

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
Annual Report
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SUBSTANTIVE CHANGES TO STATE LAW

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

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. 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 State or Federal funds, in each of the areas identified in Iowa's State Plan.

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

The intake, assessment, screening, and investigation of reports of child abuse and neglect continues to be a program area that IDHS utilizes CAPTA basic State grant funds to support. In recent years the intake system in Iowa underwent a transition from having numerous local, county level, and/or regional service area intake units to 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 have been used to support various activities, including training, to continually improve the State's CSIU.

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. This individual has also played a key role in many of the activities and workgroups mentioned throughout this report, including the implementation of a new Differential Response (DR) system in Iowa.

On January 1, 2014 the state of Iowa began its Differential Response system. Under this system Iowa now has two distinct pathways for responding to child abuse allegations—a child abuse assessment or family assessment. The family assessment pathway involves a full family functioning assessment, as with a traditional child abuse assessment, including an assessment of child safety and risk. The greatest difference is that in a family assessment there is not a requirement to substantiate abuse in order to offer services to a family in need.

Family assessments are not used in physical or sexual abuse cases, or other types of serious abuse cases. Family assessments are used only in denial of critical care cases (i.e. neglect) where the child is not in imminent danger. If at any time during a family assessment it appears the child isn't safe, the case is reassigned to the child abuse assessment pathway. Iowa law clearly defines assignment and reassignment criteria for child abuse cases

Although this system is in its early stages, preliminary data is promising. First quarter data (Jan-March 2014) indicates the following:

- 35 percent, or 1,993 families from a total 5,787 accepted intakes, received a family assessment. The initial projected estimate under the new system was 37 percent.

- 231 cases, or 4 percent of family assessment cases, were reassigned from the family assessment pathway to the child abuse pathway, which aligns with the national standard of 2 percent to 5 percent.
- 1,994 families, about 400 more than the previous quarter, were referred for state-funded services.
- The percentage of founded cases increased 4 percent for more serious cases.
 - The smaller total number of cases on the child abuse pathway combined with the fact they are more serious cases results in a higher founded percentage. Overall, fewer names were placed on the central abuse registry.

A more thorough analysis of the preliminary findings can be found at the following link: http://dhs.iowa.gov/sites/default/files/First_Quarter_DR_Results_2014.pdf.

The State has also used CAPTA grant funding in the past year to enhance the implementation process for DR by supporting Iowa's participation in the National Conference on Differential Response. Iowa will also be sending a team to the 9th Annual Conference on Differential Response in Seattle this coming November to present on the state's experience.

In order to implement the new approach, the state also developed and launched a new web-based application system known as **JARVIS** – Joining Applications and Reports from Various Information Systems. This new data system was created to incorporate family assessments into the system and replaced an outdated mainframe system to make the process of documenting intakes and assessments quicker and more user-friendly for field workers.

MULTIDISCIPLINARY TEAMS AND LEGAL PREPARATION AND REPRESENTATION

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

The Iowa Child Protection Council (CPC), which serves as both the State's CJA taskforce and as 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 few years. According to Iowa Code (235A.13, subsection 8), an MDT is defined as follows:

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

- The Iowa Code also establishes the following requirement of IDHS as it relates to MDTs (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 Council has been particularly interested in the status of local Multidisciplinary Teams (MDTs) since the IDHS went through a significant reorganization from 2009-2010. As a result of significant changes in the structure and staffing of county IDHS offices, it is apparent that there has been a decline in the regular activity of some of the local MDTs charged with providing case consultation in the assessment, diagnosis, and treatment of child abuse cases. The Council sees the need to revitalize these teams, but also understands the limitations on IDHS field staff in expanding on existing workloads.

Therefore, the Council made a recommendation that IDHS contract with an external partner to assist in establishing, expanding, and supporting Iowa's MDTs. The Council also recommended that the state considering establishing several regional MDTs so that smaller counties will, at a minimum, have access to these regional teams for case consultation.

From 2011-2012 the Council focused on gaining a better understanding of the current status of MDTs in the state and relative law/policy/practice issues. Activities included the following:

- A survey of field administrators was conducted and a table listing each of the state's 99 counties and the status of MDTs was created by the CJA Coordinator. This information was then shared with the Council.
- The CJA Coordinator worked with the Executive Director of the Iowa Chapter of Child Advocacy Centers to use this information to map out areas of the state where there is a need for MDT development and support.
- The Council subcommittee that worked on the preparation of the 3-year comprehensive review read and analyzed all sections of Iowa Statute, Iowa Administrative Code, and IDHS Policy Manual that address MDTs to determine options for working within the confines of the current law while also allowing for some flexibility and innovation.

Although the work of the Council and subcommittee was critical in laying the groundwork for this project, it was determined that in FY 2013 (2012-2013) IDHS should procure a contract for an external consultant to facilitate a structured workgroup, consisting of various stakeholders, to conduct a more thorough analysis of MDT law/policy/practice.

The anticipated deliverables under this contract included the following:

- Coordinate and facilitate a workgroup of various stakeholders to conduct an intensive review of the law/policy/practice as it relates to MDTs in Iowa;
- Conduct surveys of current MDT participants, IDHS field staff, and community stakeholders to determine the current level of engagement around MDTs, the identified strengths and barriers to maintaining active MDTs, and

recommendations for revitalizing MDTs in areas where they have seen a decline in recent years;

- Gage interest and readiness in using advanced technology to hold MDTs regionally or even statewide, for example: ICNs, phone/web conferencing, mobile teams, etc.; and
- Write a final report to the IDHS to include a comprehensive overview of the current law/policy/practice and recommendations for short, medium, and long-term solutions as it relates to the development and use of MDTs in child protection assessments.

The competitive procurement process for this project began in 2013 with the drafting of an Informal Bid Opportunity. However, during that legislative session, the Iowa General Assembly proposed and reviewed a significant piece of legislative around implementation of a “Differential Response” approach to child abuse intakes and assessments in Iowa. Given the pending impact that this legislation could have on Iowa’s Child Protective Services (CPS) system as a whole, it was decided that it would be more appropriate to postpone the procurement of this contract until after the final bill was passed, as this could impact many aspects of the CPS system, including which cases may be brought before an MDT during the assessment process. A bi-partisan sponsored bill (House File 590) became law, with an effective date of January 1, 2014.

