

Iowa Department of Human Services

Division of Adult, Children & Family Services

The Child Abuse Prevention and Treatment Act (CAPTA) Grant



2019-2020 Year End Report

Iowa Department of Human Services
Division of Adult, Children & Family Services
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CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

Annual Report

2019 - 2020

The Child Abuse Prevention and Treatment Act (CAPTA) requires that a state receiving a CAPTA State Grant submit an annual report describing how the grant award was expended. Following is Iowa's 2020 annual CAPTA report which includes the required information and a description of how CAPTA State Grant funds were used in a manner that aligns with and supports the overall goals for the improvement and delivery of child welfare services.

IOWA'S PROGRAM MANAGER FOR THE CHILD ABUSE PREVENTION & TREATMENT ACT (CAPTA)

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SUBSTANTIVE CHANGES TO STATE LAW

SECTION 106(b)(1)(C)(i)

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. No new laws or amendments to the Iowa Code, which would affect CAPTA, were passed in SFY 2020. While there are no new laws affecting CAPTA, there are other bills that are expected to be signed into law which will impact child welfare in Iowa.

- A bill (SF2182) that allows for a pilot project regarding legal representation in child welfare cases. The bill permits legal representation for indigent parents prior to the filing of any court proceedings in 6 Iowa counties.
- A bill relating to the definition of "young adult" (HF2220) for purposes of participation in the Preparation for Adult Living (PAL) program. The program assists young adults leaving foster care and other court ordered services at 18 or older in making the transition to self-sufficiency. The bill extends the eligibility of the PAL program which allows the Iowa Aftercare Services Program to serve youth who age out of relative care or care with an approved other person, with the same level of support as youth who leave licensed foster care placements.

- A bill regarding the continuous abuse of a child (HF 2554) that raises the penalty to a class “B” felony when a person 18 years of age or older is convicted of engaging in any combination of three or more acts of sexual abuse with the same child and at least thirty days have elapsed between the first and last acts of sexual abuse.
- A bill targeted at Human Trafficking (HF 2259) with regard to prevention training and reporting for Hotel/Motel employees and the requirement that public employers and employees procuring lodging, space and/or services for conferences, meetings, or banquets with public funds only utilize hotels and motels that have been certified as having conducted human trafficking training for their employees.

PROGRAM AREAS SELECTED FOR IMPROVEMENT SECTION 106(b)(1)(C)(ii)

In Iowa’s 2019 CAPTA State Plan, the Department of Human Services (DHS) identified specific program areas to target for improving Iowa’s child protection system. Of the fourteen program areas set forth in section 106(a) of CAPTA, DHS had previously targeted seven which had included the program area related to domestic violence. This year, the focus will be on six program areas of improvement. DHS will no longer be focusing on the area of domestic violence. This move is due to the fact that CAPTA funds had been used in the past to contract for a Domestic Violence Response Coordinator position. That person has since left the organization and the decision was made not to rehire for the position but rather to contract independently with this person for a portion of the Coordinator’s role. At that time, it was also decided that funding for this work would be moved to another source other than CAPTA. Thus, the CAPTA program areas designated here have been revised to reflect this change. As to the critical area of domestic violence, the Safe & Together Model is still being trained on and used throughout the State. In addition, a Domestic Violence Fundamentals course and a Domestic Violence Intermediate course are part of the DHS training curriculum. In addition, the issues and concerns related to domestic violence are also embedded within a number of other DHS trainings. The Connect and Protect (CAP) teams which provide guidance for staff handling domestic violence cases are also still active in each of the Service Areas.

This report describes the DHS activities funded under CAPTA in line with the following six program areas that they fall under. In addition to the CAPTA funded activities, the report also identifies other DHS initiatives that align with and support the selected program improvement areas that DHS has targeted.

- ***The intake, assessment, screening, and investigation of reports of child abuse or neglect.***

- ***Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response.***
- ***Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and Improving legal preparation and representation, including:***
 - *Procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and*
 - *Provisions for the appointment of an individual appointed to represent a child in judicial proceedings*
- ***Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response***
- ***Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.***
- ***Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—***
 - *To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and*
 - *To address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

THE COMPREHENSIVE ADDICTION AND RECOVERY ACT of 2016 (CARA)
SECTION 106(b)(2)(B)(ii) and (iii)

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

b. If a health practitioner involved in the delivery or care of a newborn or infant discovers in the newborn or infant physical or behavioral symptoms that are consistent with the effects of prenatal drug exposure or a fetal alcohol spectrum

disorder, the health practitioner shall report such information to the department in a manner prescribed by rule of the department.

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

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

Implementation of CARA

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

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

Policy and Practice

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

- Intake:
 - Reports for children born positive for an illegal substance continue to be accepted as Presence of Illegal Drugs in a Child’s Body and assessed as a Child Abuse Assessment (this was policy prior to CARA).
 - If abuse criteria is not met and there is no current child welfare case, but DHS receives concerns by a medical provider that an infant is affected by

- substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, a CINA assessment is accepted.
- The intake is rejected and information provided to the social work case manager (SWCM) if there is an open child welfare case.
 - Assessment:
 - The child protection worker consults with the medical provider to confirm the infant is affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.
 - If the medical provider determines the infant is not affected, the information is documented in the assessment (Child Abuse Assessment, Family Assessment or Child In Need of Assistance Assessment).
 - If the medical provider determines the infant is affected, the information is documented on the Safe Plan of Care.
 - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required.
 - Case Management:
 - For an existing child welfare case, the social work case manager (SWCM) consults with the medical provider to confirm the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
 - If the medical provider determines the infant is not affected, the information is documented electronically in a contact note in the Family and Children Services (FACS) system, which is a component of Iowa's child welfare information system.
 - If the medical provider determines the infant is affected, the information is documented on the Safe Plan of Care.
 - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required.
 - County Attorney Consultation
 - DHS staff in all counties have a process in place in which they consult with their county attorneys. How each county attorney handles the concerns of a family not cooperating with a Safe Plan of Care can vary across the state. If the lack of cooperation becomes a safety concern, it is likely county attorneys will support the filing of a Child In Need of Assistance petition. It is in circumstances where the lack of cooperation does not rise to a safety concern that there may be a variance across the state.
 - As referenced with respect to the Drug Endangered Children (DEC) workgroup, a part of the workgroup's discussion and ultimate recommendations included the change in state statute to support mandatory reporter laws consistent with Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). County Attorneys were represented on this workgroup.

The implementation of these updated policies and procedures were rolled out to DHS field staff and external partners in a multitude of ways. In May of 2017, all health care providers in Iowa were sent a letter from the DHS Child Welfare Bureau Chief regarding the state law changes requiring them, as mandatory reporters, to notify the DHS of any infant affected by any substance abuse or withdrawal symptoms resulting from prenatal

drug exposure or Fetal Alcohol Spectrum Disorder. This letter also provided basic information regarding their role in the development and approval of a Safe Plan of Care for any infants identified as affected as well as, information on how to access additional information regarding CARA.

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

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

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

Process of Monitoring Safe Plans of Care

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

- In cases where there are ongoing DHS services involved with the family, the assigned social work case manager (SWCM) plays a larger role in monitoring the Safe Plan of Care and for ensuring that the appropriate services are being provided. The referrals that are made and the provision of services is documented in the family's case plan. In these cases, the SWCM has ongoing interactions with the family and is assessing the safety need and effectiveness of services as long as the DHS service case is open.
- If a family is cooperative with the Safe Plan of Care and there is not an open, DHS service case, it is the responsibility of the identified medical/community providers to monitor the plan. If the provider has further concerns, they are to contact the DHS hotline and the intake process would begin again.

Safe Plan of Care Reviews

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

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

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

March 2018 – An informal follow up to the November 2017 review was completed and confirmed that expected procedures for CARA were not being met.

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

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

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

- An Intake Social Worker
- An Intake Supervisor
- A Child Protection Worker
- A Social Work Case Manager

- A Field Social Work Supervisor.

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

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

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

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

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

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

- Monitoring of the Safe Plan of Care

Upon completion of the reviews, the groups came together to discuss strengths, opportunities for improvement, identified barriers, and recommendations to improve the development and monitoring of Safe Plans of Care in Iowa. Areas of strengths that were identified by the group included family engagement, the Safe Plan of Care being completed with the family, and timely service referrals. Areas for improvement included follow-up consultations with medical providers, the completion of Safe Plans of Care, and a need to better identify who will be monitoring the services. Following the discussion the group proposed the following recommendations:

- Training

Further training should be offered on the CARA initiative regarding: when a Safe Plan of Care is needed, the requirements of a Safe Plan of Care, who should be involved in the development of the plan, services needed and the monitoring of the plan and the need for good documentation throughout the process.

- Field Service Training – On May 21, 2020, policy staff reviewed the CARA requirements, state law related to CARA, as well as, DHS policy and practice expectations around Safe Plans of Care during a Bi-Monthly Service CIDS call. The Bi-Monthly CIDS calls, which include supervisors and administrators, are not intended for training purposes as such but rather as a means to introduce new policy or reinforce current policy. The information from these calls, along with the power points, documents, and other resources provided are expected to be taken back to the field and presented and discussed with front line staff by supervisors. With regard to Safe Plans of Care, DHS trained extensively on this in 2010 with the initial requirement involving illegal drugs or Fetal Alcohol Spectrum Disorder. As such, the idea of needing to expand training to apply to Safe Plans of Care for all drugs wasn't initially thought to be a significant change. However, as reviews proved that more work was needed in this area, the requirements were reinforced and a form was created. DHS continues to work with the field on this in order to meet the expectations for completing Safe Plans of Care. The DHS training team is currently developing a specific training on Safe Plans of Care that will take place September. This training will be recorded so it will be available for new staff in the future. This topic will also be incorporated into other trainings. Safe Plans of Care are now being covered briefly in basic trainings for CPWs, SWCMs, and supervisors and in the substance abuse fundamentals training. Going forward, the plan is to add it to the mental health fundamentals course and to review additional trainings to see where it may be appropriate to include. In addition to these steps, supervisors are being encourage to play a bigger role in confirming that Safe Plans of Care are completed and completed accurately.
- In addition to an overview, the Safe Plan of Care form, its purpose, and how to complete it were discussed in detail as well as, the system enhancements in place to assist in prompting staff to complete a Safe Plan of Care when needed and to capture data, which meets federal reporting requirements. Supportive documents previously provided to staff were also reviewed and remain available for reference.

- Services and Monitoring

Identified services along with timeframes for participation and how monitoring will be conducted should be clearly stated on the Safe Plan of Care.

- These issues were also addressed during the May 21, 2020 Service CIDS.
- Medical
Increased consultations with medical providers are needed to confirm whether or not the infant is affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder and that the medical provider has reviewed the Safe Plan of Care when used and agrees that the needs of the infant and family will be met through the Safe Plan of Care.
 - Time was dedicated during the May 21, 2020 Service CIDS to express the importance of the role the medical providers play in the success of Safe Plans of Care. Procedures to confirm with medical providers that an infant is affected, to collaborate and to identify services, and have the medical provider sign off that the identified services are adequate to meet the infant and caregiver's needs were discussed.
- Native Americans
Native American heritage should be asked and noted at Intake or during the assessment process and if the child and family are part of a tribe, the Safe Plan of Care should be developed in conjunction with the family, the tribal Social Worker and the CPW.
 - A reminder of the importance to follow the expected policy and procedures with our tribal partners and families was also highlighted during the May 21, 2020 Service CIDS.

CARA Data

	Calendar Year 2019
Infants affected – identified at intake	247
Infants affected – identified during CPA	172
Safe Plans of Care completed	160
Total number affected	175*

*Can include multiple children on one Safe Plan of Care

A total of 175 infants were identified as affected in CY 2019. This is significantly less than the 2018 total (552). In review of Calendar Year (CY) 2019 data, as it compares to CY 2018, it is believed practice change impacted the totals. While the intake totals were comparable (278 in 2018), the totals identified during the course of an assessment lowered drastically from CY 2018, which identified 544 infants affected – identified during CPA and 543 Safe Plans of Care completed.

Intake training and practice on when to identify an infant as affected has remained consistent with much less turn around in staff than the field assessment workers. It was identified that field staff were routinely identifying an infant as affected very liberally when the allegations included drugs, particularly Presence of Illegals Drugs in a Child's

System (PIDS). However, there was an administrative decision made that testing positive for a substance alone would not be considered “affected by substance abuse” unless a medical professional identified the child as being affected. So while a PIDS case is founded due to an illegal drug being present in the system, the child may not have had any affects identified by a medical professional.

Following the decision, field staff were provided clarification that PIDS in and of itself did not automatically identify an infant as affected. There had to be information that the infant was affected by the substance, such as having withdrawal symptoms, and that ultimately it was a determination to be made by a medical professional and not field staff. Additionally, the new practice (leading to additional assessments) that existed from February 2017 through September of 2018 would also reflect why the numbers were higher in 2018.

	Calendar Year 2018
Infants affected – identified at intake	278
Infants affected – identified during CPA	544
Safe Plans of Care completed	543
Total number affected	552*

*Can include multiple children on one Safe Plan of Care

Multi-disciplinary Outreach, Consultation and Coordination

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

- A CAPTA-CARA Workgroup was established to identify the policies, procedures and system changes that would be needed to implement CARA.
- On March 16, 2017, CARA and the related changes in policies, procedures and system changes were presented and discussed on a Bi-Monthly Service CIDs call with DHS field supervisors.
- Added supports including communication documents and instructional releases were provided to the DHS staff from the Central Office Policy Division and the Service Help Desk.
- System changes were implemented within the JARVIS (DHS Child Welfare Data System).
- The Iowa Administrative Code (IAC) or “Rule”, the DHS Employee’s Manual and related forms were updated to reflect the new law changes.
- Policy Program Managers composed and distributed a Letter of Notification and a Guidance Document for external stakeholders and partners regarding the passage and implementation of CARA.

In addition to the internal preparations, the DHS has reached out to groups and agencies across Iowa to ensure that they are aware of the passage of the federal

requirements regarding CARA and of the 2017 law change in Iowa that implements CARA. External efforts in this regard include:

- Information regarding the passage of CARA and how that impacts Mandatory Reporters was posted on the DHS Website.
- The CARA Letter of Notification and the Guidance document was shared with the Iowa Department of Public Health (IDPH) and was posted on the IDPH Mandatory Reporter Training web page.
- A presentation, accompanied by the Guidance document, was offered to the Child Protection Council/Statewide Citizen Review Panel (CPC/CRP). This group consists of members who represent a number of different disciplines such as medical, child advocacy and prevention, law enforcement, the University of Iowa, juvenile justice, and Iowa's Child Advocacy Centers. Each of these professionals was asked to share this information within their areas of practice.
- The CARA Letter of Notification and Guidance document were sent to the Juvenile Justice Division to be shared statewide with Juvenile Justice personnel and Juvenile Judges.
- The CARA Letter of Notification was distributed through the DHS Iowa Medicaid Enterprise (IME) Division to all health providers of Medicaid in Iowa.

CARA & Early ACCESS (IDEA Part C)

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

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

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

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

Identified Challenges and Lessons Learned

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

- The availability of services for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure,

or a Fetal Alcohol Spectrum Disorder and their mothers with substance use disorders, is more limited in the rural parts of Iowa as compared to the urban areas in the state.

- In Iowa, services such as Early ACCESS, Home Visiting, and the Iowa Family Support program, which are all targeted for this population of children, are voluntary services. As such, it is difficult to monitor a parent's participation and compliance with the program. This is also true of the non-agency voluntary services (Community Care) to which many families are referred.
- There is a need for additional data collection and sharing across systems for this population group.
- Based on the case reviews, compounded by field staff turnover (particularly with Social Work Case Managers), there is a need for ongoing training to assure the proper use of Safe Plans of Care.
- There is a need for continued collaboration and sharing across systems (Medical, Mental Health, DHS etc.) regarding internal protocols and approaches in identifying these infants and providing the needed services.
- Confidentiality across systems can be an issue at times (particularly outside of the course of a child abuse protective assessment) and can affect the degree of collaboration between systems.

Future Steps to Supporting Safe Plans of Care

Ongoing efforts to support DHS field staff in meeting the Cara requirements are currently being discussed. Those efforts include making Safe Plans of Care a standing agenda item during monthly meetings between Service Area Administrators (SWAs) and field supervisors, reviewing the JARVS (DHS Child Welfare Data System) to see what modifications can be added to assist workers in completing Safe Plans of Care, and the use of a phone survey with field staff to explore what supports they feel are needed in this area. Another option being considered is to run frequent data reports on CARA cases and follow-up with field staff as to the completion of the Safe Plan of Care.

DHS is also committed to continuing Case Reviews. The next step toward this will include a further analysis of the findings from the February 2020 Case review regarding:

- Infants affected are being identified at intake,
- Infants affected are being correctly identified during the course of the assessment,
- All allegations are addressed and factored,
- Safe Plans of Care include all of the required elements,
- Identified services are appropriate
- County Attorneys are consulted when a family is not cooperative with agreement.

This information will be used to help determine the areas of focus for the next Case Review.

Technical Assistance

A DHS Case Review was completed in February 2020 regarding the CARA requirements and Safe Plans of Care. The Case Review identified areas of strengths and also opportunities for improvement in this area. In response, DHS has provided additional training through the Bi-Monthly CIDS and is in the process of identifying additional supports for field staff. Once the field staff supports are in place another

Case Review will be planned for the spring of 2021. It may be at the conclusion of this Case Review that DHS may determine the need for technical assistance to address any identified needs related to policy and practice changes that will improve the development and monitoring of Safe Plans of Care in Iowa.

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

The following sections include updates on recent activities supported through the State's CAPTA grant, either alone or in combination with other State or Federal funds in each of the six program areas that DHS has selected for improvement.

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

The support of intake, assessment, screening, and investigation of reports of child abuse or neglect continues to be a program area that the DHS utilizes CAPTA state grant funds. Grant funds are used to support a policy position within the Division of Adult, Child, and Family Services and two Clerk Specialist positions within the Centralized Service Intake.

The policy position within the Division of Adult, Child, and Family Services is titled Child Protection Program Manager. The DHS Child Protection Program Manager in this position also serves as Iowa's State Liaison Officer (SLO).

Child Protection Program Manager/ State Liaison Officer (SLO) for Iowa:

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The Child Protection Program Manager plays an important role in developing and implementing policy as it relates to the intake and assessment of reports of suspected child abuse. The duties under this position include:

- Management of policy and the employee manual as it relates to intake and assessment of child abuse and technical assistance for the Service Help Desk and DHS field staff as needed.
- Participation in the implementation of state and federal legislative mandates impacting the child protection program.

