

**CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**  
**Annual Report**  
June 2012

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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 were enacted over the past year that would affect the eligibility of Iowa.

**PROGRAM AREAS SELECTED FOR IMPROVEMENT**

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

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

- 1. the intake, assessment, screening, and investigation of reports of child abuse or neglect;**
- 2. (A) creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and**  
**(B) improving legal preparation and representation, including—**
  - procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
  - provisions for the appointment of an individual appointed to represent a child in judicial proceedings
- 3. developing, strengthening, and facilitating training including—**
  - training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
  - training regarding the legal duties of such individuals;
  - personal safety training for case workers; and
  - training in early childhood, child, and adolescent development;

4. **developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;**
5. **supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—**
  - to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
  - to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; and
6. **developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—**
  - investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
  - the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

There have been no significant changes in the areas selected by Iowa and submitted in the CAPTA State Plan in 2011.

## ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES

### SECTION 108(e)

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

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

The intake, assessment, screening, and investigation of reports of child abuse and neglect continues to be a program area that IDHS utilizes CAPTA basic State grant funds to support. Recently the intake system in Iowa has undergone a transition from having numerous local, county level, and/or regional service area intake units to now operating under one Statewide Centralized Service Intake Unit (CSIU). The Statewide rollout of this call center was complete in September of 2010 and the unit is charged with responding to public concerns regarding child abuse and neglect, CINA (Child in Need of Assistance), dependent adult abuse and information and referral throughout the entire State of Iowa.

CAPTA funds are also used to support a policy position in the Division of Adult, Child, and Family Services at IDHS. This position serves as the State's Child Protection Program Manager, as well as Iowa's State Liaison Officer. This position plays an important role in developing and implementing policy as it relates to intake, screening, and assessment of reports of child abuse and neglect.

In addition, the State is continuing to assess the feasibility of implementing a *differential* or *alternative* response to traditional CPS investigations. As reported in the State Plan, Iowa made the change to referencing all accepted child abuse and/or neglect cases as "assessments" versus the commonly used term of "investigations" several years ago. Not only was this a change in how we defined our practice, but also a change in the way we practiced.

The assessment model is a more family-centered, strengths-based, and holistic approach to working with families that explores the various family domains that impact family risk, safety, and well-being. This approach recognizes that while, in some cases, it is clear that abuse has occurred at the hands of a perpetrator, in others that distinction is less concrete. It also recognizes that we have different options in how we respond to those cases where a child is not clearly in an unsafe situation, but where a family may benefit from supportive services. Nevertheless, at this time, all assessments still result in a child abuse or neglect "finding", commonly referred to as "substantiation".

The IDHS has been actively engaged in studying Differential Response over the past year. This is, in part, due to a legislative report submitted to the Iowa General Assembly in December of 2011. This workgroup, and the subsequent report and recommendations, was supported through the use of Children's Justice Act grant funds, as the primary focus of this study was system reform, a major premise of CJA. The report and recommendations can be found in Attachment E.

As a result of that report (in response to HF 562), further legislation was passed this session to advance the study of Differential Response in the State. The following is an excerpt from House File 2226, passed into law on April 12, 2012:

*Sec. 6. CHILD ABUSE REPORTS = DIFFERENTIAL RESPONSE REVIEW.*

*1. The department of human services shall conduct a comprehensive review to determine whether to recommend implementation of a differential response to child abuse reports when the initial report is received by the department pursuant to section 232.70. The department of human services shall also review and recommend the length of time a person named in a child abuse report as having abused a child should remain on the child abuse registry and the circumstances under which the department may remove the name of a person named in the report as having abused a child from the report and disposition data prior to the expiration of a ten-year period.*

*2. "Differential response", as used in this section, means at least two discrete response options for the screening of cases constituting a child abuse allegation pursuant to the department's assessment process. One of the options shall include a voluntary, noninvestigative response.*

*3. The department shall, by December 1, 2012, submit a report of its review including findings and recommendations to the governor and general assembly.*

In response, the IDHS has established a Differential Response workgroup and contracted with Caren Kaplan, private consultant for "Innovations in Child Welfare", to facilitate these meetings. The group has been meeting since March, 2012 and hopes to finalize their preliminary report and recommendations this fall. The State will use CAPTA funds to continue supporting this work. The preliminary report will be included in next year's annual CAPTA report and will examine the implications of using a Differential Response at the point of intake/screening of child abuse or neglect allegations.

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**MULTIDISCIPLINARY TEAMS AND LEGAL PREPARATION AND REPRESENTATION**

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

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

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

- The Iowa Code also establishes the following requirement of IDHS as it relates to MDTs (235B.1, subsection 10):

*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 report.*

The CPC has been concerned about the status of local MDTs since the IDHS went through a significant reorganization from 2009-2010. Some of the key changes that occurred over this period of time include the following:

- Transitioning from 8 Regional Service Areas to 5 Regional Service Areas and 1 Centralized Service Area;
- A reduction in IDHS Divisions from 9 to 6;
- A 10% across the board reduction in state funding;
- 638 IDHS staff retirements by the end of SFY 2010 (due to any early retirement incentive package offered); and
- A reduction in the number of fulltime operating county offices. There are now 42 fulltime IDHS county offices in the state of Iowa out of a total of 99 counties.

As a result of these changes in the local structure and staffing of many IDHS field offices, there have been challenges in maintaining regular meetings and activities for many of the local IDHS MDTs charged with providing case consultation in the assessment, diagnosis, and treatment of child abuse cases.

The CPC reviewed the results of an informal survey conducted in December, 2011. Social Work Administrators across the state were polled regarding the status of local MDTs and the results of the survey indicated that, while MDTs remain strong in some areas, they are struggling in many of our smaller and more rural counties.

Another finding was that many traditional MDTs, established for the purposes of consultation during a child abuse assessment, have joined forces with other community response teams. Some examples of these partnerships include teaming up with local groups, such as:

- Drug Endangered Children (DEC)
- (Child) Sexual Abuse/Assault Response Teams (CSART or SART)
- Child Death (and/or Trauma) Review Teams (CDRT)
- County Attorney MDTs

It was determined that while this may seem to be an efficient use of people's time and resources it may not necessarily be meeting the needs/intentions of the MDT model, as it relates to child abuse assessments. Iowa Administrative Code outlines clear rules specific to the level of information these department established MDTs can receive and what role they play in assisting IDHS with child protection assessments. It is also indicated in administrative rule that when teams are created all members must execute a written agreement and file the

agreement with the central registry. It is not clear that all identified MDTs are following that procedure.

CPC members also met over the past year and reviewed all relevant sections of current Iowa Code, Administrative Rule, and Policy Manual as it relates to MDTs. In addition, the group heard from one Social Work Administrator for the Des Moines Service Area. This service area uses a regional MDT model of practice with the services of the team available to all counties in the service area. This allows for the team to encompass a broad range of professionals from both an urban and rural perspective. The team staffs all severe trauma and child death cases in the entire 15-county service area.

The CPC suggested that the State consider a model similar to this be implemented throughout the state. This would still meet the requirements of the law (by having a multi-county/regional MDT), while reducing the burden of maintaining teams in smaller rural areas where there is no longer a fulltime county IDHS office. The CPC also recommended that IDHS contract with an external stakeholder to assist the department in developing and establishing these teams. Again this would reduce the burden placed on local field staff to establish and coordinate teams.

The State has agreed to establish a more formal workgroup regarding this issue and plans to work closely with the state's Child Advocacy Centers in this process, as MDTs are also an accreditation standard these centers must meet for the National Children's Alliance. Therefore, it seems efforts could be combined to assure each county in Iowa has either its own established MDT or, at a minimum, access to a regional team, available for consultation during child abuse assessments. An update on progress will be provided in next year's annual report.

## **(B) Improving legal preparation and representation**

Several current IDHS projects tie in closely with the focus area of legal preparation and representation and have been supported with CAPTA funding in the past year. The first being a study and report submitted to the State legislature in December, 2011 regarding the role of the county attorney in representing the IDHS in juvenile proceedings. Senate File 482, passed during the 2011 session, charged IDHS with the following:

*The department of human services shall consult with representatives of county attorneys, the office of the attorney general, and other stakeholders in performing a review of the role of the county attorney in representing the department of human services in juvenile proceedings under chapter 232. The review shall include the issues addressed in House File 608, introduced by the committee on judiciary of the house of representatives during the 2011 Session, and other issues identified by stakeholders. The department shall report the results of the review along with findings and recommendations to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services and of the committees on judiciary of the senate and house of representatives, and the legislative services agency on or before December 15, 2011.*

The findings and recommendations of this study can be found in the final report to the legislature, Attachment F.