As a result of this development, work resumed on the Informal Bid Opportunity for MDT consultation with a release set for the fall of 2013 to five potential contractors. Below was the published timeline for this solicitation:

MDT Research & Consultation Project Timeline

- 9/19/2013** IDHS Submits Informal Competitive Solicitation to TSB web page
- 10/03/2013** IDHS Submits Informal Competitive Solicitation to a minimum of three (3) potential Bidders
- 10/18/2013** Bidder Written Questions due by 1:00pm Central Time
- 10/23/2013** IDHS Responses to Questions issued by 4:30pm Central Time
- 11/04/2013** **Proposals due by 1:00pm, Central Time**
- 11/22/2013** IDHS announces selection of successful Bidder
- 12/16/2013** Deadline for executing Contract

The IDHS received 2 bids on this project and, as a result, a contract was executed with Iowa State University’s Child Welfare Research and Training Project (<http://childwelfareproject.hs.iastate.edu/>) beginning January 1, 2014. The contract was initially written for a term of 6 months. However, the timeline was recently extended to the end of the FFY, September 30, 2014.

Outcomes:

The following outcomes have been achieved, as it relates to this project, since last year’s report:

- IDHS released an Informal Bid Opportunity for a consultant to assist the IDHS in the general areas of:

- Development and coordination of a stakeholder group to review MDTs in Iowa,
- Research on current best practices in the use of MDTs and on innovative approaches to MDTs in other states, and
- Development of a final written report of findings and recommendations for IDHS, and/or the General Assembly (should recommendations include changes to Iowa statute), regarding the structure of MDTs going forward.
- The resulting contract (ACFS 14-179) was awarded to Iowa State University's Child Welfare Research and Training Project.
- Work completed under this contract to date has included the following:
 - ISU principal investigator, Dr. Jan Melby, met with the Council on January 14, 2014 to gain their feedback on the project.
 - Development of an MDT Workgroup consisting of 18 members representing various disciplines at both the state and local level, including members representing the following agencies and/or disciplines:
 - Advocacy
 - Iowa Chapter of CACs
 - Iowa Dept. of Education
 - Iowa Dept. of Human Services
 - Field Operations/Support
 - Child Abuse Policy
 - Dependent Adult Abuse Policy
 - Domestic Violence Liaison
 - Mental Health & Development Disabilities (MH/DD)
 - Iowa Dept. of Public Health
 - Substance Abuse
 - Judicial/Prosecutors
 - Judicial Department, Juvenile Court Services
 - Iowa Dept. of Justice, Office of the Attorney General
 - Pottawattamie County Attorney's Office
 - Law Enforcement (various jurisdictions)
 - Des Moines Police Department
 - Iowa Dept. of Public Safety, DCI
 - Medical
 - Ottumwa Regional Center, Child Health Specialty Clinics
 - Blank Regional Child Protection Center
 - UIHC, Retired
 - Mercy Child Advocacy Center
 - 4 workgroup meetings were conducted on the following dates:
 - February 7, 2014
 - February 28, 2014
 - March 28, 2014
 - May 16, 2014
 - Workgroup members have been presented with a significant amount of information/research in regards to the following:
 - Child abuse statistics
 - CPS workforce data
 - Iowa code and policy related to MDTs – including historical data

- Information gleaned from interviews with other states regarding their MDT systems, including: Nebraska, Virginia, Minnesota, Missouri, Oregon, Washington DC, and Illinois
- ISU, with the help of workgroup members, have drafted a survey to be conducted throughout the state with various multidisciplinary professionals in regards to their experience with IDHS MDTs or other similar MDTs.
 - There are currently more than 1,000 identified participants for the survey, covering all 99 of Iowa's counties.
 - The survey was launched on June 18, 2014 and preliminary data will be shared with the workgroup at their next scheduled meeting, July 18, 2014
- ISU will then summarize these findings, along with recommendations from the workgroup, to submit a final report to IDHS by September 30, 2014. That report will be shared in next year's annual report.

(B) Improving legal preparation and representation

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.

DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

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). The 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, the IDPH experienced a series of cuts to funding and positions. During the 2012 legislative session a bill was passed (Senate File 2225) establishing a review committee to look at the current mandatory reporter training approval process and to issue a final report to the Governor and General Assembly on or before December 15, 2012. This report, which included representatives from Iowa's Statewide Citizen Review Panel, as well as the IDHS, was included in last year's report, along with the recommendations of that committee. However, a bill was not passed implementing the recommendations of the review committee.

While the IDHS recognizes the concerns that have been raised, regarding the mandatory reporter training process, the statutory duties surrounding this training still fall under the IDPH. Therefore, the IDHS will continue to work with our partners at IDPH to assure mandatory reporters in the State of Iowa are adequately trained, prepared, and confident in their ability to report cases of suspected child abuse and/or neglect. In order to build this relationship, the IDHS invited the coordinator of this Mandatory Reporter Training Program, through IDPH, to the state's Iowa Child Protection Council (CPC). This individual presented to the CPC on the process of curricula approval and listened to concerns of CPC members. The coordinator of this program has recently retired from the state, so the IDHS and CPC will continue to reach out to the new coordinator when hired.

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.

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

There are multiple initiatives through the IDHS which seek to develop and enhance community-based programs and shared leadership strategies to prevent and treat child abuse and neglect at the neighborhood level. While not all of these initiatives are funded directly through the CAPTA basic State grant, they often intersect closely with those that 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 2014-2015. This was the first time contracts for grantees were awarded for a period of 2 years. These contracts will be entering their second year of programming on July 1, 2014. A new RFP will again be issued for SFY 2016. Competitive grants for this cycle were awarded in the following categories:

1. *Community Development*—for the use of council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building.
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 82 of Iowa’s 99 counties have been awarded funds under ICAPP for SFY 2014-2015. In addition, it should be noted that of those 17 counties that did not receive funds (most because they did not apply for eligible projects), all boarder at least one county were services are being provided.

Of all the projects that requested renewal of contracts for SFY 2015 (112), 105 contracts were renewed. Renewal decisions were based on compliance with the following contract deliverables: 1) Projects ability to serve target participants as proposed (i.e. outputs), 2) Projects ability to meet performance measures related to reporting service data, and 3) Projects ability to meet performance measures related to evaluation (i.e. outcome data). Iowa was excited to be one of three states participating in a collaborative effort between University of Kansas and Friends National Resource Center to compare and analyze Protective Factor Survey data. Iowa’s data was presented at this year’s National Conference on Child Abuse & Neglect in New Orleans in May 2014.

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

- a. Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs

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

CAPTA funds are used to support travel expenses for CAPAC members to attend quarterly meetings to review the ICAPP program and its progress towards program goals. The CAPAC also plays a unique role in reviewing the results of the competitive bidding process for community-based projects and in making recommendations to the IDHS in regards to funding for these projects.

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 three. 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 (CPA) increased from 12.5% for fiscal year 2008 to 14.8% in 2010 and was down slightly to 14.6% for fiscal year 2011.