- Preparation of services requests, review of business requirements and the testing of the child welfare information system affected by changes to the law or system improvements as needed.
- Assistance with the development and delivery of training for DHS field staff.
- Presentations on Bi-Monthly Service CIDS calls as it relates to child protection policy.
- Assisting with information for federal reports and performance measures for the child protection program.
- Legislative work including recommending and developing amendments to Iowa Code and preparing bill reviews and fiscal notes regarding how proposed legislation may impact the child protection program, the agency, and constituents.
- Exceptions to DHS Policy, providing preliminary decisions as to whether the exception can be granted.
- Requests for Information (RFIs), providing DHS policy to the requestor and as needed, preparing reports and public information materials for DHS personnel, legislators, other state agencies, and the community.
- Providing oversight to the maintenance of the Child Abuse Registry including reviewing requests for access to the Child Abuse Registry via Iowa's Single Contact Repository (SING).
- Representing the DHS on Iowa's Child Death Review Team, the Central Iowa Commercial Sexual Exploitation of Children MDT, the Network Against Human Trafficking, and other various interagency workgroups and public meetings with external partners.
- Providing case consultation to the Department of Inspection and Appeals as the entity that responds to abuse in state operated facilities.

Clerk Specialist

CAPTA funding is also used to support a Clerk Specialist position within the Centralized Service Intake Unit. Duties under the Clerk Specialist position include:

- Processing child abuse background checks for a wide range of entities while adhering to DHS legal requirements.
- Receiving and processing various requests for the release of child abuse information based on the requester's legal access to the highly confidential information contained in the child registry.
- Performing background checks that require the proficient use of multiple data systems and accurate interpretation of the data from those systems.
- Explaining and answering questions from various employers and their potential employees regarding the Record Check Evaluation process.
- Explaining to callers the process for obtaining copies of their abuse assessment and referring individuals to the appeals section if the person requests a change to their child abuse finding/registry status.
- Assisting Record Check Evaluation staff in obtaining assessments.
- Serving as the Child Abuse Registry contact person for the Single Contact Repository (SING) website. Verifying the accuracy of SING responses and responding to inquiries from employers, school districts, various agencies and the Department of Administrative Services (DAS) to verify appropriate abuse registry access through a new or established SING account.

- Facilitating the release of founded/unfounded child abuse reports as outlined by Iowa Code.
- Releasing on behalf of the Administration, portions of archived files to federal and state entities and individuals that have legal access to time sensitive, critical information regarding persons who have been incarcerated in juvenile facilities.
- Advising callers on the process of obtaining their own sealed records from Iowa Juvenile Home and or Eldora Training School records.
- Preparing draft responses at the request of the Service Area Manager, and providing pertinent information regarding the Child Abuse Registry related to formal Requests for Information (RFI's).
- Acting as an informational resource on dissemination and general operation of the registries for DHS field workers and support staff.

Intake and Assessments of Child Abuse Reports

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

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

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

CPWs must complete Family Assessment reports by the end of 10 business days, with no finding of abuse, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made. Successful closure of a Family Assessment indicates the children are safe without further need for intervention to keep the children safe. CPWs make recommendations for services available in the community for families with low risk; they offer families at moderate and high-risk non-agency voluntary (state purchased) services, currently referred to as Community Care services. Effective July 1, 2020, these non-agency voluntary services will require Solution Based Casework (to align with the DHS efforts to implement the Family First Act).

If at any time during the Family Assessment the CPW receives information that makes the family ineligible for a Family Assessment, inclusive of a child being "unsafe", the

DHS staff reassigns the case to the Child Abuse Assessment pathway. The same CPW continues to work the case.

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

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

If a report of suspected child abuse does not meet the criteria to be accepted for assessment, DHS intake staff reject the report. DHS intake staff must screen a rejected report to determine if the report meets the criteria for the child to be adjudicated a Child In Need of Assistance (CINA) in accordance with Iowa Code §232.2.6. DHS uses CINA Assessments to determine if juvenile court intervention should be recommended for a child and also examines the family's strengths and needs in order to support the families' efforts to provide a safe and stable home environment for their children.

DHS Child Protective Assessment Data

The following chart lists the total number of DHS Child Protective Assessments for the calendar years (CY) 2010 – 2019. For each year, the number of Family Assessments, Assessments Not Confirmed and those Confirmed and Founded Assessments are also provided.

In reviewing the chart, it will be noted that the percentage of Family Assessments has decreased by 13% since Differential Response (DR) was implemented. It is believed this is due to the change in the law. Upon implementation of DR in 2014, only DCC allegations were eligible for a Family Assessment. Most DCC allegations involving substance abuse were eligible for a Family Assessment unless the allegations included the use of meth and a victim under the age of 5 years. In 2017, the manufacturing of meth category was modified to include the use, possession, manufacture, cultivation, and distribution of any dangerous substance, including meth, amphetamines, chemical combinations that pose a risk of fire, explosion, or other danger, cocaine, heroin, and opium/opiates. Because most substances now fall under the Dangerous Substance

category of abuse (and not DCC only), they are no longer eligible for a Family Assessment.

Table 2(n): DHS Child Protective Assessments (CY 2010-2019)				
Calendar Year (CY)	Total Assessed Reports	Family Assessments (Percentage)*	Assessments Not Confirmed (Percentage)	Assessments Confirmed & Founded (Percentage)
2019	33,004	6,543 (20%)	17,947 (54%)	8,514 (26%)
2018	35,029***	6,958 (20%)	19,328 (55%)	8,743 (25%)
2017	33,418***	7,136 (21%)	17,724 (53%)	8,558 (26%)
2016	25,707	7,457 (29.0%)	11,766 (45.8%)	6,484 (25.2%)
2015	24,298	7,469 (30.7%)	10,787 (44.4%)	6,042 (24.9%)
2014	23,562	7,769 (33.0%)	10,259 (43.5%)	5,534 (23.5%)
2013	26,129	NA	17,218 (65.9%)	8,911 (34.1%)
2012	28,918	NA	19,302 (66.7%)	9,616 (33.3%)
2011	30,747*	NA	21,035 (68.4%)	9,712 (31.6%)
2010	26,413	NA	17,432 (66.0%)	8,981 (34.0%)

Source: SACWIS

*The number of total reports increased 16% due to a policy clarification regarding confidentiality.

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

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

24/7 Centralized Service Intake Unit (CSIU)

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

In 2010, the Department of Human Services established a statewide intake call center or "hotline" to promote consistency with regard to intake practice and procedures. The current Centralized Service Intake Unit (CSIU) which is located in Des Moines, Iowa accepts calls Monday thru Friday from 8:00am-4:30pm. CSIU personnel respond to calls and determine if the information provided meets the legal definition of child abuse in Iowa. Once a referral is accepted, Intake personnel gather as much background data as possible to determine the assessment track (Family Assessment or a Child Abuse Assessment) and assign a corresponding response time to the

allegation. The case information is then routed to designated Service Area staff. All rejected calls are reviewed by a Supervisor to confirm they were appropriately assessed and rejected.

After- Hours Intake

Despite the move to a statewide intake call center, issues remain regarding the after-hours intake practices and procedures. After-hours calls are being routed to a “hotline” answered by the Iowa State Training School in Eldora, Iowa. Upon receiving a call, the operators at the school take down the reporter’s contact information and then contact the on-call CPW (Child Protection Worker) for the identified Service Area. The CPW must then call back the reporter and document the intake information. If a caller wishes to remain anonymous, the operators at the school document the information and provide it to the on-call CPW.

Concerns with the after-hours system include the consistency of the questions being asked of the reporter, the documentation of the information that is being gathered, and the need to relay the information in a timely manner to the on-call person. In situations in which the reporter asks to remain anonymous, the CPW is dependent upon the information that the operator is able to gather.

24/7 Statewide Intake Call Center

As various studies and groups have recommended that the CSIU be made a 24/7 call center, an internal DHS review of the after-hours intake processes was conducted. Following the internal review, options were discussed and a proposal for a 24/7 call center was developed.

Operations

Under the proposed operations plan, all child abuse referral calls would come into a 24/7 “hotline”. Equipment is needed and technical enhancements to support the center would need to be made. It is estimated that the 24/7 call center will require a total of 13 new SW3s, 1 SW4 and 3 SWSs to cover the multiple shifts. The chart below indicates the estimated number of additional staff that will be required, the job classifications, and the days and hours of the different shifts.

Social Worker Administrator:

1	Monday – Friday	8:00 AM – 4:30 PM
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Social Worker Supervisor:

2	Monday – Friday	8:00 AM– 4:30 PM
1	Monday – Thursday	7:00 AM -5:00 PM
1	Tuesday – Friday	8:00 AM – 6:00 PM
1	Tuesday- Thursday	6:00 PM – 7:00 AM
1	Friday – Monday	2:00 PM – 12:00 AM
1	Friday – Monday	12:00 AM – 10:00 AM

Social Worker 4:

1	Monday – Thursday	7:00 AM – 5:00 PM
1	Tuesday – Friday	7:00 AM – 5:00 PM

1	Friday – Monday	8:00 AM – 6:00 PM
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Social Worker 3:

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

Outcomes

The current plan is for the 24/7 Statewide Intake Call Center to be operational by the first of the year. DHS is currently in the process of filling staff positions. The first three supervisors for the Center have been hired and DHS is now working on hiring the SW4s and the SW3s that are needed. It is believed that a 24/7 statewide intake call center will help to achieve a greater level of efficiency, standardization, and more consistent decision-making during the after-hours intake process. It will also improve the response time in local Service Areas and reduce the workload for CPWs as they wouldn't be required to call back the reporter during the after-hours intake.

ENHANCING THE GENRAL CHILD PROTECTIVE SYSTEM BY DEVLEOPING, IMPROVING, AND IMPLEMENTING RISK AND SAFETY ASSESSMENT TOOLS AND PROTOCOLS, INCLUDING THE USE OF DIFFERENTIAL RESPONSE

Safety Assessment Tool

An identified need within child protective services was to realign the way staff were utilizing the safety assessment tool and to assure that they were using the tool to inform the safety decision. In response to the need, the Department of Human Services (DHS) requested a review of the existing DHS Safety Assessment Tool and the corresponding Safety Plan to determine how the tool and plan could be enhanced and/or replaced altogether.

DHS Workgroups Activities

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

Workgroup Tasks:

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

A final summary of recommendations based on the tasks of the DHS workgroup were presented to the DHS Administration Team. The research results on what other States were utilizing with regard to Safety Assessments, Safety Plans, and corresponding user guidance was also submitted to the team.

National Council on Crime and Delinquency (NCCD)

Based on the recommendations of the DHS workgroup and the research on what other States were utilizing with regard to Safety Assessments, Safety Plans, and corresponding user guidance, the DHS Administration Team made the decision to contract with the National Council on Crime and Delinquency (NCCD) Children’s Research Center. The NCCD will conduct research and provide technical assistance and direct support to the Department in the development of a Structure Decision Making (SDM) safety assessment tool and a safety planning practice guide specific to Iowa. The contract began in February 2020 and will end June 30, 2021.

Activities to date under the contract include project planning meetings that were held and an offsite review of policy completed by NCCD. A Web-based survey and phone interviews with the Department’s identified Structured Decision Making (SDM) team and external partners, including providers and representatives of Iowa’s judicial system, has also been completed. In addition to these events, NCCD has presented a face-to-face SDM Core Concepts Training for internal DHS trainers to support their understanding

and delivery of SDM core concepts prior to the release of the new SDM safety assessment. This training also included content on critical concepts related to the completion of the safety assessment including danger versus risk, household composition, action and impact, and connections to child abuse investigation practices.

NCCD has also begun an SDM Safety Assessment analysis based on the data extract that DHS has provided to them. NCCD will conduct two SDM Safety Assessment Analysis, one prior to the implementation of the new SDM safety assessment and one after. This will help to determine how well the new safety assessment is functioning and whether it is having the desired effects. Some of the items to be tracked will include:

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

Going forward, the safety assessment customization process will begin with a series of web-based sessions with the DHS advisory workgroup and if possible, it will include onsite workgroup sessions. The customization process will involve developing and finalizing the safety assessment, corresponding definitions, and policies and procedures. At the conclusion of this, NCCD will provide a policy and procedure manual. Inter-rater reliability (IRR) testing will then follow to ensure that the assessment design and item definitions yield consistent ratings across workers. Field testing will be conducted to identify any issues with the assessments, policies, procedures, and the process flow prior to the statewide implementation. NCCD will also develop a training curriculum for DHS training staff and will provide support to DHS during the statewide training rollout.

NCCD will work with DHS to develop comprehensive requirements and specifications along with design documents and testing plans that will direct integration of SDM components into the DHS IT system. Upon successful conclusion of this effort, DHS will be provided documentation certifying the resulting integration as “SDM system compliant”.

The expected result of this project is the development of a research based Structure Decision Making (SDM) safety assessment tool and a safety planning practice guide which will enhance the corresponding Safety Plan. The development of a screening tool and case planning strategies will help to guide DHS workers in a structure decision making process with regard to out of home placements. Funding from CAPTA is being used toward this project.

**CREATING AND IMPROVING THE USE OF MULTIDISCIPLINARY TEAMS
AND INTERAGENCY, INTRA- AGENCY, INTERSTATE, AND INTRASTATE
PROTOCOLS TO ENHANCE INVESTIGATIONS and
IMPROVING LEGAL PREPARATION AND REPRESENTATION**

Multidisciplinary Teams

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

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

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

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

There are a number of established Multidisciplinary Teams (MDT's) across the state. Last year there were approximately 23. An MDT can be used for both child and dependent adult abuse. MDT's operate under a DHS Multidisciplinary Agreement that is signed by everyone who is part of the team. The five DHS Service Areas are required to update/renew their Multidisciplinary Agreements annually in July of each year but due to the current COVID situation and the remote work being done the field is having some issues with arranging meetings and obtaining signatures so DHS is still in the process of updating the SFY 2021 Agreements. Once received, copies of the current MDT Agreements are kept at the Central DHS Office in Des Moines.

Central Iowa Commercial Sexual Exploitation of Children

The Central Iowa Commercial Sexual Exploitation of Children (CICSEC) Multidisciplinary team (MDT) includes representatives from a number of agencies and organizations that are involved with victims of human trafficking. The mission of this MDT is to collaborate with local professional service providers to identify and ensure the safety and healing of human trafficking victims, while also investigating and prosecuting the trafficker. To this end, once a youth at risk is identified, the MDT meets to discuss the appropriate approach to the case and to identify any needed services, treatment and/or placement.

A key component to this group is the development of a Human Trafficking Database. Through the use of a database, DHS and other agencies are better able to identify youth who are at risk of human trafficking as it allows for the sharing of information across different systems and agencies regarding trafficking cases. The use of the Database also supports and encourages a stronger collaborative effort with DHS partners around this type of abuse. As of the middle of May 2020, 36 children have been referred to the CICSEC MDT with the following status:

High Risk Victims							
Referral Pending	Cases Pending	Active	High Priority	Inactive	Inactive w/ Other Jurisdiction	Screened Out	Closed
0	0	15	4	13	0	4	0

Sharing Confidential Information

The CICSEC MDT is using a multidisciplinary approach to addressing cases of child sexual exploitation and human trafficking as many of these cases involve joint investigations and have complex service needs. However, in order for the CICSEC MDT to function effectively they needed to be able to share confidential information that is protected by law. To address this issue, a bill was proposed during the 2019 legislative session to allow this particular group to share confidential information across agencies. The 2019 Iowa Acts, chapter 125, §1 (HF 642) was passed, effective July 1, 2019 to allow for the sharing of confidential information specifically for this group.

Confidential Information Sharing [HF 642 / 2019 Iowa Acts, Chapter 125, §1](#) – provides for the Iowa Department of Human Services (DHS) to share confidential information outside of the 20-day child abuse assessment period with the Central Iowa Commercial Sexual Exploitation of Children Multi-Disciplinary Team (CICSEC MDT).

- The CICSEC MDT exists to identify services for children who are victims of, and children at risk of becoming victims of human trafficking.
- The CICSEC MDT currently operates in Polk County.
- The CICSEC MDT is the only MDT that meets the legal requirements to share confidential information outside of the 20-day assessment period. All other DHS MDT's with valid MDT Agreements are bound by [Iowa Code chapter 235A](#) and [Iowa Administrative Code section 441-175.36](#)

Legal Preparation and Representation

Procedures for appealing substantiated reports of child abuse

The DHS recognizes the rights to due process for any person accused of child abuse and has in place a process by which individuals can appeal a decision made by the DHS and request a hearing before an Administrative Law Judge.

A person who is the subject of a child abuse report and who believes that the conclusion or any part of the child abuse summary report is in error, may request correction of the information by contacting the local DHS office within 90 days of the date on the notice they receive. If they are the person alleged to be responsible for the abuse, they may file a written appeal. An appeal is separate from a request for correction. A request for correction is not required prior to filing an appeal.

To file an appeal, the person must either send a written and signed statement to the DHS Appeals Section which explains why they disagree with the child abuse

assessment or they may file an appeal electronically. The timelines to request correction and/or appeal are the same. If an appeal hearing is requested by the person alleged to be responsible for the abuse and it is granted, all other subjects will be notified by the DHS Appeals Section of the opportunity to file a motion to intervene in the appeal hearing (Iowa Code section 235A.19).

Centralized Service Area/ Abuse Appeals Unit

An appeal and request for a Hearing requires a significant amount of preparation work. To meet this need and facilitate the appeals process, CAPTA funds are currently being used to support the salary and staff time for a full time position. The title and location of this position is a Clerk Specialist within the Centralized Service Area/ Abuse Appeals Unit.

The duties and responsibilities of the Clerk Specialist position include:

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

Legal Representation

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

Evidence from studies and different projects throughout the country have suggested that attorney representation prior to the necessity of filing a court action is critical in

protecting parents' rights and in many cases, legal representation during the early stage of a case may prevent the need of removal of a child from the home, the opening of a court case, and may shorten the length of foster care or other placements outside of the home.

In Iowa, SF2182 was signed by the Governor that allows for a pilot project regarding legal representation in child welfare cases. The bill permits legal representation for indigent parents prior to the filing of any court proceedings in 6 counties. Under current Iowa law, the State Public Defender's Office is prevented from representing clients until a court case is filed.

The State Public Defender's Office will develop the pilot project that will be conducted in both rural and urban settings which will offer an opportunity to discover which system or systems work best in what type of location. The goal of the pilot project is a reduction in the number of children entering foster care, a decrease in length of time in foster care, and a reduction in the number of children returning to foster care.

The assistance of legal counsel prior to the initiation of formal juvenile court proceedings is consistent with the goals of the Family First Act and also supports an area of focus under the Children's Justice Act (CJA) grant. As such, the Child Protection Council, which is Iowa's State Task Force under the grant, has allocated funding to support this project. A more detailed discussion of this project can be found in Iowa's 2020 Children's Justice Act Annual Report and Grant Application.

