CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
IOWA STATE PLAN
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PROGRAM AREAS SELECTED FOR IMPROVEMENT (INCLUDING CHANGES) &
SECTION 106(b)(1)(A) & SECTION 106(b)(1)(C)(ii)
SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES PROVIDED
SECTION 106(b)(2)(D)

In the previous Five Year CAPTA Plan (FY2010-2014) 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 section 106(b)(2)(c) of CAPTA, IDHS identified the six program areas listed below for improvement:

1. Intake, assessment, screening, and investigation of reports of abuse and neglect;
2. Risk and safety assessments, tools, and protocol development, implementation, and improvement;
3. Training development, enhancement, and facilitation including training in three major areas.
    a. Researched based strategies to promote collaboration with families.
    b. Legal duties of individuals.
    c. Personal safety training for case workers
4. Shared leadership strategies between parents and professionals
5. Enhancing interagency collaboration between the child protection system and the juvenile justice system
6. Collaboration among public health agencies, the child protection system, and private community based programs to address health.

In review of the recent CAPTA Reauthorization Act of 2010, and the new requirements placed on states in regards to CAPTA, the State of Iowa would like to take this opportunity to update those areas of focus for which CAPTA basic state grant funds will be utilized. Although there are not significant changes to the program areas from the Five Year Plan, the IDHS would like to make changes to a couple program areas, in particular, to focus additional resources on the state's use of multidisciplinary teams and legal handling of cases and on increased collaboration and coordination with domestic violence service providers. The state's areas to address under the new state plan, including a summary of activities and future plans, include:

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.

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

Summary

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

The IDHS has been working with the Statewide Citizen's Review Panel to review the intake process for reports of suspected child abuse. The study began by reviewing statistical data maintained by the department to look for trends that may suggest areas where changes to the system may be beneficial.

In State Fiscal Year 2010 a tool aligned with CFSR expectations was used to conduct a guided intake review with the Child Protection Council Citizen Review Panel (CPCCRP) and DHS. The focus of the review was to determine if DHS was accepting and rejecting those intakes received from medical professionals in compliance with Iowa Code and IDHS Policy. The study identified trends present across multiple cases, and evaluated what practices and issues are behind those trends to identify both the strengths of the system and the opportunities to improve the system. The review had four teams comprised of two council members and a DHS child protection supervisor. Each team reviewed unique cases, evaluating compliance with intake policy and quality issues using the same standard tool.

The outcome of the review was that in every case, reviewers felt that the correct decision was made in regard to accepting or rejecting a report, according to policy. Additional details on suggestions and recommendations by the CPCCRP, and the state's response, can be found in the attached CPCCRP Annual Report. The CPCCRP will continue to be involved in child protective intake with the new center. A follow-up review will be considered after the center has been up and running to see how the new process is working.

Future Direction

Iowa, as with many states, continues to assess the practice implications around what is commonly referred to as a *differential* or *alternative* response to a CPS investigation. Several years ago Iowa made the change to referencing all accepted child abuse and/or neglect cases as "assessments" versus the commonly used term of "investigations". Not only was this a change in how we defined our practice, but also a change in the *way* we practiced. The assessment model is a more family-centered, strengths-based, and holistic approach to working with families that explores the various family domains that impact family risk, safety, and well-being. This approach recognizes that while, in some cases, it is clear that abuse has occurred at the hands of a perpetrator, in others that distinction is less concrete. It also recognizes that we have different options in how we respond to those cases where a child is not clearly in an unsafe situation, but where a family may benefit from supportive services.

In 2004 the IDHS began its Community Care program through a statewide contract with a private child welfare service provider to offer voluntary services to families who did not meet the safety threshold to warrant IDHS and/or Juvenile Court intervention. The goals of the program include the following:

- Reduce concerns for families that create stress and negatively impact relationship between family members.
- Partner with families to improve relationships within the family and build connections in their community.
- Provide contacts and services that meet the family's needs.
- Meet the cultural needs of families through better matching of service providers.
- Develop support systems for families to increase the resources they have available to reduce stressors the family may be experiencing.

Although this response to assessments is not new for Iowa, we recognize the need to better identify, track, and report outcomes on the families who receive and utilize referrals to voluntary services

following a CPA (Child Protection Assessment) or CINA assessment. We also recognize the need to explore other options around differential or alternative response, such as dual tracks. The IDHS plans to initiate a study, due to the Iowa legislature December 15, 2011, which outlines the following options for potential reform of the state child protection system (House File 562):

a. Considering changes to registry placement provisions to verify that registry placement applies to the persons who have posed a consequential risk to the health and safety of the child found to have been abused and unwarranted placement is limited or eliminated.
b. Providing a differential response to child abuse allegations based upon the severity of the allegation.
c. Allowing for reconsideration of founded abuse findings or registry placement status based upon the rehabilitation of the alleged perpetrator.
d. Providing a differential approach as to the duration of registry placement based upon the severity of the child abuse finding.

The outcomes of this study could certainly impact the way we continue our practices of intake, screening, assessment, and investigation of cases of child abuse and/or neglect.

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

Summary

The use of MDTs (multidisciplinary teams) was not a focus area of Iowa's CAPTA basic state grant in previous years. While the use of MDTs in Iowa has been in place for decades, changes in the structure of services and the technology available require us to rethink how we can best use the resources available to us. In 2010 IDHS went through a significant reorganization as a result of decreases in state funding. Some of the key changes and outcomes include:

- Going from 8 Regional Service Areas to 5 Regional Service Areas and 1 Centralized Service Area;
- A reduction in IDHS Divisions from 9 to 6;
- A 10% across the board reduction in state funding;
- 638 IDHS staff retirements by the end of SFY 2010; and
- A reduction in the number of full-time operating county offices from 76 (out of 99 counties) to 57.

As a result of these changes in the local structure and staffing of IDHS field offices, there has been a clear decline in the regular activity of many of the local IDHS Multi-disciplinary Teams (MDTs) charged with providing case consultation in the assessment, diagnosis, and treatment of child abuse cases. The IDHS sees the need to revitalize these teams, while also recognizing that there may be more effective and efficient ways to bring teams of professionals together, for example, web/phone conferencing, regional teams, mobile teams, etc.

Future Direction

The IDHS, with the support of the Child Protection Council Citizen Review Panel (CPCCRP) intends to reach out to existing and former MDT members during the next year to survey the strengths and needs of these teams. The CPCCRP also intends to review the current Iowa Administrative Code (IAC) to determine if a policy change is recommended, regarding the way the IDHS determines the need for a

local/regional MDT, to allow for greater flexibility and creativity in how the IDHS collaborates with other disciplines, agencies, and states, in the handling of those more complex cases of child abuse or neglect. The CPCCRP, upon their review of the current policy and practice issues related to MDTs, would explore options and make recommendations on how to most effectively and efficiently assist the IDHS in their efforts to improve case consultation and inter/intra agency and state protocols.

(B) Improving legal preparation and representation

Summary

The IDHS recognizes the delicate balance involved in advocating for justice for child victims of abuse and/or neglect while also recognizing the importance of ensuring procedural fairness to the accused and recognizing the rights of parents and guardians. While this has not, in the past, been a focus area for the CAPTA basic grant the IDHS would like to recognize this as an area of programming for which CAPTA funds will be used in the future.

Future Direction

Several current IDHS projects tie in closely with the focus area of legal preparation and representation and will rely on CAPTA funding in the upcoming years. The first being a study due to the state legislature by December 15, 2011 regarding the role of the county attorney in representing the IDHS in juvenile proceedings (Senate File 482):

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

The findings and recommendations of this study could have tremendous implications on the judicial handling of cases of child abuse or neglect should it suggest a change in the current policies, procedures, and practices for representation.