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

Children who receive Early ACCESS services (following CPA)	# of Children receiving services	Percent of children on IFSP's receiving services
SFY 13	*	*
SFY 12	382	12.7%
SFY 11	404	14.6%
SFY10	556	14.8%
SFY09	581	16.1%
SFY08	496	12.5%
SFY07	436	9.9%

*Note: SFY 2013 data on number of children receiving services following a child protective assessment was not available at the time this report was written.

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

Foster Children who receive Early ACCESS services	# of Children receiving services	Percent of children on IFSP's receiving services
SFY 13	456	27.9%
SFY 12	459	25.5%
SFY11	788	32.4%
SFY10	713	29.2%
SFY09	666	31.0%
SFY08	592	23.1%

During SFY 12 both the number/percentage of children eligible, and receiving services, has declined. The decrease in the number of children could be reflective of a slight decrease in child abuse, although the percentages suggest the decline is real. There may be many factors contributing to this decline. For example, in 09-10, during the IDHS reorganization, an early retirement option was offered to eligible staff, resulting in a significant portion of more seasoned workers leaving. Bringing on new staff and getting them trained, not only in child welfare, but in knowledge of the various other services/programs families are eligible for, has been an ongoing process.

To address this issue a series of trainings were held around the state in early 2013. The IDHS and Iowa Department of Education (IDOE) delivered a joint training (entitled "The Power of Teaming") to approximately 212 IDHS and Early ACCESS staff across the state. Since these were conducted late this winter and spring any impact from this

training would not be reflected in SFY 2012 numbers. However, as the SFY 2013 numbers indicate, these percentages are again increasing. The IDHS is continuing to assess how to deliver this curriculum to even greater numbers of workers and the evaluations showed that there were improvements in knowledge, and on the participants' likelihood to collaborate in the future.

Iowa will continue to look to expand the Early Access (EA) Program. The IDHS and the IDOE continue to work through the Early ACCESS state team and with Early ACCESS regions to build upon existing collaborations between local IDHS offices and EA offices. Iowa is also hoping to closely incorporate EA into the rollout of Differential Response, providing workers and contracting service providers with the information needed to make meaningful referrals and to encourage families to participate in eligible services.

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 later awarded a competitive expansion grant as well. Both the CPPC and ICAPP program managers for IDHS have been involved in the MIECHV Advisory Group throughout this process.

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

During the past year, the IDHS also continued its work with partners involved in MIECHV and the state's Early Childhood Iowa (ECI) program to better align contract expectations and data collection across programs. For example, the IDHS's primary child abuse prevention program (ICAPP) had a question on the Protective Factor's Survey (created by the National Resource Center for Community-Based Child Abuse Prevention) that differed slightly from the PFS survey used by ECI programs. The tools were aligned to assure local programs with blended funding would easily be able to report the data to funders. In addition, conversations have occurred over the past year about the ability to export PFS data from our ICAPP web-based system (www.iowafamilysurvey.org) so local programs are not having to enter data into two systems (i.e. if they receive funding from ICAPP and ECI).

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 recognized the need to more adequately address the co-occurrence of child maltreatment and domestic violence. IDHS also recognized 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. In the first year, this individual 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 also worked with a contractor to develop an advanced domestic violence training course entitled SP 548: Advanced Domestic Violence with Safety Planning and rolled this out during 2012-2013.

The role of the Domestic Violence Liaison has expanded last year to include input on several committees including the Iowa Domestic & Sexual Violence Prevention Advisory Committee and the Iowa Domestic Abuse Death Review Team. The DV Liaison has also been invited to take part in many meetings and webinars to provide a “domestic violence lens” to other child welfare issues, with a large focus on training, community collaboration, and case consultation.

This work has continued during over the course of the past year (2013-2014). Outcomes since last year’s report include the following:

- Facilitated 3 DHS CEU accredited trainings involving 49 participants (DHS workers, supervisors, and providers). Before the end of the 2014 fiscal year, DV Liaison will also facilitate 8 more trainings across the state with the potential of reaching up to 320 more trainees.
- Was a part of the Differential Response Training Team providing training to all supervisors and child abuse assessment workers (SW 3's) in the state of Iowa including Centralized Service Intake Unit staff.
- Facilitated 29 Community-based trainings and workshops involving over 500 participants from all areas of the child welfare field as well as over 300 students in 4 guest lecturing opportunities at the University of Northern Iowa and Iowa State University.
- Researched and composed 21 (approximately three a month) blog articles that were posted to the Child Welfare Research and Training Project Website through Iowa State University.
- Provided case consultation on 21 cases (over 8 months) involving over 40 DHS workers, supervisors, and other child welfare providers, and 20 families.
- Created the Domestic Violence Advisory Committee with over 25 partners from across the state involving DHS, FSRP, Domestic Violence advocates and program directors, attorney general's office, CPPC, Parent Partners, youth, and other stakeholders from across the state. They began monthly meetings in February with a 9 month goal of creating a plan for DHS to better engage and help families experiencing domestic violence. DV liaison heads up, plans, and facilitates those meetings, and will be responsible for that follow-through.

In general, the DV Liaison continues to sit on many boards and committees including Polk County Domestic Violence Model Court Team, DHS's Service Training Committee, the Differential Response Training Committee, Iowa's Domestic Abuse Death Review Team, IDPH's Domestic and Sexual Violence Prevention Committee, the CPPC Executive Committee, and the Multidisciplinary Team Workgroup for DHS. She also continues to attend other trainings and meetings to offer a domestic violence lens to a variety of child welfare issues and topics. She has also worked hard to visit 5 of the state's Domestic Violence programs this year as a means to make connections to local DHS offices as well as gain knowledge about the Differential Response system implementation to share with DHS and other partners.

CAPTA Fatality and Near Fatality Public Disclosure Policy SECTION 106(b)(2)(B)(x)

The IDHS CAPTA Program Manager and State Liaison Officer have reviewed the policy guidance released by the Children's Bureau (CB) in September 2012. The IDHS is confident that the current State policy adequately addresses the minimum information to be released in these cases. For example, Iowa's current policy is that when a request is made for this information the IDHS first consults with the assigned prosecutor (in the case of joint criminal cases or potential charges) to assure the release will not jeopardize the criminal proceedings. Once this approval is established the IDHS makes available, typically via a request from the media, the child protective assessment report. This report would adequately detail all of the information identified in the CB policy, including:

- The cause and circumstances regarding the child fatality or near fatality.
- The age and gender of the child.
- Information describing any previous reports of child abuse or neglect that are pertinent to the abuse or neglect that led to the child fatality or near fatality.
- Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality.
- The result of any such investigations.
- The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

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

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

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

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

Of the 257 staff identified as having a role in the intake, screening and assessment of child abuse and neglect there were 209 responses to the survey. Therefore current educational data is available on the following number of individuals and is summarized in the tables below:

- 123 Social Worker IIIs and IVs (%)
- 78 Social Work Supervisors (%)
- 8 Social Work Administrators (%)