Another area of focus the IDHS utilizes CAPTA grant funds for is the preparation and procedures related to child abuse/neglect appeals of substantiated findings. The IDHS recognizes the rights to due process for any individual accused of child abuse and/or neglect and has in place a process by which individuals can appeal a decision made by the IDHS and request a hearing before an Administrative Law Judge. There is significant preparation work involved in appeals and as a result of the recommendations from the various workgroups in the past year it is anticipated that there will continue to be policy and practice changes as it relates to appeals. Therefore, CAPTA funds have, and will continue to, support salary and staff time for a position to assist with appeal preparation.

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### **DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING**

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

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

Many of these training initiatives are outlined in the State's APSR and are funded through a variety of state and federal sources. However, there are a few training initiatives, specifically relevant to CAPTA, which are outlined below.

#### **MANDATORY REPORTER TRAINING**

In 2001 the Iowa legislature moved all duties related to mandatory reporter training from the Iowa Department of Human Services to the Iowa Department of Public Health (IDPH). IDPH was required, by the legislation, to do the following:

*Establish an abuse education review panel for review and approval of mandatory reporter training curricula for those persons who work in a position classification that under law makes the persons mandatory reporters of child or dependent adult abuse and the position classification does not have a mandatory reporter training curriculum approved by a licensing or examining board. [Iowa Code 135.11 (24)]*

Although the Abuse Education Review Panel initially met regularly after it was established in 2001, the panel has not met since the State's reorganization in 2009 when, as with many departments, IDPH experienced a series of cuts to funding and positions.

The State's Child Protection Council (CPC), with support from IDHS staff, reviewed and made the following recommendations as they relate to mandatory reporter training this past year:

- **Online training**—The CPC feels that, while online training can be an efficient and effective way to provide information to mandatory reporters, efforts should be made to assure the training is thoroughly completed and that a certain level of understanding is attained. A better way to achieve this may be through live webinars that engage participants and offer opportunities for discussion and questions.
- **Approval of curricula**—The CPC noted that due to the length of time for which curricula are approved there are likely a number of approved curricula that do not match current state child abuse/neglect laws, as these laws can change from year to year. There is also an overwhelming number of approved curricula in the state (currently more than 1200), making it nearly impossible to assure consistency or to conduct any form of quality assurance reviews.
- **“Discipline specific” training**—The CPC recognizes that, while some information for mandatory reporters can be provided universally, it would be beneficial to provide specific information and materials as it relates to each field required to report under state law (i.e. law enforcement, medical professionals, teachers, etc.). Because each of these disciplines interact differently with children and families, they are likely to experience unique situations that other mandatory reporters would not. Therefore, the CPC recommends that “discipline specific” curricula be a required aspect of training.
- **Notification of law changes**—The CPC noted that there currently is no common mechanism for informing mandatory reporters when there is a change in state law that could impact their duties. It is often left up to the individual mandatory reporter, or their employing agency, to stay abreast of legislative action related to child abuse. In the past IDPH sent out an annual update to approved providers of mandatory reporter training. However, according to the IDPH website, the last update provided was in 2007. The CPC recommends a “list-serve” or other notification system be established where mandatory reporters can sign up to receive notice whenever there is a change to state law.

The CPC and IDHS are aware that there is current legislation from the 2012 Session (Senate File 2225) establishing a review committee to look at the current mandatory reporter training and report to the governor and general assembly on or before December 15, 2012.

IDHS recognizes the concerns that have been raised by the CPC in regards to the current mandatory reporter training process and requirements. Although the statutory duties surrounding the training of mandatory reporters no longer falls under IDHS, there is obviously a vested interest from the department in assuring that mandatory reporters receive adequate training. Having knowledgeable mandatory reporters results in a more efficient and effective child protection system and improves the state’s ability to respond to child safety concerns.

On March 27, 2012 Iowa’s governor signed into law a bill that addresses some of the concerns identified. The bill (Senate File 2225) came out of recommendations from a legislatively mandated task force on “Sexual Abuse Prevention” during the fall of 2011. Taskforce members recognized that a key to preventing the incidents of sexual abuse (including re-

abuse) had to do with providing adequate training to mandatory reporters about their duties under the law. By reporting immediately, when one has knowledge of abuse, the likelihood that a child will continue to be victimized, or that the perpetrator will go on to victimize other children, decreases significantly. For this reason, the task force, in its report to the governor and general assembly made recommendations to improve the current system. These recommendations were addressed in the following section of the signed bill which requires a legislative committee review of the current system (SF 2225, Sec. 7):

**Sec. 7. MANDATORY CHILD ABUSE REPORTER TRAINING — COMMITTEE REVIEW.**

*1. A stakeholder committee shall be convened and staffed by the department of public health to review the training resources for mandatory reporters of child abuse. The review shall address the current training resources and identify options for increasing the frequency of the training and the availability of profession-specific training and for enhancing the effectiveness and quality of the training. The results of the review, including findings, recommendations, and cost projections, shall be submitted to the governor and general assembly on or before December 15, 2012.*

*2. The membership of the committee shall consist of stakeholders involved with the child protection system and representatives of the professions that are mandatory reporters of child abuse. The members shall be appointed, five members each, by the chairpersons of the committees on human resources of the senate and the house of representatives, in consultation with the ranking members of the committees. In addition, four members of the general assembly shall be appointed to serve in an ex officio, nonvoting capacity. The legislative members shall be selected, one member each, by the majority leader of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives.*

The IDHS is looking forward to working with our partners at IDPH and with legislators on this important task and will follow-up on the progress made by this group in next year's annual report.

**MANDATORY REPORTER TRAINING—DHS SPECIFIC**

DHS approved training resources for mandatory reporters include the two approved curriculums below. Each curriculum has a recording located on the DHS Service Training Website at: <http://servicetraining.hs.iaState.edu/>

**A. Mandatory Reporter Training for Iowa Department of Human Services:**

**Required Mandatory Reporter Training:**

- Social Workers and their Supervisors
- Income Maintenance Workers and their Supervisors
- Institutional staff as required by Iowa Code

**Highly Recommended Mandatory Reporter Training:**

- Any staff member who has direct client interaction
- Any staff member who receives information regarding reports of abuse.

**Staff working with both Children and Adults must view both recordings:**

- Child Abuse Mandatory Reporter Training #2090
- Mandatory Reporter Training of Dependent Adult Abuse #2172

**B. Requirements for IDHS employees who meet the definition of “mandatory reporter”:**

- If required to report child abuse, receive 2 hours of approved training within 6 months of employment, and
- If required to report dependent adult abuse, receive 2 hours of approved training within 6 months of employment.
- Attend approved training every five years.

***FETAL ALCOHOL SPECTRUM DISORDER TRAINING***

This past year the IDHS also set aside CAPTA funding to provide scholarships to field workers, MDT team members, and other professionals and mandatory reports to attend a special training on Fetal Alcohol Spectrum Disorder (FASD) through the Mercy Child Advocacy Center in Sioux City, IA. FASD, though emerging more frequently in research, offers some challenges to CPS workers in that it covers a broad range of conditions linked to prenatal alcohol consumption which can vary widely based on the individual.

Furthermore, while it has been determined that there are resources and intervention opportunities for children presenting with FASD symptoms it is not clear whether mandatory reporters are consistently making referrals to the IDHS when a child presents with symptoms of FASD. It should also be noted that studies suggest FASD often goes undiagnosed and it may be that, in some situations, due to the growth deficiencies common with FASD that these children are actually being referred for “failure to thrive”. Nevertheless, it is apparent that we must continue to keep our eyes on emerging practices around FASD and continue to provide these types of training opportunities for our field staff as well as for those in the medical community.

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**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**

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There are multiple initiatives through 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 do.

***COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)***

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

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

*What is Community Partnership?*

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

*Community Partnership has four primary strategies that guide this approach:*

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

***IOWA CHILD ABUSE PREVENTION PROGRAM (ICAPP)***

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

CAPTA funds will supplement a portion of the total, approximately 1.3 million, budgeted for local prevention programs for SFY 2013. Competitive grants were awarded in the following categories:

1. *Community Development*—for the use of council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building.
2. *Core Prevention Services*—to include any projects that provide the following types of activities and services to children and families:
  - a. *Parent Development*—to include, but not be limited to, parent education, parent-child interaction programs, mutual support and self help, and parent leadership services. This service may also be targeted toward specific populations at greater risk, for example young parents, parents of children with disabilities, or non-custodial parents (such as fatherhood initiatives).
  - b. *Respite Care Services*— the term “respite care services” means short term care services, including the services of crisis nurseries, provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to Children who—
    - (A) are in danger of Child abuse or neglect;
    - (B) have experienced Child abuse or neglect; or
    - (C) have disabilities or chronic or terminal illnesses.
  - c. *Outreach and Follow-up Services*—the terms “outreach and follow-up services” may include voluntary home visiting services, family support programs, and other community and social service referrals. The term “community referral services” means services provided under contract or through interagency agreements to assist families in obtaining needed information, mutual support and community resources, including respite care services, health and mental health services, employability development and job training, and other social services, including early developmental screening of Children, through help lines or other methods.
3. *Sexual Abuse Prevention*— the term “sexual abuse prevention” means services provided to prevent the likelihood of Child victimization through sexual abuse or exploitation. Projects funded under this area should focus on best practices in the prevention of Child sexual abuse and exploitation and should, at a minimum, include some aspect of adult instruction. Examples would include public awareness campaigns, educator training, and parent/Child instruction on topics such as healthy sexual development, media safety, etc.

Funds are awarded to volunteer-based community councils throughout the State, who are able to apply for up to three projects in their respective communities. Most of these councils are organized by county; however, there are some, particularly in more rural areas of the State, which have combined to cover a multi-county area (up to four or five counties). A map of the projects that were awarded ICAPP funds, and the specific types of services funded by county, can be found in Attachment D. It should be noted that projects in 87 of Iowa’s 99 counties have been awarded funds under ICAPP for SFY 2013. In addition, it should be noted that of

those 12 counties that did not receive funds (because they did not apply for eligible projects), all boarder at least one county were services are being provided.

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

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

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

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

**IDEA PART C**

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

The number of children in State Foster Care below age three who were referred, and who received services, increased from 436 in fiscal year 2007 to 788 in fiscal year 2011. The number of children referred and receiving services from child protective assessments increased from 12.5% for fiscal year 2008 to 14.8% in 2010 and is down slightly to 14.6% for fiscal year 2011.

The table below represents the number of CAPTA children on an Individualized Family Service Plan or IFSP (meaning receipt of Early Access services):

<b>CAPTA children who receive Early ACCESS services</b>	<b># of Children receiving services</b>	<b>Percent of children on IFSP’s receiving services</b>
SFY 11	404	14.6%
SFY10	556	14.8%
SFY09	581	16.1%
SFY08	496	12.5%
SFY07	436	9.9%

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

<b>Foster Children who receive Early ACCESS services</b>	<b># of Children receiving services</b>	<b>Percent of children on IFSP's receiving services</b>
FY11	788	32.4%
FY10	713	29.2%
FY09	666	31.0%
FY08	592	23.1%
FY07	445	17.3%

Iowa will continue to look to expand the Early Access (EA) Program. IDHS and the Iowa Department of Education continue to work through the Early ACCESS state team to work with Early ACCESS regions to build upon existing collaboration between local IDHS offices and EA offices. Statewide training around CAPTA law and Early ACCESS procedures is planned for January to March, 2013.

The Interagency Coordinating Council, the advisory council to Part C (called Iowa Council of Early ACCESS in Iowa), next steps have included:

- The use of Regional Grantee Quality Service Review study results of 10 cases to identify strategies to further integrate signatory agency services, including referral and follow-up of CAPTA and foster care children; and
- Continued work with the Part C Regional Grantee Directors and Liaisons in increasing partnerships at local and community levels for follow-up of CAPTA and foster care children.

***MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING***

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

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

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

Although collaboration often occurs at the local level between CPS and Domestic Violence (DV) Providers, there has not always been a consistent Statewide effort to address this from a policy standpoint, primarily due to the lack of funding for such a position (i.e. a domestic violence content expert who works at the policy level).

The State recognizes the need to more adequately address the co-occurrence of child maltreatment and domestic violence. IDHS also recognizes that doing so requires increased collaboration and inter-disciplinary work. Although we have experienced some successes in collaboration in the areas of substance abuse and mental health (as these disciplines often follow a medical model approach that includes a clear plan for treatment) we still sometimes struggle, as do many States, with building meaningful collaborations between CPS and DV Advocates. Philosophically, these disciplines have, and often continue to be, at odds. While CPS has the responsibility to protect children from harm, DV Advocates are charged with the task of supporting victims of domestic violence and working together to plan for their safety.

In order to enhance this collaboration the IDHS utilized CAPTA funds to support a contract for a Statewide DV specialist to provide case consultation services for field workers throughout the State. In addition to being available on a case-by-case basis, this subject matter expert is available to assist local communities in their collaboration efforts between local CPS workers and DV service providers, among other disciplines. In addition, this individual serves as a point person in regards to policy issues related to DV and child maltreatment.

The DV Liaison began in November of 2011. Since this time, she has attended the CPS worker training series to become acclimated to IDHS procedures and standards and researched the way that domestic violence is addressed here in Iowa as well as the procedures in other states. Through discussions with the Statewide CPPC Coordinator and other key players, ideas for improvement were noted.

In alignment with the “Blueprint for Forever Families” (the State’s Permanency Plan) a “Blue Sheet” supplement was created for DV Advocates to help inform them on how they may be involved in the child welfare system in a way that is helpful to families and children. This supplement was reviewed and approved by the Iowa Coalition Against Domestic Violence (ICADV). It is available on our website for DV advocates throughout the state.

A review of current domestic violence curriculum was performed, and the introductory training material for SP 301: Impact of Domestic Violence and Substance Abuse was revised to be more up-to-date with current DV research and curriculum. The DV Liaison is currently working with a provider contractor to develop an advanced domestic violence training entitled SP 548: Advanced Domestic Violence with Safety Planning.

In addition, the DV Liaison has attended many meetings and conferences to connect with social work administrators, supervisors, workers, and providers to offer case consultation services and community meeting facilitation. Visits to service areas are in planning stages.

In the next year, the DV Liaison has plans to develop a steering committee of key individuals throughout the State to assess the ideas for improvement and determine where attention and

action is most necessary. In addition to developing a steering committee, the DV Liaison has a goal of traveling to each of the service areas at least once to do case consultation or community meetings. She will also continue to update training curriculum with new and relevant research. Through interactions with workers and supervisors in the field, as well as through the steering committee, she will assess what training needs there are and continue to provide pertinent information to workers via training and consultation.

**CITIZEN REVIEW PANELS**  
SECTION 106(c)(6)

Following this annual report are attachments of the following Citizen Review Panel Annual Reports (Attachment A) and the State's response (Attachment B):

- The Statewide Child Protection Council/Citizen Review Panel
  - Jerry Foxhoven, Director  
Drake Legal Clinic—Middleton Center for Children's Rights  
2400 University Ave.  
Des Moines, IA 50311  
[jerry.foxhoven@drake.edu](mailto:jerry.foxhoven@drake.edu)  
(515) 271-2824
  
- The Cerro Gordo County Family Violence Response Team
  - Mary J. Ingham  
Crisis Intervention Service  
PO Box 656  
Mason City, IA 50402  
[Mary@CIShelps.org](mailto:Mary@CIShelps.org)  
(641)424-9071
  
- Northwest Iowa Citizen Review Panel
  - Barb Small  
Mercy Child Advocacy Center  
801 Fifth Street  
Sioux City, IA 51102  
[Smallb@mercyhealth.com](mailto:Smallb@mercyhealth.com)  
(712) 279-2548

Historically Iowa has utilized existing Multidisciplinary-Teams to fulfill the requirements of CAPTA Citizen Review Panels. However, as a result, the recommendations provided to the IDHS in these annual reports are often either specific to local needs or very general, which limit their implications for broad-based State policy changes. Therefore, in going forward, the State will continue to provide technical support and assistance to these CRPs, while also considering the possibility of working with existing statewide review panels that, as their mission, review policy and provide annual recommendations for State level policy change.