DEVELOPING AND DELIVERING INFORMATION TO IMPROVE PUBLIC EDUCATION RELATING TO THE ROLE AND RESPONSIBILITIES OF THE CHILD PROTECTION SYSTEM AND THE NATURE AND BASIS FOR REPORTING SUSPECTED INCIDENTS OF CHILD ABUSE AND NEGLECT, INCLUDING THE USE OF DIFFERENTIAL RESPONSE

Child Abuse Mandatory Reporter Training

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

Mandatory reporter training [HF 731](#) – modifies mandatory child abuse (and dependent adult abuse) reporter training requirements as follows:

- Removes the Iowa Department of Public Health's responsibility to review and approve mandatory reporter training curricula.
- Requires the DHS to develop and provide the core training curriculum for all mandatory reporters in Iowa.

- In addition to the core training curriculum provided by the DHS, the bill allows for an employer to provide supplemental training as it relates to their professional practice,
- Maintains that every mandatory reporter must complete two hours of training within six months of employment or self-employment and requires additional training every three years (as opposed to every five years).
 - The child and dependent adult abuse trainings can no longer be combined into one two-hour course. Both the child and dependent adult abuse core trainings will be two hours each.
 - All mandatory reporters are required to take the core (two-hour) training initially, but will be allowed to take a one hour recertification training every three years thereafter, so long as they do so prior to the three-year expiration period.
- Clarifies that all valid mandatory reporter training certificates issued prior to July 1, 2019 remain effective for five-years.
<https://www.legis.iowa.gov/>
- Additional relevant information:
 - The core 2-hour trainings will be hosted on DHS website and available by July 1, 2019.
 - The training will be free.
 - The core 2-hour trainings will be available 24 hours a day, 7 days a week.
 - Require a pre- and post-test to ensure competencies are attained.
 - At the completion of the training, a certificate of completion will be available to the participant.

Development of Mandatory Reporter Training Curriculum

Prior to the law change, there were well over 1200 approved mandatory reporter curricula that were being offered. With this number of trainings it was difficult to assure consistency in the trainings or to conduct any form of quality assurance reviews to ensure that each course had been appropriately updated when there were law changes and/or changes in DHS policy or procedures. Other issues included fees being charged for some courses and lack of adequate testing procedures in others.

It was due to these concerns that DHS began discussing the need to develop an online child abuse mandatory reporter training. The goal at the time was to ensure there were comprehensive and updated mandatory reporter training available to all DHS staff and the public at large. DHS identified the needs as the ability to host the training online, maintain the system, and update the curriculum as needed. Participants were to attain a certain level of understanding upon completion of the course. To achieve this, the training included a pre-posttest in which participants were required to receive a certain score in order to be issued a Certificate of Completion.

To meet the development needs and the course requirements for the mandatory training, DHS contracted with Iowa State University to design and host the Child Abuse Mandatory Reporter Training course. It was at this time that HF731 passed and it was decided that the course would become the statewide curriculum. Due to the number of users, ongoing technical support was made available.

This year CAPTA funding will be used to add Spanish subtitles to the online Child Abuse Mandatory Reporter Training. The course content and design will remain the same. CAPTA funding will also be used for ongoing technical support for this course. Support will be offered through email and phone call-back. The email and phone call-back support for the Mandatory Reporter trainings shall be within two business days. Support will include, but is not limited to assisting users with content questions, enrollment access, computer connectivity issues, forgotten passwords and/or certificates of completion.

The Child Abuse Mandatory Training became available to DHS staff and the public on July 1, 2019 and to date, approximately over 64,000 certificates of completion have been issued.

Safe Sleep Project

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

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

Safe Sleep Strategic Plan

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

1. Collaborate with at least one partner from each of the following areas to allow for responses and feedback regarding the DHS draft plan: public health, law enforcement, and the courts. Also explore how DHS can partnership with various agencies such as the hospitals, etc. on this project.
 - a. Iowa Child Death Review Team (CDRT)
 - i. The CDRT is creating a Safe Sleep Committee beginning July 2019 (which currently includes representatives from the Iowa SIDS Foundation, Iowa Office of the Medical Examiners, multiple programs within the Iowa Department of Public Health, and the Department of Human Services) to forge a Safe Sleep Campaign. The DHS is represented by Roxanne Riesberg. The desire for this

- committee is to align one strong safe sleep message and resources for the state. The campaign is supported and provided oversight by all CDRT members, which include law enforcement.
- ii. As a result of efforts by the CDRT, the IDPH sends safe sleep information out with every birth certificate
- b. Safe Babies Court Teams (Polk County only at this time)
 - i. Roxanne met with the Safe Babies Court Teams Stakeholders to discuss the DHS safe sleep efforts, the Safe Babies Court Teams efforts and how we can work together to encourage the success they are seeing to address safe sleep be expanded and utilized throughout the DHS field practice.
 - ii. Safe Babies Court Teams are integrating Safe Sleep efforts into their program, including:
 - 1. Reviewing safe sleep with all caretakers (parents, relatives, foster parents, etc.) at all Pre/Post Removal Conferences and Family Team Meetings.
 - 2. Providing sleep sacks to families involved in the program and explaining how to use them.
 - 3. Reintegrating VNS/nurse practitioners back into regular involvement with the program (2 nurses were previously involved until funding was cut)
 - 4. Data collection – to track how many times throughout the case they talked about/reviewed safe sleep with the families in the program.
 - iii. Discussed need to remain in communication to align Safe Babies Court Team safe sleep efforts with what the safe sleep practices the DHS is offering to all families with children under one (despite their involvement in Safe Babies Court Teams).
- 2. Explore existing data on sleep-related deaths from the previous 5 years.
 - a. American Academy of Pediatrics
 - i. recommendation on safe sleep <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Safe-Sleep-Recommendations-to-Protect-Against-SIDS.aspx>
 - ii. Resources <https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/Safe-Sleep/Pages/default.aspx>
 - b. National Institute of Health (U.S. Health and Human Services) <https://safetosleep.nichd.nih.gov/resources/caregivers/environment/look>
 - i. Flyer - Honor the Past, Learn for the Future
 - ii. What does safe sleep environment look like (1 pager)
 - iii. Safe Sleep for Your Grandbaby: Reduce the Risk of SIDS
 - iv. Brochures
 - 1. SIDS and Other Sleep-Related Causes of Infant Death
 - 2. Safe Sleep for you Baby: Reduce the Risk of SIDS (African American)
 - 3. Healthy Native Babies Project
 - v. DVD
 - 1. Safe Sleep For Your Baby DVD-STS

2. Safe Sleep for Your Baby DVD-Spanish
 3. Safe Infant Sleep: For Grandparents DVD
 - vi. Provider Resources
 1. Healthy Native Babies Project Facilitator Packet
 - c. Center For Disease Control and Prevention
<https://www.cdc.gov/vitalsigns/safesleep/index.html>
 - d. Commission to Eliminate Child Abuse and Neglect Fatalities
<https://www.acf.hhs.gov/cb/resource/cecanf-final-report>
 - e. Michigan Department of Health and Human Services
https://www.michigan.gov/mdhhs/0,5885,7-339-71548_57836---,00.html
 - f. Iowa Child Death Review Team
 - i. CDRT reports <https://www.iosme.iowa.gov/about-us>
 - ii. 2004-2011 Safe Sleep
https://iosme.iowa.gov/sites/default/files/documents/2015/04/sleep-related_infant_mortality_profile_2011.pdf
3. Research initiatives and strategies that have effectively promoted safe sleep and reduced sleep-related fatalities.
 - a. Entities cited in #2 have research initiatives and strategies that have effectively promoted safe sleep-related fatalities. This workgroup is using this research and strategies to drive recommendations for Iowa.
 4. Review existing DHS and partner training efforts and explore whether enhancements are needed.
 - a. Existing efforts
 - i. New Worker Training for SW2s and SW3s—Assessing Life of Case, review safe sleep
 - ii. Substance Abuse Fundamentals Training course – discuss use by parents increases risk to child and includes small reference to safe sleep
 - iii. PS-MAPP training for foster parents – handouts on safe sleep provided Child Care training requires safe sleep education every 5 years for centers, registered homes, and child care assistance (CCA) providers
 - b. Enhancement efforts
 - i. To capture all current staff/providers, require a separate Safe Sleep training for all DHS and providers (Michigan has one developed “Infant Safe Sleep” they may be willing to share. Iowa DHS child care also requires providers to take safe sleep training and have approved courses they refer to)
 1. Require all DHS staff and providers (Community Care, FSRP, and foster parents) to take at the time of safe sleep rollout and offering quarterly thereafter.
 - ii. New Worker Training for SW2s and SW3s
 1. Add specific safe sleep section with handouts/resources
 - iii. PS-MAPP training for foster parents
 1. Add specific safe sleep section in addition to the handouts currently provided
 5. Recommend what age should be targeted (under 6 or 12 months).

- a. Every child under 12 months in a household where the DHS has an open CPA or ongoing service case management.
6. Develop a strategic plan that will include educating DHS staff and child welfare providers on: red flags of co-sleeping, best practices around safe sleep, and positive cultural engagement on discussing safe sleep practices with parents or caregivers.
 - a. Rollout – Webinar or face to face training (possibly hiring an expert in safe sleep to discuss why this topic is important and DHS then train to the new policy and procedures) and considering parallel expectations and trainings for contracted providers working with families of children under the age of 1 year.
 - i. Intake
 1. Education – refer reporters to safe sleep resources when it is relevant
 2. Unsafe sleep guidance for intake, including questions to ask and document with any allegations that involve a child under the age of 1 year, even when a fatality has not yet occurred
 - ii. Child Protection Worker (CPW) or Social Work Case Manager (SWCM)
 1. Every open assessment or DHS serviced case with a child in the household under the age of 1 year
 - a. Observe/evaluate Sleep Environment (based on guidance provided)
 - b. Inform and educate parent/caregiver on how to provide safe sleep every sleep and the dangers or not providing a safe sleep environment.
 - c. Discuss any unsafe sleep practices and work with parents to remedy anything that can be addressed immediately or make a plan to obtain safe sleep environment (include resources on where to get cribs, etc).
 - d. If appropriate, make referral to home visitation program (Iowa Family Support Network has at least one program in each county)
 - e. If appropriate, make referral to Early Access (IDEA Part C)
 2. In the event of a removal or safety plan for a child under the age of 1 year to stay with another caretaker, follow the same observation, evaluation, education, and referral process.
 3. Document in JARVIS-STAR or Child Services module.
 - iii. Contracted DHS Providers
 1. Consider adding safe sleep education requirements for contracted staff.
 2. Identify expectations for documentation of observation, evaluation, education, and referral process.
7. Develop a strategic DHS plan which may include any of the following: IT changes, safe sleeping tool kits, tangible goods to support safe sleep, visual reminders, and PSA-related material.

- a. JARVIS-STAR intake module
 - i. Asking questions when the household includes a child under the age of 1
- b. JARVIS-STAR assessment and Child Services modules
 - i. Validation that safe sleep evaluation and education completed
 - 1. Sleep environment was safe
 - 2. Sleep environment was not safe and concerns were remedied
 - 3. Sleep environment was not safe and attempts were made to create one
 - ii. Safe sleep toolkit (including resources to official recommendations, flyers, brochures, booklets, videos, statistics, and product information and available in Spanish)
- 8. Identify how data will be tracked and collected around the Safe Sleep project.
- 9. Review the current decision making process at intake regarding the acceptance or denial when these cases are reported.
- 10. One part of the tasks for the Workgroup will be to identify how the results of this project will be tracked and measured for reporting purposes.

Safe Sleep Efforts

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

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

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

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

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

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

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)

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

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

What is Community Partnership?

- Community Partnerships for Protecting Children (CPPC) is an approach that recognizes keeping children safe is everybody's business.
- It's an approach that neighborhoods, towns, cities, and states can adopt to improve how children are protected from maltreatment.
- A Community Partnership is not a *program* - rather, it is a way of working with families that helps services to be more inviting, needs-based, accessible, and relevant.
- Community Partnerships incorporate prevention strategies as well as those needed to address identified maltreatment.
- The Community Partnership approach aims to blend the work and expertise of both professionals and residents to bolster supports for vulnerable families and children.
- It's an opportunity for community members to get involved in helping families in need, and in shaping the types of services and supports needed by these families.
- It is a partnership of public and private agencies, systems, community members, and professionals who work together to:
 - Prevent maltreatment before it occurs;
 - Respond quickly and effectively when it does occur;
 - Reduce the re-occurrence of child maltreatment, through tailored family interventions.

Community Partnership has four primary strategies that guide this approach:

Currently, forty CPPC local decision-making groups, involving ninety-ninety counties, guide the implementation of CPPC. Four key strategies guide the CPPC approach; data is from 7/1/2018 through 6/30/2019:

1) Shared Decision-Making (SDM)

Community Partnerships' foundation is the principle of shared responsibility for the safety of children. Partnerships are guided by organized shared decision making committees that include a wide range of community members and organizations, public and private child welfare and juvenile justice, parents, youth, and DHS to work collaboratively.

- Eighty-six percent (86%) of the sites had community member representatives involved with SDM.
- Ninety-eight percent (98%) of the sites had a former client and/or Parent Partner representative involved with the SDM.
- Ninety-three (93%) of the sites had representatives from public and private child welfare agencies, domestic violence, substance abuse, child abuse prevention and mental health.

2) Neighborhood/Community Networking (N/CN)

Focuses on engaging and educating partners and promoting community involvement to strengthen families and create safety nets for children. Partnerships build linkages and relationships among professionals and informal supports.

- One-hundred percent (100%) of the sites involved in community awareness activities.
- One-hundred percent (100%) of the sites involved in activities that increased linkages between professionals and informal supports.
- Sixty-five percent (65%) of the sites developed and/or increased organizational networks, linkages, and collaborations in the community to support families. Examples include but are not be limited to: Neighborhood Hubs, 24/7 Dads, Community Equity Teams, Community Events/Activities, hosting Training Opportunities, and Parent Cafes.

3) Community-Based Family Team Decision-Making Meetings (CBFTDM) and Individualized Course of Action (ICA)

Individualized Course of Action genuinely engages families and youth to identify strengths, resources and supports to reduce barriers and help families succeed. Family team approaches seek to identify and build on strengths so the family can successfully address issues of concern.

- One-hundred percent (100%) of the 99 counties offer family team decision-making meetings (FTDM) for families involved in the child welfare system.
- Twenty-five percent (25%) of the CPPC sites implemented CBFTDM in the community (non-child welfare involved families).
- One hundred ten (110) CBFTDM meetings occurred in the community (non-child welfare involved families).

4) Policy and Practice Change (PPC)

Partnerships test innovative approaches, promote best practices and influence system changes to better serve families and children. Policy and Practice Change

involves community members, as well as youth and families directly impacted by the child welfare system, to develop and implement plans to address specific barriers and incorporate best practice approaches in the delivery of services.

- Ninety percent (90%) of the sites identified a policy and/or practice change.
- Fifty-three percent (53%) of the sites developed plans to address policy and practice changes.
- Thirty-six percent (36%) of the sites implemented policy and practice changes.
 - Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; 24/7 Dads, transportation needs, sex trafficking, disproportionality, cultural responsive services and supports.

Community Partnerships for Protecting Children Level Summary:

CPPC sites report a specific level (1-4) for each strategy obtained during the year. Sites received training on requirements to meet each specific level and written materials to assess the level for each strategy. In order to achieve desired results, simultaneous implementation of each of the four strategies (Shared Decision Making, Policy and Practice Change, Community Neighborhood Networking and Individualized Course of Action) must occur.

Moving through the levels of each strategy involves the CPPC sites first identifying or developing plans for activities to identify community needs and plan strategies within the lower levels, and then move toward implementation of their plans as the sites advance through the levels. CPPC sites must also continue to build their Shared Decision Making Team representation as they move through the levels, including involving representatives from domestic violence, substance use and mental health partners. CPPC sites are to include members who represent the demographics and diversity of their communities, in addition to youth and parents with lived experience who have currently or previously been involved in the child welfare system. Parent Partners are routinely included on Shared Decision Making Teams to provide input, educate other members and the community on the Parent Partner program, and in leading or participating in collaborative programs in the community. Plans and strategies to increase linkages for informal and professional supports for families in need and increasing collaborations across child welfare and community partners are further reflected through Neighborhood Networking activities as the site moves through each of the levels.

Additional information regarding the information collected for the levels and their associated strategy is in the Community Partnership Reporting and Evaluation Form submitted annually by each of the individual CPPC sites.

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

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Services' (DHS) foremost approach to the prevention of child maltreatment. ICAPP is based on the premise that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, ICAPP is structured in such a way that it allows for local Community-Based Volunteer Coalitions or "Councils" to apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Many of these coalitions or councils are CPPC sites (as described in the previous section), while others focus solely of child abuse prevention and work in partnership with CPPC.

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

- *Community Development*—public awareness and community needs assessments
- *Home Visitation Services*—voluntary evidence-based home-visiting models
- *Parent Development*—parent support, education, and leadership
- *Crisis Care Services*—short term child care services for families in crisis situations
- *Sexual Abuse Prevention*—healthy sexual development, and adult/child focused sexual abuse prevention instruction

For State Fiscal Year (SFY) 2019-2020, 40 Community-Based Organizations or "Councils", serving 56 of Iowa's 99 counties, were awarded a total of 56 unique service contracts under ICAPP. A map of the projects that were awarded ICAPP funds, and the specific types of services funded by county, can be found in Appendix A.

One significant change that occurred in this procurement was the decision to combine the state's federal CBCAP funding into the larger ICAPP program. Previously the two programs were run very similarly, with only slight variations. Often this resulted in the exact same local programs being funded by both programs, requiring local providers to apply for two different grants, submit two separate reports, and bill to two separate contracts. It was determined that this approach was resulting in a lot of unnecessary duplication of administrative duties.

In SFY 2018, the new ICAPP administrative contract, which was awarded to Prevent Child Abuse Iowa (PCA), initiated the beginning of merger of the ICAPP with CBCAP funding by combining the administration of the programs into one single contract for the first time. This allowed for a streamlining of funds and greater administrative efficiencies. In addition, at the direction of DHS, PCA Iowa was asked to complete a statewide needs assessment and strategic plan in to move prevention efforts forward in the state of Iowa with the combined funding streams.