Highest Degree Obtained	
1	No Formal Degree (0.5%)
162	BA/BS (77.5%)
46	Master's Degree (22%)
209	TOTAL

BA/BS Area of Degree		Master's Area of Degree	
51	BA/BS in Social Work (31.5%)	20	Master's in Social Work (43.5%)
105	BA/BS in a HS Related Field (64.8%)	23	Master's in a HS Related Field (50%)
6	BA/BS in another area (3.7%)	3	Master's in another area (6.5%)
162	TOTAL	46	TOTAL

Social Work Licensure Level (if applicable)	
19	LBSW (Licensed Bachelor Social Worker)
14	LMSW (Licensed Master Social Worker)
4	LISW (Licensed Independent Social Worker)
48	TOTAL

Training Requirements

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

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

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

Demographic Data on CPS Personnel

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

Table 1. TOTAL BREAKDOWN BY JOB TITLE

1. Personnel	
180	Social Worker 3s and 4s (Screening, Intake, Assessment)
68	Social Work Supervisors
9	Social Work Administrators
257	TOTAL

Table 2. GENDER DISTRIBUTION

2.1 Hourly (Social Worker 3s/4s)		2.2 Management (Supervisors/Administrators)	
36	Male (20%)	22	Male (29%)
144	Female (80%)	55	Female (71%)
180	TOTAL	77	TOTAL

Table 3. RACE/ETHNICITY DISTRIBUTION

3.1 Hourly (Social Worker 3s/4s)		3.2 Management (Supervisors/Administrators)	
4	African American (2%)	1	African American (1%)
0	American Indian/Alaska Native	1	American Indian/Alaska Native (1%)
3	Asian/Pacific Islander (2%)	0	Asian/Pacific Islander
3	Hispanic/Latino (2%)	0	Hispanic/Latino
6	Not disclosed (3%)	1	Not disclosed (1%)
164	White (91%)	74	White (96%)
180	TOTAL	77	TOTAL

Table 4. DISABILITY STATUS

4.1 Hourly (Social Worker 3s/4s)		4.2 Management (Supervisors/Administrators)	
3	Yes (2%)	1	Yes (1%)
164	No (91%)	73	No (95%)
13	Did Not Disclose (7%)	3	Did not Disclose (4%)
180	TOTAL	77	TOTAL

Table 5. AGE RANGE

5.1 Hourly (Social Worker 3s/4s)		5.2 Management (Supervisors/Administrators)	
7	20-29 years (4%)	0	20-29 years
63	30-39 years (35%)	21	30-39 years (27%)
56	40-49 years (31%)	27	40-49 years (35%)
44	50-59 years (24%)	26	50-59 years (34%)
10	60+ years (5%)	3	60+ years (4%)
180	TOTAL	77	TOTAL

Caseload Data

IDHS child protective workers (those performing assessments) were assigned an average of 14 new cases a month in 2013, 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 2013 (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) of CAPTA).

STATE RESPONSE:

Juvenile Justice Transfers in Iowa for FFY 2013 totaled 47. 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).

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

The Child Protection Council, Statewide Citizen Review Panel (CPC) meets on a bi-monthly basis in Des Moines, Iowa. The members also attend conferences and trainings throughout the year related to the work of the panel. The CPC seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. 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 2014

CPC meetings were scheduled and/or held during SFY 2014 (July 1, 2013-June 30, 2014) on the following dates, from 10am-2pm in Des Moines, Iowa:

Date	Presenters, Activities, and /or Topics Covered
07/09/2013	Meeting Cancelled—only required to meet 4 times/year
09/10/2013	Face-to-face meeting: <ul style="list-style-type: none"> • Presentation & Q/A by Diana Nicholls Blomme, RN Iowa Department of Public Health (IDPH) <ul style="list-style-type: none"> ○ Mandatory Reporter Training Approval Process • Presentation and Q/A by Julie Allison, Bureau Chief and Roxanne Riesberg, Program Manager Iowa Department of Human Services (IDHS) <ul style="list-style-type: none"> ○ Differential Response Implementation • Presentation and Q/A by Pat Anderson, Social Work Administrator IDHS, Western Service Area <ul style="list-style-type: none"> ○ Recap of National Citizen Review Panel (CRP) Conference
11/12/2013	Meeting Cancelled—only required to meet 4 times/year
12/03/2013	Meeting w/ Coordinator and Chairperson <ul style="list-style-type: none"> • Revision of CPC Bylaws
01/14/2014	Face-to-face meeting: <ul style="list-style-type: none"> • Presentation & Q/A on MDT Research & Consultation Contract: Janet N. Melby, PhD, Iowa State University <ul style="list-style-type: none"> ○ Child Welfare Research and Training Project • Approval of By-laws • Juvenile Home Discussion • Community-based response to ACES/Prevention Efforts • CJA Project Updates
03/11/2013	Face-to-face meeting:: <ul style="list-style-type: none"> • CJA/CAPTA Program Instruction <ul style="list-style-type: none"> ○ Annual CJA Application <ul style="list-style-type: none"> ▪ New/continued projects to be funded

	<ul style="list-style-type: none"> ○ Annual Citizen Review Panel Report <ul style="list-style-type: none"> ▪ Recommendations • Drug Testing Discussion <ul style="list-style-type: none"> ○ Protocols created & statewide contract • Differential Response Implementation Update • CJA Project Updates
05/13/2014	<p>Face-to-face meeting:</p> <ul style="list-style-type: none"> • New Member Update: <ul style="list-style-type: none"> ○ Introduction of James Hennessey, Administrator—Iowa Child Advocacy Board • Presenter: Jason Geyer, Social Work Administrator <ul style="list-style-type: none"> ○ Update on Centralized Service Intake Unit (CSIU) ○ Changes at CSIU with Differential Response implementation ○ Q & A from members • Recap of CJA Grantees Meeting • CJA Report/Application • Citizen Review Panel Recommendations

Annual Recommendations of the Child Protection Council

Recommendations of the Council are as follows:

1. The Council recognizes the challenges with operating CSIU 24/7 (i.e. IUP contract, having intake workers and field workers on call, etc.). Therefore, the Council is recommending that the IDHS consider, at minimum, expanding the hours calls are answered by CSIU from the current 8-4:30 to 7-7:30am until 5:00-5:30pm. It seems these are still significant high call volume times and times when clinics, schools, etc. are often open for business. This would lead to greater consistency in intakes and perhaps improve response time for those calls being routed to afterhours during these peak hours. The Council encourages the IDHS to continue to look at long term possibilities for a 24/7 call center, but feels this modification would be a positive step in that direction.
2. The Council recommends the IDHS continue to closely monitor the implementation of Differential Response and include external stakeholders in their review process. In particular the council is interested in the following :
 - Whether path assignments (family assessment or child abuse assessment) are being made consistently and correctly.
 - What factors are impacting re-abuse or re-entry into the system and are there factors that are specific to the path the assessment was assigned. In other words, are there any trends within family assessments that appear to predict reentry and, if so, should the criteria for pathways be modified.