**CAPTA ANNUAL STATE DATA REPORT**  
**SECTION 106(d)**

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

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

**STATE RESPONSE:**

***Education, Qualifications, and Training***

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

Any CPS worker 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 296 staff identified as having a role in the intake, screening and assessment of child abuse and neglect there were 199 responses to the survey. Therefore educational data is available on the following number of individuals and is summarized in the tables below:

- 134 Social Worker IIIs (67%)
- 57 Social Work Supervisors (69%)
- 8 Social Work Administrators (80%)

<b>Highest Degree Obtained</b>	
<b>1</b>	No Formal Degree
<b>158</b>	BA/BS
<b>40</b>	Master's Degree
<b>199</b>	<b>TOTAL</b>

**BA/BS Area of Degree**

<b>64</b>	BA/BS in Social Work
<b>84</b>	BA/BS in a Human Service Related Field
<b>10</b>	BA/BS in another area
<b>158</b>	<b>TOTAL</b>

<b>Master's Area of Degree</b>	
<b>20</b>	Master's in Social Work (MSW)
<b>13</b>	Master's in a Human Service Related Field
<b>7</b>	Master's in another area
<b>40</b>	<b>TOTAL</b>

**Training Requirements**

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

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

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

**Demographic Data on CPS Personnel**

The IDHS maintains demographics data on all social work personnel. The following data includes demographic information on all those specific "social worker" classifications involved in the intake, screening and assessment process. This includes intake and assessment workers (Social Worker IIIs and Social Worker IVs located in the Centralized Intake Unit), Social Work Supervisors, and Social Work Administrators. The data is broken down then by front line social workers and non-contracted management positions.

**TOTAL BREAKDOWN BY JOB TITLE**

<b>1. Personnel</b>	
<b>199</b>	Social Worker III (Screening, Intake, Assessment)
<b>4</b>	Social Worker IV (Only Intake Unit IVs)
<b>83</b>	Social Work Supervisors
<b>10</b>	Social Work Administrators
<b>296</b>	<b>TOTAL</b>

**GENDER DISTRIBUTION**

<b>2.1 Contracted/Hourly (Social Worker IIIs and IVs)</b>	
<b>40</b>	Male (19.7%)
<b>163</b>	Female (80.3%)
<b>203</b>	<b>Total</b>

<b>2.2 Management/Non-contract (Supervisors and Administrators)</b>	
<b>21</b>	Male (22.6%)
<b>72</b>	Female (77.4%)
<b>93</b>	<b>Total</b>

## RACE/ETHNICITY DISTRIBUTION

<b>3.1 Contracted/Hourly (Social Worker IIIs and IVs)</b>	
<b>4</b>	African American (2%)
<b>0</b>	American Indian/Alaska Native
<b>4</b>	Asian/Pacific Islander (2%)
<b>4</b>	Hispanic (2%)
<b>2</b>	Not disclosed (1%)
<b>188</b>	White (93%)
<b>203</b>	<b>Total</b>

<b>3.2 Management/Non-contract (Supervisors and Administrators)</b>	
<b>2</b>	African American (2%)
<b>1</b>	American Indian/Alaska Native (1%)
<b>0</b>	Asian/Pacific Islander
<b>0</b>	Hispanic
<b>1</b>	Not disclosed (1%)
<b>89</b>	White (96%)
<b>93</b>	<b>Total</b>

## DISABILITY STATUS

<b>4.1 Contracted/Hourly (Social Worker IIIs and IVs)</b>	
<b>5</b>	Yes (2.46%)
<b>181</b>	No (89.16%)
<b>17</b>	Did Not Disclose (8.37%)
<b>203</b>	<b>Total</b>

<b>4.2 Management/Non-contract (Supervisors and Administrators)</b>	
<b>1</b>	Yes (1.1%)
<b>87</b>	No (93.5%)
<b>5</b>	Did Not Disclose (5.4%)
<b>93</b>	<b>Total</b>

## AGE RANGE

<b>5.1 Contracted/Hourly (Social Worker IIIs and IVs)</b>	
<b>10</b>	20-29 years
<b>78</b>	30-39 years
<b>60</b>	40-49 years
<b>46</b>	50-59 years
<b>9</b>	60+ years
<b>203</b>	<b>Total</b>

<b>5.2 Management/Non-contract (Supervisors and Administrators)</b>	
<b>0</b>	20-29 years
<b>28</b>	30-39 years
<b>26</b>	40-49 years
<b>32</b>	50-59 years
<b>7</b>	60+ years
<b>93</b>	<b>Total</b>

### **Caseload Data**

There were 30,747 assessments for abuse in calendar year 2011. At first glance, the number of assessments appears to have increased 16% percent. However, this is mostly due to a policy clarification regarding confidentiality which requires splitting reports into multiple different incidents/assessments, depending on the number of subjects involved.

Investigations are launched when social workers in the central intake unit determine that a complaint would be abuse under Iowa law if proven true. As in previous years, about two-thirds (68%) of all investigations in 2011 were determined to be unfounded.

The new statistics indicate that:

- 11, 747 children subject to abuse or neglect, down 7 percent from 2010. Of those children:
  - 8,757 children were subject of 'founded' abuse, down 12%.
  - 2,989 children were subject of a "confirmed" abuse, up 11%. A "confirmed" abuse is minor, isolated, and not likely to re-occur, and the perpetrator is not placed on the child abuse registry.
- 51 percent of abused or neglected children were age 5 or younger (similar to past years).
- Of all child abuse or neglect:
  - 79 percent was neglect (denial of critical care), similar to past years.
  - 10 percent was physical, up from 9 percent.
  - 4 percent was sexual (3 percent in '10, 4 percent in '09 and '08).
  - 5 percent was presence of illegal drugs in body (4 percent in previous two years).
- DHS child protective workers (those performing assessments) were assigned **an average of 14.2 new cases a month** in 2011, including cases alleging adult abuse.

The IDHS does not currently set a "maximum" number of cases, 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.

**(2) Juvenile Justice Transfers:** Report the number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system in Federal FY 2010 (or if specify if another time period is used). Provide contextual information about the source of this information and how the State defines the reporting population (section 106(d)(14)).

### **STATE RESPONSE:**

Juvenile Justice Transfers in Iowa for FFY 2011 totaled 52. This information is extracted from our SACWIS system and pulls data on the number of cases where case management services have been transferred from the supervision of IDHS to Juvenile Court Services (JCS).

**ATTACHMENT A  
CITIZEN REVIEW PANEL REPORTS**

The following memo was sent to Iowa's State Citizen Review Panels with instructions for preparing the annual report to the State. Attached are the three reports submitted, in response to this request, in June, 2012.

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Dear Iowa CRP Coordinators,

If you have not already done so, please prepare and send me your Annual Report. As a reminder, in accordance with the Federal Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) each state is required to have a minimum of Three Citizen Review Panels.

The purpose of these panels is to *examine the policies, procedures, and practices of State and local agencies and, where appropriate, specific cases, in order to evaluate the extent to which State and local child protection system agencies are effectively discharging their child protection responsibilities.*

Each Annual Report must include the following components:

- A **summary of activities** of the panel over the past year, including efforts the panel has made for **public outreach** and comment in order to assess the impact of current procedures and practices upon children and families in the community.
- **Recommendations** to improve the child protection services system at the **State and local levels**.
  - Be sure recommendations are *specific* to the system change the panel would like to see and identify what *actions* the panel would like the State or local agencies to take.
- **Progress** made on prior recommendations or panel goals.
- **Future focus or interests** of the panel in the coming year.

Please include a list of current CRP members, and their disciplines, as well. If you have any questions or ever need additional assistance with CRP development and or the annual report, please feel free to contact me. I would be more than happy to visit with you and your panel.

Thank you for all that you do for children and families in Iowa!

