve as the next step for those who already have a solid working knowledge of domestic violence fundamentals.

- Provide Supervisors with “The Essential Handbook for Highly Effective Human Service Managers”: All supervisors and Social Work Administrators received literature that promotes the development of child welfare supervisory and management skills. “The Essential Handbook for Highly Effective Human Service Managers” emphasizes an innovative approach to equip managers at all levels with the strategies and tools necessary to maximize employee commitment, performance and client care. Social Work Administrators in each service area determined how to build effectively upon the best practices outlined in the book with supervisors in their area.

At present, Social Work Administrators in every service area are reviewing key chapters of the handbook with supervisors. A standardized plan is concurrently being developed to ensure that the most pertinent material/chapters from the handbook are covered during supervisory discussions in every service area. It's intended that this plan will also outline a means for tracking supervisory participation.

- Promoting External Training Opportunities for Supervisors: Many external organizations that collaborate with DHS offer supervisory specific training that is open to DHS supervisors. These courses allow DHS supervisors to earn credit for trainings on topics other than internal trainings offered. The Department of Administrative Services, who offers training on supervisory and management topic areas, will be just one of the agencies DHS will collaborate with in the transition to the LearnSoft LMS. This singular platform will enhance communication between state agencies about course offerings open to all state employees.

In July of 2020, Iowa Department of Human Services participated in a statewide initiative to enhance training delivery through implementation of Learnsoft, our new Learning Management System (LMS). Supervisors now have streamlined access to the Department of Administrative Services course offerings.

Supervisors are also being asked to participate in a number of NCWWI supervisory virtual courses before the end of the September 2020 in preparation for the required Supervisory Seminar - Team-Building in the Virtual Environment. They will also be provided a number of NCWWI resources to support their daily practice, including:

- Session One: Virtual Supervision
 - Webinar Recording (<https://vimeo.com/405792283>)
 - PowerPoint Slides ([https://ncwwi.org/files/--Documents/Supporting the Virtual Workforce Supervision April 2020.pdf](https://ncwwi.org/files/--Documents/Supporting%20the%20Virtual%20Workforce%20Supervision%20April%202020.pdf))
 - Supervision During Physical Distancing: Tools and Guidance (<https://ncwwi.org/index.php/resourcemenue/resource-library/supervision/1493-supervision-during-physical-distancing-tools-and-guidance/file>)
 - Tip Sheet: Productively Working from Home (<https://ncwwi.org/index.php/resourcemenue/resource-library/practice-supports/1495-tip-sheet-productively-working-from-home/file>)

- Caring for the Workforce
(<https://ncwwi.org/index.php/resourcemenue/resource-library/work-conditions-and-benefits/1577-caring-for-the-workforce-webinar-chatlog-summary/file>)
- Virtually Supervising Child Welfare Professionals During a Pandemic
(<https://ncwwi.org/index.php/resourcemenue/resource-library/supervision/1494-virtually-supervising-child-welfare-professionals-during-a-pandemic/file>)
- Session Five: Coaching Remotely
 - Webinar Recording (<https://vimeo.com/416893991>)
 - PowerPoint Slides (<https://ncwwi.org/files/--Documents/LE.5.Remote.Coaching.pdf>)
 - Tips for Coaching Someone Remotely
(<https://ncwwi.org/index.php/resourcemenue/resource-library/education-professional-development/coaching/1505-tips-for-coaching-remotely/file>)
 - Facing the Pandemic with Emotional Agility
(<https://ncwwi.org/index.php/resourcemenue/resource-library/trauma-informed-practice/1506-facing-the-pandemic-with-emotional-agility/file>)
- Phased Training for New Initiatives: A training model effective for DHS is initially train supervisors on new initiatives/practices, followed by a second wave of training for frontline staff. This method allows supervisors to ask management-specific questions and creates buy-in for the initiative. By providing supervisors with knowledge in advance of their staff, they are better able to plan and anticipate the questions they may receive from frontline staff, e.g. updates to standardized tools and corresponding technical system changes.

This method of introducing training on new initiatives to supervisors before frontline staff is a strategy we hope to carry forward within this fiscal year, specifically when in-person training resumes.

| c | I/initial O/Ongoing | Audience | Provider of Training | Course # | Course Title | Brief Course Syllabus |
|--|------------------------|-------------------------------|---------------------------|----------|--|--|
| Due to COVID 19 this course was held as online learning instead of f2f training. | I/O | SW 2, 3, Supervisors & Others | DHS | TBD | Danger Versus Risk | Assure all child welfare stakeholders (court, providers, etc.) are trained on, and able to apply, definitions of “danger” versus “risk” as they pertain to decision-making (including removal and reunification) when work with families, youth, and children. |
| This course was to be held in March right when COVID 19 started to shut down classroom training. Due to the course content it was decided to keep this course as f2f learning and postpone until FY21. | I/O | SW 2, 3, Supervisors & Others | ISU Subcontracted Trainer | SW510 | Advanced Microaggressions (retitled as Inclusion through A New Lens) | Because DHS social workers and supervisors deal with the community on a regular basis, secondary trauma can settle in and lessen tolerance for certain groups. By addressing field exhaustion and the level of compassion toward the work, supervisors can assess the following: <ul style="list-style-type: none"> • what their staff needs • use assertiveness* to clarify and rectify issues in their department • ask for the necessary supports to increase staff morale and personal self care practices. |

| | | | | | | |
|--|-----|-------------------------------------|------------------------------------|--------|---|--|
| Initially there was a delay due to intellectual property rights clarifications with third party vendors. Eventually the development of this training was cancelled due to competing initiatives within the same short time period. | I/O | SW 2, 3 & Supervisors | ISU Subcontracted Trainer + DHS | TBD | Problematic Sexual Behavior in Children | <ol style="list-style-type: none"> 1. Increase knowledge of best practices in addressing problematic sexual behavior in children & adolescents for families 2. Increase knowledge of child welfare workers role in addressing problematic sexual behavior in youth 3. Increase knowledge of effective treatment components |
| This course was not conducted in FY20 because NCCD will not have our draft tools ready until early 2021, at which time DHS will do testing and then be able to do training internally on the tools. | I/O | SW 2, 3, Supervisors & Others | DHS | TBD | Safety Assessment and Planning | Train DHS staff on the new practice skills for evidence-based tools and how they inform decision-making, including initial and on-going safety assessment, removal, and writing actionable safety plans consistent with safety expectations. |
| Due to COVID 19 and a transition of internal DHS trainers, only one session of this course was held in FY20. | I | DHS Staff, Community Provider staff | ISU's Subcontracted trainers + DHS | SP 410 | Substance Abuse Intermediate | Training on what kids are doing today to get high. This training reflects the dramatic changes that have taken place the past few years. This training features up-to-date "real" photos and videos to help gain essential knowledge about different substances of abuse, what they look like, how they are used and their effects. The training will also cover behavioral indicators of substance and drug testing protocol. |

| Setting/Venue | Funding Sources & Benefiting Program | Administrative Function | Estimated Annual Cost (\$) | FY 21 # of Times Offered Annual | # of Days |
|---|---|---|----------------------------|---------------------------------|-----------|
| Held as online learning instead of classroom instruction | IV-E All Child Welfare and State Funds* | <ul style="list-style-type: none"> • Referral to services • Development of the case plan • Case Reviews • Case management and supervision | \$55,389 | 11 | 1 |
| Classroom setting or DHS Conference room with 1 offering in each service area | IV-E All Child Welfare and State Funds* | <ul style="list-style-type: none"> • Development of the case plan • Case Management and Supervision | \$31,181 | 6 | 0.5 |

| | | | | | |
|--|---|---|----------|----|---|
| Classroom setting or DHS Conference room with 2 offerings in each service area | IV-E All Child Welfare and State Funds* | <ul style="list-style-type: none"> • Referral to services • Development of the case plan • Case Reviews • Case management and supervision | \$55,389 | 11 | 1 |
| Classroom setting or DHS Conference room with 2 offerings in each service area | IV-E All Child Welfare and State Funds* | <ul style="list-style-type: none"> • Referral to services • Development of the case plan • Case Reviews • Case management and supervision | \$55,389 | 11 | 1 |
| Classroom setting or DHS Conference room with 2 se | IV-E All Child Welfare and State Funds* | Referral to services; Development of the case plan; Case reviews; Case management | \$17,826 | 2 | 1 |

SFY 2021 CHILD WELFARE PROVIDER TRAINING ACADEMY PLAN

Submitted: May 15, 2020

- **FL - Front-line child welfare providers**
- **FLS - Front-line child welfare supervisors**
- **LP - Live Presentation (In-person)**
- **WC - Web Course and/or webinar**
- **RL - Access only to Relias Users**
- **B - Basic/New Worker**
- **I - Intermediate/More Experienced Worker**
- **A - Advanced/Supervisory Level Worker**
- **R - Regions (Western, Central, Eastern)**