- What gaps in community based services exist and are families getting the services needed without formal child welfare involvement.
3. The Council feels strongly that with the increasing body of evidence available to indicate significant negative social and health consequences for children experiencing abuse and neglect (i.e. ACEs Study), that the IDHS begin to expand their child welfare model of practice to include more primary, secondary, and tertiary child maltreatment prevention. The Council recognizes the need for the IDHS to continue to respond and treat children and families after abuse occurs, but encourages a renewed focus on prevention within the array of child and family services provided. In particular, the Council recommends the IDHS expand partnerships with other early childhood initiatives (i.e. MIECHV, HFI/HOPES, ECI, FADSS, etc.) and support early intervention with families at risk for maltreatment. The Council specifically supports the use of home visitation as a means to prevent child maltreatment.

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 and the IDHS felt the outcomes of this assessment were significant in terms of quality assurance and external stakeholder review, as it related to the implementation of a centralized intake center. Therefore, the Council would like to propose that they be involved in a similar evaluation as it relates to the path reported allegations may take, i.e. a "Family Assessment Response" (Iowa's DR approach) or a more traditional "Child Abuse Assessment".

The Council was also successful in conducting a comprehensive review of Iowa Code, Iowa Administrative Code (IAC), and IDHS policy as it relates to Multidisciplinary Teams (MDTs), used by IDHS to consult with community professionals during the course of a child abuse assessment. Members are now more knowledgeable about the purpose of MDTs and the requirements under Iowa law. The Council even assisted the IDHS, during this past year, by providing input for consideration in the State's preparation of an

informal bid solicitation for an external consultant who will continue to explore the current structure of MDTs in Iowa and provide practice/policy recommendations going forward. This will be particularly relevant as Iowa's child protection system undergoes new opportunities and challenges in implementation of DR.

The Council has also made significant steps in the development and implementation of numerous trainings and learning opportunities throughout the state. Several members of the Council worked closely with IDHS staff and community partners to continue offering learning opportunities in the state in 2013-2014:

“Criminal, Negligence, or Accident: Coming to the Correct Conclusion in Child Death and Severe Trauma Cases”

This one-day multidisciplinary conference was developed as a direct result of recommendations made by the Council in 2011 that the State work to enhance the knowledge/skills of those first responders, and other multidisciplinary professionals who may be asked to assist, in cases of child fatalities, near fatalities, or severe trauma. The IDHS used funds from Iowa's Children's Justice Act Grant, per the Council's recommendation, to fund this new course.

The curricula/learning objectives were initially developed through a partnership between various state agencies, including:

- Iowa Department of Human Services
- Iowa Office of the Attorney General
- Iowa Department of Public Safety
 - Iowa Division of Criminal Investigation
 - Major Crimes Unit and Criminalistics Lab
- Iowa Department of Public Health
 - Office of the State Medical Examiner

As the training was rolled out in multiple locations in the state, the core planning committee has reached out to various local professionals to be involved in the planning and presentation of offerings in their respective communities, these local professionals have included:

- EMS/Paramedics
- Law Enforcement (County/Municipal)
- Medical Providers (i.e. particularly those associated with the State's many Child Advocacy/Protection Centers or Programs)
- Prosecutors (County Attorneys)

Several Council members played key roles in helping to coordinate and present at the three offerings to date:

- September 2012 – Des Moines, IA (Central)
- April 2013 – Sioux City, IA (Western)
- October 2013 – Cedar Rapids, IA (Eastern)

Rural Medical Provider Training/Outreach Project

In 2011 the Council recognized a need to enhance the knowledge and expertise of general medical practitioners in identifying signs of child maltreatment and in

feeling confident in reporting their findings to IDHS for assessment. In particular, the Council felt that by training more rural providers it would give CPS workers another option in having an alleged victim seen by a physician without having to drive that child to the nearest Child Advocacy/Protection Center (CAC/CPC) or Child Protection Program (CPP).

To address this concern, Council members proposed the following in 2011:

- Council members (including those with a medical background), along with support of community practitioners, will provide training opportunities to family physicians, pediatricians, nurse practitioners, nurses, and other medical staff on identifying/assessing child abuse and neglect.
- The training will create networking opportunities between these professionals and the staff and medical providers at Iowa's Child Advocacy/Protection Centers and Programs.
- The Council will establish a network of physicians, nurses, and other medical professionals who feel confident in conducting a basic evaluation of abuse/neglect and who are willing and able to collaborate with child abuse experts when tertiary treatment services are needed.
 - The target population will be primary/family medical providers in rural or remote communities (i.e. without a nearby CAC/CPC/ CPP).

Progress made in 2012-2013 on this project, included the following achievements:

- Development of a standard curricula to be used by all Council members and partnering practitioners who may present the material, along with approval of CME/CEU credits for the curricula developed;
- The offering of two different opportunities to attend the free training, including one in Ottumwa (rural SE Iowa) and one in Spencer (rural NW Iowa); and
- Training provided to a total of 27 community practitioners, including: Physicians (Pediatricians and General Practitioners), Physician Assistants, Registered Nurses, Advanced Registered Nurse Practitioners, Medical Students, and Mental Health Clinicians.

In 2014, the training was offered a third time in Creston (rural south central Iowa).

Finally, the Council continued to play a significant role in several legislative task force groups over the past year. These workgroups addressed critical topics such as: Sexual Abuse Prevention, Mandatory Reporter Training and Child Welfare System Reform. 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.

Future Direction and Focus of the Child Protection Council

The Council intends to stay actively involved in the child welfare system reform efforts currently underway, including the implementation of Iowa's Differential Response system. Several of the Council members served on the initial exploratory workgroup

and were involved again in the task-oriented workgroups that were formed to assist in various areas of the implementation process (i.e. performance measures, marketing and communication, training, etc.).

The Council will also continue to be involved in those training efforts mentioned above, to enhance the knowledge, skills, and confidence of multidisciplinary professionals involved in the safety, well-being, and permanency of Iowa's children. Council members will also reach out to agencies/staff involved in mandatory report training and curricula approval to provide input and ideas on ways to improve this system.

Finally, the Council will continue to be a part of the overall evaluation of MDTs in the State. The Council recognizes that having an MDT in each of Iowa's 99 counties may not be the most effective way to establish MDTs. Therefore, members will continue to work with the State in reviewing the law, policy, and procedures to determine if reform is needed.