The alignment of the two programs, and development of the Strategic Plan, has resulted in more targeted efforts to combat child abuse and strengthen families through evidence-based practices in high-need areas of the state. Seven primary goals were developed based on the recommendations of the Needs Assessment and the vision and guiding principles established for the Strategic Plan, including:

1. Reduce maltreatment by targeting services to families exhibiting risk factors that are most closely correlated with child abuse and neglect
2. Coordinate maltreatment prevention funding sources across multiple service sectors (e.g. public health, early childhood, human services) to use each source strategically in combatting child abuse and neglect
3. Balance funding between Primary and Secondary Prevention with a greater emphasis on reaching more vulnerable families
4. Embed practices that support cultural equity in prevention*
5. Increase the use of informal and non-stigmatizing supports for families and youth
6. Increase the use of Evidence-Based Practices (EBPS) in child maltreatment while introducing and evaluating innovative approaches
7. Engage in a statewide evaluation of prevention services' effectiveness, monitoring protective and risk factors at the organization and community level

**Goal language updated in November 2018 to shift from "culturally competent" practice to "culturally equitable" practice.*

During FY 20, the IDHS again worked in partnership with PCA Iowa to draft the RFP for FY21 for local communities to apply for funds. This effort included an updated assessment of data to assess county-level risk data. As a result of the updated risk assessment, funding priorities were outlined to create a tiered process in which higher risk counties were able to apply for more funds, while the lowest risk communities were not eligible. In addition, beginning 7/1/2020, a new project type will be funded--Resilient Communities Demonstration (RCD) Projects. RCD Projects will be implemented with initial deliverables including a comprehensive assessment of community need as well as development a strategic plan. One requirement for conducting the needs assessment is a concerted effort to gather feedback from parents and utilize their input in order to develop ongoing plans. The purpose of these demonstration projects is to more robustly fund community development, including planning, building leadership capacity and community level approaches such as building awareness and affecting policy change. Partnering with parents is also an essential component of these efforts.

CHILD ABUSE PREVENTION PROGRAM ADVISORY COMMITTEE

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

- a. Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.
- b. Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.

- c. Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.
- d. Require reports from state agencies and other entities as necessary to perform its duties.
- e. Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.
- f. Approve grant proposals.

CAPTA funds are used to support travel expenses for CAPPAC members to attend quarterly meetings to review the ICAPP program and its progress towards program goals. The CAPPAC also plays a unique role in reviewing the results of the competitive bidding process for community-based projects and in making recommendations to the IDHS in regards to funding for these projects. The CAPPAC will soon be recruiting new members as one is leaving at the end of her first term (12/30/19) as she pursues an advanced degree, and several other members will finish serving their final term in 2020.

The charter between CAPPAC and the Council on Human Services states the committee shall maintain 6-8 members. Currently there are 6 active members through CY 2020 but an application was posted and was due in April. Unfortunately, due to people shifting to a work from home mode and other changes, a limited number of applications were received. Therefore, the application was reposted with a new due date in May. Applications from 13 highly qualified candidates were received including many from high risk counties, consumers, educators, law enforcement, and community providers. The current committee developed a structured decision making tool and process and ultimately recommended 5 new members to begin terms on January 1, 2021. The program manager is slated to take the nominees to the Council on Human Services in September for final approval and will then notify all candidates and schedule a new member orientation before the end of 2020. The 5 new members will be joining the 3 whose terms run through 2022. More information on the CAPPAC can be found here: <https://dhs.iowa.gov/cappac>

In addition, as noted in the state's APSR, the IDHS Prevention Program Manager has been involved with several interagency collaborations. Additional information on those collaborative efforts, particularly as they related to public health initiatives are discussed later in this report.

SUPPORTING AND ENHANCING INTERAGENCY COLLABORATION AMONG PUBLIC HEALTH AGENCIES, AGENCIES IN THE CHILD PROTECTIVE SYSTEM, AND AGENCIES CARRYING OUT PRIVATE COMMUNITY-BASED PROGRAMS

EARLY ACCESS (IDEA Part C)

The reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) under the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) provides Early Intervention Services for any child under the age of three who is involved in a substantiated case of child abuse or neglect. States are mandated to have provisions and procedures in place to refer these children for services. State funding for Early Intervention Services is provided under Part C of the Individuals with Disabilities Education Improvement Act.

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

Eligibility & Referrals

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

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

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

Within DHS, Child Protection Workers (CPWs) are responsible for informing families that the child has been referred to Early ACCESS during a child abuse assessment. Social Work Case Managers (SWIIs) who handle ongoing child welfare cases may inform families' of Early ACCESS services at any time during the provision of case management services. A child can be re-referred by the SWII at any time if the family declined services when the case was substantiated or if there becomes a concern later that the child may have a delay. For those families interested in Early ACCESS services, the CPW or the SWII will offer to make a referral or provide the family with information on how to connect with services. Referrals can be made to the Iowa Family Support Network (IFSN), CHSC, and/or at any of Iowa's nine Area Education Agencies (AEAs). A copy of the Early ACCESS handout for families and the handout provided to DHS workers can be found in [Appendix B](#).

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

CARA

Infants that fall under the 2016 Comprehensive Addiction and Recovery Act (CARA) are also eligible for a referral to Early ACCESS. This population includes infants born and

identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. This includes infants born with and identified as being affected by all substance abuse, not just illegal substance abuse. Children who meet the criteria under the CARA Act are included in the automatic referral process.

Training

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

Early ACCESS training is part of the basic training that all new DHS workers receive. Further training is offered in other DHS courses involving mental health and substance abuse services, and in domestic violence screening training that is mandatory for all DHS Supervisors, CPWs, and SWIIs. Early ACCESS information is provided during these trainings to assist DHS staff in referring families to Early ACCESS services, whether or not there is a substantiated case of abuse following a child abuse assessment (i.e., in the case of “Family Assessments”).

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

Early ACCESS Data

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

Children who receive Early ACCESS services (following a CPA)			
SFY	# of Children referred	# of Children receiving services	Percent of children on IFSP
SFY 19	2596	449	17.3%
SFY 18	2695	211	7.8%
SFY 17	2390	172	7.2%
SFY 16	2105	229	10.9%
SFY 15	2001	279	13.9%

In SFY19, the number of children (2596) following a CPA, who were referred to Early ACCESS decreased by 99 children. The number of children who went on to receive Early ACCESS services (449) increased by 238 children (7.8% to 17.3%). The increase in children served by Early ACCESS is attributed to the automatic referral process and the efforts of the SW's to inform families about EA services. All children under the age of three that meet the CAPTA criteria are automatically referred to Early ACCESS.

DHS has worked with Social Workers to have meaningful conversations with families prior to the Early ACCESS referral. DHS workers were also provided brochures and flyers as well as, additional online resources that are available to families in Iowa. Overall, the meetings and trainings for the DHS field have increased awareness of the Early ACCESS program and its benefits.

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

By comparison, in SFY18 the number of children (2695) following a CPA who were referred to Early ACCESS increased by 305 as compared to SFY17 (2390). In the same time period there was an increase in the number of children who ultimately went on to receive services (7.2% to 7.8%). The increase in children served by Early ACCESS is attributed to increased training opportunities for the DHS field force, including presentations in each Service Area. The meetings and trainings increased awareness to Social Workers regarding the benefits Early ACCESS services can provide to children and families who are eligible for services. DHS workers were given brochures and flyers as well as additional online resources available to families in Iowa.

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

Foster Children who receive Early ACCESS services			
SFY	# of children in foster care below age three	# of Children receiving services	Percent of children on IFSP
SFY 19	2103	474	22.5%
SFY 18	2049	464	22.6%
SFY 17	1935	299	15.5%
SFY 16	1773	352	19.9%
SFY 15	1654	384	23.2%

SFY 19 reflects an increase (54) in the number of children below the age of three in foster care. The data also indicates a slight decrease in the amount of children who received Early ACCESS Services from SFY 18 to SFY 19 from 22.6% to 22.5%.

From SFY 15 to SFY 17, there was a decline in the number of children that received Early ACCESS services even though the amount of children in foster care was rising. The Iowa Department of Education (IDOE) changed practice in February 2016 that affected foster care children. Prior to February 2016, foster care children that were referred to Early ACCESS were considered automatically eligible to receive services. A study was conducted that found that many of the foster children that were receiving services did not have a developmental delay or a known condition that would later affect their development. The IDOE reviewed their administrative rule process and made the decision that foster care children must meet the same eligibility criteria, a 25% delay in development or a known condition that would most likely affect later development.

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING (MIECHV)

The IDHS will continue a strong partnership with the IDPH. IDPH is the state agency that manages Iowa's Maternal, Infant, Early Childhood Home Visiting (MIECHV) programming. In recent years IDPH has utilized MIECHV funds to help build a statewide infrastructure related to Family Support. One way in which IDPH has done this is by funding the state's Family Support Statewide Database (FSSD). The database currently being used for the FSSD is Data Application and Integration Solutions for the Early Years (DAISEY), housed out of the University of Kansas. CBCAP programs officially began using the DAISEY system in January 2018. This has streamlined data collection and reporting for local programs and reduced costs by using one data collection system for a number of family support programs, including:

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

Many sites utilize blended funding from the programs listed above to support ICAPP/CBCAP programming at the local level. Utilizing one single data system eliminates the need for programs to enter data into more than one system. This can be time consuming for local program staff and has a negative impact on our ability to gather adequate participant data for a quality, thorough evaluation of the programs. The IDHS Prevention Program Manager participates with leadership from other programs that use the DAISEY system to identify concerns and solutions. The group (now known as the “DAISEY Users Group”) is currently discussing additions, adaptations and system improvements to improve quality data collection. The IDHS anticipates the partnership with other DAISEY users to continue in the next fiscal year with an eventual goal to collaborate on a system redesign for rollout on July 1, 2021.

Specific partnerships with MIECHV and the Iowa Department of Public Health include:

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

EARLY CHILDHOOD IOWA, IOWA DEPARTMENT OF MANAGEMENT

The IDHS Prevention Program Manager is also deeply involved in the state's Early Childhood Iowa (ECI) initiative. ECI provides both a funding mechanism for local early childhood programming, as well as broader system level work. In the past year, the IDHS Program Manager participated on a targeted workgroup tasked with preparing the Early Childhood Iowa Needs Assessment and Strategic Plan, "We Are ECI" (adopted in the Fall of 2019), which relied, in part, on the prevention assessment conducted in 2018 for ideas and strategies related to the broader early childhood system. In addition, the IDHS Prevention Program Manager is involved in a number of leadership groups throughout ECI, including:

- **Early Childhood Iowa Leadership Groups**
 - **ECI Steering Committee** – IDHS Prevention Program manager serves on this committee due to role as a co-chair of one of the ECI Component Groups.
 - **ECI Stakeholder's Alliance** – Both IDHS Prevention Program Manager and PCA Iowa staff participate.
- **ECI Results Accountability Component Group** - Program Manager is the public co-chair of this group with a focus on results-based accountability in early childhood and family support work.
- **ECI Family Engagement/Partnership Committee (Governance Component Group)** – Program Manager is a co-chair of this subcommittee looking at increasing family voice and choice in the ECI system.
- **ECI Family Support Leadership Group** - Program Manager participates in this state level consortium with various family support program level staff.

- **Preschool Development Grant (PDG)**-The Program Manager was involved with the implementation of the PDG needs assessment and strategic planning process for ECI in calendar year 2019. While PDG funding was not continued in 2020, implementation of the plan adopted is moving forward through existing workgroups.

Results Accountability

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

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

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

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

Other data, when added, could address other experiences and how they correlate (i.e. poverty, maltreatment, unemployment, lead exposure, etc.). This would also allow policy/program staff to look at touch points over the 0-5 span and service utilization patterns and how those may impact outcomes. While Iowa did not receive ongoing PDG funding, we continue to look for ways to expand and fund the IDS.

Family Engagement/Partnership Committee

Another project that continued in FY 20 is a collaborative with partners from IDHS, IDOE, and IDPH around Family Engagement in the Early Childhood system. While individual programs (e.g., Head Start, Parents as Teachers, 24/7 Dad, etc.) often have strong parent leadership components to them, there has never been a comprehensive state level plan to incorporate those efforts into policy. A number of years ago (2012) an attempt was made to do this through an Early Childhood Iowa "Parent Summit". Out of that summit several things occurred, including the convening of a workgroup to carry the efforts forward and a draft strategic plan. Unfortunately, efforts stalled for several years but the workgroup was reconvened and has been meeting regularly since 2019. The group began by solidifying a mission and values statements (as follows), as well as initiating some pilot efforts.

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

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

VALUES STATEMENTS:

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

It was anticipated that this effort would also be boosted by funds received through a continuation of Iowa's Preschool Development Grant in 2020. While the PDG funding was not renewed, as noted previously, the group members are committed to continuing as much of the PDG family engagement activities forward as possible. The group is continuing to meet and follow the Plan, Do, Study, Act (PDSA) plan developed in 2019.

Pre-work: Planning – Review Iowa Family Support Standards (IFSS), Family Support Worker and Supervisor competencies, Head Start Relationship based competencies, National Parent Family Child Engagement, National Family Support Network, Children's Trust, Ascend (Aspen Institute), National Resource Center for Family Centered Practice (University of Iowa)—Family Development Certification, Family Peer Support Specialist competencies (National Federation of Families with Children with Mental Illness), and various model standards/competencies.

Step 1: Survey/Inventory – Survey IFSS credentialed program providers and/or caregiver participants about current engagement activities in Family Support, measuring items from across the spectrum from minimal engagement (i.e., satisfaction surveys) to very significant parent/family partnership (i.e., parent led decision making).

- Measure attitudes/beliefs, knowledge, and behaviors
- Gather baseline engagement data and examples of what is occurring (i.e. specific strategies, curricula/models, etc.)
 - Specific practices at varying levels (organization, supervisor, support worker)

Step 2: Intervention – Develop a comprehensive approach to enhancing beliefs, knowledge, and skills around family engagement. Activities may include:

- Presenting on Family Engagement/Leadership during a Family Support Lunch-n-Learn and/or at ECI Area Director meetings (i.e., Family Engagement 101)

- Review IFSS for ways to encourage/enhance family engagement policies/practices through the standards
- Intermediate Training – Develop (with support, if available) a more advanced learning opportunity around engaging families with complex needs, intergenerational work, and promoting family partnership/leadership (i.e. parent advisory committees)
 - Highlight Iowa programs who ranked high in survey results as best practice
- Other activities TBD

Step 3: Evaluation – resurvey the network after approximately one year to see how things have changed, get feedback for additional needs, etc.

Step 4: CQI Process – Feedback loop, implement lessons learned, present outcomes and (if successful) revamp and roll out in other areas/programs throughout the early childhood system

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

The webinar was an introduction to begin the conversation and it was followed up in May with a survey to family support programs to assess and inventory where each is in terms of efforts to engage families and offer opportunities for leadership. To date the survey has approximately 175 responses from front line staff, program supervisors, and administrators about beliefs, attitudes, and specific practices and policies. The group is looking forward to analyzing the data and working on next steps to move the system further along in providing a strong voice and choice for parents and other caregivers in Iowa.

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

In the spring of 2019, the Iowa legislature passed a bill to establish a statewide children's mental health system. This legislation laid the foundation for the initiation of a leadership body and development of a strategic plan for a children's mental health system. IDHS is charged with administering the children's health and disability system and will be working with the Iowa Departments of Education and Public Health and other state boards to develop and implement a strategic plan. This planning for this is still underway and will continue to evolve through its implementation.

In addition, IDPH was recently awarded a 5 yr. SAMHSA Project Launch grant to continue work previously done around Infant and Early Childhood Mental Health Consultation. The purposes of grant include the following:

1. Build capacities of adult caregivers of young children to promote healthy social and emotional development
2. Prevent mental, emotional and behavioral disorders
3. Identify and address behavioral concerns before they develop into serious emotional disturbances (SED)

Specific activities under the project include:

1. Screening and assessment to ensure early identification of behavioral and developmental concerns using validated screening instruments – must include screening for other concerns such as perinatal depression and caregiver substance misuse as appropriate
2. Provide family and parent training to help parents/caregivers provide healthy, safe and secure environments
3. Integrate behavioral health into primary care
4. Provide mental health consultation in early care and education
5. Establish a Young Child Wellness Council to support the project (at least 10% must be families with children birth – 8)
6. Improve coordination and collaboration across child and family-serving systems and programs
7. Raise public awareness and education related to early childhood development and mental health

Much of the initial work under the grant has involved a partnership with the Drake University's Head Start and Early Head programs operating in 6 central Iowa counties (Boone, Jasper, Marion, Polk, Story, and Warren). IDPH and the stakeholder group advising the project (which includes the Prevention Program Manager) have identified the following objectives/activities:

- Provide comprehensive and coordinated screening and assessment processes
 - Utilize current HS screening/assessment tools, add Child Behavior Checklist (CBCL), add Devereaux Early Childhood Assessment (DECA), add Motivational Interviewing techniques
- Deliver evidence-based mental health services to children identified at risk
 - Referrals to identified mental health providers for evaluation and treatment using evidence-based interventions including Parent Child Interaction Therapy (PCIT), Child Parent Psychotherapy (CPP) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as appropriate
- Parent training sessions on mental health related topics (attachment, trauma, challenging behavior, resilience, etc.)
- Hire two full-time master's prepared Early Childhood Mental Health Consultants to provide on-site services to 23 HS classrooms and 7 home visitors in the service area
- Provide summer training sessions for K-3 teachers and administrators to educate them about mental health, impact of trauma, implementing trauma informed practices, and local mental health resources
- Reflective Supervision for HS teachers

In addition to the specific activities and partnership with HS/EHS, a secondary goal of the Project Launch grant is to strengthen Iowa's infrastructure to support competent and well-trained early childhood mental health consultants through the following:

- a. Formalized consultant scan of those providing consultation in Iowa
- b. Organize in-person and online networking sessions for identified consultants to facilitate relationships and collaborative network
- c. Organize professional development learning sessions for identified consultants
- d. Partner with UI CHSC to facilitate annual Primary Care Provider learning event to educate primary care providers on early childhood mental health and local resources
- e. Public awareness presentations on issues related to early childhood mental health
- f. Share best practices and lessons learned through ECI network

In FY 2021 the IDHS Prevention Program Manager and PCA Iowa staff will continue to partner with Project Launch and other initiatives around children's mental health.

IOWA'S CITIZEN REVIEW PANELS

SECTION 106(c)(6)

Iowa has three Citizen Review Panels in the State. The 2019- 2020 Annual Reports for each of the Citizen Review Panels can be found under Appendix C of this report. The States' Response to the recommendations from the Citizen Review Panels can be found in Appendix D.