Another area of focus the IDHS will utilize 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 depending upon the findings and recommendations of the child protection system study (HF 562), and the potential policy changes involved, the IDHS will need to be prepared for whatever impact this may have on appeals.

Another new initiative in regards to legal representation has to do with the rights of birth parents and/or guardians during a child protection assessment and any subsequent services and/or juvenile court action. The IDHS has been working with several members of the Parent Partners (PP) program in developing a “Parent Bill of Rights” to be included in the IDHS policy manual. PP is a parent mentoring program in Iowa that partners parents new to the child welfare system with former parents who have

been successful at overcoming their challenges and successfully reuniting with their children. The "Parent Bill of Rights" is an important step in the PP program's efforts to implement the program statewide. The PP model, which has been embraced by the IDHS, has demonstrated that providing knowledge and empowerment to families, including information on their legal rights, can be a powerful tool in promoting the safety, permanency, and well-being of Iowa's children.

DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

Summary

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;

IDHS SERVICE TRAINING & SOCIAL WORKER COMPETENCIES

As an outcome of the August 2010 Federal Child and Family Service Review (CFSR), the IDHS is in the final stages of developing a Program Improvement Plan (PIP). Training initiatives will be developed as components of the finalized PIP. It is anticipated that there will be several new courses offered including enhanced training on Family Team Decision Making and Family Interaction.

During FY 11, the Iowa DHS Service Training Committee has been reviewing and updating the social worker competencies. These competencies are used in a survey by social workers in collaboration with their supervisor to identify what are their learning needs. Also, the information gathered from the completed surveys and plans are compiled to identify priority statewide training needs. This information is the foundation for the annual statewide training plan and helps identify new training to meet staff learning needs. The training is developed with these competencies in mind.

In addition, the surveys, the plans, and identification of statewide training needs assists in meeting the Training Systemic Factor requirements of the Child and Family Service Review by providing a feedback loop for communicating staff training needs.

As part of this review, the committee has identified the need for a specific worker safety competency as well as a data use competency.

This survey has three [3] levels of proficiency:

- **Exemplary** – Works autonomously with a high level of skill in that area and could serve in a mentoring role. Professional development is self directed and ongoing.
- **Proficient -** Competent professional. Could benefit from advanced training in the skill area.
- **Emerging -** Training and supervisory mentoring are needed to improve skill area to proficient. Emerging needs are prioritized for developing the Individual Learning Plan.

As part of the competency review, the Service Training Committee has been developing a safety plan and accompanying documentation to provide training to supervisors to provide this consistent training to workers statewide.

Additionally, the new training courses that were developed last year continue to be offered in FY 11 for social workers and supervisors. These courses are:

- The Effects of Selected Mental Disorders on Parental Capacity – Instructs staff regarding case management, supervision, and case plan development for families with mental health disorders.

- Motivational Interviewing – Instruct staff on interviewing techniques and principles in developing case plans and case management.

- Attachment and Child Development – Participants gain a broader understanding of child development and attachment to support case planning.

- Advanced Cultural Competence – Focus on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family.

- Working with Families Affected by Substance Abuse Disorders – Participants gain a broader understanding of the techniques needed for case planning and management with families affected by substance abuse.

CSIU INTAKE TRAINING CURRICULUM

As mentioned previously, the IDHS centralized the process of child abuse/neglect intakes through the implementation of a statewide call center with staff located in one location in Des Moines. A five day training curriculum was developed and implemented to train the call center staff. This training consists of the following:

Child Protection Policy and Procedure

1. Review of DHS Manual Title 17, Chapter A Child Welfare Intake Policy for CPA Assessments
2. Review of DHS Manual Title 17, Chapter A(1) Child Welfare CPS Intake Procedures

   <u>Areas of focus</u>:
   - Criteria for a legal allegation
   - Review and discussion of abuse categories
   - Review and discussion of caretaker status
   - Interviewing the reporter
   - Conducting record/system checks including assessing and using rejected intake information.
   - Synthesizing and documenting the information, and making preliminary decisions regarding the allegation.
3. Review, discussion and critical thinking exercise on accepting/rejecting intake allegations.

CINA Policy and Procedure

1. Review of DHS Manual Title 17, Chapter A Child Welfare Intake Policy for CINA Assessments.
2. Review of DHS Manual Title 17, Chapter A(2) CINA Intake Procedures

Areas of Focus:

- CPS/CINA Intake Decision Tree review and discussion.
- CINA Guidance Tool review and discussion.
- Assessing rejected CPS allegations for possible CINA referral.
- Conducting record/system checks including accessing and using rejected intake information.
- Discussion of resource and referral sources for rejected CINA's including CMH waiver procedure, PMIC placement referral procedures, community resources and respite options.

Each worker spends three days learning the new intake entry format and process and proper documentation. They also learn how to scope for information on internal DHS data systems as well as external systems to ensure the most accurate, thorough information is included on the intake. This course trained all 25 centralized intake staff since June 2010.

CHILD WELFARE PROVIDER TRAINING ACADEMY

The Child Welfare Provider Training Academy, herein referred to as the Training Academy, was established in order to develop and deliver training and related services to child welfare frontline staff and supervisors throughout the state of Iowa in order to improve outcomes for children. The training is compatible with the child welfare outcomes of the IDHS Model of Practice and with the Child and Family Services Review (CFSR). These outcomes include safety for children, permanency, academic preparation and skill development, and well being.

The Training Academy works to provides accessible, relevant, skill-based training throughout the state of Iowa using a strength-based and family-centered approach. Trainings are categorized for levels of child welfare practice as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker. The Training Academy is continues to design an infrastructure to support agencies in their efforts to train and retain child welfare workers and positively impact job performance and results in the best interest of children.

The Training Academy has partnered with Essential Learning to provide a range of individual online training courses to 500 child welfare providers and supervisors across the state of Iowa. There are two extensive libraries which can be accessed: a Social Services course library and a Child and Adolescent curriculum. These courses are available on a 24/7 basis which allows an easy way to keep up with the latest developments in the field and earn continuing education credits from nation accrediting bodies such as the Child Welfare League of America (CWLA).

The Training Academy provided many of the same courses during FY2011, but also implemented new training into the Training Plan. The following courses were added to the Training Plan to support the on-going professional development of child welfare providers and supervisors and promote collaboration with families:

- *Creating Social Success for Asperger Youth* – This course introduces the pervasive developmental disorders referred to as autism spectrum disorders. There are two parts to this training: Asperger Syndrome Disorder and Practical Approaches. The Asperger Disorder Syndrome (ASD) covers characteristic signs, symptoms, treatments, and tools to create social success for youth with ASD. The second part of the training focuses on detailed

information about the disorder as well as practical approaches to work with youth in this population.

- *Burnout and Compassion Fatigue: The Superhero Edition* – Front line staff will define and recognize burnout, secondary trauma and compassion fatigue, and its impact on the work they do. Participants will identify ways to effectively balance that passion and motivation they bring to their work with the reality of the work stressors that can lead to burnout or compassion fatigue.

- *Trauma Informed Care* – This course discusses the major contributors to a client's behavior. Once identified, what needs to be addressed first and what outcomes can be expected. Information about the long term consequences of trauma on an individual and community will be shared and staff's role as protectors and educators. The course includes what happens to staff as they operate in highly stressful environments and identifies how to take care of themselves. The course also identifies how this factors into how to engage and explore concrete processes to stabilize relationships and settings.