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|---|--|-----------------------|--------------------|--------------|-----------------|-----------------------|
| <p>CW 1001</p> <p>Family Team Decision-Making (FTDM) Meeting Facilitation</p> <p>Lori Mozena, Katie Obert, Katie Henniges, Ashley Hopkins or Jessica Thomas</p> | <p>This training assists child welfare workers with understanding the Family Team Decision-Making (FTDM) meeting process so potential facilitators can evaluate and utilize in daily practice and be coached in FTDM meeting facilitation which develops the family’s plan.</p> | All Child Welfare | FL & FLS: B & I | WC or LP | R | 4 |
| <p>CW 1002</p> <p>Youth Transition Decision-Making (YTDM) Meeting Facilitation</p> <p>Katie Henniges, Ashley Hopkins, or Jessica Thomas</p> | <p>This training assists child welfare workers with understanding the youth driven family team decision-making meeting process so potential facilitators can be coached in YTDM meeting facilitation to utilize in guiding and developing the youth’s plan.</p> | All Child Welfare | FL & FLS: I & A | WC or LP | R | 2 |
| <p>CW 1003</p> <p>Facilitating Family Team Decision-Making (FTDM) Meetings with Domestic Violence</p> <p>Leah Vejzovic and Ashley Hopkins</p> | <p>This training reviews the dynamics of battering and allows child welfare workers to learn how those dynamics may sabotage the efficacy and safety of a FTDM meeting. This course utilizes family team decision-making meeting facilitation skills to develop the family’s plan when domestic violence is involved and provides an understanding of what facilitators need to know to determine the best method to facilitate a family team decision-making meeting.</p> | All Child Welfare | FL & FLS: B & I | WC or LP | R | 2 |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|---|---|-----------------------|---------------------|--------------|-----------------|-----------------------|
| CW 1004 Coaching for Family Team Decision-Making (FTDM) Meeting Facilitators and Youth Transition Decision-Making (YTDM) Meeting Facilitators Katie Henniges, or Jessica Thomas | This training allows approved and active facilitators to work towards becoming an approved coach for Family Team Decision-Making Meeting Facilitators and Youth Transition Decision-Making Meeting Facilitators. The attendees will gain an understanding of the concepts and practice of becoming a coach and how to evaluate the facilitator's process. | All Child Welfare | FL & FLS: B & I | WC or LP | R | 1 |
| CW 1005 FTDM Meeting Fundamentals Training Lori Mozena, Katie Obert, Katie Henniges, Ashley Hopkins, or Jessica Thomas | This training assists child welfare workers with understanding of the Family Team Decision-Making (FTDM) meeting process in an overview. This training will help those participants who are not facilitators, evaluate their families that they work with and utilize the information learned in this training with their daily practice. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 1 |
| CW 1006 Foundation of Understanding Trauma Frank Grijalva, Matthew Vasquez or Approved Facilitators | Level 1. This training will discuss the broad spectrum of major contributors to a child's behavior, what needs to be addressed first and what short/long term reasonable outcomes are. The lifespan consequences of trauma on an individual/community and worker's role as protectors and educators. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management. | All Child Welfare | FL & FLS: B & I & A | LP | R | 4 |
| CW 1007 Self-Care of Trauma Frank Grijalva, Matthew Vasquez and Facilitators in Training | Level 2. This course will review lifespan consequences of trauma on an individual/community and worker's role as protectors and educators. Participants will learn what can happen to them as they operate in highly stressful environments and how to take care of themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management. | All Child Welfare | FL & FLS: B & I & A | LP | R | 12 |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|--|--|-----------------------|------------------------|--------------|-----------------|-----------------------|
| CW 1008 KINNECT Module - Safety Frank Grijalva or Approved Facilitators | Level 3. Safety may be perceived differently by each child and because of his or her history. This training is based on a trauma informed multimodal multidisciplinary curriculum designed for stabilization of system-involved youth. This training will explore a child's view of what is meant by physically safe, socially safe, safety in flight, fight and freeze, and how one's self begins with safety. | All Child Welfare | FL & FLS: B & I & A | LP | R | 0 |
| CW 1009 KINNECT Module - Emotional Frank Grijalva or Approved Facilitators | Level 4. This training helps educate the attendees on how to work with the major implications kids in care have on demonstrating their feelings of emotion and how to help them in their socialization. The training is structured to provide general description of effective practice for working with the kids in care so that they have consistent, persistent opportunities to practice emotional management skills. | All Child Welfare | FL & FLS: B & I & A | LP | R | 0 |
| CW 1010 KINNECT Module – Loss Frank Grijalva and Facilitators in Training | Level 5. This training will allow participants to explore loss and ways individuals may show signs of grief and unresolved grief. Participants will learn about evidence-based practices for effective interventions and strategies based on multi-modal treatment structures. | All Child Welfare | FL & FLS: B & I & A | LP | R | 6 |
| CW1015 KINNECT Module – Future Frank Grijalva and Facilitators in Training | Level 6. System involved children and families are often conditioned to live in the moment at the expense of planning for the future. Environments of poverty, dangerous neighborhoods, and dangerous homes all create a demand on the human to be acutely aware to what is going on right now because the brain is designed to address current threat first. The final module of KINNECT acknowledges that too often our children in need are unable to see or feel a future that is hopeful and masterful for them. Participants will learn about evidence-based practices for effective interventions and strategies based on multi-modal treatment structures. | All Child Welfare | FL & FLS: B & I & A | LP | R | 6 |

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|--|--|-----------------------|---------------------|--------------|-----------------|-----------------------|
| CW1016 Level 3: Family Home Training Frank Grijalva or Approved Facilitators | Given what has been learned in Levels 1 and 2, this training will focus on how to execute trauma informed care with children placed in family home settings, including family foster care families working towards reunification. The course will cover topics, such as, the logistics of working with children in a family home environment, how to best prepare, how to alleviate and respond to stressors in the family home environment, and how to identify and guide expectations. Participants will engage in practical activities from a foundation of understanding the scientific and sociological processes that facilitate pro-social connection and guidance to build resilience. | All Child Welfare | FL & FLS: B & I & A | LP | R | 0 |
| CW1017 Domestic Violence Fundamentals Leah Vejzovic | This course is an introduction to domestic violence concepts and how they relate to family and child welfare. Participants will learn about what domestic violence is, how to identify various tactics of abuse, and how domestic violence impacts children from birth through their adolescent years. The training will also explore how domestic violence impacts parenting and how professionals can help promote resilience and healing in families experiencing this type of trauma. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 4 |
| CW1018 Domestic Violence Intermediate Leah Vejzovic | This session builds on the Fundamental course material by exploring how to screen for domestic violence and effectively engage both adult survivors of abuse and their perpetrators while working towards child safety and well-being. Participants will be given tools to help them partner with survivors and engage perpetrators in a change effort, as well as receive introduction to a variety of strategies for planning for child safety and evaluating effective change. Participants will also explore how to explain the services available to survivors of domestic violence and how to appropriately refer to local domestic violence service agencies. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 4 |

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| CW1019 Mental Health Fundamentals Billy Claywell | In-home workers face many difficulties, including working with clients with mental health conditions. Mental Health Fundamentals explores five common mental health conditions and gives workers practical guidance on how to communicate with clients without getting caught up in their drama. Participants will learn about the connection between genetics, environments, and lifestyles in the development of a mental health condition; communication techniques to assist clients to replace maladaptive behaviors with positive ones; and skills to de-escalate clients experiencing a mental health crisis. Upon completion of this course participants will be able to understand how personal experiences impact relationships with clients experiencing mental health conditions, be able to identify the diagnostic criteria for five common mental health diagnoses, and able to recognize how adverse childhood experiences affect mental health. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 3 |
| CW1020 Substance Abuse Fundamentals (Dangerous Playgrounds 3.0) Mike McGuire | Dangerous Playgrounds 3.0 will provide an interactive learning approach designed to increase participant awareness about current trends related to substances of abuse - both legal as well as illicit. Participants in this training can expect to learn what substances of abuse are, what they look like, how they are used, terminology, and various associated paraphernalia. In addition, participants will learn the behavioral indicators (physical, psychological, emotional) of specific substances of abuse. The class will likewise connect behavioral indicators, environmental concerns, and physical symptoms of use to their impact on safety, risk, and protective factors in child welfare. This course will provide a broad overview of substances of abuse with an emphasis on current trends and those most likely to be encountered by those working with youth and families. Participants will leave this training better equipped to understand and navigate the often complex world of substances of abuse encountered in your work. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 3 |

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|---|--|-------------------|------------------------|-------------|----------|----------------|
| CW1021 Testifying in Court Judge Constance Cohen, Cole Mayer, and Annie von Gillern | More and more often, child welfare professionals are having to take the stand and be questioned in open court. Remembering everything that has happened in a case, while trying to make sure you accurately recite facts while questions are being hurled at you can feel like you've drifted into oncoming traffic. This training will focus on best practices for professionals testifying in court, common problems to avoid, and how to keep a good working relationship with your families while answering questions that might make them feel uncomfortable. | All Child Welfare | FL & FLS: B & I & A | LP | R | 1 |
| CW1022 Motivational Interviewing (MI) Brian Lowery | Caseworkers are frequently challenged by parent's lack of motivation to change negative behaviors, which have contributed to maltreatment of children. This is particularly true in the case of caregivers who are struggling with substance use disorders. <i>Motivational Interviewing</i> is an evidence-based counseling style which adopts a brief intervention format, using critical elements that serve as catalysts for motivation and change. MI addresses how to strengthen client intrinsic motivation to change and reduce ambivalence. | All Child Welfare | FL & FLS: B & I & A | WC & LP | R | 3 |
| CW1023 Danger Vs. Risk Billy Claywell | Participants will understand the overview of the Structured Decision Making ® system, including the principles and fundamental concepts of the SDM system as they promote the child and family's safety and well-being. | All Child Welfare | FL & FLS: B & I & A | WC or LP | R | 10 |
| CW1024 Social Work Ethics Bruce Buchanan, ACSW, LISW | The NASW Code of Ethics identifies guiding principles for social work practitioners to engage in ethical practice with their clients, colleagues, and communities. This training will highlight the ethical dilemmas practitioners face, such as boundaries, confidentiality, protected communication and share techniques practitioners can practice when faced with ethical dilemmas. | All Child Welfare | FL & FLS: B & I & A | LP | R | 1 |