Iowa's three Citizen Review Panels include:

- **The Child Protection Council/State Citizen Review Panel (CPC/CRP)**
 - Penny B. Reimer (Chairperson)
Cooper, Goedicke, Reimer & Sparks, P.C.
2600 Vine Street, Ste. 300
West Des Moines, IA 50265
penny@cgrslaw.com
(515) 225-1499
- **Bremer Cluster Foster Care Review Board (Iowa Citizen Foster Care Review Board)**
 - Shirley Hoefer (Chairperson)
Deputy Program Administrator, FCRB
Iowa Child Advocacy Board
Des Moines, IA 50319
Shirley.hoefer@dia.iowa.gov
(563)582-6219
- **Northwest Iowa Citizen Review Panel**
 - Shane Frisch (DHS Liaison)
Iowa Department of Human Services
822 Douglas Street
Sioux City, IA 51101
theaton@dhs.state.ia.us
(712) 255-2913

CAPTA ANNUAL STATE DATA REPORT

SECTION 106(d)

Education, Qualifications, and Training

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

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

Of the 342 staff identified as having a role in the intake, screening and assessment of child abuse and neglect there were 235 responses to the survey (69% response rate). Therefore current educational data is available on the following number of individuals and is summarized in the tables below:

- 153 Social Worker IIIs and IVs
- 75 Social Work Supervisors
- 7 Social Work Administrators

Highest Degree Obtained	
184	BA/BS (78%)
49	Master's Degree (21%)
2	No degree (1%)
235	TOTAL

BA/BS Area of Degree		Master's Area of Degree	
48	BA/BS in Social Work (26%)	18	Master's in Social Work (37%)
131	BA/BS in a HS Related Field (71%)	24	Master's in a HS Related Field (49%)
5	BA/BS in another area (3%)	7	Master's in another area (14%)
184	TOTAL	49	TOTAL

Social Work Licensure Level (if applicable)	
8	LBSW (Licensed Bachelor Social Worker) 42%
7	LMSW (Licensed Master Social Worker) 37%
4	LISW (Licensed Independent Social Worker) 21%
19	TOTAL

Training Requirements

All new DHS social workers are required to complete New Worker Training. Social Worker IIs and Social Worker II supervisors must complete 170.5 hours of new worker training. Social Worker III's and their supervisors must complete 170 hours of new worker training. A listing of the required coursework for new worker training for SWIIs, SWIIIs and their respective supervisors can be found in Appendix F of this report.

After the initial 12 months with the Iowa Department of Human Services, ongoing training requirements include:

- Minimum of 24 hours child welfare training annually for all Social Workers
- Minimum of 24 hours child welfare/ supervisory training annually for all Social Work Supervisors

Demographic Data on CPS Personnel

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

Table 1. TOTAL BREAKDOWN BY JOB TITLE

1. Personnel	
249	Social Worker 3s and 4s (Screening, Intake, Assessment)
82	Social Work Supervisors
11	Social Work Administrators
342	TOTAL

Table 2. GENDER DISTRIBUTION

2.1 Frontline (Social Worker 3s/4s)		2.2 Management (Supervisors/Administrators)	
43	Male (17%)	20	Male (21.5%)
206	Female (83%)	73	Female (78.5%)
249	TOTAL	93	TOTAL

Table 3. RACE/ETHNICITY DISTRIBUTION

3.1 Frontline (Social Worker 3s/4s)		3.2 Management (Supervisors/Administrators)	
9	African American (3.6%)	3	African American (3%)
0	American Indian/Alaska Native	0	American Indian/Alaska Native
3	Asian/Pacific Islander (1.2%)	0	Asian/Pacific Islander
9	Hispanic/Latino (3.6%)	0	Hispanic/Latino (1%)
2	2 + Races (0.8%)	0	2+ Races
226	White (90.7%)	90	White (97%)
249	TOTAL	93	TOTAL

Table 4. DISABILITY STATUS

4.1 Frontline (Social Worker 3s/4s)		4.2 Management (Supervisors/Administrators)	
1	Yes (.4%)	0	Yes
168	No (67.5%)	86	No (92.5%)
80	Did Not Disclose (32.1%)	7	Did not Disclose (7.5%)
249	TOTAL	93	TOTAL

Table 5. AGE RANGE

5.1 Frontline (Social Worker 3s/4s)		5.2 Management (Supervisors/Administrators)	
18	20-29 years (7%)	0	20-29 years
83	30-39 years (33%)	14	30-39 years (15%)
90	40-49 years (36%)	53	40-49 years (57%)
48	50-59 years (19%)	18	50-59 years (19%)
10	60+ years (4%)	8	60+ years (9%)
249	TOTAL	93	TOTAL
Avg. Age = 44 years		Avg. Age = 47	

Caseload Data

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

DHS child protective workers (those performing assessments) were assigned an average of 15 cases a month in calendar year 2019, including cases alleging adult abuse. DHS case managers (those providing ongoing case management services) had an average child welfare caseload of 33.

Juvenile Justice Transfers

Juvenile Justice Transfers in Iowa for FFY 2019 totaled 81

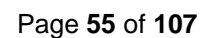
Juvenile Justice Transfers in Iowa for FFY 2018 totaled 87

Juvenile Justice Transfers in Iowa for FFY 2017 totaled 79

The Juvenile Justice Transfers count is obtained by using the DHS Data Warehouse. This approach offers a precise method of counting transfers as it is based on case load movement from the DHS worker to a Juvenile Court Officer (JCO) as opposed to reliance on a DHS worker manually entering data in an electronic field. In addition, by using the Data Warehouse, the count can be viewed on a daily basis. This method of collection continues to be used and while it has shown an increase in numbers from past years reporting, it is believed to be a more accurate count going forward.

APPENDIX A
Community-Based Prevention Projects
Awards SFY 2019- 2020
Iowa Child Abuse Prevention Program (ICAPP) &
Community-Based Child Abuse Prevention (CBCAP)

ICAPP/CBCAP Awards SFY 19-20



**APPENDIX B
EARLY ACCESS HANDOUT**

EARLY ACCESS EARLY INTERVENTION IN IOWA



CONTACT US TODAY!

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

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

www.iafamilysupportnetwork.org



EARLY ACCESS AND FAMILIES

What is Early ACCESS?

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

How do young children learn?

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

Children learn in multiple places. Getting a drink or snack and then washing hands afterwards may occur in the family kitchen, at a restaurant, or at child care.

Children learn how to participate with their family and others in all their daily routines and activities.

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

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

Early ACCESS Vision & Mission

Vision:

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

Mission:

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





What are everyday routines and activities?

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

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

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

Yes.

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

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

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

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



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

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

Who is eligible for Early ACCESS?

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

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

Why refer to Early ACCESS?

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

How do I make a referral?

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

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

What if the family refuses the referral?

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

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

APPENDIX C
Iowa Citizen Review Panel Reports

Child Protection Council/State Citizen Review Panel 2019 - 2020 Annual Report

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

Membership

The current membership on the CPC is composed of professionals with knowledge and experience in a number of diverse areas within child welfare. These areas include: law enforcement, juvenile and criminal court, child advocacy, youth housing and shelter, mental health, substance abuse, health and childhood disabilities. In addition to representatives from these areas, the membership also includes individuals with first-hand knowledge and experience with Iowa's child welfare system. These members include a former victim of abuse, a parent who has received child welfare services and a representative from a parent advocacy group.

Public Outreach

The CPC/CRP seeks to encourage public outreach and input in assessing the impact of Iowa's current child abuse laws and policies on children and families and the communities in which they live. All CPC/CRP meetings are open to the public and a public notice is posted for each meeting regarding the date, time, location, and agenda. In addition, the CPC/CRP Annual Report is posted on the Iowa Department of Human Services (DHS) website. Members of the public who are unable to attend meetings can direct any comments and/or questions to DHS or to the CPC/CRP State Coordinator through the DHS website.

CPC/CRP Meetings & Activities 2019 - 2020

Meeting Dates

The CPC/CRP meets on a bi-monthly basis in Des Moines, Iowa. Members may also attend conferences and trainings throughout the year related to the work of the panel. The CPC/CRP has met 6 times during the 2019-2020 period. Face to face meetings were held from 10 am – 2 pm with the exception of the 2020 March and May meetings which were held by conference call due to concerns related to the pandemic. The 2019 – 2020 meeting dates were as follows:

- May 14, 2019
- September 10, 2019
- November 12, 2019
- February 25 & 26, 2020
- March 24, 2020
- May 5, 2020

Meeting Presentations & Topics

In addition to the topics of discussion, various speakers were invited to make presentations at the CPC/CRP meetings. Below is a listing of the meetings and a description of the topics that were discussed and the presentations. A standing agenda topic included the Families First Prevention Services Act due to the impact of this legislation on the child welfare system.

Meeting Date	Presentations, Activities and /or Topics
05/14/2019	Face-to-face Meeting <ul style="list-style-type: none">• The DHS Child Welfare Bureau Chief provided an update to the CPC/CRP on the work being done within the DHS with regard to the implementation the Families First Prevention Services Act.• The Bureau Chief also reviewed new legislation pertaining to child abuse that become law effective July 1, 2019.• A presentation on Safe Baby Court Teams was provided to the group.
09/10/2019	Face-to-face Meeting <ul style="list-style-type: none">• Updates were provided by the DHS Child Welfare Bureau Chief on the implementation efforts regarding the Families First Prevention Services Act. The presentation included a number of new programs and initiatives that were happening within DHS. The Solution-Based Casework initiative that is being implemented statewide was discussed. The project which is based in family systems theory will be applied to all case management cases. Other projects and programs that were highlighted included SafeCare, Parent Partners, group care, and enhanced foster family homes. The newly posted RFP for family centered services was also discussed. The RFP supports the Families First Prevention Services Act and promotes the importance of preserving family connections and the use of evidence based programing.• The DHS Program Manager for Iowa's Children and Family Service Review (CFSR) spoke to the CPC/CRP members about the CFSR process and how it relates to the work of the group. A Summary of the Iowa's Child and Family Services Review Performance Report which included the current ratings for Iowa regarding Safety, Permanency and Well-Being outcomes was provided to the members.• Iowa's Program Improvement Plan (PIP) that was submitted in May 2019 was discussed. Quality representation for parents, case worker visits and a review of the child welfare system were identified as new activities and/or areas of focus for SFY 20.

11/12/2019	<p>Face-to-face Meeting</p> <ul style="list-style-type: none"> • The DHS Bureau Chief of Child Welfare provided an update to the CPC/CRP on the work being done within the DHS to implement the Families First Prevention Services Act. • As the CPC/CRP also serves as Iowa's State Task force under the Children's Justice Act (CJA) grant, a presentation was made on the grant. The requirements of the State Task Force was discussed and the CJA connection to the Child Abuse Prevention & Treatment Act (CAPTA) was explained. Handouts were provided regarding the CJA grant and the Three-Year Assessment process. The CPC/CRP's By-Laws were reviewed and CJA funding requirements were discussed. • The Early ACCESS Liaison, provided an overview of the Early ACCESS (IDEA Part C) program. The goal of the program is to actively engage families and empower them in meeting the needs of their children. Eligibility requirements, the referral process and services were discussed. Data was presented regarding the number of children referred to the program and of that number, how many were currently receiving services. Handouts describing the Early ACCESS program were provided to the group.
02/25 & 26, 2020	<p>Face-to-face Meeting (Two day Case Review)</p> <p>The CPC/CRP participated in a DHS targeted Case Review. This was a qualitative review of a small number of child protective assessments related to the Comprehensive Addiction and Recovery Act (CARA) and Safe Plans of Care. The two-day review began with providing an overview to the group regarding the intent of CARA, the DHS child abuse intake and assessment process and the CARA requirements. The group was also instructed on the use of the Case Review Tool which was provided.</p> <p>The Case Review Tool captured information under the following topics:</p> <ul style="list-style-type: none"> ○ General Information ○ Intake ○ Assessment ○ Safe Plans of Care ○ Infant Health Needs and Services ○ Family/Caregiver Health and Substance Abuse Treatment Needs and Services ○ Monitoring of the Safe Plan of Care ○ Summary <p>For the review, CPC/CRP members were divided into 5 groups with each group being paired with a DHS representative to assist the group and to answer any questions. Upon completion of the small group reviews, the members came together as a large group to identify the strengths,</p>

	opportunities for improvement, system barriers, and recommendations to improve the development and monitoring of Safe Plans of Care in Iowa. Based on the result of the findings, the CPC/CRP identified training and policy recommendations. These recommendations were then presented to the DHS Administrators (See Annual Recommendations below).
3/24/2020	Conference Call Meeting (Due to Pandemic) <ul style="list-style-type: none"> • A CJA project proposal was introduced to the CPC/CRP for 2020/2021. The Legal Representation Project is a pilot that will provide legal representation for indigent parents involved in child welfare cases prior to formal court proceedings.
05/05/2020	Conference Call Meeting (Due to Pandemic) <ul style="list-style-type: none"> • CJA funding and how it must be directed with regard to developing, establishing and operating programs and/or activities was discussed. A copy of the current CJA budget was provided to members. • A summary and update was provided on the CPC/CRP 2019/2020 activities/projects. • A discussion was held regarding the proposed 2020/2021 activities/projects that included Council Support and the Legal Representative Project. The CPC/CRP voted to approve these two activities for 2020/2021.

Annual Recommendations

As describe above, the CPCP/CRP completed a two day Case Review regarding the Comprehensive Addiction and Recovery Act (CARA) and Safe Plans of Care. Based on the results from this Case Review common themes in the areas of strengths, opportunities for improvement, system barriers and recommendations were identified.

The recommendations that the CPC/CRP identified and supported include the following:

Training

- Further training should be offered on the CARA initiative regarding: when a Safe Plan of Care is needed, the requirements of a Safe Plan of Care, who should be involved in the development of the plan, services needed and the monitoring of the plan and the need for good documentation throughout the process.

Services and Monitoring

- The identified services along with timeframes for participation and how monitoring will be conducted should be clearly stated on the Safe Plan of Care.

Medical

- Increased consultations with medical providers are needed to confirm whether or not the infant is affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder and that the medical provider has reviewed the Safe Plan of Care when used and agrees that the needs of the infant and family will be met through the Safe Plan of Care.

Native Americans

- Native American heritage should be asked and noted at Intake or during the assessment process and if the child and family are part of a tribe, the Safe Plan of Care should be developed in conjunction with the family, the tribal Social Worker and the CPW.

Progress on Prior Recommendations

Throughout SFY 2020, DHS has been in the process of implementing a number of new programs and initiatives which support the CPC/CRP's prior recommendations.

In February 2020, DHS contracted with the National Council on Crime and Delinquency (NCCD). NCCD is currently conducting research and providing technical assistance and support to DHS on the development of a researched based Structure Decision Making (SDM) safety assessment tool and a safety planning practice guide specific to Iowa. This work supports the CPC/CRP's recommendation that safety planning practices should be reviewed including; what it means to safety plan and how Safety Plans are monitored. The CPC/CRP also recommended increased drug screening for children when there are safety and risk concerns. The SDM work being done will strengthen the safety assessment process will help to determine when drug testing for children is needed based on the identified level of risk.

Other recommendations put forward last year by the CPC/CRP included the need for appropriate service referrals during child abuse assessments and the use of a multi-disciplinary approach. Effective July 1, 2020 the DHS is moving to a new contract for Family-Centered Services that support these recommendations. Under the new contract, Family Preservation Services will be available to families with children who are at risk of removal during the child abuse assessment. The intensive services will target the individual needs of the child and the family. In addition to Family Preservation services being offered during the child abuse assessment, families will also have access, as needed, to Child Safety Conferences, Family Team Decision-Making Meetings and Youth Transition Meetings. Each of these services promote a multidisciplinary approach to identifying and providing services to the child and family.

Future Direction & Focus

2020 – 2021

The CPC/CRP plans to remain actively involved in Iowa's child welfare system in the coming year. The CPC/CRP will continue to follow the implementation of the new programs and initiatives that are referenced in this report. In addition to these programs and initiatives, the CPC/CRP will also be following the redesign of the DHS drug testing authorization system. The DHS is planning on moving to a drug testing authorization system that would limit drug testing to cases in which there are behavioral indicators that support the need for a drug test and which would also guide the workers in choosing the appropriate type of test, the frequency and duration of the testing.

Another project that the CPC/CRP will be watching is the Legal Representation Project. The Legal Representation Project involves a pilot project that is being conducted by the Iowa State Public Defender's Office to provide legal representation to indigent parents prior to formal court proceedings. Currently, the State Public Defender's Office is prevented from representing clients until a court case is filed. Evidence from other projects throughout the country have suggested that attorney representation prior to filing a court action may prevent the need of removal of a child from the home, the opening of a court case, and may shorten the length of placements in foster care or other locations outside of the home. As the Iowa's State Task Force under the CJA grant, the CPC/CRP has approved CJA funding to be put toward this project.

**Bremer Cluster Foster Care Review Board
Citizen Review Panel
Annual Report**



Submission Date: May 6, 2020

Background

The Iowa Citizen Foster Care Review Board has been active in Bremer-Butler-Chickasaw-Franklin Counties since 2002. The Board is mandated to review cases of children in out-of-home placements to determine whether satisfactory progress is being made toward the goals of the case permanency plan pursuant to Iowa Code §237.22. One of the focus areas of the Board is to ensure that all parties are working toward timely achievement of permanency for children under review.

In December 2018, the Iowa Citizen Foster Care Review Board was invited to become a Citizen Review Panel (CRP) after the North Iowa Domestic and Sexual Abuse Community Coalition ended their service in this capacity for Iowa. The first three months were dedicated to educating the Bremer Cluster Foster Care Review Board (FCRB) about CAPTA and the purpose of the Citizen Review Panel, as well as establishing a process to extend their current role of foster care reviewers to include a more thorough assessment of the cases that are assigned to their Board.

The Bremer Cluster Foster Care Review Board covers case reviews for Bremer, Butler, Chickasaw and Franklin Counties. The Board routinely meets 10 months each year to review the cases of children in out-of-home placements. This Board officially became a Citizen Review Panel on April 4, 2019 with the acceptance of its CRP Bylaws.

Members of the Bremer Cluster Foster Care Review Board's Citizen Review Panel are:

- Jamie Panning, facilitator
- JoAnn Carey, chairperson
- Robert (Bob) Greenlee
- Jean Garaventa
- Marilyn Teig
- Ivan Lindloff
- Melissa Appel
- DeAnn Johnson

Meetings

The Panel held meetings on:

- June 6, 2019
- September 5, 2019

- November 7, 2019
- February 5, 2020
- April 2, 2020

Continuous Education Training

All Iowa Citizen Foster Care Review Board Members complete a minimum of six hours of continuous education each year. The Bremer Cluster FCRB Members completed the following training from May 2019 through April 2020.

Month	Topic
May 2019	Child Protection Worker, Stacy DeBerg
August 2019	DHS Transition Specialist, Michelle Cooper
October 2019	Four Oaks Adoption Specialist, Pam Jones
December 2019	Allen Child Protection Center Forensic Interviewer Liaison, Miranda Kraceke
March 2020	Bremwood Director, Ashley

Bremer Cluster FCRB Citizen Review Panel Goals

The focus areas for this Citizen Review Panel include, but are not limited to the following:

- Assess accountability of child welfare system partners to ensure the safety of children in out-of-home placements.
- Assess accountability of child welfare system partners to ensure services are in place for children and families to meet their individualized needs.
- Assess IDHS Transition Planning policies and processes.