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

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

Summary of Panel Activities in SFY 2013

Coalition meetings were scheduled and/or held during SFY 2013 (July 1, 2013-June 30, 2014) on the following dates, from noon to 1:00 p.m. in Mason City, Iowa.

Date	Presenters, Activities, and /or Topics Covered
07/11/13	<ul style="list-style-type: none"> • Organizations are sharing the Sexual Assault Response protocol with their department/organization leadership for feedback and/or approval. • Started planning for Domestic Violence Awareness Month • Public Policy/Legislative Updates
08/08/13	<ul style="list-style-type: none"> • All departments have approved the Sexual Assault Protocol. • Domestic Violence Awareness Month planning <ul style="list-style-type: none"> ○ Remember My Name ○ Awareness Tree ○ Lunch & Learn Sessions ○ Media Awareness ○ Letters to the Editor • Pat Anderson (Sioux City) shared information from the National Child Welfare Conference. Lisa Bender (DHS) discussed various types of case reviews, the difference between citizens review panels and multidisciplinary teams. • DHS will be launching a new consumer friendly website. • Differential Response will go into effect on January 1, 2014. • Case Review (2 cases)
09/12/13	<ul style="list-style-type: none"> • The Cerro Gordo County Sheriff's Office and Clear Lake Police Department complete their paper training on the Sexual Assault Protocol. • Becky will continue to coordinate cases for case review that fall within the parameters set by DHS. • Domestic Violence Awareness Month planning <ul style="list-style-type: none"> ○ Remember My Name ○ Awareness Tree ○ Lunch & Learn Sessions

	<ul style="list-style-type: none"> ○ Media Awareness ○ Letters to the Editor ○ Family Violence Apprehension Detail
11/14/13	<ul style="list-style-type: none"> ● SART Scenario training at the Cerro Gordo County Sheriff's Office, Clear Lake Police Department, Mason City Police Department ● Review of Domestic Violence Awareness Month activities ● Godfather's Fundraiser ● Case Review (2 cases)
12/12/13	<ul style="list-style-type: none"> ● Godfather's Fundraiser
01/09/14	<ul style="list-style-type: none"> ● Godfather's Fundraiser ● Election of officers ● The SART workgroup has started to conduct case reviews ● Discussion of Awareness Months <ul style="list-style-type: none"> ○ January-Stalking ○ February-Teen Dating Violence ○ April-Child Abuse ○ April-Sexual Assault
02/13/14	<ul style="list-style-type: none"> ● Appointment of Committee Chairs ● Sexual Assault Awareness Month planning ● The development of a local Child Protection Center was discussed. We will gather data on the number of cases that were either sent to a CPC or could have benefitted from a local CPC. ● Case Review (2 cases)
03/13/14	<ul style="list-style-type: none"> ● Sexual Assault Awareness Month planning <ul style="list-style-type: none"> ○ Letters to the Editor ○ Clothesline Project ○ Take Back the Night ● Child Abuse Awareness Month planning-the North Iowa Child Abuse Prevention Council will be purchasing radio ads to air throughout April ● National Crime Victim Rights Week planning ● Update on conversations with Nancy Wells about a local Child Protection Center.
05/08/14	<ul style="list-style-type: none"> ● Review of Sexual Assault Awareness Month activities ● The Child Abuse Council purchase 467 ads during Child Abuse Awareness Month ● Crisis Intervention Service distributed flyers and thank you letters for National Crime Victims' Rights Week. ● Case Review
06/13/14	<ul style="list-style-type: none"> ● Agency sharing and updates

Annual Recommendations of the Cerro Gordo County Citizens Review Panel

Recommendations of the Coalition are as follows:

- Enhance training on best practices related to the intersection of domestic violence, sexual assault and child abuse.

- Continue with quarterly case reviews.
- Increase individual case consultations.

Progress and Implementation of Prior Recommendations

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

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

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

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

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

Future Direction and Focus of the Coalition

The Coalition plans to continue to work to raise local awareness of the intersection of domestic violence, sexual assault and child abuse. The Coalition will continue with quarterly case reviews and consultations (as needed), in an effort to enhance victim safety and hold offenders accountable.

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

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

Summary of Panel Activities in SFY 2014

CINCF meetings were scheduled and/or held during SFY 2013 (July 1, 2013 through June 30, 2014) on the following dates, from 1:30pm to 4pm in Sioux City, Iowa:

Date	Presenters, Activates, and/or Topics Covered
7-13-13	No meeting held.
8-21-13	<ul style="list-style-type: none"> • Memorial March To Honor Lost Children planning. To add a Cultural Awareness workshop. • Native Parenting program to graduate four in September • Three Native American students enrolled in Briar Cliff University (BCU) this year. • Four Directions (4D) working with Siouxland Human Investment Partnership (SHIP) to discuss funding issues and future of Center
9-4-13	No meeting held
10-3-13	<ul style="list-style-type: none"> • March scheduled for Nov 27th followed by workshops at BCU. • Jackson Recovery offering free substance abuse assessment for Native Americans includes transportation. • 4D received \$1500 HUD grant for housing testers.
11-7-13	<ul style="list-style-type: none"> • Two participants enrolled in the Native Parenting program. To add advocacy to classes. • Transportation to the Winnebago Hospital ended due to budget cuts. To continue to work on issue • Flu shot clinic and Affordable Care Act briefing offered at Mercy Medical Center. • Iowa Governor's office proclaimed November as Native American month.
12-04-13	<ul style="list-style-type: none"> • Governor signed a Proclamation for the memorial March To Honor Lost Children • 4D received a commendation from the City of Sioux City • Iowa Kids Net continues efforts to recruit Native Americans

	foster parents.
1-8-14	No meeting held
2-5-14	<ul style="list-style-type: none"> • Jackson Recovery has 20 Native American students enrolled in their Reconnect Youth Program at Winnebago School. • Iowa Kids Net has one family that has completed the necessary requirements for foster care and will soon be certified. • Family Assessment path reviewed by Tom Bouska for the CINCF team • SHIP, Boys Town and the Winnebago Tribe have written for a SAMHSA grant to improve the mental health and wellness of children, youth, and families in the American Indian/Alaskan Indian communities. To hear in August 2014.
3-12-14	<ul style="list-style-type: none"> • Lisa Bender, IA DHS, updated the CINCF team about Citizen Review Panel. Family Assessment was also reviewed. • The documentary, Sober Indian/Dangerous Indian, premiered in San Francisco. Frank Lemere is featured in the short film. • BCU was not selected this year to continue as one of the Child Welfare University sites. Plans are to continue education with current Native American students though graduation. • A representative from the Sioux City Housing Authority outlined the programs offered in Siouxland. Strict guidelines are enforced. • Round Dance was held March 28th at BCU drawing 400 participants. • Multi-cultural Fair to be held March 30th
4-9-14	<ul style="list-style-type: none"> • Seven CINCF members attended the National NICWA 2014 conference in Fort Lauderdale in April. Two members of CINCF from BCU conducted a presentation at the conference. The Annual Memorial March to Honor Lost Children is well known throughout the country.
5-14-14	<ul style="list-style-type: none"> • Three parents graduated from the Native Parenting program which now includes advocacy. Four more parents to complete the program by the end of June. • Committee for the November March continues to meet working on the showing of Sober Indian/Dangerous Indian, the march, dinner and workshops at BCU. • CINCF member, Roland Warner, presented "Fatherhood is Sacred" at a conference. • Representatives from Kids Net, DHS, and 4D taped a PSA spot about the need for Native American foster homes. • Three Native American students graduated from BCU with a Bachelor in Social Work.