**Lisa Bender, LMSW**  
**Child Abuse Prevention and Treatment Program Manager**  
Iowa Department of Human Services

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

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

**Summary of Panel Activities in SFY 2012**

CPC meetings were scheduled and/or held during SFY 2012 (July 1, 2011-June 30, 2012) on the following dates, from 10am-2pm in Des Moines, Iowa:

<b>Date</b>	<b>Presenters, Activities, and /or Topics Covered</b>
07/12/2011	<ul style="list-style-type: none"> <li>• Debrief of annual CAPTA/CJA meeting in Washington DC</li> <li>• Discussion on Differential Response</li> <li>• Membership vacancies</li> <li>• <b>Presentation/Tour:</b> Centralized Service Intake Unit (CSIU)</li> </ul>
09/13/2011	<ul style="list-style-type: none"> <li>• <b>Presenter:</b> Becky Swift, Office on Drug Control Policy—Provided the Council with an update on Statewide Drug Endangered Children (DEC) initiatives</li> <li>• Legislative Updates:               <ul style="list-style-type: none"> <li>○ Senate File 533 – established a sexual abuse prevention task force to:                   <ul style="list-style-type: none"> <li>▪ Develop a model policy for schools, and</li> <li>▪ Make recommendation for preventing sexual abuse of children in Iowa</li> </ul> </li> <li>○ House File 562 – requires a review of the current child abuse registry                   <ul style="list-style-type: none"> <li>▪ Suggests short and long-term considerations for improvements to the overall child welfare system</li> </ul> </li> </ul> </li> <li>• Discussion of CSIU Tour</li> </ul>
11/09/2011	<ul style="list-style-type: none"> <li>• <b>Presentation:</b> “Psychiatric Medications in the Child and Adolescent Population”, Des Moines University Medical Students</li> <li>• Permanency Blueprint               <ul style="list-style-type: none"> <li>○ The Blueprint is a document drafted by numerous stakeholders, including the Child Welfare Advisory Council (CWAC)</li> <li>○ Represents a model of practice and identifies common beliefs and values regarding the issue of child permanency</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Provides practical examples of how stakeholders can get involved and support permanency for children in the child welfare system</li> </ul>
01/10/2012	<ul style="list-style-type: none"> <li>● <b>Presentation/Tour:</b> Youth Emergency Services &amp; Shelter (YESS) <ul style="list-style-type: none"> <li>○ Stephen Quirk, Executive Director—gave Council members a full tour of the shelter, which serves children 0-17</li> </ul> </li> <li>● Legislative Reports—Overview of HF 562 and SF 533 reports submitted to the general assembly and recommendations</li> <li>● <b>Presenter:</b> Dr. Charles Jennissen, University of Iowa Hospitals and Clinics—presented research related to ATV related child injuries and deaths in Iowa</li> </ul>
03/13/2012	<ul style="list-style-type: none"> <li>● MDT survey and findings</li> <li>● Subcommittee identified for 3-year Comprehensive CJA Review</li> <li>● Child Death Review Team Discussion</li> </ul>
05/08/2012	<ul style="list-style-type: none"> <li>● <b>Presenters:</b> John C. Kraemer, PA, Director of Forensic Operations, State Child Death Review Team Coordinator (CDRT), Iowa Office of the State Medical Examiner and Laurie Gehrke, R.N., Chairperson, Iowa CDRT—Updated the Council on activities of the CDRT and reviewed the CDRT annual report</li> <li>● Debrief of annual CAPTA/CJA meeting in Washington DC</li> <li>● Finalize annual reports for CAPTA (Citizen Review Panel) and CJA (State Task Force) grants and recommendations for SFY 2013</li> </ul>

### Annual Recommendations of the Child Protection Council

Recommendations of the Council are as follows:

- The Council would like the IDHS to evaluate the feasibility of expanding the State’s Centralized Service Intake Unit (CSIU) beyond M-F, 8am-4:30pm.
  - Currently calls that come in after 4:30pm are routed to an afterhours hotline and forwarded to local on-call child protection assessment workers to review the allegations and make intake decisions.
  - The Council feels that now that the infrastructure for the statewide center is in place it would be beneficial to expand operating hours. This would increase the level of consistency in decision making and could potentially be a cost-savings to the State, as it relates to the number of local assessment workers on-call who would not need to be available for afterhours intake decisions, only for immediate response on cases where child safety is in question.
- The Council expressed concerns with the current process for approving curricula and instruction for mandatory reporters and made the following recommendations:
  - **Online training**—The Council feels that, while online training can be an efficient and effective way to provide information to mandatory reporters, efforts should be made to assure the training is thoroughly completed and that a certain level of understanding is attained. A better way to achieve this may be through live

- webinars that engage participants and offer opportunities for discussion and questions.
- **Approval of curricula**—The Council noted that due to the length of time for which curricula are approved there are likely a number of approved curricula that do not match current state child abuse/neglect laws, as these laws can change from year to year. There is also an overwhelming number of approved curricula in the state (currently more than 1200), making it nearly impossible to assure consistency or to conduct any form of quality assurance reviews.
  - **“Discipline specific” training**—The Council recognizes that, while some information for mandatory reporters can be provided universally, it would be beneficial to provide specific information and materials as it relates to each field required to report under state law (i.e. law enforcement, medical professionals, teachers, etc.). Because each of these disciplines interact differently with children and families, they are likely to experience unique situations that other mandatory reporters would not. Therefore, the Council recommends that “discipline specific” curricula be a required aspect of training.
  - **Notification of law changes**—The Council noted that there currently is no common mechanism for informing mandatory reporters when there is a change in state law that could impact their duties. It is often left up to the individual mandatory reporter, or their employing agency, to stay abreast of legislative action related to child abuse. In the past IDPH sent out an annual update to approved providers of mandatory reporter training. However, according to the IDPH website, the last update provided was in 2007. The Council recommends a “list-serve” or other notification system be established where mandatory reporters can sign up to receive notice whenever there is a change to state law.
- The Council, at large, is in agreement with the findings of the report in response to HF 562 (Attachment E) as presented during the January 2012 Council meeting and supports the recommendations made to the State in this report. The Council also has been actively involved in subsequent legislation, passed during this session (HF 2226), which continues the work outlined in the workgroup’s report by requiring IDHS to conduct a comprehensive study on the feasibility of implementing a formal “differential response” process within the state’s child protection system. The Council recommends the State continue to explore this option and report back to stakeholders.
  - The Council recommends that the State continue to review and monitor the status of Multidisciplinary Teams (MDTs) established for the purpose of providing consultation during child abuse assessments. The Council recommends that the State consider establishing regional MDTs. This would still meet the requirements of the law (by having a multi-county/regional MDT), while reducing the burden of maintaining teams in smaller rural areas where there is no longer a fulltime county IDHS office.

### **Progress and Implementation of Prior Recommendations**

In SFY 2010, the Council was involved in a study to review the State’s process for child abuse and neglect intakes. Specifically, they looked at whether referrals from medical professionals were accepted or rejected appropriately, and if the accepted cases were forwarded for

assessment consistent with appropriate timeframes to protect children. Council members received targeted training and, using a standard evaluation tool, they reviewed a random sample of intake cases to identify strengths and needs of the existing process. This feedback was then used in the planning process for the new unit.

The study identified trends across multiple cases, and evaluated the policy and practice implications behind those trends to identify both the strengths of the system and the opportunities to improve the system. It was determined that the policies currently in place appropriately address the issues raised by the Council. However, it was recommended that training be enhanced to reinforce and re-educate intake staff and supervisors on policy and practice expectations.

The Council was also successful in conducting a comprehensive review of Iowa statute, administrative code, and policy as it relates to MDTs this past year. Members are now more knowledgeable about the purpose of MDTs and the requirements under Iowa law. The Council will continue to be involved in practice/policy recommendations going forward to assure that child protection workers have access to MDTs for case consultation in complex assessments.

Finally, the Council played a significant role in several legislative task force groups over the past year. These workgroups addressed critical topics such as:

- Sexual Abuse Prevention
- Child Welfare System Reform
- Parental Rights/Appeals
- Differential Response

Council members continue to represent a broad range of stakeholders and they are dedicated to ensuring that the varied interests of Iowa's citizens are heard when making legislative recommendations.

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### **Future Direction and Focus of the Child Protection Council**

The Council plans to continue to be involved in the State's new Centralized Service Intake Unit (CSIU) and to closely monitor the call data and the progress CSIU has made in reducing hold times and correctly accepting intakes for assessment. The Council would still like to see the unit move to a 24/7 schedule and supports IDHS in this consideration.

The Council also intends to stay actively involved in the system reform efforts currently underway, including the study and recommendations as they relate to Differential Response. Several of the Council members serve on this workgroup and the Council plans to have the findings presented at an upcoming meeting.