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| CW1025 Race: The Power of an Illusion Approved Trainers | This training is organized and arranged with the Racial Equity Awareness Learning Exchange. The training will meet the following learning objectives: 1) Help build organizational capacity to engage in ongoing “courageous conversations” about the intersections of race, equity and child welfare reform. 2) Learn how America’s institutions and courts used public policy and inconsistent logic to define race and give different racial and ethnic groups vastly unequal opportunities and access to life changes. 3) Utilize dyads and small groups to allow participants to “practice” talking about the intersections of race, equity and child welfare reform. | All Child Welfare | FL & FLS: B & I & A | LP | R | 3 |
| RL 001 REL-HHS-0-AS-V3 Suicide in Adolescents and Transition Age Youth Monique Kahn, Psy.D. Kimberly Roaten, Ph.D., CRC <i>Created: 11/29/18</i> <i>Last Modified: 2/2/19</i> | This course will provide a foundation on how widespread adolescent suicide is and the prevailing theories about what impels individuals to commit suicide. The course will describe suicide behaviors and warning signs to watch for and ways to effectively work with adolescents to better refer to services and work toward the goals in the client’s case plan. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 002 REL-HHS-0-AMI Motivational Interviewing in Clinical Practice Christopher de Beer, LCSW, LCASA <i>Created: 8/17/18</i> <i>Last Modified: 11/3/18</i> | Motivational Interviewing (MI) is an evidence-based, client-centered approach to engaging people in conversations about change. Shown to be effective in a variety of settings, MI is increasingly being adopted by therapists, substance use disorder counselors, and health care workers as a tool to help clients make important behavioral changes. This course is for social workers who are already familiar with the four processes of and the core skills used in MI and would like to improve their ability to use MI more effectively with a broad range of clients. Examples from both a medical and mental health setting will provide illustrations of effective MI techniques. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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|--|--|-----------------------|------------------------|--------------|---------------------------------|-----------------------|
| RL 003 REL-BH-0-BHWEB1 Assessing Opioid Abuse in Families Karl Haake, MD Nellie Galindo, MSW, MSPH <i>Created: 06/13/18</i> <i>Last Modified: 10/18/18</i> | Opioid abuse in the United States has been declared an epidemic by the Centers for Disease Control and Prevention. Awareness has never been higher. An important tool to address the opioid crisis in America is to perform better assessment. This webinar will provide information regarding the background issues related to the opioid epidemic and provide listeners with the tools to perform better assessments of opioid risks in families. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning User | Daily |
| RL 004 REL-HHS-0-ADTTI2-V2 Attachment Disorders: Assessment, Diagnosis, and Treatment Tracey N. Turner-Keyser, MA, BC-DMT, LPCS, IDME David O. Keyser, Ph.D. <i>Created: 04/26/18</i> <i>Last Modified: 09/01/18</i> | This course looks to discover what happens when the infant-caregiver relationship is not healthy. In this course we are discussing Attachment Disorder (AD), a condition that occurs in many children who experience abuse, neglect, and chaos at the hands of their caregivers during infancy and early childhood. In this course, you will learn about assessment strategies, diagnostic tools of attachment disorder and evidenced-based emerging interventions for attachment problems, plus suggestions for effective ways of communicating with parents who are raising a child with AD and information on parenting practices to share with them. The term Attachment = Relationship and the information provided will help you to understand child and adult relationship potential. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 005 REL-HHS-0-ADTTI1-V2 Attachment Disorders: Attachment and Trauma David O. Keyser, Ph.D. <i>Created: 01/26/18</i> <i>Last Modified: 04/07/18</i> | In this course, you will receive an overview of past and current research and theories on the process of attachment, an understanding of the impact of early exposure to trauma on brain development and the attachment process, a symptoms checklist of attachment problems, and a description of some long-term consequences for a child with attachment disorder. You will learn that an attachment disorder is a condition that occurs in many children who experience abuse, neglect, and chaos at the hands of their caregivers during infancy and early childhood. Learners will be able to review some of the pioneering | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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| | Literature on this topic and explore the issue from the perspective of case vignettes. | | | | | |
| RL 006 REL-BHC-0-BRDY Bipolar and Related Disorders in Youth Monique Kahn, Psy.D. Bridgett Ross, Psy.D. Johnny J. Bethea, II, BSPHarm <i>Created: 03/16/20</i> <i>Last Modified: NA</i> | In this course, participants will learn how to identify the symptoms of bipolar disorder in children and adolescents. You will learn how to differentiate bipolar disorders from other conditions with overlapping symptoms. You will learn about current guidelines for pharmacological treatment of these conditions and the effective ingredients emphasized in psychosocial interventions for these disorders. The goal of this educational program is to provide social workers, marriage and family therapists, professional counselors, psychologists, and nurses in health and human services settings with skills to identify and effectively treat pediatric bipolar disorders. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 007 REL-HHS-CWLA-CCC Calming Children in Crisis Donna Petras PhD., MSW <i>Created: 03/18/15</i> <i>Last Modified: 02/01/16</i> | A major challenge in working with children who have experienced trauma is helping them manage the strong emotions often experienced as a result. Feelings of emotional pain resulting from maltreatment and loss often present as anger. Children may feel overwhelmed by their feelings and express anger in a way that places themselves and others at risk. This course provides skills for helpers to assist children in identifying and managing their feelings in a healthy manner. Specific skills taught include helping children identify and label their feelings, cope with feelings of anger, develop a Safety Plan; and learn how and when to use the plan. The skills taught in this course are helpful for persons working with children in a wide variety of settings including family foster care, and residential and educational facilities. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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| <p>RL 008 REL-BHC-0-CODEP</p> <p>Co-Occurring Disorders for Early Practitioners</p> <p>Monique Kahn, Psy.D. Melissa Lewis-Stoner, MSW, LCSW-C</p> <p><i>Created: 09/10/19</i> <i>Last Modified: 02/01/20</i></p> | <p>Many individuals who present to your organization for services are doubly challenged by the presence of both a substance use disorder and a mental health disorder. These co-occurring conditions are associated with greater symptom severity and poorer treatment outcomes (Padwa, Guerrero, Braslow, & Fenwick, 2015). Treatment efforts are further complicated by the fact that many professionals are poorly trained in assessing and treating these co-occurring disorders. The information included in this training includes prevalence data, strategies for identifying co-occurring disorders, and an introduction for effective engagement and treatment strategies for individuals with co-occurring disorders.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| <p>RL 09 REL-HHS-0-DDCA-V2</p> <p>Depressive Disorders in Children and Adolescents</p> <p>Bridgett Ross, Psy.D. Monique Kahn, Psy.D. David Patzer, MD</p> <p><i>Created: 05/18/18</i> <i>Last Modified: 08/04/18</i></p> | <p>This course offers a basic understanding of the different types of depressive disorders and how they affect children and adolescents. What are the signs and symptoms and how they manifest differently in children of different ages? Discussion will include various causes and specific attention to risk factors for suicide and suicidal behavior. This course provides staff with an understanding to better refer to services and work toward the goals in the client's case plan.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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|---|--|-----------------------|---------------------|--------------|---------------------------------|-----------------------|
| RL 010 REL-HHS-0-DV-V2 Domestic and Intimate Partner Violence Debi Ash, MS Joseph Murphy, PhD <i>Created: 10/23/17</i> <i>Last Modified: 01/06/18</i> | This is a course about causes, effects, and consequences of violence among intimate partners, sometimes called domestic violence. Intimate partner violence (IPV) accounts for 15% of all violent crimes, although frequency and severity of DV, or IPV, can be often underreported. The constant in all IPV relationships is one partner's sustained effort to maintain power and control over the other. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 011 REL-ALL-0-HSOCM HIPAA Dos and Don'ts: Electronic Communication and Social Media Linda Weaver, PhD, JD <i>Created: 02/18/15</i> <i>Last Modified: 01/31/16</i> | The use of electronic communications and social media allows users to instantly share pictures and personal messages with anyone, anywhere. But as the opportunities to share information online have increased, so have the challenges for keeping information private. Assuring client confidentiality is key to providing ethical practice and important to engaging and maintaining working relationships with clients. The goal of this course is to make attendees aware of social media and privacy pitfalls that could violate client confidentiality. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 012 REL-ALL-0-HTSE Human Trafficking: Sexual Exploitation Catie Hart <i>Created: 07/25/17</i> <i>Last Modified: NA</i> | Human trafficking is a significant issue in the United States and worldwide. Professionals working with in the field are in a unique position to be able to recognize victims of human trafficking and take steps to report their suspicions. Therefore, it is critical to understand human trafficking, recognize the signs and risk factors of human trafficking, and the steps to take if they suspect a person may be a victim of human trafficking. This course will focus on the sexual exploitation of human trafficking in adults and children. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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|---|--|-------------------|------------------------|-------|---------------------------------|----------------|
| <p>RL 013 REL-HHS-0-INTTIC</p> <p>Introduction to Trauma-Informed Care</p> <p>Cheryl Sharp, MSW, ALWF Joseph Murphy, Ph.D.</p> <p><i>Created: 10/10/18</i> <i>Last Modified: 5/1/19</i></p> | <p>Over 90% of people receiving behavioral healthcare have a history of trauma. In this course, you will learn about the various types of trauma, the long-lasting consequences of trauma, and what it means to provide care through a trauma-informed lens. Through interactive practice scenarios and detailed examples, you will learn the scope of your role and responsibilities when you are serving individuals with histories of trauma. You will examine best practices to implement, as well as how to avoid harmful ones that can further perpetuate the suffering and silence of trauma. As you complete this course, you will gain a deeper understanding of how your personal history can impact your work with trauma survivors. Importantly, you will learn what it means to provide trauma-informed care, and why this approach is a multi-faceted one that you should consider for the individuals you serve. This training is designed for behavioral healthcare professionals who interact with individuals in a variety of behavioral healthcare settings, including those with basic to intermediate levels of experience with trauma.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning users | Daily |
| <p>RL 014 REL-HHS-0-BH3</p> <p>Overview of Psychiatric Medications for Children/Adolescents</p> <p>David Patzer, MD</p> <p><i>Created: 06/19/17</i> <i>Last Modified: NA</i></p> | <p>Over the past 20 years, there has been a significant increase in the frequency with which children and adolescents receive prescription medication to manage their behavioral and psychological symptoms. As a person who works with children and families who seek psychiatric help, it is important for you to know about the types of medications used, common side effects, and ways that these medications help those who take them. This course will teach you key information about how medications are used to treat children and adolescents who have psychiatric disorders.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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|--|--|-------------------|------------------------|-------|---------------------------------|----------------|
| <p>RL 015 REL-HHS-0-MI-V2</p> <p>Motivational Interviewing</p> <p>Christopher de Beer, LCSW, LCASA</p> <p><i>Created: 8/17/18</i> <i>Last Modified: 11/3/18</i></p> | <p>In this course, you will learn about the Motivational Interviewing approach to helping people discover their own desire and ability to make difficult changes. Motivational Interviewing (MI) is a way of communicating that draws out people’s own thoughts and beliefs in order to help them resolve ambivalence about change. In addition to examining the underlying spirit of MI, you will learn specific skills and techniques that will support the MI processes of engaging, focusing, evoking, and planning with clients as they discover their own reasons for change. You will also learn about the varied settings in which MI is currently being practiced. Licensed clinicians in a helping profession will benefit from this course, whether it is used to learn about MI for the first time or to reinforce your knowledge of MI’s important principles. The course uses a blend of instructive information and interactive exercises to help you understand and apply its core concepts.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| <p>RL 016 REL-HHS-0-OSUDPART1</p> <p>Overview of Substance Use Disorders: Part 1</p> <p>Dr. Steve Jenkins, PhD Naju Madra, MA</p> <p><i>Created: 10/15/14</i> <i>Last Modified: 12/07/15</i></p> | <p>As someone who works with individuals who have substance use disorders, you know how difficult it can be to understand why people continue to use drugs despite extremely adverse consequences.</p> <p>In Part 1 of this training, you will explore the process of substance use disorders and how they develop, as well as an understanding of why some individuals develop them while others do not. Throughout this course, you will learn about the stages of “addiction” and deepen your understanding of how “normal” behaviors can develop into dangerous ones.</p> <p>Drawing upon guidelines from the National Institutes of Health as well as the National Institute on Drug Abuse, this training offers you a comprehensive look at these sometimes-fatal disorders, including their effects on others. The material in this course is designed for</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
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| | <p>paraprofessionals working with individuals who have substance use disorders.</p> <p>Detailed examples and interactive exercises will help you to apply these competencies in your own setting. After completing this training, you will be ready to demonstrate best practices for the individuals you serve who struggle with substance use disorders.</p> | | | | | |
| <p>RL 017 REL-HHS-0-OSUDPART2</p> <p>Overview of Substance Use Disorders: Part 2</p> <p>Dr. Steve Jenkins, PhD Naju Madra, MA</p> <p><i>Created: 10/10/14</i> <i>Last Modified: 12/07/15</i></p> | <p>In Part 1 of this course, you learned about how substance use disorders develop, as well as their various stages including when substance use becomes unhealthy and problematic.</p> <p>In this course, you will build upon that knowledge and explore in detail four commonly used drugs, which will help you to understand the short-term and long-term effects of substance use disorders, along with the symptoms of withdrawal.</p> <p>The material in this course is designed for paraprofessionals working with individuals who have substance use disorders.</p> <p>Drawing upon guidelines from the National Institutes of Health and the National Institute on Drug Abuse, Part 2 of this training offers you a more detailed look at specific substance use disorders, including their effects on others. Descriptive scenarios and practice exercises will help you to solidify your application of the knowledge you acquire to better apply these tools in your own setting.</p> <p>After completing Part 2 of this training, you will be better prepared to help the individuals you serve who struggle with substance use disorders.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