CAPTA/CJA MULTIDISCIPLINARY TRAINING

In addition to the training mentioned above which is coordinated and facilitated directly through the department, the IDHS also utilizes both CAPTA and CJA grant funds to provide scholarships for frontline staff and supervisors to attend Multidisciplinary Training opportunities through several of the state's Child Advocacy Centers. General topics areas of these multidisciplinary trainings include the following:

- Substance Abuse/Domestic Violence/Mental Health and Child Maltreatment
- Child Sexual Abuse and Exploitation
- Social Media and Impacts on the Assessment, Investigation, and Prosecution
- Criminal Investigation and Prosecution
- Child Death Investigations
- Medical Evaluations in Child Maltreatment Assessments
- Vicarious Trauma
- Trauma-Informed Care
- Social Work Ethics
- State/Federal Child Maltreatment Legislation

These Multidisciplinary Trainings give field workers an opportunity to network with other professionals involved in the child welfare system and to enhance their knowledge and skills in regards to inter-disciplinary assessments and case consultation.

MANDATORY REPORTER TRAINING

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

As of July 2001, Mandatory Reporter Training curriculum needs to be approved by the Abuse Review Panel convened by the Iowa Department of Public Health. The Iowa Department of Public Health Abuse Review Panel approved the Child Abuse Mandatory Reporter Training #2090 and the Mandatory Reporter Training of Dependent Adult Abuse #2172. The Abuse Education Review

Panel approved these curriculums for IDHS staff for identifying and reporting child and dependent adult abuse.

Mandatory Reporter Training for Iowa Department of Human Services:
Required Mandatory Reporter Training:

- Social Workers and their Supervisors
- IM 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:

1. Child Abuse Mandatory Reporter Training #2090
2. Mandatory Reporter Training of Dependent Adult Abuse #2172

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.

Future Direction

It is anticipated that new training courses will be offered as they relate to the state's federally approved PIP. The IDHS is already anticipating new courses around Family Interactions, Family Team Decision Making Meetings, Assessing Severe Trauma & Death Cases, and multiple Domestic Violence courses. The IDHS continues to recognize the common co-occurrences of child maltreatment and domestic violence, substance abuse, and/or parental mental illness and will continue to focus on enhancing training to address these issues as they relate to child safety, permanency, and well-being.

This year the IDHS has also set aside CAPTA funding to provide scholarships to field workers, MDT team members, and other professionals and mandatory reports to attend a special training on Fetal Alcohol Spectrum Disorder (FASD) through the Mercy Child Advocacy Center in Sioux City, IA. FASD, though emerging more frequently in research, offers some challenges to CPS workers in that it covers a broad range of conditions linked to prenatal alcohol consumption which can vary widely based on the individual. Furthermore, while it has been determined that there are resources and intervention opportunities for children presenting with FASD symptoms it is not clear whether mandatory reporters are consistently making referrals to the IDHS when a child presents with symptoms of FASD. It should also be noted that studies suggest FASD often goes undiagnosed and it may be that, in some situations, due to the growth deficiencies common with FASD that these children are actually being referred for "failure to thrive". Nevertheless, it is apparent that we must continue to keep our eyes on emerging practices around FASD and continue to provide these types of training opportunities for our field staff as well as for those in the medical community.

Finally, in response to the CAPTA Reauthorization Act of 2010 the IDHS intends to offer additional training and information to case managers working with youth on the rights accorded to youth identified as "homeless" under the definition outlined in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 110301 et seq.). Although the IDHS currently has various programs in place that assist

homeless youth and youth in foster care it would be beneficial to provide a brief overview to direct field workers on how McKinney-Vento defines homelessness, including youth awaiting foster care, and what enrollment and support services are available to these youth through the state's Department of Education and local school districts. This training will likely be in the form of a webinar geared towards case management social workers.

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

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

COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)

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

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

What is Community Partnership?

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

Community Partnership has four primary strategies that guide this approach:

- Individualize Course of Action (also referred to as a Family Team Decision Making)

- Community/Neighborhood Networking
- CPS Policy and Practice Change
- Shared Decision Making

IOWA CHILD ABUSE PREVENTION PROGRAM (ICAPP)

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

CAPTA funds will supplement a portion of the total, approximately 1.4 million, budgeted for local prevention programs for SFY 2012. Competitive grants were awarded in the following categories:

1. *Community Development*—for the use of council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building.

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

    a. *Parent Development*—to include, but not be limited to, parent education, parent-child interaction programs, mutual support and self help, and parent leadership services. This service may also be targeted toward specific populations at greater risk, for example young parents, parents of children with disabilities, or non-custodial parents (such as fatherhood initiatives).

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

    c. *Outreach and Follow-up Services*—the terms "outreach and follow-up services" may include voluntary home visiting services, family support programs, and other community and social service referrals. The term "community referral services" means services provided under contract or through interagency agreements to assist families in obtaining needed information, mutual support and community resources, including respite care services, health and mental health services, employability development and job training, and other social services, including early developmental screening of Children, through help lines or other methods.

3. *Sexual Abuse Prevention*— the term "sexual abuse prevention" means services provided to prevent the likelihood of Child victimization through sexual abuse or exploitation. Projects

funded under this area should focus on best practices in the prevention of Child sexual abuse and exploitation and should, at a minimum, include some aspect of adult instruction. Examples would include public awareness campaigns, educator training, and parent/Child instruction on topics such as healthy sexual development, media safety, etc.

Funds are awarded to volunteer-based community councils throughout the state, who are able to apply for up to three projects in their respective communities. Most of these councils are organized by county; however, there are some, particularly in more rural areas of the state, which have combined to cover a multi-county area (up to four or five counties). A map of the projects that were awarded ICAPP funds, and the specific types of services funded by county, can be found in Attachment D. It should be noted that projects in 89 of Iowa's 99 counties received funds under ICAPP for SFY 2012. In addition, it should be noted that of those 10 counties that did not receive funds (because they did not apply), all boarder at least one county were services are being provided.

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

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

Future Direction

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 services array.

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

Summary

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.

All children of CAPTA and foster care are referred automatically, at the conclusion of a protective assessment, through IDHS' SACWIS . A referral letter goes out to the family by mail. Additionally, IDHS' workers and service providers, such as Family Safety, Risk, and Permanency (FSRP), are encouraged to make referrals. However, it remains the parent's option to seek evaluation and services from Early ACCESS. Although data indicates a low percentage of parents follow-up and seek Early ACCESS evaluation and services, results have increased over the years for this high-risk population.

The number of children in State Foster Care below age three referred and who received services increased from 436 in fiscal year 2007 to 556 in fiscal year 2010. The number of children referred and receiving services from protective assessments, increased from 12.5% for fiscal year 2008 to 14.8% for fiscal year 2010.

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

CAPTA children who receive Early ACCESS services	# of Children receiving services	Percent of children on IFSP's receiving services
FY10	556	14.8%
FY09	581	16.1%
FY08	496	12.5%
FY07	436	9.9%
FY06	328	7.9%

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
FY10	713	29.2%
FY09	666	31.0%
FY08	592	23.1%
FY07	445	17.3%
FY06	365	14.8%

Iowa will continue to look to expand the Early Access Program. The Department of Human Services and the Iowa Department of Education have identified a staff member to help develop the capacity of IDHS contractors to provide service coordination to children eligible for IDEA Part C. This project is intended to help expand the number of children who receive early intervention services. The study should be completed in June of 2011 and implementation should begin in July or August of 2011.

Future Direction

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 has been allotted a formula grant for this program, authorized through the Affordable Care Act, and is currently submitting an application for a competitive expansion grant as well. Both the CPPC and ICAPP program managers for IDHS have been involved in the MIECHV Advisory Group throughout this process.

Part of the application process for state lead agencies applying for these funds was to conduct a comprehensive needs assessment to identify key at-risk communities throughout the state where there was a need for home visiting and family support services. IDHS, along with other agencies, contributed a significant amount of data to this assessment and hope to continue our involvement in the rollout of an evidence-based home visiting program during SFY 2012.