Finally, the Council will continue to be involved in the evaluation of MDTs in the State. The Council recognizes that this having an MDT in each county may not be the most effective way to establish MDTs and members will continue to work with the State in reviewing policy and procedures to determine if a recommendation to reform the policy is needed to include options such as regional MDTs, mobile MDTs, or telephone/web conferencing for MDTs.

**NORTHWEST IOWA CITIZEN REVIEW PANEL**  
**2011 Annual Report**  
**PROJECT:**  
**WOODBURY COUNTY MINORITY YOUTH AND FAMILY INITIATIVE**  
**MYFI**  
**COMMUNITY INITIATIVE FOR NATIVE FAMILIES AND CHILDREN (CINCF)**  
**June 2012**

**Summary of the Panel's activities in the past fiscal year:**

In 2004 members of the Woodbury County Minority Youth and Family Initiative Planning Team came together and established the following problem statement, goal, and objective.

Native American children (0-18) as self-identified are over over-represented within Woodbury County's foster care placement, terminations, and adoptive placements, resulting in a loss of culture, self-awareness, identity, tribal and family relationships, and competency. Factors affecting this include the shortage of Native foster homes for children in crisis, lack of culturally competent providers in the community, and policies that present barriers to relative placement. Currently there are only three Native foster homes in Woodbury County. There is currently one Native agency in Woodbury County, few private provider agencies with Native staff, and only minimal training for non-Native staff on cultural competent providers in the community.

**Panel's recommendations to improve the child protection services system the local levels:**

The goal of CINCF is to better understand, articulate, and address issues contributing to the disproportional and disparate number of Native American children and families involved with Department of Human Services of Woodbury County as evidenced by:

- Increase in relative placements, even if Termination of Parental Rights has occurred
- Increase in reunification with parents
- Decrease in Termination of parental rights
- Increase of Native American foster homes
- Decrease in re-abuse/neglect rates
- Decrease in entry into the foster care system
- Decrease in abuse/neglect rates overall
- Decrease in number of placements for Native children

**Progress the local areas are making in implementing each of the Panel's recommendations:**

The DHS Native Unit and Four Directions continue to meet monthly to discuss specific cases. These cases are brought to the attention of the IDHS through the advocacy work of Four Directions. DHS and Four Directions have met with Iowa Kidsnet several times throughout the year to brainstorm and come up with creative solutions to increase Native Foster Homes in the local community. At the present time there is only one identified native

Foster Home and efforts have been increased to raise this number. The Native sent three members to attend the annual NICWA conference in Scottsdale, AZ. During this time these representatives were able to meet with others across the United States to share and learn new and creative solutions to address disproportionality. On May 23<sup>rd</sup>, DHS hosted an event with three local tribes to discuss successes and issues and to strengthen communication between the attendees. This was deemed a success and follow efforts will continue on an ongoing basis.

Four Directions has continued to offer both parenting and leadership classes. These classes focus on the Native population; however, anyone is invited to attend. The parenting class also includes a family interaction component, so that parents and caregivers can visit their children during the first hour. This promotes the family-to-family concept. Four Directions continues to offer advocacy work to those parents that attend the parenting classes. This advocacy work will continue to be offered in the next year, mostly by Judy Yellowbank with Four Directions. During the past year Four Directions was instrumental in setting up the ATR program that is being offered by the Great Plains Tribal Chairman’s Health Board. This program provides services and supports that contribute to recovery from substance abuse for Native Americans. The program funds a variety of services with registered providers (Four Directions) to help clients overcome barriers to recovery. 125 citizens attended the Fair Housing tenant meeting that was held at Four Directions. This was co-sponsored with the Sioux City Human Rights commission to educate citizens of their legal rights when it comes to housing. Briar Cliff University along with Four Directions were responsible for getting “The Great Hurt”, to Sioux City. This was a community event that focused on children and their experiences growing up in boarding schools. Once again Four Direction held their Memorial March in November that remembers “lost children”, 175 people attended.

Frank Lamere was invited to meet with Governor Terry Branstad on January 31<sup>st</sup>, 2012. Jim France (SHIP) and Judy Yellowbank (Four Directions) accompanied Mr. Lamere. It was a good discussion related to the needs of the Indian population in Siouxland. The Governor was very interested in the community collaboration of Four Directions and SHIP. Mr. France was able to share SHIP’s commitment to strengthening families and educating our young people and that this was motivation for the Four Directions and SHIP partnership. The Governor indicated his agreement and support of the collaboration. Ongoing contact is being maintained with the Governor’s office.

The disproportionality rate of Native children in foster care in Woodbury County has decreased in the past several years, but shows a slight increase in 2010. Variables include the accuracy of reporting and collecting data and the small numbers may lead to errors in percentiles.

Year	Estimated Native Population (0-17yrs)	# Children Placed in out of Home Care	% Children Placed in out of Home Care	Disproportionality Rate of children in 1 <sup>st</sup> placement to estimated population
2005	908	88	21.5%	5.4%
2006	909	111	17.7%	4.4%
2007	918	126	16.2%	3.9%
2008	897	99	16.0%	4.2%
2009	897	133	13.5	3.5%

2010	882	124	19.1	4.8%
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**Future direction or focus of the Panel and a description of the goals, strategies, and benchmarks for the group going forward:**

- Promoting of the Four Directions to be a center of much needed services for the Native American Community.
- Working with Jackson Recovery working with young mothers
- Ongoing meetings with county attorneys and tribal attorneys and guardian-ad-litem to educate each other about their roles
- Continue to increase minority foster homes
- Strengthening Iowa ICWA law
- Investigate/review training requirements for minority people to qualify as foster parents

**Description of how the Panel is providing for public outreach and comment in order to assess the impact of current procedures and practices upon children and families locally:**

The Community Initiative for Native Families & Children includes many members of the community. They have input on a monthly basis about the direction MYFI is headed and receives information about progress. The Quality Service Review also provided an avenue for public outreach and comment. Focus groups were conducted with 4-5 various groups from the community and provider arenas. Also within that review the child and family are interviewed to gain information on how they view the Child Welfare system including the pros and cons of their experience.

**North Iowa Domestic & Sexual Abuse Community Coalition  
Cerro Gordo County Citizens Review Panel  
Annual Report  
2011**

Membership

The Cerro Gordo County Family Violence Response Team includes individuals from the following agencies/disciplines:

<b>AGENCY</b>	<b>DISCIPLINE</b>	<b>INDIVIDUAL</b>
Prairie Ridge Addiction Treatment Service	Substance Abuse	Jay Hansen
Crisis Intervention Service	Domestic Violence	Mary Ingham
Department of Human Services	Social Work	Becky Heilskov
Crisis Intervention Service	Child Development	Ann Sebastian
Cerro Gordo County Attorney's Office	Law	Erica Clark Deb Angell
Cerro Gordo County Sheriff's Department	Law Enforcement	David Hepperly Kevin Pals
Clear Lake Police Department	Law Enforcement	Greg Peterson Deb Ryg
Mason City Police Department	Law Enforcement	Frank Stearns Jason Hugi Joshua Eernisse
Department of Corrections	Law Enforcement	Thomas Gayther
Mercy Medical Center-North Iowa	Nursing	Luann Engels Hepker
	Medicine	Patti Peterson
	Public Health	Ron Osterholm
	Education	Vacant
	Juvenile Probation	Vacant
	Mental Health	Vacant
Faith Community	Other	Emily Horrell

The Cerro Gordo Family Violence Response Team was originally formed twelve years ago by the Cerro Gordo County Attorney's Office, Crisis Intervention Service, Department of Corrections & Mason City Police Department and focused on the criminal justice systems response to domestic violence and sexual assault. Over the years, membership has grown to include other entities with an interest in this area. Approximately six years ago, a specific focus regarding the impact on children was added.

In January 2011, the Family Violence Response Team merged with the North Iowa Domestic & Sexual Abuse Community Coalition.

The team continues to struggle to fill vacancies in education, juvenile probation & mental health. The team will continue to work to fill these vacancies.

### Meetings

The Coalition typically meets monthly. In 2011, the group met on the following dates:

01-13-11	05-12-11	09-08-11
02-10-11	06-09-11	10-13-11
03-10-11	07-14-11	11-10-1
04-14-11	08-11-11	

### Functions

The team was originally organized to provide a coordinated community response to domestic violence and sexual assault, with a primary interest in adults. Approximately seven years ago, the scope was broadened to include children. The team completed a countywide safety & accountability audit that examined how child witnesses of domestic violence were identified by intervening organizations and whether the interventions help or hinder the child.