Case Review & Assessment Summary

Case Review Data

Between May 2019 and April 2020, this panel reviewed the cases of 36 unique children.

Age Group	# of children reviewed
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0-3 years	9
4-9 years	7
10-13 years	9
14-18 years	11

Assessment Summary

This Citizen Review Panel conducted the following assessment based on the cases reviewed during this reporting period.

Identified Strengths

1. Courts are appointing more Court Appointed Special Advocates to cases of children in foster care.
2. Committed foster parents that provide ongoing support for foster children suffering from trauma, mental health and difficult behavioral issues.
3. Positive relationships between DHS Caseworkers, birth families and foster families.

Opportunities for Improvement

1. Better training for workers in group homes, shelters and FSRP Providers.
2. Improved thoroughness and timeliness of transition planning for children in foster care.
3. Foster/pre-adoptive families need to have thorough case information related to potential placements.
4. Increased involvement of the Guardian Ad Litem in the children's case to include face-to-face visits more often.
5. Increased availability of mental health and other services for children in care.

Identified Barriers

- Mental Health Services and placements for children are lacking in the State of Iowa.
- Individualized services and therapy are not consistently available to all children while placed in shelter care.
- Transition Planning not being provided early enough and at the developmental level of the youth.
- DHS Caseworkers are overloaded with cases and there is not enough funding for services for families.

- Little assistance for children that are illegal immigrants to navigate the system to become legal citizens.
 - The panel reviewed seven children this reporting period that are not US Citizens. All seven of these children risk being deported at some point and permanency is being established for these children in pre-adoptive homes. The pre-adoptive parents and the children lack resources and knowledge as to how to navigate the immigration system to ensure the children may become US Citizens.

Recommendations

1. Increase funding for additional DHS Workers across the state and for safety services to families.
2. Increase funding for mental health services in the State of Iowa for children.
3. Increase the availability of services for all children in shelter care placements to include Family, Safety, Risk, and Permanency Services as well as therapeutic services.
4. DHS to increase the standards and expectations for training of service providers to ensure better delivery of services and increased safety for children in facilities.
5. DHS to provide an Immigration Specialist for children in foster care to assist with immigration and naturalization issues.

**The Community Initiative for Native American Families and Children
Woodbury County Citizen Review Panel
Annual Report - 2019**

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

Summary of Panel Activities in SFY 2019

CINCF meetings (face-to-face and Zoom meetings) were scheduled and/or held during SFY 2019/20 (July 1, 2019 through June 30, 2020) on the following dates, from 1:30pm to 3pm in Sioux City, Iowa. Please note there was no meeting July 2019 due to the passing of Frank LaMere, the long-time Native American Advocate.

Date	Presenters, Activities, and /or Topics Covered
08/07/2019	<p>CINCF History – Erin Binneboese</p> <p>In 2000 the community began to organize and formed the Community Initiative for Native Children and Families (CINCF)</p> <p>CINCF included representation from the Native urban community, tribal representatives and the Department of Human Services.</p> <p>A Starting point-Cultural Competence: A set of congruent behaviors, attitudes and policies that come together in a system, agency, or professional and enable that system, agency or professional to work effectively in cross-cultural situations.</p> <p>Disproportionality: Over or under-representation of minority children under the age of 18 in foster care compared to their representation in their representation in the general population.</p> <p>Disparity: Disparate or inequitable treatment, services and outcomes for minority children as compared to those provided and experienced by similarly situation Caucasian children. (Race Matters Consortium)</p> <p>2002 the community work begins-Built public awareness (media)</p> <p>Made known concerns through letter writing campaigns to government officials and visited the State Capital. Held the first Annual Memorial March to Honor Lost Children in 2003. Passed the Iowa Indian Child Welfare Act in 2003.</p> <p>2004 created the Minority Youth and Family Initiative (MYFI)</p> <p>Evaluated current state of the Woodbury County Child Welfare Practice (64% of Iowa’s Native Children in foster care were from Sioux City. Native Americans made up .04% of Iowa’s population but represented 2.1% of the children in foster care = a 5 to 1 disparity rate.</p>

	<p>Granted \$75,000 to DHS for Woodbury County to begin to address overrepresentation. Planning goals and strategies with stakeholders Began building upon the relationships developed through CINCF.</p> <p>2005 MYFI: Reduced disproportionality of Native Americans and African Americans in child welfare.</p> <p>In Sioux City, annual planning involves multiple systems and stakeholders which included the Native American community and tribal members. Involves improving trust, communication, and relationship issues among IDHS, courts, families, tribes, and the urban Indian community.</p> <p>Our Focus: Over representation of Native children in foster care and adoption.</p> <p>Frequency of native children being placed in white homes.</p> <p>A pattern of distrust between the “system” and the Native community.</p> <p>1/10/2019</p> <p>The Community Initiative for Native Children and Families is a collaboration of Native and non-Native child welfare professionals, advocates and individuals who work to build bridges and to foster understanding among the many interests involved in Native American child welfare matters!</p> <p>The goal of the confab who have come together monthly for fifteen years in Woodbury County, Iowa is to help Native families secure their parental rights, strengthen their families and get the necessary supports allowing them to live, to grow and to flourish!</p>
	<ul style="list-style-type: none"> • Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for July 2019. There were 176 self-identified active cases. There were 80 ICWA applicable children & 96 Non-ICWA applicable children. ICWA relative placement was at 56% and foster care placement at 44% (children in Native Foster Home). Non-ICWA relative placement is 57% with foster care placement at 43% (3 children in Native Foster Home). There are 9 Native foster homes at this time with 2 homes with openings. • Family First is scheduled to be implemented July of next year per Tom Bouska. • Bid opportunities can be found on DHS website: https://bidopportunities.iowa.gov/Home/BidInfo?bidId=6ce1bdff-c1e6-4e46-b51b-3c3a2d844b8d • Chiara Cournoyer will be facilitating Motherhood Is Sacred in the near future along with Terry Medina offering Fatherhood Is Sacred It was noted that Frank LaMere and George Boykin were the first graduates of FIS.
	<ul style="list-style-type: none"> • SC Public School Equity Office backpack giveaway August 9th from 2-7pm. Recruitment will be on hand along with persons to help those wishing to fill out the 506 form. • Friday’s- AA meeting at Urban Native Center 1501 Geneva St. 7pm • Memorial March meeting Sept 11th 8:30 am Briar Cliff Fireside

09/04/19	<ul style="list-style-type: none"> <p>Presidential Forum Recap– Erin Binneboese</p> <p>The Frank LaMere Native American Presidential Forum was held August 19th and 20th at the Sioux City Orpheum. This was the first successful presidential forum focused on the concerns of Native Americans. People from around the country came in support and to voice their concerns. Cynthia and Jennifer LaMere were honored during the first day of events. Karen Mackey noted the first time event was a good start to future events of this kind.</p> <p>Washington DC trip – Matt Ohman</p> <p>Matt Ohman, Erin Binneboese, and Jennifer LaMere will travel to DC on September 9th to meet with members of the Senate to educate them on the language in the Appropriations bill that Congressman Steve King and Frank LaMere collaborated on. The bill has passed the House and will now go before the Senate. SHIP will send out the initial press release to CINCF.</p> <p>Urban Native Center – Val Uken</p> <p>Upcoming events at the Center include Resource Wednesdays from 9am to noon. Free lunch will now be served each Thursday with One Nation Talking Circle that evening from 7-8pm. Friday is the Feather Group AA meeting at 7pm.</p> <p>Opening at the Native Center beginning September 16th Kids Corner Learning Center will be available from 3pm-6pm</p> <p>Wednesdays Native Youth Standing Strong 3:30pm-5:30pm</p> <p>Also beginning on Saturdays in October will be a Drum Group 3pm-5pm</p> <p>In the works for October are: Tutoring Tuesdays-the Center is partnering with Morningside College dates and times TBD. Also a language class-dates and times TBD. And finally, a Teen Talking group-dates and times TBD</p> <p>October Youth Dance is being planned</p> <p>November Fall Festival is November 23rd meal and need assessments will be provided.</p> <p>The Soaring Eagle Trading Post will open in the near future at the Center featuring works by local artists.</p> <p>Fatherhood Is Sacred is Monday and Thursdays 6:30pm – 8:30pm at St Paul’s Episcopal Church.</p> <p>Memorial March updates-Kim Jenkins</p> <p>The March committee has secured Sandy Whitehawk to present the film “Blood Memory”. Donation request letters will go out later this week. Dates for the event is November 25-27th. Next committee meeting is September 11th at the Stark Center Briar Cliff 8:30am all are welcome.</p> <p>Hope Street Project – Matt Ohman</p> <p>The Hope Street house opened in June and has had a total of 15 persons that have come and gone through the house. The original 5 men are still living at the facility. Four have been there over 60 days with 2 over 30 days. Today the total is 8 but will be full by Friday. One half are noted to be Native Americans. All necessary numbers are being tracked and recorded</p> 	

	<p>and requested to be presented to the CINCF group. Michael O'Connor did a cultural training session last week at the facility. On August 19th Congressman King toured Hope Street and met with 2 residents, one of which is Native.</p> <ul style="list-style-type: none"> • Seasons Center for Behavioral Health – Noel Hoffman & Katy Lakes The program they spoke of today is the Trauma based program – Trauma Informed Care. The program works with families who have experienced trauma due to substance use or abuse by a caregiver. Clients may have an involvement with DHS and/or known use/abuse by a caregiver. Programs include Seeking Safety and Parenting Wisely using trauma focused services such as PCIT and EMDR. They provide in-home or office visits. Insurance accepted and also offer a sliding fee scale. Website: www.seasonscenter.org • Housing Issues- Amy Toole File retention- completed applications are kept 3 years. Online applicants have 10 days to complete the necessary paperwork. If needed Women Aware can help individuals with this process. Amy did note there is a 3-month waiting process at this time but encourage people to submit their applications. The Sioux City Housing Authority must follow their administrative plan for their office to run efficiently. This includes a 2-step application process which is followed by a inspection of the applicants rental property. • Other Communications- a CINCF meeting calendar has been sent to the group.
	<ul style="list-style-type: none"> • Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for September 2019. There were 168 self-identified active cases. There were 73 ICWA applicable children & 95 Non-ICWA applicable children. ICWA relative placement was at 62% and foster care placement at 38% (5 children in Native Foster Home). Non-ICWA relative placement is 57% with foster care placement at 43% (3 children in Native Foster Home). There are 8 Native foster homes available at this time. There are approximately 205 open cases including 35 non-native cases. It was requested that Shane include the number of families that represent the 168 cases. • Customary Adoption-Tom DHS has begun the discussions on customary adoption in preparing to introduce next year to the legislators. Tom has been working with Kara Lynn Regula, DHS central office. Customary adoption is recognized in the Ponca and Winnebago Tribes of Nebraska. Here is the link where the Customary Adoption Code is currently in the Law and Order Code. https://www.poncatribes-ne.org/departments/tribal-court/law-justice-committee/ This will be sent out to the CINCF group.
	<ul style="list-style-type: none"> • Upcoming Event: Memorial March to Honor Lost Children November 25-27th

10/02/2019	<ul style="list-style-type: none"> NICWA Conference– Call for Presentations The 38th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect will be held in Denver, Colorado on March 29-April 1, 2020. Workshop submissions are due Thursday, October 31, 2019. The key areas for presenters this year are: <ul style="list-style-type: none"> • Children’s Mental Health • Child Welfare, Foster Care, and Adoption Services • Judicial and Legal Affairs • Youth and Family Involvement Contact NICWA at https://www.nicwa.org/conference For further information and registration Washington DC trip, recap – Erin Binneboese Matt Ohman, Erin Binneboese, and Jennifer LaMere traveled to DC on September 9th to meet with members of the Senate to educate them on the language in the Appropriations bill that Congressman Steve King and Frank LaMere collaborated on. They were also able to meet directly with Senator Ernst and Congressman King. The bill has passed the House and will now go before the Senate. Matt and Erin had a conference call with IHS last Friday to discuss the bill. IHS also inquired about DDU attending our CINCF meetings. Erin will reach out again to Bobby Peltier, IHS, to attend and present at a future CINCF meeting. Urban Native Center – Val Uken Open daily: Monday – Friday – Shuttle rides to Winnebago 9-11am from the Community Health Center No shuttle on Wednesdays Monday:3-6pm ages 1-5 years Monday and Thursday: September FIS 6-8:30pm @ St Paul’s Epis. Church Tuesday: Tutoring TBD Wednesday: Resource Wednesday from 9am to noon. &Native Youth Standing Strong 3:30-5:30pm Thursday: Free lunch 11-1pm & Community health free screenings w One Nation Talking Circle that evening from 7-8pm. Friday: Feather Group AA meeting at 7pm. Saturday: Drum Group 3pm-5pm.....Language class TBD The Center’s newsletter will be sent out to the group <ul style="list-style-type: none"> Memorial March updates-Kim Jenkins November 25-27th Empowering Families Next committee meeting is September 11th at the Stark Center Briar Cliff 8:30am all are welcome. We have received 3 donations so far totaling \$1000. March route has been approved by the city. The tentative schedule is: Monday: Understanding Racial Bias 9-4pm Or Advanced ICWA 9-12pm Lakota Medicine Wheel 1-4pm Tuesday: Blood Memory 9:15-11:15am followed by a panel discussion. Community updates 1-1:30pm followed by a panel discussion
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	<p>Wednesday: Pipe Ceremony at War Eagle at 7:15 am ending at the Sioux City Museum at noon with the traditional Memorial dinner</p> <ul style="list-style-type: none"> Hope Street Project – Sara Johnson The Hope Street house is full - 5 Native Americans, 2 Hispanic, 3 Caucasian. One of these men have been at Hope Street over 105 days, 2 at 90+ and 3 over 45 days. Two had previously been discharged due to non-compliance but can re-apply in 2 weeks. Sara’s referrals come from the prisons, the Gospel Mission, Val with Native Urban Connections and the National Sober Living. The men meet with their Case Managers to work on each of their individual needs and Sara has a weekly “house” meeting to discuss any and all issues. Sara has reported there has been no need for police contact at the house. The men are either employed or seeking employment. Sara also helps educate them with budgeting and offers to help them with Child Support Recovery if applicable. Cash donations are welcome along with clothing, toiletries, laundry soap and towels to name a few. Housing – Amy Toole with Sioux City Housing Authority shared that her office is exploring software that would allow them to store files through a document imaging component. This would allow them to pull items previously submitted with prior applications for those re-applying. Tenants who receive a housing voucher must satisfy private landlords who may screen potential tenants based on previous tenancy, credit history, or criminal records. Amy also noted that Center for Siouxland has a tenant education program, Rent Wise, currently under development. Two of their staff attended a training to become certified. SCHA has 30 vouchers specifically for homeless veterans under the HUD VASH program. The VA determines eligibility and makes referrals to SCHA. SCHA provides the voucher and VA provides case management. There are currently 5 vacant vouchers of this kind. The Sioux City Street project have been discussing plans to meet with the City Council members about requiring landlords to accept vouchers. Karen Mackey with Human Rights Commission is also looking into working with the City Council on Human Rights Ordinances to list income as a protected class. Local Agencies-Will Meier with Native Youth Standing Strong reports the group has been meeting for about 10 years. They currently have between 30-40 kids within the tristate area involved with the group. They now meet on Wednesdays at the Native Center between 3:30-5:30pm. Their Board members are all Native with 1 exception. They offer sweat each month. Will also note they provide sweat to the NE Indian Community College every Friday. Announcements-Dawn Luetje with LSI is planning a TIPSMAP class soon. Sioux City Schools is planning a Christmas Program for Native American families. Local judges are requesting Native Americans to volunteer as CASAs
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	<p>Customary Adoptions-continuing to elevate the discussion. Tom is elevating customary adoptions with the state of Iowa.</p> <ul style="list-style-type: none"> Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for October 2019. There were 166 self-identified active cases. There were 71 ICWA applicable children & 95 Non-ICWA applicable children. Total sibling group- 83. ICWA relative placement was at 58% and foster care placement at 42% (2 children in Native Foster Home). Non-ICWA relative placement is 57% with foster care placement at 43% (2 children in Native Foster Home). There are 9 Native foster homes at this time. Two of those homes are relative homes and 2 are active at this time. Dawn Luetje explained that once they are notified of a child in need calls are made to the most suitable foster home who best fit the child's needs. <p>Upcoming Events</p> <ul style="list-style-type: none"> October 12th: Judy Yellowbank's 3rd Memorial Dinner at the Sanford Center on 1700 Geneva Street November 24-27th Memorial March to Honor Lost Children
11/6/2019	<ul style="list-style-type: none"> Washington DC update – Matt Ohman Matt Ohman, Erin Binneboese, and Jennifer LaMere traveled to DC on September 9th to meet with members of the Senate to educate them on the language in the Appropriations bill that Congressman Steve King and Frank LaMere collaborated on. They were also able to meet directly with Senator Ernst and Congressman King. The bill has now passed the Senate however the language was changed to exclude Sioux City and SHIP (Siouxland Human Investment Partnership). IHS states the new bill, stating 2 million dollars are for detox programming, are within an existing budget. Matt and Erin continue to look for clarification from the Senate and IHS on this issue. Hope Street Project – Sara Johnson Hope Street currently has 50% Caucasian, 10% Hispanic, and 40% Native Americans. They have had a 2nd person now working and able to move into their own home. Three persons at Hope Street have been paired with community partners as they wait for their disability approvals. Hope Street continues to develop area partnerships with Sunnybrook Church visiting monthly and they have also provided donations. Urban Native Center – Val Uken The Center will host a Fall Fest on Saturday, November 23rd and also offer need assessments on that day. Hope Street is partnering with the Center to help with keeping the center open daily. Language classes are still in the works. Val continues to work with the Sioux City schools to provide Tuesday evening tutoring. (Coming soon) Memorial March updates-Kim Jenkins

	<p>Schedule of events: November 25-27th Empowering Families Monday: Understanding Racial Bias 9-4pm (this class is now full) Or Advanced ICWA 9-12pm - Lakota Medicine Wheel 1-4pm Tuesday: Blood Memory 9:15-11:15am followed by a panel discussion. Community updates 1-1:30pm followed by a panel discussion Wednesday: Pipe Ceremony at War Eagle at 7:15 am ending at the Sioux City Museum at noon with the traditional Memorial dinner. Posters and registration forms are available.</p> <ul style="list-style-type: none"> • Faith Community Outreach- Matt Ohman Faith Community meeting will be November 20th, 11:30am at Northwest AEA building 1520 Morningside Ave Room B with the hopes of bringing all together to discuss what each group is doing and how we can combine efforts to help the homeless. Mentors and transportation are much needed services. It was also brought up that the Salvation Army has opened a Warming Shelter. • Housing – Amy Toole with Sioux City Housing Authority reports they have a short wait list and encourage to get the word out for applicants. Rent security deposit assistance is also available through Neighborhood Services. • Local Agencies-Dawn Luetje has been named LSI's new director here is Sioux City! LSI will have a Foster Care Orientation November 18th 6pm at the Peace Reform Church on 4100 Outer Dr N in Sioux City. • Announcements- National Hunger & Homeless Awareness week November 16th-23rd. A lunch will be served at noon on Nov 18-22nd. Details at a later date. Street Project Community meeting, November 19th at SHIP Room F 9am. Iowa Legal Aid will hold a Self-Help Family Law Clinic offering fee assistance on using the Iowa Divorce and Custody forms. Must have an appointment to attend the December 14th clinic. A flyer will be sent out. 1-800-532-1275 or 712-277-8686 ext 112 for information. Will Meier informed the group that a Star Quilt (made with the help of Sioux City Native Americans) was installed at the state capitol in Pierre South Dakota. Erin is attending the State Initiative Breakthrough Series. She will update at the next meeting. Bobbi Jo Peltier with DDU is scheduled to present at February CINCF meeting. The Frank LaMere Park dedication was held November 1st at Flatwater Crossing in South Sioux City. Over 40 people gathered. Several community leaders spoke at the ceremony along with Frank's son, Manape LaMere.
	<ul style="list-style-type: none"> • Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for November 2019. There were 167 self-identified active cases. There were 69 ICWA applicable children & 98 Non-ICWA applicable children. Total sibling group- 77.