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

- The infrastructure system use of American Reinvestment Recovery Act funds to study opportunities of IDHS providing service coordination as a signatory agency with Part C;
- The Regional Grantee's use of American Reinvestment Recovery Act funds to increase partnerships with local signatory agencies including IDHS for CAPTA/foster care children;
- The use of Regional Grantee Quality Service Review study results of 10 cases to identify strategies to further integrate signatory agency services, including referral and follow-up of CAPTA and foster care children; and
- Continued work with the Part C Regional Grantee Directors and Liaisons in increasing partnerships at local and community levels for follow-up of CAPTA and foster care children.

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

Summary

The IDHS is excited about the addition of this category to the program areas of focus for CAPTA. 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).

In the past, collaboration amongst these organizations was only identified in legislation as part of the requirements for Multidisciplinary-Teams, those teams who advise CPS on assessments, at the local/county level:

"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. Iowa Code § 235A.13

This idea of collaboration, and utilizing multidisciplinary teams and outside expertise, is further discussed in the department's administrative rule and policy manuals regarding child protection intake, assessment, and case management. Child protection workers are encouraged to take the following actions in response to cases were domestic violence is present:

Collaborate with domestic violence programs, batters intervention programs, and the criminal justice system, both to increase safety for domestic violence victims and children and to hold the perpetrators responsible for the domestic violence. Use local domestic violence programs as a resource for both the domestic violence victim and the children.

Title 17: Child Welfare Page 38b
Iowa Department of Human Services Employees' Manual Chapter B(3):
Assessment Practice Guidance Analysis of Safety and Risk Factors
Domestic Violence
Revised July 1, 2011
http://www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual_Documents/Master/17-b3.pdf

Future Direction

The IDHS recognizes the need to more adequately address the co-occurrence of child maltreatment and domestic violence. We also recognize 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, as with many other states, often struggle 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 intends to utilize CAPTA funds to 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 would be available to assist local communities in their collaboration efforts between local CPS workers and DV service providers, among other disciplines.

In addition, this individual would serve as a point person in regards to policy issues related to DV and child maltreatment. The IDHS recognizes, as stated in CAPTA, that studies estimate the co-occurrence of child maltreatment and domestic violence to be anywhere from 30-60%. This statistic demonstrates that DV and child abuse/neglect are not simply isolated events, but an indication of a much broader dilemma for CPS professionals who continue to struggle with assuring the safety of children while also providing support to non-offending parents.

Finally, it is anticipated that this position will also play an important role in developing enhanced training around DV and incorporating those themes into existing curricula.

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 that would affect the eligibility of Iowa.

CITIZEN REVIEW PANELS
SECTION 106(c)(6)

Following the CAPTA State Plan are attachments of the following Citizen Review Panel Annual Reports (Attachment A) and the state's response (Attachment B):

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

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

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

Historically Iowa has utilized existing Multidisciplinary-Teams to fulfill the requirements of CAPTA Citizen Review Panels. However, as a result, the recommendations provided to the IDHS in these annual reports are often either specific to local needs or very general, which then limit their implications for any broad-based state policy changes. Therefore, in going forward, the state will seek to work with existing statewide review panels that, as their mission, review policy and provide annual recommendations for state level change, such as the Iowa Child Death Review Team, the Iowa Domestic Abuse Death Review Team, and the Iowa Child Advocacy Board (the body which establishes policies and procedures the Court Appointed Special Advocate program and the Foster Care Review Boards program).

CAPTA ANNUAL STATE DATA REPORT
SECTION 106(d)

(1) 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 2 (those social workers who provide ongoing case management services in cases where DHS involvement is deemed necessary to assure child safety), Social Worker 3 (those workers responsible for the intake, screening, and assessment of cases of suspected child abuse and/or neglect), and Social Work Supervisors (management who provide supervision of all frontline social workers).

Any CPS worker must meet or exceed these education/qualification requirements in order to be considered for employment. While demographics on the breakdown of educational level and qualifications (i.e. the percentage of workers who hold a BA, BASW, MA, MS, MSW, etc.) of all 726 state employees in this classification is not readily available for this report , we will begin to compile this information, along with the other CPS personnel demographics, so as to report in upcoming years.

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

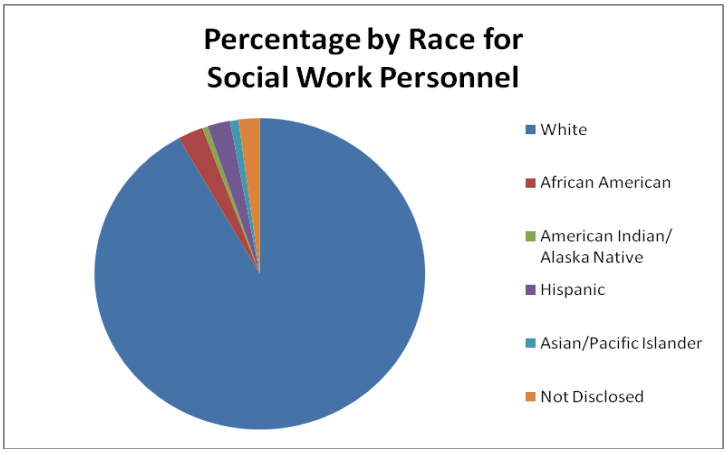
[Source: Iowa Department of Human Services 24 Hour Guidelines approved by Service Business Team (SBT) June 2007, Effective date: July 2007]

Demographic Data on CPS Personnel

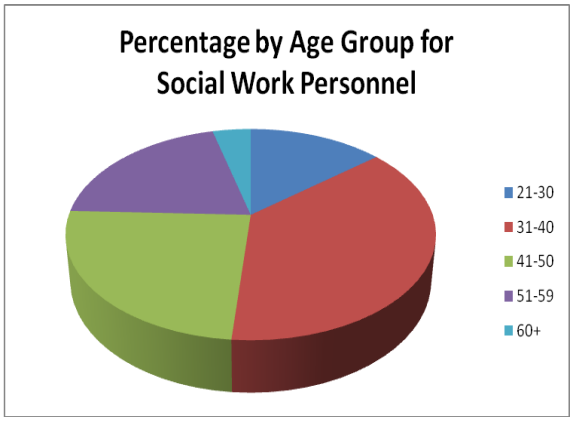
The IDHS maintains demographics data on all social work personnel. The following data includes information on all 726 state employees in the "social worker" classification, this includes, case managers, intake and assessment workers, supervisors, and those social workers located at our central office who assist with program development, training, policy, and field support. The specific education level of all of these staff is maintained through IDAS and applicants for any position, either new hires, transfers, or promotions must meet the minimum qualifications as outlined in Attachment C.

Social Work Personnel by Race

Race	#	%
White	667	91.87
African American	18	2.48
American Indian/ Alaska Native	4	0.55
Hispanic	16	2.20
Asian/Pacific Islander	6	0.83
Not Disclosed	15	2.07
Total	726	100.00



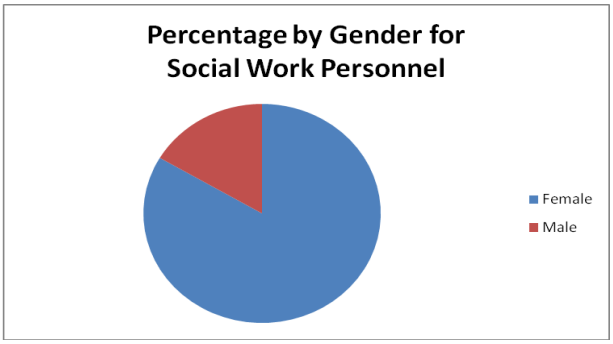
Social Work Personnel by Age



Age	#	%
21-30	102	14.05
31-40	271	37.33
41-50	176	24.24
51-59	148	20.39
60+	29	3.99
Total	726	100.00

Social Work Personnel by Gender

Gender	#	%
Female	606	83.47
Male	120	16.53
Total	726	100.00



Caseload Data
There were 26,413 assessments for abuse in calendar year 2010, an increase of about 2 percent. Investigations are launched when social workers in the central intake unit determine that a complaint would be abuse under Iowa law if proven true. As in previous years, about two-thirds of all investigations in 2010 were determined to be unfounded.