6-11-14	<ul style="list-style-type: none"> • Human Trafficking workshop was held drawing 250 participants. • "Motherhood is Sacred" will be held in July.
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Annual Recommendations of the Woodbury County Citizen Review Panel

Recommendations of the Panel are as follows:

1. Increase Native American foster families by:
 - Continuing collaboration with Lutheran Social Services and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents.
 - Working with BCU promoting Native American Foster Care classes.
2. Increase enrollment in Native Parenting classes by:
 - Promoting the classes in the Native community
 - Encouraging completion of the course
 - Working with BCU and Native American students to provide parent curriculums and training
3. Promoting Four Directions to be the Center for much needed services for the Native American Community by:
 - Continuing to be a forerunner in the Native community.
 - Working with Jackson Recovery to create a Native American Center featuring a meeting room, seat lodge and outdoor space.
4. Improve the mental health and wellness of children, youth, and families in the American Indian/Alaskan Indian communities
 - Await the outcome of the RFP

Progress and Implementations of Prior Recommendations

In FY 13 a goal of the Panel was to decrease the number of Native American Children in Care in Woodbury County. January data from FY14 was taken from the Iowa Department of Human Services ROM Reports using Unit: In Time Period. See table:

Woodbury County Children in Care

Month	Total Children in Care	Total DHS Cases	Total JCS Cases	American Indian or Alaska Native	American Indian/Alaska Native DHS	American Indian/Alaska Native JCS
Jan - 14	411	374	37	56	48	10

Type of Placement for American Indian/Alaska Native Children (DHS Cases)

Month	Relative Foster Home DHS only	Trial Home Visit DHS only	Non-Relative Foster Home DHS only	Runaway DHS only	Group Care DHS only	Institution DHS only
Jan - 14	22	12	8	1	5	0

In January 2014, DHS was responsible for 48 American Indian/Alaska Native Children placement cases in Woodbury County. Of those 48 children, 12 were on Trial Home

Visit and residing in their home. This result in 36 children placed outside of the home. Of those 36 children, 22 were placed with a relative. This result in 14 children placed outside the home with a non-relative, in group care or an institution.

The Panel also continued to promote the knowledge of the Iowa ICWA laws through ongoing training locally, regionally, and nationally. Case studies were also reviewed at CINCF meeting and members were updated through electronic communication.

Working with BCU and Native American BCU students, curriculum for foster care parents and parenting classes has been reviewed and updated.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The future direction and focus of the Woodbury County Citizen Review Panel will consist of recruitment for Native American Foster Homes and to continue to lower the disproportionate number of Native Children in out of home care. There is currently one Native Foster Home in Western Iowa. To lower the disproportionate number of Native American children in Foster Care efforts will continue with the CINCF group, working with BCU to assist Native American graduates with BSW's, and other local initiatives. Another focus of the Citizen Review Panel will be improvement in the mental health and wellness of children, youth, and families in the Native American/Alaskan Indian communities. An RFP for a SAMHSA grant has been submitted by SHIP, Boys Town and the Winnebago Tribe. The Panel will hear in August 2014 of the outcome of the grant application.

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 three recommendations and the State's response follows:

(A) Recommendation: Council is recommending that the IDHS consider, at minimum, expanding the hours calls are answered by CSIU from the current 8-4:30 to 7-7:30am until 5:00-5:30pm.

(A) State Response: The State would like to conduct a more thorough analysis of call data to determine the volume of calls during these time frames before deciding whether to accept the Council's recommendation. The State has already expanded the time CSIU is staff. However, those staff working after 4:30 at typically finishing up calls that come in shortly before the afterhours rollover. Expanding the timeframes would still result in the need for additional staff for 30-60 minutes beyond the time calls are rerouted.

(B) Recommendation: The Council recommends the IDHS continue to closely monitor the implementation of Differential Response and include external stakeholders in their review process.

(B) State Response: The State has had, and will maintain, a continuous review process related to the implementation for Differential Response. Quality assurance activities have included all of the following:

- Case reading
- Structured state local community meetings
- External/Internal communication feedback structure
- Local implementation teams

The State hopes to engage the Council in a review in the coming year. However, the State would like to have 6-12 months of Differential Response data before doing this. The State will provide quality assurance staff to the Council beginning in the fall of 2014 to begin this process.

(C) Recommendation: The Council recommends the IDHS expand partnerships with other early childhood initiatives (i.e. MIECHV, HFI/HOPES, ECI, FADSS, etc.) and support early intervention with families at risk for maltreatment. The Council specifically supports the use of home visitation as a means to prevent child maltreatment.

(C) State Response: The State agrees with the Council on the effectiveness of certain child maltreatment prevention efforts. The recent years the State has made significant efforts to improve efficacy within the two major child abuse prevention programs housed within IDHS—the Iowa Child Abuse Prevention Program (ICAPP) and the federally funded Community-Based Child Abuse Prevention (CBCAP) program. Since SFY 2012 these programs began implementing a number of best practice standards, including:

- A competitive procurement process for grantees with emphasis on evidence-based programming
- A comprehensive literature review of evidence-based, evidence-informed, and promising practices in child maltreatment provided to grantees as a resource
- Use of a web-based data collection tool to measure protective factors

In addition, as noted throughout this report, the IDHS has and will continue to partner with other state programs focused on home-visitation, family support, maternal-infant health, and early childhood education/development.

2. The **Cerro Gordo County Family Violence Response Team** made three 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.

Recommendations:

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

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, as noted in that section. The IDHS will also utilize this liaison to providing ongoing support and TA to this Citizen Review Panel.

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

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.

Recommendations:

1. Increase Native American foster families by:
 - Continuing collaboration with Lutheran Social Services and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents.
 - Working with BCU promoting Native American Foster Care classes.
2. Increase enrollment in Native Parenting classes by:
 - Promoting the classes in the Native community
 - Encouraging completion of the course
 - Working with BCU and Native American students to provide parent curriculums and training
3. Promoting Four Directions to be the Center for much needed services for the Native American Community by:
 - Continuing to be a forerunner in the Native community.
 - Working with Jackson Recovery to create a Native American Center featuring a meeting room, seat lodge and outdoor space.
4. Improve the mental health and wellness of children, youth, and families in the American Indian/Alaskan Indian communities
 - Await the outcome of the RFP

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 began meeting over the past year 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 processes. 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.