A Safety and Accountability Audit is designed to examine, in an inter-disciplinary way, whether institutional policies and practices enhance victim safety and enforce offender accountability. The premise behind the process is that workers are institutionally organized to do their jobs. In other words, workers are guided in how they do their jobs by the forms, policies, philosophy, practices and culture of the institution in which they work. A Safety and Accountability Audit, therefore, is not a performance review of individual employees. It examines the local and/or State institution or system in terms of the practices, policies and procedures in regard to handling domestic violence cases. Safety and Accountability Audits involve mapping the system, interviewing and observing workers and analyzing paperwork and other text generated through the handling of domestic violence cases.

The team will comply with the requirements set forth by the Child Abuse Prevention and Treatment Act. The team will identify strengths and weaknesses of the child protective service system in Iowa (Iowa Department of Human Services) and those of community-based services and agencies. Within the scope of its work the team will review these child protective systems in Iowa by clarifying expectations of these agencies by reviewing consistency of practice with current policies, and analyzing current child abuse trends. The team will provide feedback to the state and local agencies and the public at large as to what is, or is not working, and why, and recommend corrective action if needed.

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

### Re-dissemination

The team understands that no member shall re-disseminate child abuse information obtained through the citizens review panel.

### Department not bound

The team understands that the department shall consider recommendations of the panel, but shall not, in any way, be bound by the recommendations.

### Confidentiality

The team understands that members and staff of a panel may not disclose child abuse information about any specific child abuse case to any person or government official and may not make public any information unless authorized by the Iowa Code to do so.

### Reports

The team will provide an annual written report outlining activities and making recommendations for changes. The team will make this report available to the public to allow for input.

### Recommendations

The recommendations are the result of the 2005 Safety & Accountability Audit conducted by the group.

- No one is collecting specific information on children and how they experience violence. Therefore, the community is not getting a clear picture of what is going on with families. The team should develop forms that link together to create a comprehensive assessment of what children are experiencing.
- Administrative Rule of OVW against deferred prosecutions or deferred judgments is restricting prosecution from creating responses that might be more effective for the individuals involved. For example, with current restrictions, prosecution must either proceed with a case or dismiss. In some cases, the offer of a deferred judgment contingent upon completion of certain conditions, creates the opportunity to get necessary services to individuals and families.
- Assessment & treatment plans are not designed to specifically identify:
  - ▶ the extent of domestic violence
  - ▶ how children are drawn into the violence
  - ▶ how the child's relationship with parent (who is being battered) is impacted by violence.

Therefore, since there is not an adequate assessment, treatment plans are not directly related to what people need.

- The group questions whether service providers have the capacity and resources to provide services specific to the needs of families. We suspect that many families are getting generic services and need services far more specialized to their individual circumstances.
- We saw there could be many opportunities for CPS to work closely with the criminal justice system to directly intervene with abusers, shifting responsibility of holding the offender accountable from the victim to the system. The use of protection orders initiated by CPS could remove offenders from the home, rather than remove the children. This change would require significant changes in how law enforcement, CPS and prosecution work together.

- Different advocates have better skills at addressing child issues; may be cross-trained but not cross-skilled. The conceptual belief that if the mother safe, the children are safe is not always true.
- Because the community lacks a methodically-coordinated, philosophically-coherent approach to interventions with batterers, we are overly reliant on victims of battering to take a major role in holding offenders accountable. We generally felt that victims in this community may feel that the system is not an ally with them in ending the violence. At the same time, it creates a condition that promotes a sense of safety in a significant number of offenders to continue the abuse.
- The premise that the appeals process creates accountability in courts doesn't necessarily hold true in small communities. When an attorney exercises their right to appeal he/she become vulnerable for repercussions for that action, thereby making an appeal the choice of last resort. Therefore, many problematic judicial decisions go unchallenged by attorneys or workers in the system.
- There is a failure to distinguish the type of violence (Resistive, Situational or Pathological) being used. Domestic violence is viewed as the same thing in each file and in the interventions.  
There was no mention of who needed protection from whom and to what degree.

There needs to be a better assessment of the level of danger. Someone is doing something to someone, therefore, someone is being harmed.

There is a failure to identify how children are drawn into the violence and how they are harmed. We need to develop interventions around what is actually happening with children.

Please feel free to call or email if you need any additional information.

Sincerely,

Mary J. Ingham  
Crisis Intervention Service  
P.O. Box 656  
Mason City, Iowa 50402-0656  
641-424-9071  
[Mary@CIShelp.org](mailto:Mary@CIShelp.org)

**ATTACHMENT B**  
**STATE'S RESPONSE TO ANNUAL CITIZEN REVIEW PANELS**

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

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

1. The **Iowa Child Protection Council Citizen Review Panel** made four recommendations and the State's response follows:

**(A) Recommendation:** The Council would like the IDHS to evaluate the feasibility of expanding the State's Centralized Service Intake Unit (CSIU) beyond M-F, 8am-4:30pm.

**(A) State Response:** In regards to the expansion of the CSIU to afterhours, and possibly to 24/7, the state is not opposed to considering this option. However, due to changes in key administrators within the central service area in the past year these considerations are currently on hold while the department seeks to hire a new Central Service Area Manager. The state agrees to reconsider these options and report back to the Council over the next year.

**(B) Recommendation:** The Council expressed concerns with the current process for approving curricula and instruction for mandatory reporters and made specific recommendations.

**(B) State Response:** The Iowa Department of Human Services recognizes the concerns that have been raised by the Council in regards to the current mandatory reporter training process and requirements. Although the statutory duties surrounding the training of mandatory reporters no longer falls under IDHS, there is obviously a vested interest from the department in assuring that mandatory reporters receive adequate training. Having knowledgeable mandatory reporters results in a more efficient and effective child protection system and improves the state's ability to respond to child safety concerns.

On March 27, 2012 Iowa's governor signed into law a bill that intends to address some of the concerns outlined by the Council. The bill (SF 2225) requires IDPH to staff a taskforce to review the current mandatory training requirements and approval process. The IDHS is looking forward to working with our partners at IDPH and with legislators on this important task and will follow-up with the Council over the year on the progress made by this group.

**(C) Recommendation:** The Council, at large, is in agreement with the findings of the report in response to HF 562 (Attachment E) as presented during the January 2012 Council meeting and supports the recommendations made to the

State in this report. The Council also has been actively involved in subsequent legislation, passed during this session (HF 2226), which continues the work outlined in the workgroup's report by requiring IDHS to conduct a comprehensive study on the feasibility of implementing a formal "differential response" process within the state's child protection system. The Council recommends the State continue to explore this option and report back to stakeholders.

**(C) State Response:** As noted on page 4 in the attached report (Attachment E), the state has already implemented several of the near term recommendations outlined in the initial workgroup's report. In addition, IDHS has contracted with a consultant and formed a separate workgroup to study the implications of a "differential response" system. This work group has been meeting over recent months and includes several members of the Child Protection Council. The group's findings and recommendations are due to the legislature by December 1, 2012. The department staff involved in this workgroup will also present their findings to the entire Council in an upcoming meeting.

**(D) Recommendation:** The Council recommends that the State continue to review and monitor the status of Multidisciplinary Teams (MDTs) established for the purpose of providing consultation during child abuse assessments. The Council recommends that the State consider establishing regional MDTs. This would still meet the requirements of the law (by having a multi-county/regional MDT), while reducing the burden of maintaining teams in smaller rural areas where there is no longer a fulltime county IDHS office.

**(D) State Response:** IDHS is in agreement with the Council that maintaining MDTs in all 99 counties throughout the state is not a feasible option. This is especially relevant considering Iowa's most recent US Census data which shows that Iowa, as with many agricultural states, is continuing to lose its rural population and seeing increasing growth in larger urban metropolitans and surrounding communities. The state recognizes that the expertise necessary to assist the department in some of these cases is not always going to be available in each county. It is for this reason that, in recent years, the state has assured that IDHS assessment workers across the state have, at a minimum, access to medical consultation services through contracted medical professionals who specialize in child abuse. However, the state also recognizes that medical consultation alone is not always sufficient and that the best approach involves various professionals who are able to offer unique skills and knowledge based on their training and experience (i.e. substance abuse, mental health, domestic violence, law enforcement, etc.).