The new statistics show:

- There were 6,794 founded abuses last year compared to 7,011 the year before. The recent-year low was 6,141 in 2008. The all-time high was 7,521 in calendar 2005.
- There were 2,187 abuses – an 18 percent increase – that fell in the category of minor, isolated, and unlikely to reoccur. These are called "confirmed" abuses, which are less serious than "founded."
- A majority of abuses – 51 percent – are to children under age 5. This level has held steady for many years.

However, while the number of assessments was up last year, the number of employees doing the work was down, causing an increase in caseloads. In 2009, the average caseload for assessors – the social workers who investigate alleged abuse – was 11 new cases a month. In 2010, it was 12.5 new cases a month. There also was a decrease in the number of case managers who monitor services for families where there was abuse. The average child welfare caseload last year was 27, compared to 25 in 2009.

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

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

STATE RESPONSE:
Juvenile Justice Transfers in Iowa for FFY2010 totaled 63. In addition, there were 29 transfers year-to-date during FFY2011 (October 2010 through April 2011). 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).

CAPTA STATE PLAN ASSURANCES
GOVERNOR'S STATEMENT

Given the addition of several new state assurances and the addition time involved in preparing, sending, and receiving a returned signed letter from the Governor's office, the IDHS would like to take advantage of the Children's Bureau's extension to submit this letter no later than September 30th, 2011. We acknowledge and understand that the CAPTA grant will not be approved until the signed assurances are received.

ATTACHMENT A
CITIZEN REVIEW PANEL REPORTS

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

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

Summary of Panel Activities in SFY 2011

CPC meetings were scheduled and/or held during SFY 2011 (July 1, 2010-June 30, 2011) on the following dates, from 10am-2pm, at the Drake Legal Clinic in Des Moines, Iowa:

Date	Presenters, Activities, and /or Topics Covered
July 13th, 2010	• Review of CRP/CJA annual reports • Debrief of annual CAPTA meeting in Washington DC • Update on Centralized Service Intake Unit (CSIU) rollout • Hiring process has begun for new CJA/CAPTA Coordinator who will serve as IDHS liaison to the CPC
September 14th, 2010	• Introductions of new IDHS program manager, Lisa Bender • Updates on the status of the state's Child Death Review Team, now coordinated by the state medical examiner's office • Update on CSIU—all but one service area has rolled over to the central call center • Overview of IA Supreme Court ruling on Denial of Critical Care, Failure to Provide Proper Supervision case • Discussion on vacant memberships
November 9th, 2010	**Meeting rescheduled** for 12/7-not enough members for a quorum
December 7th, 2010	• **Presenters: Denise Gonzales**, Centralized Service Area Manager & **Chad Dahm**, CSIU Social Work Administrator—provided an update and data on the new centralized intake call center. Also, provided a response to Council recommendations made in SFY 2010 regarding intakes (see progress toward recommendation section below). • Held a Q & A with presenters and discussed options for council members to tour the call center
January 11th, 2011	**Meeting canceled**- weather related/poor driving conditions
March 8th, 2011	• **Presenter: Dr. Regina Butteris**, MD, St. Luke's Child Protection Center—presented to the Council on a child death case she and Dr. Oral (UIHC) have been involved with • Council discussed the policy/practice recommendations Dr. Oral

	presented in response to this case, particularly as they relate to medical evaluations of suspected abuse victims (see Council focus and future direction for more information) • Council discussed upcoming annual reports for CJA and CRP
May 4th, 2011	• **Presenter: Kara Harvey**, IDHS Program Manager for CFSR, 4B, and PSSF—presented to the Council on the findings from the CFSR onsite review conducted in Aug. 2010. Also, shared the PIP (Program Improvement Plan) process that IDHS has begun and the implications for practice. • Q & A regarding CFSR and PIP • Annual reports for CAPTA (Citizen Review Panel) and CJA (State Task Force) grants and recommendations for SFY 2012 • New memberships for: Judiciary and Homeless Youth

Annual Recommendations of the Child Protection Council

Recommendations of the council are as follows:

- The Council recommends that IDHS continue to closely monitor and track outcomes related to the state's move to a centralized intake unit. The Council would like IDHS to review the policy and practice implications (including the fiscal impact) of making the unit one that operates 24/7. The Council would support this move in order to provide more consistency with the handling of intakes that come in "afterhours".

- The Council recommends a review of IDHS policy, procedure, and practice around the use of medical evaluations in CPS assessments. Specifically, the Council would like to do a review of current policy to determine if there is a need for reform and/or more guidance at the practice level on when a medical evaluation should be conducted.

- The Council recommends that IDHS review the current state statute, policy, and practices around the use of Multi-disciplinary Teams (MDTs) in CPS assessments. The Council recognizes that the recent IDHS reorganization, and the shift from several fulltime county offices to less than fulltime offices, has had an impact on these teams and would support new legislation that more adequately addresses the state's needs (i.e. regional teams, teleconferencing, etc.).

Progress and Implementation of SFY 2010 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.

Outcomes:

Several positive things have resulted from the Council's participation in the CSIU development. For example, the following areas were identified by the Council in last year as areas within intake needing improvement and then the response and/or action taken by IDHS administrators in rolling over to the statewide call center. This information was presented to the Council, by CSIU administrators, during a follow-up presentation in December 2010.

1) **Council Identified Need (excerpt from 2010 recommendations):** While the intake included appropriate information to indicate the location and safety of the identified child victim, the identification and safety of all children in the home was not documented. It was unclear if the question was asked or if the documentation was just incomplete. This lack of documentation brought into question whether the correct timeframe assignment for observing the child(ren) was made by the supervisor. Also, if there was an open case, there was no documentation to show how we used this information to assess safety.

   IDHS/CSIU Response or Action: *The location and safety of all children in the home is documented with each call. The intake CA/N [child abuse or neglect] script (Example 1)* requires that all CSIU intake workers both ask the question pertaining to the safety of all children and then address it in the completed intake. The CSIU CA/N template (Example 2*) demonstrates where this information is located in the intake.*

2) **Council Identified Need (excerpt from 2010 recommendations):** Worker safety concerns could not be identified for the same reason. It was unclear if the questions were asked and answered "no", or was the documentation just incomplete.

   IDHS/CSIU Response or Action: *Worker safety concerns are addressed in both the CA/N script and the CA/N template.*

3) **Council Identified Need (excerpt from 2010 recommendations):** It was unclear how the use of internal system look-ups aided the intake worker in assessing child safety. There was a lack of consistency or practice in using the check boxes and documentation of what was found in system look-ups. Reviewers were unable to tell if they were done or just not documented.

   IDHS/CSIU Response or Action: *CSIU Intake Workers complete internal system look-ups and use these to assess child safety. The check boxes are used and look-up information is located in the additional information section of the intake. Please refer to the CA/N prototype (Example 3)* for this information.*

4) **Council Identified Need (excerpt from 2010 recommendations):** While intake decisions were consistently correct, there was a general concern for the lack of quality and completeness of documentation. It also appeared that some useful information is "lost" in the transfer process between the Intake Word document and the system entry. This may be a clerical training issue or general training issue for any person making system entries.

IDHS/CSIU Response or Action: *CSIU emphasizes both the quality and completeness of documentation. We track complaints/concerns from the field and quality and completeness of the intake are rarely the focus.*

*The Council was provided copies of the script, template, and prototype documents during the presentation.