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| <p>RL 018 REL-HHS-0-WYSBP-V2</p> <p>Strengths Based Approach in Working with At-Risk Youth</p> <p>Robin Whisnant, MS Naju Madra, M.A.</p> <p><i>Created: 2/12/19</i> <i>Last Modified: 5/4/19</i></p> | <p>Vulnerable youth have characteristics and experiences that put them at risk of developing problem behaviors and outcomes that have the potential to hurt their community, themselves, or both (Fernandes-Alcantara, 2018). This means that helping families understand the inner and external strengths that each family member holds could help them to better understand one another.</p> <p>In this course, you will learn how to help families identify the expert in their lives to help them begin to learn the parts of their emotional health that are in their control. You will discover the importance of your job as a professional who educates youth and their family on this perspective, helping them understand the tools available to them so they can further strengthen their family.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| <p>RL 019 REL-HHS-0-IPSUD-V2</p> <p>The Impact of Parental Substance Use Disorders</p> <p>Stacy Agosto, MA, LCSW Naju Madra, MA Nellie Galindo, MSW, MSPH</p> <p><i>Created: 07/06/18</i> <i>Last Modified: 09/01/18</i></p> | <p>This course will provide insight and information about the ways in which children and families are affected by substance use disorders in the parents. You will explore the ways alcohol and drug use impact a person who is using, and how, as their use progresses, it impacts their ability to care for their children. You will understand how parental substance use affects children's neurobiological, emotional, and social development from pre-birth to adolescence. In addition, you will explore the family dynamics that can develop when one or both parents are abusing alcohol and drugs. Finally, you also will gain a basic understanding of the various treatment models for children living in these circumstances, as well as a basic understanding of treatment options for parents with substance use disorders. At the end of this course, you will have a better understanding of how to help families of children living with parents with substance use disorders.</p> | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|--|--|-------------------|------------------------|-------|---------------------------------|----------------|
| RL 020 REL-HHS-0-OTSRD-V2 Traumatic Stress Disorders in Children and Adolescents Naju Madra, MA Bridgett Ross, PsyD <i>Created: 01/26/18</i> <i>Last Modified: 10/6/18</i> | Nearly 35 million children in the United States experience one or more traumatic events in their lives (National Survey of Children’s Health, 2012). These events include abuse, natural disasters, and community violence that can lead to mental disorders. In this course, you will learn about the different mental disorders that often develop in children and adolescents who have been exposed to trauma. You also will gain a basic understanding of the most effective treatments for these disorders. With a blend of interactive exercises, this course offers a number of practical strategies that you can apply in working with children exposed to trauma and other stressors. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 021 REL-HHS-0-WPCES Working with Parents: Communication, Education, and Support Nikiyah Gill Anne Collins-Castillo, BA, BCaBA <i>Created: 03/26/15</i> <i>Last Modified: 09/10/18</i> | In this course, you will learn that working closely with families requires communicating effectively and building a respectful and trusting relationship. Focus will be on learning ways to communicate and support families even when you encounter resistance. It is important to understand your own personal biases and how these might affect your interactions with families. It is also helpful to identify why families may be resistant, and how to use specific techniques to communicate effectively and support the families of the young children you serve. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 022 REL-ALL-0-CDIV Cultural Competence Benjamin Reese, Jr., Psy.D. <i>Created: 12/28/18</i> <i>Last Modified: 2/2/19</i> | As workplaces become more diverse, effective and successful employees must become more knowledgeable of other cultural norms, be respectful of the wide range of cultural behaviors, and effectively communicate with people of various backgrounds. This course provides important information about becoming more respectful and culturally competent. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|---|---|-------------------|------------------------|-------|---------------------------------|----------------|
| RL 024 REL-ALL-0-BOUND Boundaries Kevin Fawcett, Ph.D. <i>Created: 4/23/15</i> <i>Last Modified: 1/18/19</i> | As a working professional, you may find yourself in situations where you or the people you work with blur professional boundaries (a line in the working relationship between staff and persons who receive services from their organization). Some boundary violations can be dangerous for you and the people with whom you work. For this reason, it is important for you to be aware of these risks, avoid them, and know when to step back and ask a supervisor for help in managing the situation. This course focuses on exploring the concept of boundaries. You will learn about what to look for in order to avoid harmful issues and how to make sure your relationship remains professional. This course is appropriate for all working professionals. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |
| RL 025 REL-HHS-0-AS-V3 Suicide in Adolescents and Transition Age Youth Monique Kahn, Psy.D. Kimberly Roaten, Ph.D., CRC <i>Created: 11/29/18</i> <i>Last Modified: 2/2/19</i> | In 2017, suicide was the second leading cause of death for young people ages 15-24. Rates of suicide among youth continue to increase, making it essential for mental health clinicians and other professionals working with adolescents to understand the dynamics of suicide among young people. After providing a foundation on how widespread the problem is and the prevailing theories about the drivers of suicidal behaviors, this course will teach you about how to effectively screen potentially suicidal youth and ways you can intervene to lower their risk. Working with suicidal youth can be anxiety-provoking even for experienced clinicians. However, it is important to bear in mind that suicide is preventable . With knowledge of risk factors and warning signs, along with tools you can use to effectively mitigate risk, you may be the critical factor standing between life and death for a vulnerable, at risk teen. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|--|--|--------------------------|--|-----------|--|----------------|
| <p>RL 027 REL-HHS-0-PBSC</p> <p>Positive Behavior Support for Children</p> <p>Larry Lipsitz, M.Ed.</p> <p><i>Created: 11/14/14</i> <i>Last Modified: 12/7/15</i></p> | <p>The children you work with will come from different backgrounds and upbringings and might spend more time with you than they do with anyone else outside of their families. They might be from a broken home, or from a home that is nicer than your own. They might live with their birth parents, adoptive parents, grandparents, or in a foster home. Sadly, some children will have gone through several different “family” environments, sometimes forced to leave each, and typically for reasons completely out of their control. Regardless of their background, they all have at least one thing in common: they are now in the system you are a part of and have likely experienced some form of abuse (e.g., sexual, physical, or verbal). Do not automatically assume the child’s abuser was a family member; it could have been someone outside the family. Each child and each situation are different. Growing research has exhibited progressive findings that indicate success with positive behavioral supports. Positive behavioral supports deemphasize punishment, and instead focus on replacing challenging behaviors with more appropriate behaviors. You will use positive behavior supports to help the child understand that failures can provide opportunities for improvement and growth. Your goal is to teach the child valuable techniques that will help them live a positive life. Your job is not to be the expert – doctors and other specialists have already determined the child’s medical and personal needs. Your job is to help make the child feel comfortable and safe. You, not experts, will get to know the child.</p> | <p>All Child Welfare</p> | <p>FL & FLS: B & I & A</p> | <p>RL</p> | <p>Access to Relias Learning Users</p> | <p>Daily</p> |

| Course # and Title | Brief Course Syllabus | Funding Source | Audience | Style | Location | # of Offerings |
|---|--|-------------------|------------------------|-------|---------------------------------|----------------|
| RL 028 REL-HHS-0-AB-V2 Abuse and Neglect: What to Look for and How to Respond Naju Madra, M.A. Bridgett Ross, Psy.D. <i>Created: 3/12/18</i> <i>Last Modified: 6/2/18</i> | This course provides the most current and relevant information on child, elder, and dependent adult abuse, as well as intimate partner violence. You will learn about these various types of abuse as they relate to your role as a behavioral healthcare service worker. Upon completion of this course, you will be able to recognize the various signs of abuse among all these groups, as well as clearly understand your reporting responsibilities and procedures. Most importantly, you will have the key competencies you need to assist victims of violence and help others to avoid victimization. This course is designed for all Human Service personnel for entry level training or compliance reviews. | All Child Welfare | FL & FLS: B & I & A | RL | Access to Relias Learning Users | Daily |