The state will consider the recommendation of regional MDTs and work with the Council and other stakeholders to thoroughly evaluate the feasibility of this proposed system of MDTs. The state will likely need to enter into a contract for this work, as it will take a significant amount of staff time, planning, and travel that is not feasible under current conditions.

2. The **Cerro Gordo County Family Violence Response Team** made various recommendations in regards to the State's policy and practices in the handling of cases involving domestic violence. Some of these recommendations are geared toward local coordination while others are relevant to a Statewide review of IDHS policy and practice.

**State Response:** The State acknowledges the need to enhance the response to, and services available for, victims of domestic violence. The IDHS recognizes the high rate of co-occurrence between domestic violence and child maltreatment.

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

To further assist the CRP in their efforts, the state coordinator will be traveling to the group's meeting on November 8, 2012 to present on CAPTA and the role of CRPs in child welfare.

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

**State Response:** The State shares the Panel's interest in reducing disproportionate representation of Native and other minority children in the State's child welfare system. As discussed in an earlier section of this report, the State continues to support the Minority Youth and Family Initiative (MYFI), as well as the Breakthrough Series Collaborative (BSC). In addition, a newly formed workgroup to address CFSR outcomes as they relate to cultural competency just began meeting and will continue to focus on disproportionate representation in child welfare.

The State has also assured that all new service procurements, in recent years, have addressed disproportionate representation and cultural competency through the competitive bidding and contracting process. These contracts (with both public and private entities) cover a broad range of services including, prevention, safety planning, in-home child welfare services, child welfare emergency services, shelter care, foster care/adoption recruitment and retention, group home, supportive independent living, and aftercare.

**ATTACHMENT C**  
**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 de 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. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.

Works and communicates with internal and external clients and customers to meet their needs in a polite, courteous, and cooperative manner. Committed to quality service.

Displays a high level of initiative, effort and commitment towards completing assignments efficiently. Works with minimal supervision. Demonstrates responsible behavior and attention to detail.

Responds appropriately to supervision. Follows policy and cooperates with supervisors.

Aligns behavior with the needs, priorities and goals of the organization.

Encourages and facilitates cooperation, pride, trust, and group identity. Fosters commitment and team spirit.

Expresses information to individuals or groups effectively, taking into account the audience and nature of the information. Listens to others and responds appropriately.

## **EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS**

Graduation from an accredited college or university 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, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, may request those applicants possessing a minimum of twelve semester hours or education, six months of experience, or a combination of both, or a specific certificate, license, or endorsement in the following areas:

- 089 Certified Addiction Counselor in the State of Iowa
- 863 ability to speak Spanish fluently
- 923 targeted case management

For designated positions in case management, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, 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 mental retardation 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, Volume 39, No. 12, Thursday, January 17, 1974, Section 20-CFR-405.1101.

Effective Date: 12/05 CP

**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. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.

Works and communicates with internal and external clients and customers to meet their needs in a polite, courteous, and cooperative manner. Committed to quality service.

Displays a high level of initiative, effort and commitment towards completing assignments efficiently. Works with minimal supervision. Demonstrates responsible behavior and attention to detail.

Responds appropriately to supervision. Follows policy and cooperates with supervisors.

Aligns behavior with the needs, priorities and goals of the organization.

Encourages and facilitates cooperation, pride, trust, and group identity. Fosters commitment and team spirit.

Expresses information to individuals or groups effectively, taking into account the audience and nature of the information. Listens to others and responds appropriately.

## **EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS**

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

OR

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

OR

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

OR

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

OR

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

OR

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

## **SELECTIVE CERTIFICATION**

For designated positions, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, may request those applicants possessing a minimum of twelve semester hours of education, six months of experience, or a combinations of both, or a specific certificate, license, or endorsement in the following area:

920 case management - For designated positions in case management, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, 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 mental retardation;

OR

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

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

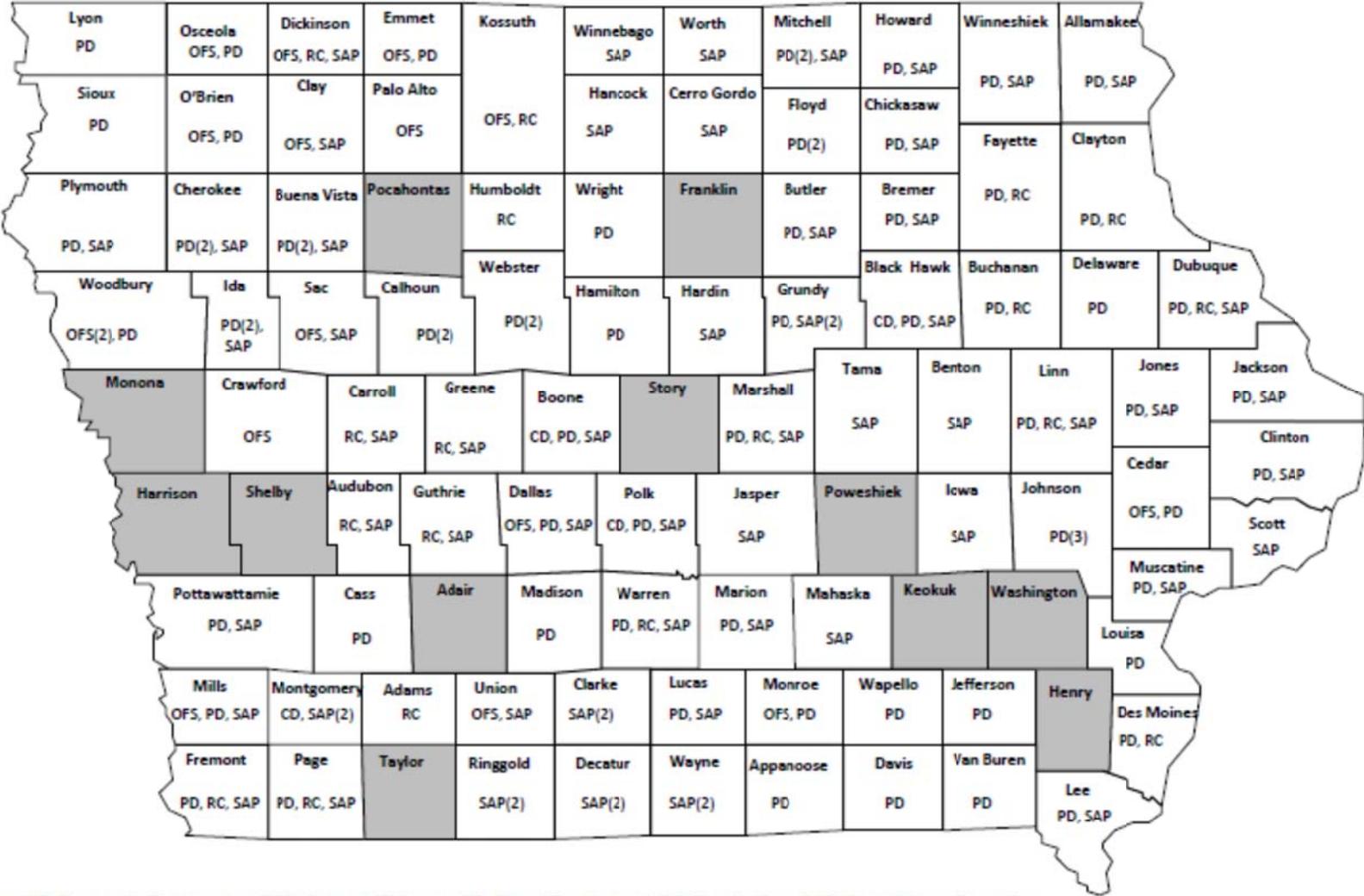
**NOTE:**

At the time of interview, applicants referred to Glenwood and Woodward State Hospital-Schools will be assessed to determine if they meet federal government employment requirements as published in the Federal Register, Volume 39, No. 12, Thursday, January 17, 1974, Section 20-CFR-405.1101.

Effective Date:   3/04   JG

**ATTACHMENT D**  
**ICAPP (Iowa Child Abuse Prevention Program)**  
**Awarded Projects Map**

### SFY 2013 ICAPP Project Grant Awards



Key: CD=Community Development, OFS=Outreach/Follow-up, PD=Parent Development, RC=Respite Care, SAP=Sexual Abuse Prevention