In addition to the actions taken in response to the Council's noted concerns, the CSIU administrators provided the Council with the following data to demonstrate the overall impact the CSIU has had in reducing costs/time associated with intake:

Indicator	Before CSIU	After CSIU	Difference
Total Staff	44	33	-25%
Steps in Intake Process (number)	34	27	-20%
Potential Delays (number)	10	6	-40%
Potential Delay Time (in minutes)	166	15	-90%
Avg. Staff Work Time (in minutes)	117	43	-63%

Finally, the Council inquired as to call/hold times and how the CSIU is adjusting to being statewide and the following data was shared with the Council in December (and an update was given in March):

Week	Longest Avg. Hold Time	Avg. Hold Time
October 25, 2010	11 min. 38 sec.	133 sec.
December 3, 2010	4 min. 22 sec.	16 sec.

The Council hopes to continue being involved in the CSIU and many Council members have taken the opportunity to now visit the call center for a tour and to observe intake workers in action as they respond to statewide calls to report child abuse and neglect.

Future Direction and Focus of the Child Protection Council

The Council plans to continue to be involved in the state's new Centralized Intake Unit and to closely monitor the call data and the progress the center is making in reducing hold times and correctly accepting intakes for assessment. The Council would like to see the unit move to a 24/7 schedule and supports IDHS in this consideration.

The Council is also very interested in the use of the medical profession in cases of physical abuse, sexual abuse, and severe/chronic neglect. The Council plans to focus much of State Fiscal Year (SFY) 2012 in reviewing IDHS policy, procedure, and practice around the issue of medical evaluations and consultation in CPS assessments. The Council would like to do outreach and training for medical professionals (especially in Iowa's more rural communities) on providing a comprehensive medical evaluation in cases of suspected abuse when a CAC (Child Advocacy Center) is not nearby.

Finally, the Council would like to evaluate the effectiveness of MDTs in the state. The state's current Administrative Code outlines specific criteria for MDTs including a requirement that "Multidisciplinary teams shall be developed in county or multicounty areas in which more than 50 child abuse cases are received annually," (IAC 441—175.36(235A)). The Council recognizes that this standard may not be the

most effective way to establish MDTs and will review the policy and procedures to determine if a recommendation to reform the policy is needed to include options such as regional MDTs, mobile MDTs, or telephone/web conferencing for MDTs.

Cerro Gordo County
Family Violence Response Team

Cerro Gordo County Attorney
Cerro Gordo County Sheriff Department
Crisis Intervention Service
Department of Corrections
Department of Human Services
Mason City Police Department
Mercy Medical Center-North Iowa
Prairie Ridge Addiction Treatment Service

Cerro Gordo County Family Violence Response Team
Citizens Review Panel
Annual Report
2010

Membership

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

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

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

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

Meetings

During the past eleven years, the meeting frequency has varied from monthly to every other month. In 2005, the team completed a safety & accountability audit examining the impact of domestic violence on children. In 2008, the team completed a safety & accountability audit examining the impact of domestic violence on African Americans. In the past year, the team met with individuals from the Iowa Child Advocacy Center to discuss opportunities for enhancing local response. The Family Violence Response Team met on the following dates during the past year:

02-18-10
05-10-10
07-29-10
09-02-10
10-21-10
12-16-10

The team will continue to meet well beyond the completion of current project it is working on.

Note: On January 1, 2011, the Cerro Gordo Family Violence Response Team and the North Iowa Domestic & Sexual Abuse Community Coalition merger. They will operate under the name of North Iowa Domestic & Sexual Abuse Community Coalition.

Functions

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

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

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

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

Re-dissemination

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

Department not bound

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

Confidentiality

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

Reports

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

Recommendations

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

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

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

- The group questions whether service providers have the capacity and resources to provide services specific to the needs of families. We suspect that many families are getting generic services and need services far more specialized to their individual circumstances.
- We saw there could be many opportunities for CPS to work closely with the criminal justice system to directly intervene with abusers, shifting responsibility of holding the offender accountable from the victim to the system. The use of protection orders initiated by CPS could remove offenders from the home, rather than remove the children. This change would require significant changes in how law enforcement, CPS and prosecution work together.
- Different advocates have better skills at addressing child issues; may be cross-trained but not cross-skilled. The conceptual belief that if the mother safe, the children are safe is not always true.
- Because the community lacks a methodically-coordinated, philosophically-coherent approach to interventions with batterers, we are overly reliant on victims of battering to take a major role in holding offenders accountable. We generally felt that victims in this community may feel that the system is not an ally with them in ending the violence. At the same time, it creates a condition that promotes a sense of safety in a significant number of offenders to continue the abuse.
- The premise that the appeals process creates accountability in courts doesn't necessarily hold true in small communities. When an attorney exercises their right to appeal he/she become vulnerable for repercussions for that action, thereby making an appeal the choice of last resort. Therefore, many problematic judicial decisions go unchallenged by attorneys or workers in the system.
- There is a failure to distinguish the type of violence (Resistive, Situational or Pathological) being used. Domestic violence is viewed as the same thing in each file and in the interventions. There was no mention of who needed protection from whom and to what degree.

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

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

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

Sincerely,
Mary J. Ingham
Crisis Intervention Service
P.O. Box 656
Mason City, Iowa 50402-0656
641-424-9071
Mary@CIShelps.org

NORTHWEST IOWA CITIZEN REVIEW PANEL
2010 Annual Report
PROJECT:
WOODBURY COUNTY MINORITY YOUTH AND FAMILY INIATIVE (MYFI)
COMMUNITY INITIATIVE FOR NATIVE FAMILIES AND CHILDREN (CINCF)
May 2011

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

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

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

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

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

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

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

The team is currently comprised of the Department of Human Services (DHS) of Woodbury County, Community Initiative for Native Children & Families, Sioux City Indian Education Committee, and the Casey-Center for the Study of Social Policy (CSSP) Alliance. This partnership refers to them as The Alliance.

The State Child Welfare Advisory Committee was established and one of their four priorities is disproportionality. These priorities will continue.

Meetings continue with the Commission on Native American Affairs, which meets quarterly. An Elected Officials Informational Forum was held in August to report on the Woodbury County Community Collaboration to Reduce the Overrepresentation and Disparate Outcomes of Native American Children in Iowa's Welfare System. The public forum included a "nuts and bolts" review of ICWA law and testimony from the Native community. Issues discussed include restoration of parental rights and guardian-ad-litem need for specialized training prior to managing Native cases. Future details include:

- Strengthening Iowa ICWA law
- Seeking additional training on ICWA
- Self-evaluation to see successes, failures and room to improve
- Making foster homes/parents more culturally competent for Native children
- Investigate having a different set of requirements for Native people to qualify as foster parents (currently offered in Nebraska)

Elected officials that attended included representatives from the County Board of Supervisor, County Attorney Office, State House Representative and State Senator. The goal was to make known our work and how it has grown and to garner support for Native children and families in our community.

In November 2010 a focus group met that involving seven members of Siouxland's Native community. The topic of discussion was the issue of restoring parental rights in cases where parental rights have been terminated and children are not in permanent placement (successful adoption). Key themes included:

- Biological parents who have lost their parental rights should be notified if their child's adoption has disrupted or if the child's foster care placement has changed.
- In the event that a child is not in permanent placement, the biological parent who is clean and sober, physically and emotionally stable, should be able to petition to have parental rights restored.
- Biological parents petitioning to have rights restored should have a new assessment based on present finding and the process should be culturally competent, taking into account Native values, identities, and family roles.
- Native children do best with Native families.

Another focus group met in October 2010 to discuss the strengths and needs of the current program used to prepare and select foster and adoptive parents in Iowa and Nebraska. The title of the focus group was "Creating a More Native-Response environment Within the PS: MAPP program. Discussion point were:

- Focus on reunification and partnerships between foster parents and birth parents
- Reduce the number of meeting and paperwork and incorporate 1:1 family discussion and story-telling
- Focus on natural family relationships that are part of Native communities and use language that is meaningful to all participants
- Customize the program to meet the needs of Native applicants

In January 2011 a community summit was held on Disproportionality of Minority Youth involved in the Social Service and Juvenile Justice System. 31 community leaders who worked together in order to best serve the needs of children and families in the Siouxland community attended the session. The goal of

the summit was to define a plan and maintain momentum. The group assessed values, competency, system change, delivery systems, and success markers.