SW2s and SW2 Supervisors – New Worker Training Plan FY21

| Required Coursework | | | | |
|---------------------------|------------------------------|--|-----------|-------|
| Completion Timeframe | # | Course | Modality | Hours |
| Within the 1st month | | How to Take Training and Navigate this System – LearnSoft Tutorial | Online | - |
| | CC 364 | Confidentiality and Dissemination | Recording | 1.75 |
| Within the first 3 months | CC 368 | ICWA Update | Recording | 1 |
| | CC 588 | WellnessCheck TOP Enhancements | Recording | 1 |
| | CC 590 | WellnessCheck TOP Training | Recording | 1 |
| | CC 595 | Family Risk Reassessment Tool | Recording | .5 |
| | CC 873 | Court 101 | Recording | .5 |
| | CC 877 | FCS/QRTP Contract Fundamentals | Recording | 2 |
| | DS 168 | Mandatory Dependent Adult Abuse Reporter Training | Online | 2 |
| | DS 169 | Mandatory Child Abuse Reporter Training | Online | 2 |
| | HS 001 | Confidentiality is Key | Online | 1 |
| | HS 003 | Confidentiality: HIPAA Privacy & Security | Online | 1.25 |
| | SW 020 | Foundations of Social Worker 2 Practice | Classroom | 42 |
| | SW 705 | Danger vs. Risk | Recording | 1 |
| Within the first 6 months | CC 377 | Worker Webinar - Initial Case Permanency Plan & Action Plan | Recording | 1 |
| | CC 379 | Transition Planning Worker Webinar | Recording | 1 |
| | CC 382 | Safety Session 2 Training | Recording | .5 |
| | CC 384 | In-Depth Care Match Training | Recording | .5 |
| | CC 591 | SafeCare Overview for Iowa DHS | Recording | .5 |
| | CC 592 | Building a Foundation for Adulthood - 4 Part Video Series | Recording | 1 |
| | SP 100 | Overview of Child Welfare eLearning | Online | 2 |
| | SP 105 | Substance Abuse eLearning | Online | 4.5 |
| | SP 107 | Impact of Abuse on Child Development eLearning | Online | 2 |
| | SP 150 | Child Welfare in Iowa | Webinar | 4.5 |
| | SP 270 | Mental Health Fundamentals | Classroom | 6 |
| | SP 309 | Domestic Violence Fundamentals | Classroom | 6 |
| | SP 310 | Substance Abuse Fundamentals | Classroom | 6 |
| | SP 311 | Trauma Fundamentals | Classroom | 6 |
| | SP 312 | Medical Fundamentals | Classroom | 12 |
| | SP 812 | CFSR Fundamentals | Classroom | 6 |
| SW 071 | Legal Aspects of Social Work | Classroom | 12 | |

| | | | | |
|------------------|--------|--|--------------------|------------|
| | SW 072 | Testifying in Juvenile Court | Classroom | 6 |
| | SW 073 | Permanency & Termination of Parental Rights | Classroom | 6 |
| | SW 500 | Social Work Ethics | Recording | 3 |
| Within 12 Months | SP 335 | CSC and SFM Fundamentals | Classroom | 6 |
| | SP 535 | Assessing throughout the Case | Classroom | 6 |
| | SP 542 | Motivational Interviewing | Classroom | 6 |
| | SW 507 | Race: The Power of an Illusion | Classroom | 5.5 |
| | SW 508 | Understanding Implicit Bias | Classroom | 6 |
| | SW 712 | Solution Based Casework – Case Permanency Planning | Classroom | 4 |
| | SW 713 | Engagement | Classroom | 6 |
| | SW 714 | Safety Assessment and Planning | Classroom | 6 |
| | | | Total Hours | 189 |

SW3s and SW3 Supervisor - New Worker Training Plan

| Required Coursework | | | | |
|---------------------------|--------|--|-----------|-------|
| Completion Timeframe | # | Course | Modality | Hours |
| Within the 1st month | | How to Take Training and Navigate this System – LearnSoft Tutorial | Online | - |
| | CC 364 | Confidentiality and Dissemination | Recording | 1.75 |
| | CC 370 | Interview of Alleged Perpetrators During Protective Assessments | Recording | .5 |
| Within the first 3 months | CC 360 | Authoring Domestic Violence-Informed Allegations | Recording | 1 |
| | CC 368 | ICWA Update | Recording | 1 |
| | CC 373 | Updates to the Risk Assessment | Recording | .5 |
| | CC 588 | WellnessCheck TOP Enhancements | Recording | 1 |
| | CC 595 | Family Risk Reassessment Tool | Recording | .5 |
| | CC 590 | WellnessCheck TOP Training | Recording | 1 |
| | CC 873 | Court 101 | Recording | .5 |
| | CC 877 | FCS/QRTP Contract Fundamentals | Recording | 2 |
| | CP 200 | Basic Training for Child Protective Workers | Classroom | 40 |
| | DA 202 | Fundamentals of Dependent Adult Assessments | Classroom | 12 |
| | DS 168 | Dependent Adult Abuse Mandatory Reporter Training | Online | 2 |
| | DS 169 | Child Abuse Mandatory Reporter Training | Online | 2 |
| | HS 001 | Confidentiality is Key | Online | 1 |
| | HS 003 | Confidentiality: HIPAA Privacy & Security | Online | 1.25 |
| | SW 705 | Danger vs. Risk | Recording | 1 |
| First Six Months | CC 367 | Making a Case for Sexual Abuse: Choosing the Proper Offense | Recording | 1 |
| | CC 369 | Making a Case for Sexual Abuse: Corroborating Evidence | Recording | 1 |
| | CC 376 | Court Involvement to Compel Home Visits | Recording | 1 |
| | CC 382 | Safety Session 2 Training | Recording | .5 |
| | CC 384 | In-Depth Care Match Training | Recording | .5 |
| | CC 591 | SafeCare Overview for Iowa DHS | Recording | .5 |
| | SP 100 | Overview of Child Welfare eLearning | Online | 2 |
| | SP 105 | Substance Abuse eLearning | Online | 4.5 |
| | SP 107 | Impact of Abuse on Child Development eLearning | Online | 2 |
| | SP 150 | Child Welfare in Iowa | Online | 4.5 |
| | SP 270 | Mental Health Fundamentals | Classroom | 6 |
| | SP 309 | Domestic Violence Fundamentals | Classroom | 6 |
| | SP 310 | Substance Abuse Fundamentals | Classroom | 6 |
| | SP 311 | Trauma Fundamentals | Classroom | 6 |
| | SP 312 | Medical Fundamentals | Classroom | 12 |

| | | | | |
|------------------|--------|---|-----------|------------|
| | SP 313 | Legal Fundamentals for Child Protective Workers | Classroom | 6 |
| | SP 812 | CFSR Fundamentals | Classroom | 6 |
| | SW 074 | Testifying Fundamentals for Child Protective Workers | Classroom | 6 |
| | SW 500 | Social Work Ethics | Recording | 3 |
| Within 12 Months | SP 335 | CSC and SFM Fundamentals | Classroom | 6 |
| | SP 535 | Assessing throughout the Case | Classroom | 6 |
| | SP 542 | Motivational Interviewing | Classroom | 6 |
| | SW 507 | Race: The Power of an Illusion | Classroom | 5.5 |
| | SW 508 | Understanding Implicit Bias | Classroom | 6 |
| | SW 712 | Solution Based Casework – Child Protective Assessment | Classroom | 4 |
| | SW 713 | Engagement | Classroom | 6 |
| | SW 714 | Safety Assessment and Planning | Classroom | 6 |
| | | Total Hours | | 189 |

MENTORING FRAMEWORK

Overview

This framework provides a standard definition and a consistent approach to mentoring new child protection workers (CPW) and social work case managers (SWCM) in the Department of Human Services. Field mentoring is being developed to reinforce learning with practice in real life situations. This framework will formalize an informal system that is already in place and improve statewide consistency.

Objectives

- Recognize mentoring as a valued element of the staff development framework
- Ensure mentoring is not confused with, or substituted for, the performance evaluation
- Support and encourage mentoring in staff and team development
- Establish that mentoring relationships are consistent with existing policies on quality, equal opportunity, inclusiveness, code of conduct and privacy
- Identify staff that are willing and able to mentor new employees

Recognition of mentoring as a valued element in staff development

The Department recognizes the value of mentoring skills and encourages mentoring by:

- Providing support to staff who mentor through training from their supervisors on what the role entails
- Providing a service agreement
- Providing a field learning guide that will assist mentors in carrying out the role of mentor
- Providing an assessment tool for discussions on learning
- Acknowledging the workload implications for the mentors by:
 - The supervisor approving a mentee to observe a CPW mentor's assessment interview which includes the mentee taking notes and narrating the interview with the mentor reviewing
 - The supervisor approving up to 10 of the SWCM mentor's cases be "managed" by the mentee with the mentor available to guide the mentee - and the supervisor making final case decisions
 - The supervisor acknowledging the significant individual contributions and good practice in a mentor's annual performance evaluation

Relationship of mentoring to staff appraisal and performance management

- The mentor has no
 - supervisory responsibility or authority over the mentee
 - role in dealing with issues of non-compliance or under-performance
- The mentoring relationship provides a confidential and non-judgmental environment
- The partners in a mentoring relationship are equal within it and share responsibility for the relationship
- Mutual learning is an integral aspect of the mentoring relationship
- The overall developmental needs of the mentee is the main focus within the mentoring relationship
- The mentoring relationship needs to support the integration of the mentee into the local service team

Role of Supervisor

- Nurtures and develops the skills of the staff reporting to them
- Ensures mentoring relationships are consistent with existing policies on quality, equal opportunity, inclusiveness, code of conduct and privacy
- Identify staff that are willing and able to mentor new employees
- Matches the mentor and mentee
- Defines the expectations for the mentoring relationship
- Defines the communication expectations for meeting with mentor and mentee
- Addresses issues of non-compliance and performance
- Identifies and addresses training needs
- Makes final decisions on all cases

Criteria for Mentor Selection

- Recommend at least two years of experience as a CPW or SWCM, preferably in the location where they are mentoring
- Meets or exceeds expectations in all areas of their performance evaluation
- Demonstrates proficiency in Model of Practice and policy
- Good attendance
- Supervisor approval

Attributes of Mentor

- Knowledge of co-workers strengths
- Willing to make time and be accessible
- Work experience
- Good relationships with the community
- Respected
- Patient
- Straight-forward communication
- Encouraging and motivating
- Time management skills including completing work timely
- Good understanding of the work culture
- Good listener
- Demonstrates professionalism
- Flexible

Role of Mentor

- Model best practice
- Coach and provide constructive feedback
- Training
- Provide support and encouragement
- Connecting mentee to staff to shadow
- Acclimate to the culture of the team
- Help engage with community partners

Role of Mentee

- Participate in formal mentoring up to 6 months
- Maintain open communication among mentor, mentee, and supervisor
- Take ownership and responsibility for learning
- Be open to ideas and accept feedback
- Actively seek information
- Self-assess practice
- Be punctual and respectful
- Observe various work approaches and integrate into practice what works best for the mentee

MENTORING AGREEMENT

The goal of this partnership is to reinforce learning with practice in real life situations. It is essential that coursework presented in the classroom be practiced in the field with appropriate guidance. The feedback process is coordinated between the mentor, mentee, and the mentee's supervisor. The desired outcome is to increase the mentee's confidence level and competency in doing casework in the counties they are assigned.