	<p>ICWA relative placement was at 40% and foster care placement at 60% (2 children in Native Foster Home). Non-ICWA relative placement is 58% with foster care placement at 42% (2 children in Native Foster Home). There are 9 Native foster homes at this time.</p> <p>The department continues to work with LSI for native American Foster Care participation.</p> <p>It was noted that Woodbury and Pottawattamie counties has the largest removal rate in northwest Iowa. Please look for the Dr. Amelia Franck Meyer presentation that will be on the DHS website in December.</p> <p>Will Meier brought up an incident of a report that resulted in a CPS worker sent out to a home. DHS then explained the involved intake process and noted decisions are made within 12 hours of the report. Emma with DHS also noted when a Native family is involved that a Native Liaison goes with the CPS worker whenever possible.</p> <ul style="list-style-type: none"> • Tom Bouska noted that out of 100 cases 72% were successful in placing a “safety plan”. Tom also stated DHS meets with area tribes twice a year to discuss issues and policies. Customary adoption is being recognized by the Winnebago and Ponca tribes. Iowa ICWA law continues to look at customary adoption as a possible option in Iowa. • Upcoming Events: • November 12th – Human Rights Commission 9am-noon Search for Justice at the Sioux City Museum • November 14th – Iowa Native Nations Flag Ceremony in Des Moines at the State Capitol building 1-4pm • November 19th – Street Project meeting at SHIP Room F 9am • November 24-27th Memorial March to Honor Lost Children • December 10th-Human Rights Day at the Sioux City Museum 11:30-1pm with the War Eagle Award followed by a meal.
12/4/2019	<ul style="list-style-type: none"> • Hope Street Project – Sara Johnson Hope Street is currently full with 1 person celebrating 6 months sobriety. 60% are Native American and are connecting with the community and interacting with their cultural needs. They have 3 men working fulltime with another 2 in interviews for fulltime positions. To date 70% on those at Hope Street have at least 80-90% of their medical needs met. There is a waiting list, but Sioux City community members are considered first. There are several groups that come to offer support, but more is needed. Also, there is a great need for a “Hope Street” place for women and another for partners. • Memorial March updates-Kim Jenkins Despite the weather all Monday educational classes, Tuesday viewing and panel of Blood Memory, and the Wednesday March and dinner proceeding as planned. Discussions are in the works to bring back Blood Memory back to Sioux City for those who were unable to attend. Karen Mackey said SC Human Rights Commission has also discussed this option.

Manape' LaMere presented Lydia Rouillard with an eagle feather for the women's talking circle.

The Memorial March committee welcomes any feedback or ideas for next year's event.

Please contact Kim Jenkins kjenkins@siouxlandship.org

- **Faith Community Outreach- Erin Binneboese**

Approximately 30 people attended the Faith Community held November 20th. All were interested in the community needs and will meet again on January 7th for further discussion.

- **Housing** – Amy Toole with Sioux City Housing Authority reports they have a short wait list and encourage to get the word out for applicants. Rent security deposit assistance is also available through Neighborhood Services.

- **Local Agencies**-Kendal Esteves with LSI have a Foster Care and Adoption event Tuesday, December 17th at Northwest AEA 1520 Morningside Ave at 6pm. She also noted that LSI attends local community events, sporting events to recruit for foster families. The group discussed the many bearers for families to qualify to become a foster family and the need for flexibility for relatives who wish to foster family members. Kara Lynn Regula with DHS central office will be looking at the current policies in place. The Urban Native Center held a Fall Fest on November 23rd providing a meal and needs assessments, Housing, culture and education were mentioned as a few of the top needs for the community. Val Uken is now on the Sioux City Community Schools Advisory committee and will be working with Jen Gomez on future events.

Charlotte Gorter with Mission of the Messiah reports they received a \$10,000 grant from MRHD. These dollars are to provide beds for families. DHS Emma BearComesOut and Lydia Rouillard will be facilitating a class at Rosecrance Jackson Women and Children's Center that will consist of 6 back to back sessions (Restoring the Balance)4 times per year. The women will be sharing their own experiences along with culture activities. Other topics include risk factors, rights and responsibilities, active recovery, effective communications. The first class will be the week of December 9th.

- **Announcements-**

December 10th-Human Rights Day at the Sioux City Museum 11:30-1pm with the War Eagle Award followed by a meal. Two awards will be given this year, Andrew Pearson and the Mary Treglia House.

Bobbi Jo Peltier with DDU is scheduled to present at February CINCF meeting.

This Saturday, December 7th Terry Medina will provide a meal at St. Paul's Church starting at 11am. Donations are welcome.

Daniella Knight with Rosecrance Jackson Centers will be doing a community readiness assessment. Volunteers are needed. There will be 30 assessments per county on 5 priority areas: Alcohol, drugs, prescription drugs, gambling, marijuana

	<ul style="list-style-type: none"> Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for December 2019. There were 145 self-identified active cases. There were 61 ICWA applicable children & 84 Non-ICWA applicable children. Total sibling group- 75. ICWA relative placement was at 38% and foster care placement at 62% (1 children in Native Foster Home). Non-ICWA relative placement is 57% with foster care placement at 23% (2 children in Native Foster Home). There are 8 Native foster homes at this time. The department continues to work with LSI for native American Foster Care participation. Tom Bouska announced that Kelly Garcia is the new Iowa DHS Director <p>Upcoming Events:</p> <ul style="list-style-type: none"> December 10th-Human Rights Day at the Sioux City Museum 11:30-1pm with the War Eagle Award followed by a meal. December 17th – Foster Care and Adoption Event at Northwest AEA 1520 Morningside Ave 6pm. <p>No January Meeting will be held</p>
02/05/2020	<ul style="list-style-type: none"> Indian Health Services – Darla McCloskey The Drug Dependency Unit (DDU) in Winnebago, NE has 16 beds, 8-men and 8-women. There is an application process to enter the 45 day residential based program. DDU is not a medical program. There is not a doctor on site but they do have a nurse available to administer medications. All participants are required to bring their medications with them at the time of entry. Darla stated there is no cost to tribal members. Darla believes there were 3-4 admitted to the program from Sioux City in the last quarter and at this time there is 1 bed available. For more information contact Darla at 402-878-3414 Missing and Murdered Indigenous Women – Karen Mackey The group would like to keep this item on the agenda for future discussion and to further research this crisis. Sgt. Jeremy McClure reports the department has a dedicated officer investigating missing children 18 and under. Over 18 are listed as attempt to locate. Sgt. McClure to bring numbers back to the group at a future meeting. Lydia announced a MIS and FIS conference is scheduled for April 15-17th. Federal Legislation – Matt Ohman Moved to March meeting Housing – Amy Tooley with Sioux City Housing Authority reports they have a short wait list and encourage to get the word out for applicants. Rent security deposit assistance is also available through SC Housing Authority for voucher holders. As of January, Housing Authority has the capability to scan and keep documents. Local Agencies- Urban Native Center – Val Uken

	<p>In 2019 the Center helped with 16 birth certificates, 6 state ID's, 6 Tribal ID's, travel assistance to 4 individuals and food assistance for 5 families. Also, hosted 7 funerals and 6 memorials. The Center also hosted a Fall Feast serving 110 people and served 100 + people at a free clothes giveaway from Pottawatomie.</p> <p>Weekly events: Native Youth Standing Strong – Wednesday's 3:30 - 5:30pm</p> <p>Resource Wednesdays 10am – 12pm</p> <p>Free lunch Thursdays and Talking Circle in the evening</p> <p>Saturday's Drum Group/song</p> <p>Future events: Need AA support group</p> <p>MIS with Chiara Cournoyer</p> <p>Youth Night</p> <p>Grandparent/foster parent support group</p> <p>Tutor program (partnering with Sioux City Community School Dist.</p> <p>Native History</p> <p>Rosecrance Jackson – Joy Gonnerman</p> <p>Community Assessments surveys: Need volunteers to answer community awareness questions. There will be 30 assessments per county on 5 priority areas: Alcohol, drugs, prescription drugs, gambling, and marijuana. A sign-up sheet was circulated</p> <p>LSI - Dawn Luetje</p> <p>Winnebago has completed 8 of the 10 TIPS MAPP</p> <p>Hope Street – Val Uken</p> <p>This privately owned 10 bed men's facility opened June 16, 2019. 40% are Native. Two of the men are now working full time and living on their own. There are others working and now paying room and board. Hope Street connects residents with medical needs and helps reunite men with their families and help build relationships with their children. The Sioux City Journal is planning to do an article in the near future.</p> <p>Announcements-</p> <ul style="list-style-type: none"> ○ Memorial March Committee meets June 2nd at Briar Cliff fireside at 8:30am. ○ Multicultural Fair – March 29th Call Karen Mackey at 279-6985 if interested in having a table for this event. ○ Leesa McNeil has contacted the Court Administration to consider an ICWA Court in Sioux City. She will continue to follow up. ○ Val Uken was awarded the 2020 Red Cross Heroes of the Heartland Award. Congratulations Val! ○ Siouxland Street Project- March 18th meeting 10-11:30am at the Sioux City Museum. <ul style="list-style-type: none"> ● Manape LaMere plans to attend next month's meeting to discuss the possibilities of having a 28 day fire event by War Eagle. <p>DHS Update -Shane Frisch</p> <p>There were 145 active cases in February 2020. There were 56 ICWA applicable</p>
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	<p>children & 89 Non-ICWA applicable children. Total sibling group- 60. ICWA relative placement was at 49% and foster care placement at 51% (1 child in Native Foster Home). Non-ICWA relative placement is 55% with foster care placement at 45% (2 children in Native Foster Home). Mary Kohn with the DHS Native Unit has retired. Currently the Native unit has a staff on 5.Emma BearComesOut and Lydia Rouillard held a weeklong class at Rosecrance Jackson Women's Unit – Restoring the Balance. They had 9 participates complete all workshops. Workshops included NICWA and DHS policies. The women are planning to continue to offer these classes four times per year.</p> <p>Upcoming Events:</p> <ul style="list-style-type: none"> • Historical Trauma: Past, Present, and Future presentation March 2, 2020 for 9am-3:30pm The College Center 1001 College Wayt SSC Room 126 ABC – Register with Deidre at Deidre.whiteman@ihs.gov • NICWA 2020 Conference – March 29th – April 1st in Denver Co. https://www.nicwa.org/conference
03/4/2020	<ul style="list-style-type: none"> • Indigenous Economic Responsibility – Manape LaMere Manape presented proactive ideas concerning War Eagle Park here in Sioux City. There are actually 7 Native relatives buried in the park, Chief War Eagle, two of his daughters and grandchildren. The ultimate goal would be to have the land deeded back the Native community. The dream would be to utilize the park as a sacred space and someday build a Native Center on the property to house cultural learning activities and businesses (such as Tee-Pee making) and to be self-sustaining. Manape will be looking for initial investors and those who can help with developing a business plan. • Missing and Murdered Indigenous Women – Sgt. Jeremy McClure reported on missing adults in 2019 and murder victims from 2001-2019. The Sioux City Police Department investigates reports of missing adults (18 and over) labeled as “Attempt to Locate” reports and attempts to contact the person reported missing. SCPD also receives reports from CSADV when someone staying in the shelter fails to return. During 2019 224 females and 57 males were reported missing. At this time there are no active cases meaning all persons have been located. Sgt. McClure's full report has been sent out to all CINCF members. A Federal task force was put in place November 2019 to help solve epidemic of murdered and missing Indigenous women. They held the first meeting in January 2020. No other information at this time. <p>Federal Legislation – Matt Ohman The appropriations bill that Congressman Steve King and Frank LaMere collaborated on has passed the Senate with the original language that names Sioux City and SHIP within the document. IHS is now reviewing the appropriation language. Matt and Erin will continue to reach out to Indian Health Services and are working with Senator King's office to try and secure all funding opportunities for the Sioux City Community.</p>

- **Housing** – Amy Tooley with Sioux City Housing Authority reports they have a short wait list and encourage to get the word out for applicants. Rent security deposit assistance is also available through SC Housing Authority for voucher holders.
In the past 5 years the cities of Des Moines, Iowa City, and Marion added voucher rental assistance to the Source of Income protection portion of their local Human Rights Ordinances. The proposed legislation would remove this protection from the existing ordinances and prevent other counties and municipalities from adopting similar ordinances. The Senate voted 30-17 supporting the legislation, so its currently waiting for House vote. Iowa State Legislation SF2368
 - **Local Agencies-**
 - Urban Native Center** – Val Uken
Val is working with the Sioux City Schools to prepare a native Youth Empowerment day on September 1st. This day will provide information on formal education and the trades. Also included will be mental health, suicide prevention, and Native culture. Looking for speakers for this event especially on Human Trafficking.
The Center will have a table at the Multi-Cultural Fair on March 29th.
The Center is also helping out with the 2020 census.
 - LSI** – Kendal Esteves
LSI will have a table at the Multi-Cultural Fair.
LSI will have a Foster Care and Adoption event April 14th at NWAEA 1520 Morningside Ave - 6pm.
 - Hope Street** – Sara Johnson
Hope Street now has a brochure (sent to all CINCF members).
A needs list has also been sent to the CINCF group.
Hope Street is full - 40% being Native and has had 3 new clients in the last 30 days. One person has qualified and received a housing voucher. Cultural needs include a Wellbriety books and planting sage as part of the landscaping project.
 - Announcements-**
 - Multicultural Fair – March 29th at the Convention Center 12-4pm. Call Karen Mackey at 279-6985 if interested in having a table for this event.
 - Val Uken was awarded the 2020 Red Cross Heroes of the Heartland Award. Congratulations Val! Val and Matt will attend the awards luncheon in DesMoines on March 26th.
 - Siouxland Street Project- March 18th meeting 10-11:30am at the Sioux City Museum. Media will be present.
- SHIP (Siouxland Human Investment Partnership) applied for two grants from Iowa Child Abuse Prevention Program. One if the grants is specific to the Native community due to the overrepresentation of Native children in the DHS system in Woodbury County. If funded we'd be collaborating with the CINCF group and others to perform a community needs assessment, then strategic plan, marketing campaign and more. SHIP (Siouxland Human Investment

	<p>Partnership) should be notified in early April on whether or not the application will be funded</p> <ul style="list-style-type: none"> DHS-Shane Frisch There were 134 active cases in March 2020. 63 ICWA applicable children & 71 Non-ICWA applicable children. Total sibling group- 56. ICWA relative placement was at 53% and foster care placement at 47% (1 child in Native Foster Home). Non-ICWA relative placement is 48% with foster care placement at 52% (2 children in Native Foster Home). There are 9 Native foster homes. Total active Native cases are down from over 170 in July 2019 to the current 134 as of March 4th. Upcoming Events: NICWA 2020 Conference – March 29th – April 1st in Denver Co. https://www.nicwa.org/conference No April 2020 Meeting
5/6/2020	<ul style="list-style-type: none"> Tribal Liaison Updates – Emma Bear Comes Out, Lydia Rouillard Both Emma and Lydia attended the virtual NICWA sessions and reports they have made new connections and are working with them to obtain new materials. The department continues to work with families to help them with food needs and giving them all available resources. It has been difficult to engage with families during this time and find it is more difficult to gain trust and get those into treatment in a timely manner. COVID-19 Impact on Native American Communities – Dr. Anne Skinstad The University of Iowa Department of Community and Behavioral Health have created several listening session in response to the COVID-19 pandemic. A list will be sent out to CINCF members. There are high risk factors among native people that include, smokers, heart conditions and diabetes. The Navajo Nation along with the Pueblo in New Mexico have been seriously affected. It was noted that in the Siouxland area they have been over 2000 cases. Concerns for the homeless population is how are they being isolated or tracked if they do have the virus? Anne did ask the group if hotels here in our area could help with the isolation of our homeless population as is being done in larger cities. She also asked if we had any federal grant dollars to help with this kind of project. Val Uken noted that she believes there is no tracking of these individuals in Sioux City. She also informed the group that the Ponca Tribe continue to serve lunch Monday-Friday's 10:45am to noon at approximately 115 6th Street. The Urban Native Center delivers lunch on Thursdays and any additional COVID information. Val says it is hard to maintain communications as most of these individuals have very limited minutes on their phone making it hard for them to return calls. Leesa McNeil asked if Sunnybrook Church was still doing the street medicine. This is a volunteer program and the church has restricted people from going out.