Four Directions and DHS have continued to offer Parenting classes to Native families within the DHS system as first priority but are able to offer some spots to those not involved in the child welfare system. Parenting classes, phase one-"Taking Control of Your Life Your Future" and phase two "So you are a Family Again", started in August at Four Directions. The project includes a family interaction component where families can have visits with their children along with the parenting classes. Caretakers for the children are encouraged to attend the first hour with the children and their parents, which promote the family-to-family concept. DHS staff provides a segment in the training about navigating the child welfare system. This includes listening to concerns, answering questions, and educating parents about family team meetings and the DHS system. The classes also included participants from Iowa and Nebraska and this year representatives from Clay County, South Dakota also were in attendance. An important feature of these classes and program is the ongoing advocacy that Four Directions offers to these parents. Advocates attend court hearings and family team meetings with the parents. Leaders in the Parenting classes continue to work on outcomes.

Tonya Meier, Santee Sioux Tribe, is a local master's level therapist who will be opening her own agency on May 1st that would be Native specific. Services will include parenting classes, individual therapy, family therapy, and remedial services. Tonya is authorized to receive both private insurance as well as Title IX.

The DHS Native Unit and Four Directions continue to meet monthly to discuss specific case issues, how cases are going, brainstorm on changes that might be needed, etc. This meeting has been helpful in keeping people focused and stops misunderstandings from growing. DHS continues to work with Iowa Kids Net (IKN) to try to establish more Native American foster homes in Woodbury County. Issues revolve around not meeting the foster care standards for living quarters. The Iowa Housing Authority and DHS are to join forces to change policy to better this situation

Members of the collaboration have provided information about the work in Woodbury County at several state and national events including the State DMC conference, the local Sioux City DMC conference, the national NICWA Conference, and to other smaller groups.

In February 2008 State Agency Officials made their first visit to Sioux City to attend a CINCF meeting. This was to begin a dialogue with Native American leaders and community members to assess the needs of that population and what the agencies could offer. This was spurred by visits to Des Moines by Native leaders as well as the collaboration already in place with the Department of Human Services. State agency officials have since met with the CINCF group on August 2010 and November 2010. Agencies represented have been Department of Human Rights, the Governor's Office, Iowa Finance Authority, Department of Education, Department of Public Health, Iowa Workforce Development, Department of Economic Development, and Department of Corrections, and Magellan, the state managed care contractor for mental health and substance abuse.

The disproportionality rate of Native children in foster care in Woodbury County has decreased in the past several years.

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

Future direction or focus of the Panel and a description of the goals, strategies, and benchmarks for the group going forward:

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

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

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

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 Statewide **Iowa Child Protection Council Citizen Review Panel** made the following recommendations:

   - The Council recommends that IDHS continue to closely monitor and track outcomes related to the state's move to a centralized intake unit. The Council would like IDHS to review the policy and practice implications (including the fiscal impact) of making the unit one that operates 24/7. The Council would support this move in order to provide more consistency with the handling of intakes that come in "afterhours".

   State Response: The IDHS is actively engaged in this review process and will continue to closely monitor and track data and outcomes related to the state's new centralized intake unit and consider the implications of moving to a 24/7 operation.

   - The Council recommends a review of IDHS policy, procedure, and practice around the use of medical evaluations in CPS assessments. Specifically, the Council would like to do a review of current policy to determine if there is a need for reform and/or more guidance at the practice level on when a medical evaluation should be conducted.

   State Response: The IDHS will partner with the Council this coming fiscal year in a thorough analysis of Iowa Code and IDHS policy, procedure, and practice as it relates to medical evaluations to determine if there is a need for reform and/or enhanced training for field workers. In addition, the IDHS, in partnership with the Council, has set aside funding through the state's Children's Justice Act (CJA) grant to provide outreach and education to medical professionals on recognizing and reporting child abuse and/or neglect.

   - The Council recommends that IDHS review the current state statute, policy, and practices around the use of Multi-disciplinary Teams (MDTs) in CPS assessments. The Council recognizes that the recent IDHS reorganization, and the shift from several fulltime county offices to less than fulltime offices, has had an impact on these teams and would support new legislation that more adequately addresses the state's needs (i.e. regional teams, teleconferencing, etc.).

   State Response: Again, the IDHS looks forward to partnering with the Council this coming year in a thorough analysis of Iowa Code and IDHS policy, procedure, and practice as it relates to the use of Multi-disciplinary Teams (MDTs) in CPS assessments to determine if there is a need for reform and/or enhanced training and technical assistance.

2. The **Cerro Gordo County Family Violence Response Team** made various recommendations in regards to the state's policy and practices in the handling of cases involving domestic violence.

Some of these recommendations are geared toward local coordination while others are relevant to a statewide review of IDHS policy and practice.

State Response: The state acknowledges the need to enhance the response to, and services available for, victims of domestic violence. The IDHS recognizes the high rate of co-occurrence between domestic violence and child maltreatment. As discussed, in an earlier portion of the state CAPTA report, the IDHS intends to utilize CAPTA funds to contract for a statewide subject matter expert to provide support to field workers and local communities on how to best collaborate when working with families where domestic violence is present.

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

   State Response: The state shares the Panel's interest in reducing disproportionate representation of Native and other minority children in the state's child welfare system. As discussed in an earlier section of this report, the state continues to support the Minority Youth and Family Initiative (MYFI), as well as the Breakthrough Series Collaborative (BSC).

   The state has also assured that all new contracted service providers addressed disproportionate representation in their proposals, and subsequent contracts, during the recent procurement process for child welfare services to begin July 1, 2011. These contracts (with both public and private entities) cover a broad range of services including, prevention, safety planning, in-home child welfare services, child welfare emergency services, shelter care, foster care/adoption recruitment and retention, group home, supportive independent living, and aftercare.

ATTACHMENT C
STATE OF IOWA JOB DESCRIPTIONS AND MINIMUM QUALIFICATIONS
(SOCIAL WORKER 2, 3, AND SUPERVISOR)

Class Code: 03011
23013

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE

SOCIAL WORKER 2

DEFINITION
Under immediate to general supervision, as training and experience are gained, performs professional social work within guidelines 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

Applies casework principles to field casework situations, giving assistance to various clientele groups.

Provides basic social work services in programs offered by the Department of Human Services; carries a full caseload.

Provides basic social work services and placement services for dependent, neglected and delinquent children who have been committed to institutions, to assist in facilitating their reintegration into the community.

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 the basic environmental and cultural factors inherent in social work.

Knowledge of the principles of human growth and behavior.

Knowledge of interviewing skills and techniques.

Knowledge of community resources.

Knowledge of home finding and placement methods.

Knowledge of current literature and trends in social casework.

Ability to correctly interpret and apply rules, regulations, policies, and procedures governing a social welfare program.

Ability to deal effectively with clients, staff and related community organizations.

Ability to communicate effectively, orally and in writing.

Ability to prepare case records and progress reports.

Displays high standards of ethical conduct. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.

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

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

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

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

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

Graduation from an accredited four-year college or university;

OR

the equivalent of four years of full-time technical work experience involving direct contact with people in overcoming their social, economic, psychological, or health problems;

OR

an equivalent combination of education and experience substituting the equivalent of one year of full-time qualifying work experience for one year (thirty semester or equivalent hours) of the required education to a maximum substitution of four years.

NOTE:
Designated positions in this job class require applicants to obtain the required Chauffeurs License and endorsements within a period of time as determined by the appointing authority at the time of hire.