We agree that the mentor's role is to model best practice in the field, coaching that includes providing constructive feedback, implementation of knowledge gained in training, assisting in acclimation to the culture of the office and community, and scheduling shadowing opportunities with co- staff.

We agree the mentee's role is to have open and honest communication with the mentor/supervisor, be receptive to different methodologies of teaching, be responsible for identifying and verbalizing learning needs, completing honest self-assessments, be accepting of mentor/supervisor feedback, be open to new ideas and perspectives, and be punctual.

We agree that the mentee's supervisor's role is to match the mentee with a qualified mentor, define the expectations of this relationship, implement guidelines as to frequency of face to face contact, provide frequent opportunities to meet collectively to discuss strengths/progress/needs, address performance and non-compliance issues, make final case planning decisions, and provide opportunities or direct training in areas of need.

We agree that information regarding the mentee's performance will be kept confidential outside of the communication between the mentee, mentor, and supervisor.

We agree that the information obtained through this training period may be utilized to develop the mentee's end Performance Evaluation completed by the supervisor at the conclusion of the mentee's probationary period.

Therefore, we agree that:

1. The mentoring relationship will last for 6 months starting _____. This partnership will be evaluated regularly with the assigned supervisor of the mentee.
2. We will meet minimally _____. These meetings will be prioritized and are an integral part of your training process. Therefore, please prioritize and commit your full attention to our scheduled time.
3. Part of the mentor/mentee relationship will include ongoing phone and email communication.
You can reach me at phone: _____ email: _____

Mentee

Mentor

Supervisor



SWCM - Field Experience Learning Guide for New Workers

Newly hired Social Work Case Managers:

Utilize the Field Experience Learning Guide during the assigned field experience timeframe.

Social Work Supervisor:

Review with staff, sign and date when completed.

Required Intentional Learning Tasks for New Social Worker II

| <u>FACS</u> | Date Completed |
|---|-----------------------|
| Review the FACS Blue Sheets and Green Sheet as guidance when shadowing a co-worker entering FACS and/or when making first FACS entries. | |
| Observe co-workers making entries in FACS, opening case, RELL, SERL, SPIL, FCTL, PAYA. | |
| Open a case in FACS (complete as many steps in FACS as able to with assistance from supervisor/mentor/co-worker). | |

| <u>JARVIS- Initial Navigation</u> | Date Completed |
|---|-----------------------|
| Observe and discuss navigation of JARVIS – child services section - case narrative, enter child visit, IV-E | |
| Provider portal | |
| Relative notices | |
| Drug testing | |
| Case plan | |
| Child abuse report | |
| CPS assessment | |
| Alerts | |

| JARVIS- Initial Navigation (continued) | Date Completed |
|---|-----------------------|
| My Links in JARVIS connects to Drug Testing, Drug Testing Policies and Protocols, the Safety Plan (in PDF), Care Match, Wellness Check/TOP, CWIS Help Desk and JARVIS System Manual | |
| Rejected intake on open case | |
| Discuss how JARVIS communicates with FACS | |

| Handoff | Date Completed |
|--|-----------------------|
| Review Transfer Packet Face Sheet | |
| Observe a hand-off between SWIII and SWII. | |
| Shadow the first meeting between a SWII and the family at handoff and/or complete first meeting with family after receiving handoff. | |
| Receive first assigned case from CPW via a hand-off. | |
| Review JARVIS and needed information from intake and assessment with SWIII. | |
| Observe an initial contact with family by CPW | |

| FSRP | Date Completed |
|--|-----------------------|
| Observe actions in FACS and JARVIS needed to assign the provider and generate the 3055 authorization of service. | |
| Observe the process of making a FSRP referral. Discuss what information is included on the referral form, note additional information sent to the FSRP provider, such as additional documentation, reports, etc. | |
| Discuss expectations of contracts with FSRP (give handout) | |

| <u>Engagement</u> | Date Completed |
|--|----------------|
| Prior to observing the family, ask the mentor how the mentor envisions your role, and what you should do if the family appears uncomfortable with your presence. | |
| Observe engagement strategies utilized by the worker such as: genuineness, empathy, respect, open ended questions, solution focused, etc. | |
| Shadow a co-worker engaging a family followed by receiving first case and beginning to practice engagement strategies. | |
| Demonstrate engagement skills with a family upon receiving a case. Note the listening skills, reflective listening and engagement strategies utilized. | |

| <u>Monthly Visit & Case Notes</u> | Date Completed |
|---|----------------|
| Show local visit template, if used, and/or JARVIS template (domains) | |
| Observe a SWII using assessment questions with a family to gain information needed. | |
| Complete a case note regarding a family that addresses safety, permanency, child well-being, academic skill and preparation, and the five functional domains | |
| Complete case notes in JARVIS using the template in JARVIS. Ask for feedback from co-worker/supervisor regarding case note documentation and level of detail. | |
| Observe a co-worker utilizing Dragon and discuss other time management strategies. | |
| Tips and tricks for tracking visits. FACS tip -F7 from main screen – list of all families / kids and dates of last visit. Can print | |

| <u>Safety Assessment & Risk Re-Assessment</u> | Date Completed |
|---|-----------------------|
| Observe a co-worker completing a Safety Assessment in JARVIS. Discuss how they came to the conclusion of safe, conditionally safe, or unsafe. When to complete the assessment form: prior to starting unsupervised visits, prior to reunification, prior to case closure, whenever child may be in an unsafe situation. | |
| Assess for domestic violence, mental health, and substance abuse | |
| Observe a co-worker completing a Risk Re-Assessment in JARVIS prior to Case Plan Update. Discuss how the tool assisted them in preparing to write the case plan, as well as the final score. | |

| <u>Case Plan</u> | Date Completed |
|---|-----------------------|
| Request from supervisor case plans to review (paper file or JARVIS) to help in gaining understanding of what constitutes relevant content, language and structure to provide a reader the salient facts in the family's case. | |
| Review case plan goals and look for behaviors in those goals. Discuss writing behavioral goals with supervisor. Review example behavioral goals chosen by supervisor. | |
| If possible, observe co-worker completing FACS entry for INAL (initial case plan) or review/update case plan. | |

| <u>Court</u> | Date Completed |
|---|-----------------------|
| Attend as many court hearings as possible during the field learning experience period. If possible, attend a removal hearing, adjudication, disposition, review hearing, and TPR hearing. | |
| Review court reports written for your area, what is the content, and what is your court requesting, etc. | |
| Review court documents and note reasonable efforts language. Take note of information documented as reasonable efforts 1 services and reasonable efforts 2 services. | |
| Preparing for court / testifying (local / service area info) | |
| Discuss local practice for completing social histories | |

| <u>Electronic Data Management System (EDMS)</u> | Date Completed |
|--|-----------------------|
| Observe co-worker utilizing the EDMS filing system. | |
| Observe and note what documents are used in the EDMS system and how to navigate the system, etc. | |
| Upload documents in EDMS. | |

| <u>Family Team Decision Making Meeting</u> | Date Completed |
|---|-----------------------|
| Observe SW II complete FTDM referral form (discuss junctures – change of placement, LOC change, removal, first 30 days, case closure) | |
| Attend a FTDM meeting, noting the SWIII and SWII role in the meeting. | |

| <u>Out of Home Placement/Removal</u> | Date Completed |
|---|-----------------------|
| Observe a SWIII or SWII completing out of home placement/removal steps including: <ul style="list-style-type: none"> ○ relative search, ○ relative notices, ○ paperwork related to out of home placement, ○ FACS screens related to out of home placement, ○ other | |
| Observe how/who is involved in creating the family interaction plan and how it is carried out. | |
| TOP | |
| ESSA | |
| Transition Planning | |
| YTDM / Transition Meeting | |
| Adoption checklist | |
| Child study | |

| <u>Foster Care</u> | Date Completed |
|--|-----------------------|
| Accompany the SWII or SWIII meeting with child/ren in a foster home. Take note of questions covered with foster parents and assessment of safety, stability of placement, in foster care, etc. Ask your mentor or supervisor if you have questions about what you observed or heard. | |
| Accompany the SWII or SWIII meeting with child/ren in relative placement home or kinship care. Take note of questions covered with caregivers and assessment of safety, stability of placement, in foster care, etc. Ask your mentor or supervisor if you have questions about what you observed or heard. | |
| Referral to Care match –local practices | |

| <u>Foster Care (continued)</u> | Date Completed |
|---|-----------------------|
| Birth Certificate – discuss local practice (out of state / international BC handled by help desk) | |
| Discuss foster parent support worker's role. | |
| Discuss how to handle unsafe foster / relative / kinship placement. | |

| <u>Shelter/Psychiatric Medical Institute for Children (PMIC) Placements/Group Care</u> | Date Completed |
|---|-----------------------|
| Discuss / review a PMIC referral, steps involved in the referral process. Take notes on the steps involved. | |
| Discuss / review a group care referral, steps involved in the group care referral. | |
| If possible, accompany a SWII completing a child visit at shelter, group care, and/or PMIC placement. Learn the names of the shelters/PMIC/Group Care in your area, the placement process, etc. | |

| <u>Case Consultation</u> | Date Completed |
|--|-----------------------|
| Observe what the worker did to prepare for the case presentation. | |
| Attend individual case consultation and/or group supervision. Participate and request clarification, if needed. | |
| Discuss with the supervisor key areas to be prepared to present/ discuss in group or individual case consultation. | |

| <u>IV-E</u> | Date Completed |
|--|-----------------------|
| IPI | |
| Change form | |
| Discuss what needs to be uploaded into JARVIS. | |

| <u>General</u> | Date Completed |
|--|-----------------------|
| Travel claims | |
| State cars | |
| HRIS | |
| Where to find forms | |
| What you should have with you /Bag of tricks | |
| Resource guide | |
| User shares | |
| Safe Plan of Care | |
| Paternity testing | |
| Court ordered service funding | |
| After Hours Protocols | |

| <u>Statewide / Local Services</u> | Date Completed |
|---|-----------------------|
| DCAT | |
| Income Maintenance | |
| Drug testing | |
| Early Access | |
| CSRU | |
| Completing Service Referrals | |
| ICPC | |
| Community Care | |
| Prison Protocol | |
| Worker Safety - Ask the supervisor or mentor about your safety if the family information relates a past history of aggression toward the department or authority figures. | |
| New case checklist / other local checklists | |
| ICWA | |
| Mexican Consulate | |
| CAP Team / Safe and Together model – observe a CAP consultation | |
| Parent Partners – how to refer to PP's | |
| Family Treatment Court – if applicable, observe FTC | |

| <u>Statewide / Local Services (continued)</u> | Date Completed |
|--|-----------------------|
| SO Registry | |
| DOC Website | |
| Iowa Courts Online | |
| Assessor website | |
| Fed Parent Locator | |
| Protective child care vs cca | |
| Many service questions can be answered by accessing the Service Help Desk and CWIS Help Desk in sharepoint: http://dhssp/fo/fosuhelp/Lists/Service%20Help%20Desk%20Tidbits/AllItems.aspx | |

| <u>Other service area information</u> | Date Completed |
|--|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



Please review your completed checklist with your supervisor and sign.