- **ICAPP- Native Resilient Communities Grant – Erin Binneboese**
Partnerships for this grant include the SCCAN (Siouxland Council on Child Abuse and Neglect) group, CINCF, SHIP, Urban Native Center and Consulting by Design. The group will conduct a community needs assessment utilizing the available data to look at resources and community risks. Please review the 4- page document sent out to the group.
- **BOOST Grants – Matt Ohman**
SHIP (Siouxland Human Investment Partnership) has applied for 2 new BOOST grants. BOOST Re-Entry for 18-24 year old's who have been involved with the criminal justice system, and the Pathway Home for 18 + individuals coming out of jail or prison. The program is designed to help those complete high school and/or obtain post-secondary education and employment. Please see brochure and referral application send out to the group.
- **Hope Street Updates-Sara Johnson**
Hope Street has now been open 11 months and currently have 9 residents with 1 person 9 months and another 6 months sober. 30% Native and 70% Caucasian. They continue to attend substance or mental abuse sessions online. With the help of Erin they were able to purchase a basketball hoop and other activities to help with stress of being confined. Sara continues to look for creative ways to help everyone stay busy and keep separated. There are 17 homeless on the wait list. Sara keeps the line of communication open encouraging them to not give up hope for a chance to join Hope Street. The stimulus checks have been a challenge enticing those away from the home.
- **Local Agencies-**
CAA –Kim Wilson - Community Action Agency of Siouxland continues to serve low-income individuals with food. We will also deliver food if transportation is an issue. Our food bank is open Monday - Friday from 8:30 - 5 pm. People just need to call our office at 712-274-1610. Also, we have funding to help people with utilities, rent and other emergent needs. Enrollment is also open for our Early Head Start/Head Start classrooms. This is free to those who are eligible. Again, please just have them call us at 712-274-1610. Any questions that come up, please just send me an email.
LSI- Kendal Esteves – LSI has 9 foster homes with 1 home an adoption home only. They continue with webinar classes and host all meetings via ZOOM. Unfortunately, children cannot visit parents at this time but are doing FaceTime. Finger printing is also on hold and that does hold up the licensing process as this is an item that is required to be complete. LSI does use Facebook to promote recruiting for foster families. They will have a July orientation for a class scheduled for October. LSI has provided “time

	<p>capsules” to their foster homes with ideas and activities to place in their capsules.</p> <p>Erin noted AMP, Achieving Maximum Potential, is a group for children in foster care ages 13+. They meet twice a month for fellowship and activities. Please contact Jacinda Begay at jbegay@childrenssquare.com for more information.</p> <p>Memorial March- Leesa McNeil – The first meeting for our March planning will be June 2nd 8:30am by conference call. Leesa will send out information before that date.</p> <p>Sioux City Police Dept.- Brad Bollinger- The SC Police department has had 9 employees test positive with the virus including himself. They have had no new cases in a month and 8 have returned to work. The department has not changed operating procedures and responds to all calls. They due however conduct reporting over the phone.</p> <p>Sioux City Housing Authority- Amy Toole- A flyer and additional information has been sent to the group.</p>
	<ul style="list-style-type: none"> • DHS-Shane Frisch There were 153 active cases in May 2020. 58 ICWA applicable children & 95 Non-ICWA applicable children. Total sibling group- 58. ICWA relative placement was at 59% and foster care placement at 41% (2 children in Native Foster Home). Non-ICWA relative placement is 53% with foster care placement at 47%. There are 9 Native foster homes.
6/3/2020	<p>Welcome and Invocation 1:30 – 1:35 Introductions 1:35 – 1:40</p> <p>Agenda Items</p> <ul style="list-style-type: none"> • DHS update & Evidence-based Neglect Prevention Model -Shane Frisch – 1:40-1:55 • COVID-19 Impact on Native American Communities update– 1:55-2:05 • ICAPP – Native Resilient Communities Grant update – Erin Binneboese – 2:05-2:15 • Hope Street Updates – Sara Johnson – 2:15 – 2:30 • Sioux City Housing Authority – Amy Tooley – 2:30-2:40 • Local Agencies – 2:40 – 3:00 <ul style="list-style-type: none"> ○ Memorial March update – Leesa McNeil, Kim Jenkins <p>Adjourn 3:00pm</p>

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Annual Recommendations of the Child Protection Council

Recommendations of the Panel are as follows:

1. Increase Native American foster families by 6 to a total of 15:
 - Continuing collaboration between the DHS Native unit and LSI recruitment efforts and the formation of a support group for Native American foster parents
2. Continue the facilitation for “Restoring the Balance” at Rosecrance/Jackson’s Women and Children’s Center 4 times per year.
3. Participate in a community needs assessment and build a strategic plan, creating a framework for Resilient Native Community in Woodbury County through the ICAPP grant secured by SHIP (Siouxland Human Investment Partnership).
4. Promote Motherhood is Sacred and Fatherhood is Sacred parent skill building classes held throughout the year and increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.
5. The Department is also meeting with local Tribes to discuss Customary Adoptions as a possible permanency option for ICWA Eligible children. This will continue to be explored with the Omaha, Santee, Ponca and Winnebago Tribes, as well within the State of Iowa.
6. Continue to participate in monthly CINCF Meetings

Progress and Implementations of Prior Recommendations

In FY 19 a goal of the Panel was to decrease the number of Native American Children in Care in Woodbury County. Monthly at CINCF the Department of Human Services shares data from Woodbury County that represents the total number of Native children served and whether or not ICWA applies to those children. Also counted are the number of children placed in Relative Care, Foster Care and Native Foster Homes. This is important to CINCF as it gives an accurate description of what out of home numbers look like during that time period, these numbers are included above.

The Panel continued to promote the knowledge of the Iowa ICWA laws through ongoing training locally, regionally, and nationally at the NICWA Conference. Due to COVID-19 the NICWA Conference was held by video conference. Woodbury County Native American Unit data were also reviewed at CINCF meeting and members were updated through electronic communication.

A Fatherhood Is Sacred contract was developed with Facilitator, Terry Medina which continues through this fiscal year.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The future direction and focus of the Woodbury County Citizen Review Panel will consist of recruitment for Native American Foster Homes and to continue to lower the disproportionate number of Native Children in out of home care. If children are removed from their homes the goal is to increase the number of placements with relatives. There is currently nine Native Foster Homes in Western Iowa. To lower the disproportionate number of Native American children in Foster Care, efforts will continue with the CINCF committee and other local initiatives. The Department will continue to explore Customary Adoptions with tribes as a permanency option for children. Both the Omaha and Ponca Tribes have adopted this practice into their Tribal Laws. Discussions will also continue within the State of Iowa concerning Customary Adoption as a permanency option for ICWA eligible children.

APPENDIX D
STATE'S RESPONSE TO CITIZEN REVIEW PANELS RECOMMENDATIONS

STATE RESPONSE TO IOWA'S CITIZEN REVIEW PANELS
SECTION 106(c)(6)
2020

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

Child Protection Council/ State Citizen Review Panel
2020 Recommendations & State Response

The recommendations of the Iowa Child Protection Council/State Citizen Review Panel (CPC/CRP) include the following:

1. Further training should be offered on the CARA initiative regarding: when a Safe Plan of Care is needed, the requirements of a Safe Plan of Care, who should be involved in the development of the plan, services needed and the monitoring of the plan, and the need for good documentation throughout the process.
2. Identified services along with timeframes for participation and how monitoring will be conducted should be clearly stated on the Safe Plan of Care.
3. Increased consultations with medical providers are needed to confirm whether or not the infant is affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder and that the medical provider has reviewed the Safe Plan of Care when used and agrees that the needs of the infant and family will be met through the Safe Plan of Care.
4. Native American heritage should be asked and noted at Intake or during the assessment process and if the child and family are part of a tribe, the Safe Plan of Care should be developed in conjunction with the family, the tribal Social Worker and the CPW.

State Response:

The DHS supports the need for further training on the CARA initiative and that it should focus on the development of the Safe Plan of Care and the need for medical consultations.

On May 21, 2020 a Bi-Monthly Service CIDS call was held with field supervisors which included a presentation on CARA. The federal and state requirements related to CARA and DHS policy and practice expectations around the development and monitoring of Safe Plans of Care was discussed. This included who should be involved in the development of Safe Plans of Care. System enhancements that prompt staff to complete a Safe Plan of Care were also reviewed. Supportive documents were highlighted and made available to staff as a reference guide.

Additional efforts to support DHS field staff in meeting the Cara requirements are currently being discussed including making Safe Plans of Care a standing agenda item during monthly meetings between Service Area Administrators (SWAs) and field supervisors, reviewing what additional system modifications can be added to assist workers in completing Safe Plans of Care, and the use of a phone survey with field staff to explore what supports they feel are needed in this area. Another option being considered is to run frequent data reports on CARA cases and following up with field staff on the completion of the Safe Plan of Care.

**Bremer Cluster Foster Care Review Board
2020 Recommendations & State Response**

The 2020 recommendations from the Bremer Cluster Foster Care Review Board include the following:

1. Increase funding for additional DHS Workers across the state and for safety services to families.
2. Increase funding for mental health services in the State of Iowa for children
3. Increase the availability of services for all children in shelter care placements to include Family, Safety, Risk, and Permanency Services as well as therapeutic services.
4. DHS to increase the standards and expectations for training of service providers to ensure better delivery of services and increased safety for children in facilities.
5. DHS to provide an Immigration Specialist for children in foster care to assist with immigration and naturalization issues.

State Response:

An increase in additional DHS Workers is dependent upon appropriated funding from the state legislature. Each year an appropriations bill is passed by the legislature that determines the funding levels. The same is true for an increase in safety services to families and mental health services in Iowa. Increased funding in each of these areas is dependent upon appropriations from the state legislature.

With regard to the current number of DHS workers, The *Child Maltreatment Statistical Report*, which is available on the DHS website, shows an increase in the number of Child Protective Workers (CPWs) who complete child abuse assessments and Social Work Case Managers (SWCMS) who supervise child welfare services. In 2018, there

were 179 CPWs and 274 SWCMs. Those numbers increased by 56 workers in 2019 with a total of 199 CPWs and 310 SWCMs.

An increase in services for children in shelter care placements was also recommended. Currently, children in shelter care can access a number of therapeutic services, such as medication management, therapy, and BHIS. Several shelters in Iowa have on-site therapeutic services that offer a wide array of options (EMDR, art therapy, music therapy, etc.). Shelter providers often assist with transportation to outside services to ensure children can maintain therapeutic relationships. In addition to these services, children in shelter care are now eligible for up to 30 days of services under the new Family Centered Services that will begin on July 1, 2020.

In response to the training standards and expectations for service providers, licensure standards require training for all provider staff with a designated staff person responsible for staff development. Licensure standards for training which include documentation of training sessions attended, including the dates and content of the training, are reported on and reviewed during annual reviews and unannounced visits from the Department of Inspections and Appeals.

Iowa's out of home foster care contractors/providers for emergency juvenile shelter, foster group care, and supervised apartment living regularly participate in ongoing training. Training includes internal training and training offered by DHS. Training is also provided through the Child Welfare Provider Training Academy (Training Academy), and through a number of other venues. Current contracts require that training plans for service providers are comprehensive and targeted to the services that are being provided and that the training is delivered in a manner that teaches staff to promote the safety, permanency, and well-being for each child in care. Training plans, which must be approved by DHS, are reviewed and updated annually by the providers. Collaboration and discussion occurs on an on-going basis between DHS and the providers to identify any additional trainings that may be relevant to the ever-changing needs of youth in care. Training plans include, but are not limited to, the following:

- The System of Care Guiding Principles, the Family-Centered Model of Practice, JCS's Model of Practice, and the Child Welfare Model of Practice;
- Crisis Interventions and Stabilizations including trauma-informed care, de-escalation techniques, and policies and procedures regarding critical incidents;
- Mandt or comparable training for appropriate physical restraints to ensure safety;
- Mental and behavioral health support, as appropriate to the staff person's role;
- Culturally and Linguistically Appropriate Service Standards (CLASS);
- Domestic violence prevention and support;
- Human trafficking identification, intervention, and prevention; and,
- Transition planning, including use of the Casey Life Skills Assessment tool.

In regard to immigration and naturalization issues, while DHS is unable to hire an Immigration Specialist due to budget restrictions, DHS does recognize the special needs of children in placement when there are questions or issues regarding the child's

immigration status. For children in these situations DHS will work with the court and the child's guardian ad litem (GAL) to seek legal status for the child. A Request for Fee Waiver Form through the Department of Homeland Security can be requested for children in the child welfare system who are seeking U.S. Citizenship and Immigration Services.

**The Community Initiative for Native Children and Families
Woodbury County Citizen Review Panel
2020 Recommendations & State Response**

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

1. Increase Native American foster families by 9 to a total of 15:
 - Continuing collaboration between the DHS Native unit and LSI recruitment efforts and the formation of a support group for Native American foster parents
2. Continue the facilitation for Restoring the Balance at Rosecrance Jackson Women 4 times per year.
3. Conduct a community needs assessment and build a strategic plan, creating a framework for Resilient Native Community in Woodbury County through the ICAPP grant secured by SHIP.
 - Create relationship with SCCAN committee
 - Maintain relations with the Winnebago Tribe and Indian Health Services.
 - Continue active participation on the Siouxland Street Project committees
 - Holding monthly CINCF Meetings
4. Promote Motherhood is Sacred and Fatherhood is Sacred parent skill building classes held throughout the year and increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.
5. The Department is also meeting with local Tribes to discuss Customary Adoptions as a permanency option for ICWA Eligible children. This will continue to be explored with the Omaha, Santee, Ponca and Winnebago Tribes, as well within the State of Iowa.

State Response:

The local DHS continues to collaborate with CINCF and participate in the activities recommended above. The DHS Service Area Manager (SAM) for the Western DHS Service Area, the supervisor and staff of the DHS Native unit, and a Social Work

Administrators have attended the CINCF meetings and keep the group informed as to new DHS initiatives along with providing DHS data related to Native children. The DHS Central Office ICWA Program Manager has also attended meetings to share information regarding ICWA compliance and to address concerns related to DHS policy and practice.

The DHS recognizes the need for more Native American foster families in Western Iowa and will continue to support the collaboration between the DHS Native Unit and LSI, the recruitment contractor, to meet this need. DHS also endorses the formation of a support group for the Native American foster parents. The support group will help to create a sense of community for these foster parents and will promote the sharing of ideas and strategies to address the particular issues they face.

The DHS supports the current programs and services that are being provided to Native American children and families. DHS believes that the Restoring the Balance program offered through the Rosecrance Jackson Women's Center serves an important service in helping families involved in the child welfare system. DHS also supports the *Motherhood is Sacred* and *Fatherhood is Sacred* parent skill building classes. DHS continues to make referrals to these programs and has contributed funding toward the classes. Financial support will continue to the extent that funding is available.

DHS is supporting the development of a community needs assessment and strategic plan for prevention by providing financial resources, training, and technical assistance under a 5 year, \$512,000 (total) award through the Iowa Child Abuse Prevention Program (ICAPP) beginning July 1, 2020. The grantee organization, Siouxland Human Investment Partnership, is collaborating with the Native Urban Center to perform the work under this contract. Grantees under the project will be working closely with DHS and the ICAPP Program Administrator (Prevent Child Abuse Iowa) throughout the contract by participating in training and technical assistance meetings on a variety of community level tools available as they engage in a comprehensive assessment of the strengths and needs of their community and develop a community level plan to address gaps. Models, frameworks, and tools grantees will be connected with under the project include, but are not limited to the following:

- Systems Thinking ([Waters Center for Systems Thinking](#))
- Community Readiness Model ([Tri-ethnic Center for Prevention Research](#))
- Community Toolkit ([KU Center for Community Health and Development](#))
- Collective Impact ([Collective Impact Forum](#))
- Asset-Based Community Development ([Northwestern University](#))
- Essentials for Childhood ([Centers for Disease Control & Prevention](#))
- Strengthening Families and Protective Factors Framework ([Center for the Study of Social Policy](#))

The state is looking forward to working closely with our partners in Woodbury county on this effort and reporting back on progress in next year's report.

With regard to Customary Adoptions, the DHS is interested in continuing to explore this opportunity as a potential permanency option for ICWA eligible children. DHS recognizes how this practice is reflective of tribal values and beliefs verses terminating the rights of the birth parents. DHS plans to continue discussions with local tribes around this topic.

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

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES ▼
HUMAN RESOURCES ENTERPRISE
SOCIAL WORKER 3

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

Provides or directs the preparation of necessary records and reports.

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

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

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

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

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

Completes or directs the preparation of necessary records and reports.

COMPETENCIES REQUIRED

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

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

Knowledge of interviewing skills and techniques.

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

Knowledge of environmental and cultural factors inherent in social work.

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

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

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

Ability to use interviewing skills and techniques effectively.

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

NECESSARY SPECIAL REQUIREMENTS

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

OR

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

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

NOTE:

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

Effective Date: 04/15 KF

Class Code: 03025

**IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES ▼
HUMAN RESOURCES ENTERPRISE**

SOCIAL WORK SUPERVISOR

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

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

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

COMPETENCIES REQUIRED

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

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

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

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

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

Knowledge of interviewing skills and techniques.

Knowledge of the principles of human behavior.

Knowledge of the basic principles of community organization.

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

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

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

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

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

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

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

OR

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

NOTE:

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

Effective Date: 03/12 BR

ATTACHMENT F
New Worker Training Plans
Social Workers and Supervisors

SW2s and SW2 Supervisors –New Worker Training Plan

Required Coursework				
Completion Timeframe	#	Course	Modality	Hours
Within the 1st month		Pathway to Learning	Online	-
	CC 364	Confidentiality and Dissemination	Recording	1.75
Within the first 3 months	CC 368	ICWA Update	Recording	1
	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
Within the first 6 months	SP 100	Overview of Child Welfare eLearning	Online	2
	SP 105	Substance Abuse eLearning	Online	4.5
	SP 106	Domestic Violence eLearning	Online	2
	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 334	Family Team Decision Making Fundamentals	Classroom	6
	SP 337	Family Interactions Fundamentals	Classroom	6
	SW 020	Foundations of Social Worker 2 Practice	Classroom	42
	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
Within 12 Months	SP 535	Assessing throughout the Case	Classroom	6
	SP 542	Motivational Interviewing	Classroom	6
	SW 500	Social Work Ethics	Webinar	3
	SW 507	Race: The Power of an Illusion	Classroom	5.5
	SW 508	Understanding Implicit Bias	Classroom	6
	New	How to Achieve Best Practice – CFSR	Classroom	6
Total Hours				170.5

FY20

June 20, 2019

SW3s and SW3 Supervisor - New Worker Training Plan

Required Coursework				
Completion Timeframe	#	Course	Modality	Hours
Within the 1st month		Pathway to Learning	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
	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
First Six Months	CP 200	Basic Training for Child Protective Workers	Classroom	40
	CP 201	Basic Training for Intake Workers Only	Classroom	6
	DA 202	Fundamentals of Dependent Adult Assessments	Classroom	12
	SP 100	Overview of Child Welfare eLearning	Online	2
	SP 105	Substance Abuse eLearning	Online	4.5
	SP 106	Domestic Violence eLearning	Online	2
	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 313	Legal Fundamentals for Child Protective Workers	Classroom	6
	SP 334	Family Team Decision Making Fundamentals	Classroom	6
	SP 337	Family Interaction Fundamentals	Classroom	6
Within 12 Months	SP 535	Assessing throughout the Case	Classroom	6
	SP 542	Motivational Interviewing	Classroom	6
	SW 500	Social Work Ethics	Webinar	3
	SW 507	Race: The Power of an Illusion	Classroom	5.5
	SW 508	Understanding Implicit Bias	Classroom	6
	New	How to Achieve Best Practice – CFSR	Classroom	6
Total Hours				170