Local Field Office Response: The local IDHS is deeply involved in all of the activities recommended. We're part of a local Native recruitment team and our staff have been involved with Briar Cliff and other Siouxland agencies, including Iowa Kids Net, on the NF4NC (*Native Families for Native Children*) grant. We're also involved, at the local and state levels, on the Native PSMAPP (*Partnering for Safety and Permanence: Model Approaches to Partnership in Parenting*) classes through Briar Cliff and have student interns working on recruitment as part of their change process.

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

The local IDHS was also a partner in the *Siouxland Indian Child Welfare Traineeship Project*, which funds Native Students in the Social Work program and we've hired students and graduates into the Native Unit as social work staff and/or we've funded liaison positions in the same unit. We fund two native staff as liaisons between DHS and the tribes, which has been tremendously effective. The graduates have been successfully placed in local native and non-native child welfare agencies.

Finally, the local IDHS has financially, to the extent funding is available, as well as professionally, supported Four Directions as a center for services to Native adults and children and our Service Area Manager (Tom Bouska) consistently participates in discussions about continuing to identify solid housing and funding for these programs to continue.

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 depredatory, and others with chronic mental illness, mental retardation or a developmental disability.

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

Provides or directs the preparation of necessary records and reports.

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

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

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

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

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

Completes or directs the preparation of necessary records and reports.

COMPETENCIES REQUIRED

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

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

Knowledge of interviewing skills and techniques.

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

Knowledge of environmental and cultural factors inherent in social work.

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

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

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

Ability to use interviewing skills and techniques effectively.

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

Graduation from an accredited college or university 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 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
- 920 case management

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

OR

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

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

NOTE:

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

Effective Date: 07/12 BR

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

SOCIAL WORK SUPERVISOR

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

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

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

COMPETENCIES REQUIRED

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

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

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

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

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

Knowledge of interviewing skills and techniques.

Knowledge of the principles of human behavior.

Knowledge of the basic principles of community organization.

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

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

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

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

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

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

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

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

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

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

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

Follows policy and cooperates with supervisors.

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

OR

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

SELECTIVE CERTIFICATION

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

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

OR

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

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

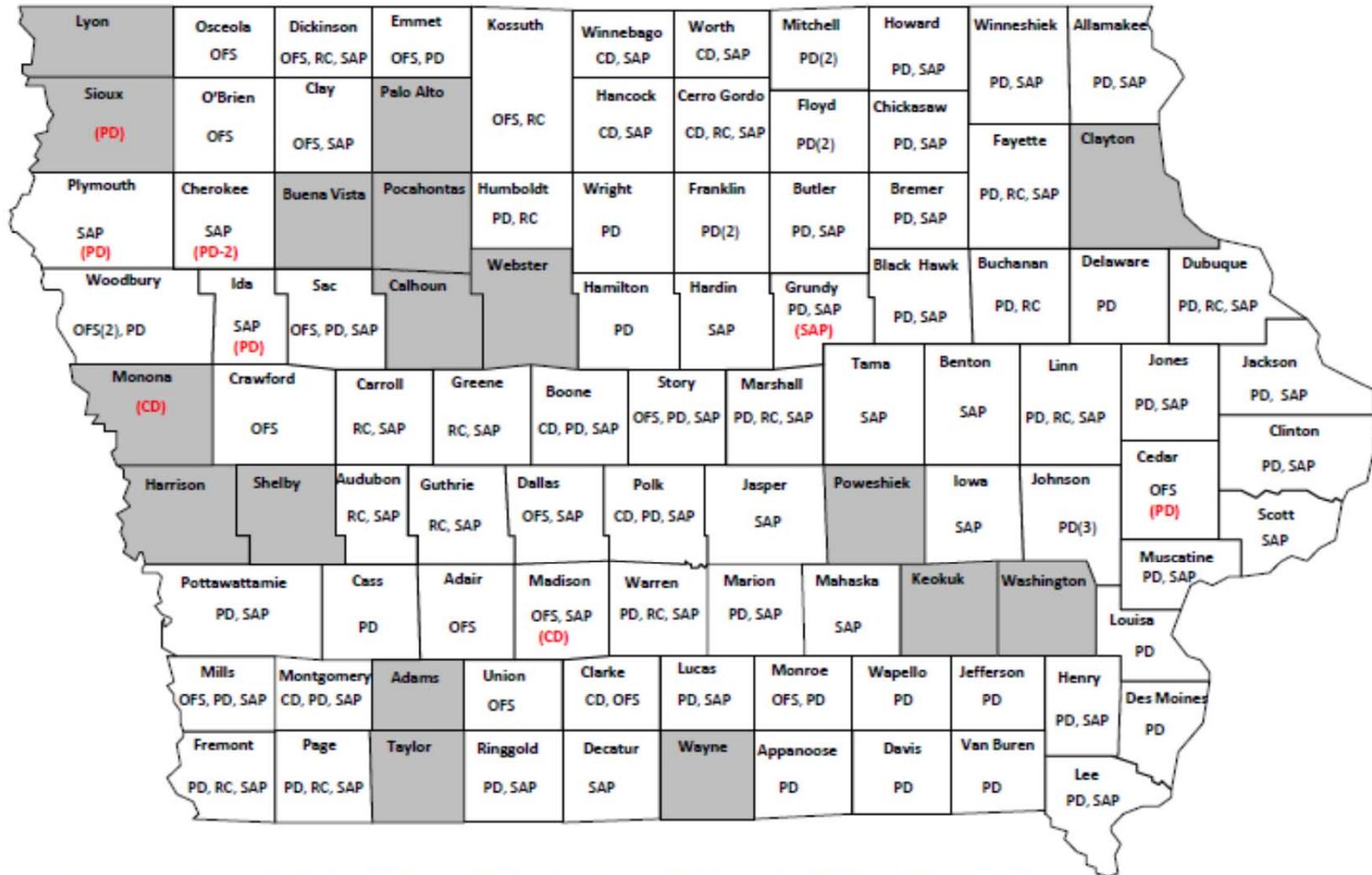
NOTE:

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

Effective Date: 03/12 BR

ATTACHMENT D
ICAPP (Iowa Child Abuse Prevention Program)
Awarded Projects Map for SFY 2014

SFY 2014 ICAPP Project Grant Awards



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

Note: Services in red and (parenthesis) were project proposals NOT funded through the technical review and evaluation processes