SELECTIVE CERTIFICATION
For designated positions, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, may request those applicants possessing the specified experience in the following areas:

114 chronic mental illness – A minimum of one year of full-time (or equivalent part-time) experience in delivering or coordinating services for adults with a persistent mental and emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. This would include, but would not be limited to:

- Positions such as case managers and nurses affiliated with community support programs at community mental health centers
- Residential counselors and group home parents in community alternative living programs as well as residential treatment workers, nurses, activities specialists, and other treatment staff who work at state MHI's (Cherokee, Independence, Clarinda, and Mt. Pleasant).

Experience in an outpatient setting *should not* be counted toward this selective, unless such experience can be demonstrated to have been with clients with chronic mental illness.

115 SED (seriously emotionally disturbed) – A minimum of one year of experience delivering or coordinating services to seriously emotionally disturbed children. Children with a serious emotional disturbance are persons: From birth to age 18, who currently, or any time, during the past year have had a diagnosable, mental, behavioral, or emotional

disorder of sufficient duration to meet diagnostic criteria specified within DSM-V that resulted in a function impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

These disorders include any mental disorder (including those of biological etiology) listed in DSM-V or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM-III-R "V codes," substance use, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance. All of these disorders have episodic, recurrent, or persistent features and they vary in terms of severity and disabling effects.

145 developmental disabilities – a minimum of one year full-time (or equivalent part-time) experience in delivering or coordinating services for persons with developmental disabilities (i.e., severe, chronic mental or physical impairments). Positions that meet the mental retardation background noted above will normally meet this selective area too.

- Experience in providing services and treatment to autistic children or persons with epilepsy or cerebral palsy will also qualify
- Experience in providing services/treatment to persons with head injuries or Alzheimer's disease *will not* normally count towards this selective

545 mental retardation – a minimum of one year of full-time (or equivalent part-time) experience in delivering or coordinating services for persons with significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period. This would include, but would not be limited to:

- House parents and counselors who work at group homes
- Sheltered work or work activities staff
- Treatment staff affiliated with the state resource centers at Glenwood and Woodward

863 ability to speak Spanish fluently

920 case management – for designated positions in case management, the appointing authority, with Iowa Department of Administrative Services – Human Resources Enterprise prior approval, may request those applicants possessing a Bachelor's degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human services administration, or social sciences and the equivalent of 12 months of full-time experience in the delivery of human services in the combination of: chronic mental illness, developmental disabilities, mental retardation, and SED (seriously emotionally disturbed);

OR

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

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

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

Effective Date: 8/05 CP

Class Code: 03016
23016

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE

SOCIAL WORKER 3

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

Provides or directs the preparation of necessary records and reports.

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

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

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

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

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

Completes or directs the preparation of necessary records and reports.

COMPETENCIES REQUIRED

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

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

Knowledge of interviewing skills and techniques.

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

Knowledge of environmental and cultural factors inherent in social work.

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

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

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

Ability to use interviewing skills and techniques effectively.

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

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

Displays high standards of ethical conduct. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.

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

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

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

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

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

NECESSARY SPECIAL REQUIREMENTS

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

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

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

OR

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

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

NOTE:

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

Effective Date: 12/05 CP

Class Code: 03025

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE

SOCIAL WORK SUPERVISOR

DEFINITION

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

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

WORK EXAMPLES

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

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

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

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

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

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

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

COMPETENCIES REQUIRED

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

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

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

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

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

Knowledge of interviewing skills and techniques.

Knowledge of the principles of human behavior.

Knowledge of the basic principles of community organization.

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

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

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

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

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

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

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

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

Displays high standards of ethical conduct. Exhibits honesty and integrity. Refrains from theft-related, dishonest or unethical behavior.

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

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

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

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

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

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

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

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

OR

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

OR

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

OR

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

OR

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

OR

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

SELECTIVE CERTIFICATION

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

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

OR

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

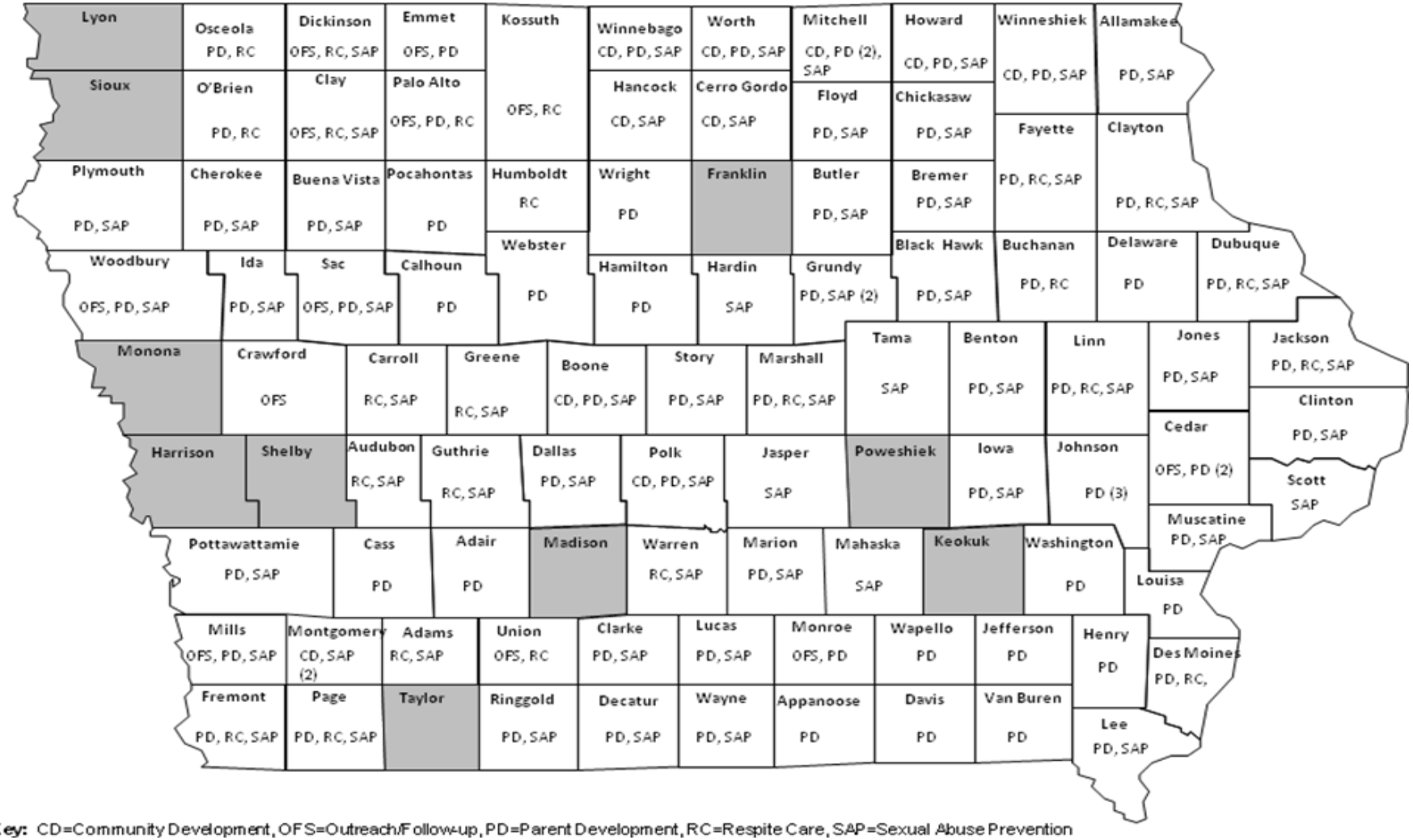
Applicants wishing to be considered for such designated positions must list applicable coursework, experience, certificate, license, or endorsement on the application.

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

Effective Date: 3/04 JG

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

All ICAPP Project Grant Awards



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