Staff Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____



CPW Field Experience Learning Guide For New Workers

Newly Hired Child Protective Workers:

Utilize the Field Experience Learning Guide by completing the intentional learning tasks. CPW's will cover this material with their mentor and then their supervisor will ensure this has been completed.

Child Protective Worker Supervisor:

Review with staff and date when completed.

Required Intentional Learning Tasks for New Social Worker III

| <u>Intake</u> | Date Completed |
|---|-----------------------|
| Review the Child Protective Services Intake forms on cases you have been assigned to shadow. | |
| The new worker and supervisor will arrange to spend a half day in Des Moines observing the centralized intake team. | |
| With guidance of mentor, enter an intake, including all system checks (child abuse registry, criminal record, sex offender registry, dependent adult abuse registry). Discuss protection of reporter. | |
| Only take suppressed intakes into the field, as you do not want to disclose reporter information. | |

| <u>Worker Safety</u> | Date Completed |
|---|-----------------------|
| Consider the risk of the situations on cases assigned to you to shadow, discuss with your supervisor. | |
| Discuss when to request Law Enforcement assistance on cases. | |

| <u>Assessment</u> | Date Completed |
|---|-----------------------|
| With mentor's assistance, discuss initial case file set up (paper, service application, safety plan, domain information, etc.) | |
| Discuss whether confidential access is needed and when it can be utilized. | |
| Observe an experienced Child Protective Worker engaging with a family and using assessment questions to gain information needed. Take notes, compare documentation and discuss your observations. | |
| Observe engagement strategies utilized by the worker such as: Genuineness, empathy, respect, open-ended questions, solution-focused questions, etc. when assessing child safety. | |
| Review assessments in JARVIS to gain an understanding of content, language, safety constructs, etc. | |
| Review factoring and discuss how to reach conclusions. | |
| Review Non-custodial parent contact protocol and practice strategies. | |
| Contact reporter unless not appropriate. | |
| Observe a co-worker utilizing Dragon and discuss other time management strategies. | |
| <p>Observe at least one of the following types of assessments:</p> <ul style="list-style-type: none"> ○ Denial of Critical Care ○ Physical Abuse ○ PID ○ Sex Abuse ○ Dangerous Substance ○ Dependent Adult ○ Child In Need of Assistance | |
| (Requesting medical records, use of CPC, how to take photos, how to document photos) | |

| <u>Assessment (continued)</u> | Date Completed |
|---|-----------------------|
| Observe Child Protection Center interview process. | |
| Work with mentor to approve a drug screen in system. | |
| Observe a Courtesy Interview | |
| Accompany a worker to a jail interview | |
| Discuss ICWA and how this applies to Child Protective cases. | |
| Discuss when to contact the DHS Service Help Desk and how they can assist on cases. | |
| Discuss On Call expectations and develop an on call referral book (with area specific resources). | |
| Discuss protocols for cases involving facilities or in out of home settings. | |

| <u>Safety Assessment</u> | Date Completed |
|--|-----------------------|
| Observe a co-worker completing an initial and subsequent Safety Assessment in JARVIS. Discuss how they came to the conclusion of safe, conditionally safe, or unsafe. | |
| Observe the development of a safety plan if a child is determined to be conditionally safe and what information should be included and possibility of safety services. | |

| <u>Risk Assessment</u> | Date Completed |
|--|-----------------------|
| Observe a co-worker completing a Risk Assessment in JARVIS. Discuss how the tool assisted them in determining the disposition of the case. | |
| Complete a Risk Assessment on a case you have shadowed and compare this to the worker's completed risk assessment. | |

| <u>Service Referral</u> | Date Completed |
|--|-----------------------|
| Observe the process of making a service referral to an FSRP/SAFE provider. Review the information included on the referral form, note additional information sent to the FSRP provider such as additional documentation, reports, etc. | |
| Observe the process of making a Community Care referral. Observe the discussion of the program with the family, note the information included in the assessment when making a referral, as well as the information sent to the provider. | |
| Discuss any service referral needs for the case. | |

| <u>Court</u> | Date Completed |
|---|-----------------------|
| Attend as many court hearings as possible during the field learning experience period. If possible, attend a removal hearing, adjudication, disposition, and a review hearing. | |
| Observe a co-worker utilizing the EDMS filing system, including searching for court orders. Observe and note which documents are used in the EDMS system. | |
| Discuss Emergency Removal Process/VPA for your area. Gather all necessary supporting documents for removal, gather all contact information for during work hours and after hours. | |

| <u>JARVIS</u> | Date Completed |
|--|-----------------------|
| Observe a co-worker entering case information into JARVIS to complete Family Assessment, Child Protective Assessment, Child in Need of Assistance Assessments, Dependent Adult Assessment. | |

| <u>Handoff/Transfer Process</u> | Date Completed |
|---|-----------------------|
| Review Transfer Packet Process and discuss utilizing the form. | |
| Observe a hand off between a SW III and SW II and discuss the timeframes on when this occurs. | |

| <u>Family Team Decision Making Meeting</u> | Date Completed |
|--|-----------------------|
| Observe an FTDM meeting and discuss local practice for SW III. | |

| <u>Out of Home Placement</u> | Date Completed |
|---|-----------------------|
| Observe a SWIII completing out of home placement/removal steps including: <ul style="list-style-type: none"> ○ relative search ○ relative notices ○ paperwork related to out of home placement ○ FACS screens related to out of home placement ○ IV-E ○ TOP ○ ESSA ○ Rights of Youth ○ Financial Assistance for Caregivers | |

| <u>Out of Home Placement (continued)</u> | Date Completed |
|--|-----------------------|
| Observe creation and implementation of a family interaction plan. | |
| Observe making a referral for placement to foster care (CareMatch) or shelter. | |
| Observe a SWIII making a placement. | |

| <u>Case Consultation</u> | Date Completed |
|---|-----------------------|
| Discuss key areas to be prepared to present/discuss in group or individual case consultation. | |
| Observe individual case consultation and/or group supervision. | |

| <u>Tasks to be Completed Once a Family Assessment is Assigned (Review with Mentor and Supervisor must be briefed.)</u> | Date Completed |
|---|-----------------------|
| Review the Child Protective Services Intake form on the case assigned to you and discuss with mentor, emphasizing the critical information to review. For example, the Additional Information Section and review DHS history. Follow Supervisor Direction on first case. | |
| Send Parental Notification. Work with your supervisor or an assigned staff to send the Parental Notification within five working days to all custodial and non-custodial parents of all alleged victims. Document the notification as well as efforts to identify non-custodial parents and discuss with your supervisor. | |
| Consider the risk of the situation on your Family Assessment assigned case before making initial contact with the family. | |
| Contact reporter and gather any police report/medical report necessary. | |
| Complete timely contact with the child/family and clearly document reasonable efforts to see children within assigned timeframes. | |

| <u>Tasks to be Completed Once a Family Assessment is Assigned (Review with Mentor and Supervisor must be briefed.) (continued)</u> | Date Completed |
|---|-----------------------|
| Complete the home visit. Interview household members and observe all child subjects required for a Family Assessment. Clearly document the evaluation of the home environment where the child's safety was assessed. Gather domain information. | |
| Complete an initial Safety Assessment on the assigned family within the appropriate time-frames. | |
| Present this case to your Supervisor to determine safety decision. Utilize your Safety Constructs. | |
| Assess any need for reassignment to Child Protective Assessment. | |
| Offer/conduct interview with the alleged person responsible. Clearly document interviews that were offered / conducted with all alleged persons responsible. | |
| Contact/interview all necessary collaterals and non-custodial parents. Clearly document contact and interview every collateral who may be able to contribute credible/relevant information. Document contact and interview non-custodial parents, including incarcerated parents. | |
| Complete a Risk Assessment in JARVIS on your assigned Family Assessment. Discuss how the tool assisted you in determining the recommendations of the case with your supervisor. | |
| Complete Additional Process Information. | |
| Utilize JARVIS to enter assessment information on your case. | |

| <u>Service Area Tasks:</u> | Date Completed |
|---|-----------------------|
| Meet all Community Partners- <ul style="list-style-type: none"> ○ Law Enforcement ○ Court partners ○ CPC ○ Drug testing ○ Domestic violence advocates ○ schools ○ others | |

Please review your completed checklist with your supervisor and sign and date.

Staff Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

NOVEMBER 2019

Comprehensive Program Evaluation of Foundational Trainings for the Iowa Department of Human Services Social Workers

CONTENTS:

OVERVIEW

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A BRIEF REPORT

Complete detailed report available upon request



OVERVIEW

Comprehensive program evaluations are essential elements of the learning process and can inform best practices for subsequent learning experiences.

The goal of the present evaluation is to identify learning outcomes and practice from existing data and recommend revisions based on those findings. Data were gathered from Iowa Department of Human Services participants in two foundational social worker trainings (SW 020 and CP 200) during FY19 (July 2018 - June 2019).

The assessment draws on the Kirkpatrick Model, an approach used to evaluate the results of training and educational programs at four levels: reaction, learning, behavior and results.

Data available for this evaluation measure participants' learning in three ways:

- **Reaction:** Immediate Training Feedback
- **Learning:** Pre and Post Training Knowledge Checks
- **Behavior:** 30 day Follow up Feedback

(See <https://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model>)

KNOWLEDGE CHECKS

SW 020 Knowledge Check

33 items in 10 **Categories:**
 Assessment, Case Closure,
 Case Consultation,
 Engagement, Handoffs;
 History/DHS 101;
 Placement, Safety/Risk,
 Systems, Visits.



CP 200 Knowledge Check

38 items in 6
Domains:
 Overview,
 Interview, Family,
 Legal, Policies, Safety

In Iowa, Foundational Training for Social Workers is required prior to receiving a case load assignment.

SW 020 Foundations of SW2 Practice

6.5-day required training for all new Social Worker 2s who provide assessment and oversight of cases in which the Department has determined that abuse/neglect of child/children has occurred.

CP 200 Basic Training for Child Protective Workers

6-day training required for all new Social Worker 3s and Supervisors involved in child abuse investigations.



Number of Participants

| Evaluation Type | SW 020 | CP 200 |
|---------------------------------------|--------|--------|
| Pre-Post Knowledge Check Comparisons* | 89 | 51 |
| Immediate Training Feedback | 59 | 43 |
| 30-day Follow up Feedback | 37 | 34 |

*Uses participant first attempts and non-partial scores; some had multiple post check attempts (SW 020, 29 of 89; CP 200, 1 of 51)



Participants' average percentage of correct answers increased from pre- to post training.

SW 020 from 68% to 81%
CP 200 from 70% to 84%

Results Post Training

| Focus | SW 020 | CP 200 |
|--|--------------------|------------------------|
| % of items that met 80% correct criteria | 70% | 83% |
| Highest category/domain | Handoff 98% | Interview 91% |
| Lowest category/domain | Safety-Risk 71% | Family Dynamics 67% |
| Most improved category/domain | Systems 39% | Overview 23% |

RECOMMENDATIONS BASED ON KNOWLEDGE CHECKS

- Ensure knowledge check questions are consistent with training material presented
- Implement steps to ensure all trainees meet post check criteria of an 80% score, for example:
 - 1) Establish minimum criterion score of 80%
 - 2) Limit number of post-check attempts (e.g., 3 attempts maximum)
 - 3) Create an abbreviated "refresher" course and offer course re-take option for those who do not meet criterion at post check maximum attempts limit
 - 4) Offer webinar "refresher" courses
- Revise and update training materials related to the categories/domains that score below criterion at post-knowledge checks
- Consider adding interactive activity, hands on work and/or expanded discussion for lower scoring categories/domains to augment retention of knowledge

FEEDBACK REPORTS

On the Immediate and 30-day feedback surveys, SW 020 and CP 200 trainees reported they could **Apply Learning to Work** what was learned during the trainings. They also are **Likely to Recommend** the trainings. Average scores dropped slightly from Immediate to 30-day feedback.



RECOMMENDATIONS BASED ON FEEDBACK REPORTS

- Design further evaluation measures and questions to better assess why participants report they can only apply training to job to "some extent" or a "fair extent" at 30-days
- Evaluate why ability to apply and likelihood of recommending training drops over time
- Given the positive feedback, add additional case reviews, partner stories and learning reference material to training
- Ensure all learning content gives learners applicable tools to use in the field

Four Feedback Themes

FACS and JARVIS System Training

"I think the FACS training I use everyday, some of the field work I can apply, learning to use them is more than doing it hands on rather than classroom training."

Learning Reference Material

"The course helped to give context for the job. Doing the case consultation activity was especially useful."

Case Reviews and Partner Stories

"Parent partner stories were powerful and good discussion following how it applies to our work"

Face-to-Face Format

"This training is face to face. It was appropriate as there was a lot of information to go through. The trainers did a great job of organizing the training and presenting it in a fun way."

OVERALL RECOMMENDATIONS AND SUGGESTED ACTIONS

- Provide full set of comprehensive evaluation results to trainers and training planners
- Review feedback evaluation items for ways to increase how they inform training delivery and application
- Revise and reinforce low-performing items on knowledge checks
- Examine and revise the number of items used to assess categories and domains of knowledge to ensure equivalency in weight toward an overall criterion score
- Ensure training facilitator guides and all training materials are up-to-date
- Conduct focus group(s) to obtain feedback from trainees and/or supervisors on existing evaluations
- Conduct focus group(s) to gather additional feedback from trainees and/or supervisors on application of content to the field to assess the results (i.e., level 4 in Kirkpatrick Model)
- Implement a continuous quality improvement plan to ensure fidelity and transfer of knowledge to field practice

This evaluation is funded through the FY20 Service Training Contract, a partnership between Iowa State University's Child Welfare Research and Training Project and the Iowa Department of Human Services. FSOU-20-001. Contributors: Rachel Vos Carrillo, Emily McKnight, Laura Triplett, Tera Jordan.

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Child Welfare Policy and Practice Group (CWPPG) Recommendations & Response Measures

- A.** The department might consider **revising training in a way that allows for Information Systems Training to be offered separately from Social Work Practice Training**. There might be other, better options. In whatever ways the agency chooses to proceed, it is recommended that a better balance between the two types of training be actively pursued. Ultimately, the social worker's ability to join with families, prevent unnecessary removals, and support timely permanency will positively impact documentation results.

The systems training has now been separated out from the theory/practice portions of new worker training, whereas before the topics were interwoven. This division helps to lessen the frustration that learners may experience due to the complexity of the technical systems.

Additionally, the DHS CWIS Help Desk is working to develop an intuitive system that will replace FACS. When that system goes live, the time allocated toward systems training will be significantly reduced.

- B.** **Review/revise the current CP200 and SW020 Trainer's Guides**, making sure that introductory activities, small group work, and practice opportunities followed by feedback (from the person taking the risk, the group, and the trainer) are returned to or built into the curriculum and used. Ensure that the topics of Interpersonal Helping Skills, Working Agreement, Underlying Needs, and Stages of Change are taught and practiced. Create a bound Participant Guide and when discussing material in it, remind the group that it is meant to be a Handbook to assist them in their practice after they leave training.

The trainer's guides have been updated and a bound participant guide has been developed for both CP 200 and SW 020.

Course content is continually being updated and more emphasis will be placed on empathy, genuineness and respect when working with families. Role playing is a core component of many new worker courses, in addition to the orientation coursework - SW020 and CP200. Just a few examples of the courses that emphasize skill-building through role playing include: Assessing throughout the Case, Mental Health Fundamentals, Substance Abuse Fundamentals, Domestic Violence Fundamentals, and Motivational Interviewing Fundamentals. On a related note, Motivational Interviewing training is now required for new workers within the first 6 months of employment.

Two new instructional support staff members have been hired by ISU. These individuals attend courses and help to ensure that practice elements and activities go smoothly.

- C.** Explore ways to manage **cell phone distractions during training**, so that valuable information and learning opportunities are not missed.

Distractions during training is a reoccurring obstacle faced by facilitators. To mitigate this issue DHS trainers addressed the use of cell phones and other distractions during a monthly statewide phone meeting with all supervisors. Additionally, trainers incorporated these points into guidelines for training that are standard agenda points addressed with learners at the beginning of training.

During the reporting period, Jana Rhoads had recently been appointed the Division Administrator of ACFS. Previously Jana held the trainer position for the field. This leader's background in facilitation served to hold learners in the field to a higher standard of conduct during training.

- D. It is understood that a **mentoring program** for new staff is being planned. This is a wonderful idea, as new workers often feel "at sea," when they begin and tend to consume more of the supervisor's time than is reasonable to give. Choosing mentors will be a critically important decision: it is assumed that they will be modeling practice for the new hires, in which case they need to be highly skilled in the four areas described earlier. Perhaps a refresher training on these practice pieces might be included in their preparation for the mentoring role.

The Mentoring program rolled-out in August to serve as a support system for new workers. The Mentoring Program aims to build the confidence level of a new worker as well as their competency in doing casework in the counties they serve. With this goal in mind, the program is designed around experiential learning opportunities in the field that reinforce classroom learning. The desired outcome of the program is increased employee satisfaction and retention.

To infuse the formalized mentoring program into the onboarding culture, the training department conducted a webinar required for supervisors that provided an overview of the program and outlined responsibilities for supervisors, mentors, and mentees. The documents in the mentoring toolkit are designed to support the goals and objectives of the program and track required field learning experiences. This program will allow for better time management in the classroom as a number of topics currently taught in the classroom will soon be covered by the mentor in the field.

- E. Consider **adding more DHS trainers with field experience** to the contingent of available trainers, so that rotations are possible. Over time, training feels repetitious, and trainers become weary. Some of the ways trainers tend to deal with their fatigue are: 1) to condense their presentations, 2) skip group activities that don't have immediate and obvious impact on trainees (and take energy to conduct), 3) use lecture only, rather than posing questions to get the group engaged and thinking, 4) refer the group to handouts versus involving the group in looking at and discussing them. These possible changes might indicate a trainer's need to conserve energy and/or relieve time constraints.

DHS is excited to report that a second skilled trainer with IDHS field and supervisory experience was hired this fiscal year, which addresses the concerns noted.

- F. Consider investing in DHS trainers by sending them to a **“Training of Trainers” workshop**, of which there are many around the country. These demonstrate techniques for use in training that will enhance the experience for everyone in the room.

DHS internal trainers participated in the Safe and Together Symposium on November 13-15, 2019 in Denver Colorado. The purpose of the symposium was to provide facilitators with a deeper knowledge base on the Safe and Together model as well as provide them with tools to use with learners. The objectives of this conference include:

- Improve the systemic approach to child safety and wellbeing in the context of family violence.
- Learning to make meaningful and sustainable changes toward domestic violence-informed systems while improving practice.
- How the Safe & Together Model guides practice through principles and components.
- Basic skills around engagement, assessment, case planning and documentation.
- Apply Safe & Together Model principles and key concepts to supervise worker practice.
- Use a coaching framework to provide DV-informed supervision of worker’s practice.
- Address worker safety concerns and provide DV-Informed case guidance and decisions.
- How to articulate the value of domestic violence-informed practice within the child welfare mission.
- Specific strategies for engaging child welfare to improve its practice, including better partnerships with survivors and focused interventions with perpetrators.
- How to address critical issues such as confidentiality and influencing decision-makers.

Additionally during the reporting period train-the-trainer opportunities were explored. ISU made recommendations for a prime candidate to host the session. Unfortunately the timing was not ideal as the recommended took a leave of absence.

This coming fiscal year ISU is contracted to host four train-the-trainer type sessions so that internal DHS facilitators are continually learning best practices and strategies for enhancing training.