

Iowa Parent Partner Approach Handbook Governing Philosophy, Policy, and Protocol

This document was created through a shared decision-making process and supported by: Parents, Community Partnerships for Protecting Children, and Iowa Department of Health and Human Services.

	<u>Page</u>
Mission Statement	1
Guiding Principles	1
A. Introduction and Background	2
B. Eligibility Criteria for Parent Partners	3
C. Roles Within the Parent Partner Approach	4
D. Clinical Support	11
E. Compensation	12
F. Service Area Steering Committee	12
G. Statewide Advisory Committee	12
H. Protocol for Addressing Potential Safety Concerns	12
I. Protocol for Resolving Eligibility Issues	13
J. Training	14
K. Building a Better Future Trainer	21

The Iowa Department of Health and Human Services owns and reserves the rights to materials within the Iowa Parent Partner Program. This material may not be published, broadcast, adapted, rewritten or redistributed in whole or part without the express written permission of the Iowa Department of Health and Human Services. Contact jclarka@HHS.state.ia.us for permission requests.

Mission Statement

Parents empowering Parents to strengthen families, communities, and systems thereby achieving safety, permanency, and well-being for children.

Guiding Principles

1. Safety of Children

The Parent Partner Approach is dedicated to protecting children from abuse and neglect. Children are safely maintained in their homes whenever possible and appropriate. The Parent Partner Approach will work with parents (parents of children in care), Department of Health and Human Services (HHS)/Child Protection Services (CPS), and the community to enhance families' capacities to provide for their children's needs.

2. Supporting Parents

The Approach believes that parents are fundamental building blocks in children's healthy social, mental, and physical development; will support parents with children in care by enhancing their capacity to provide for and guide their children's healthy development through one-on-one mentoring from a parent who has had personal experience with the child welfare system; will enhance parent's capacity to make appropriate decisions to meet their children's needs including connecting parents with resources, providing encouragement, outreach, and support; will support parents who have successfully navigated through the child welfare system by teaching them advocacy skills, inviting them to be a part of the shared decision making process through becoming board members of local and statewide committees and providing training opportunities.

3. Collaborating with the Department of Health and Human Services (HHHS) and Child Protection Services (CPS)

The Approach is committed to partnering with CPS to protect children from abuse and neglect and supporting parents in their decision-making; collaborate with HHS Child Protection staff and child welfare workers to promote parent engagement though the life of the case.

4. Collaborating with the Community to Protect Children

Parent Partners will engage the community to increase awareness regarding the protection of children; will work with community-based organizations to provide resources; and strive to develop community partnerships.

Established July 2007

A. Introduction and Background

Parent Partners is an approach designed to provide better outcomes around re-abuse, and reunification. Parent Partners promotes innovative change in social work practice that is unique because it not only celebrates individuals that have overcome obstacles through change, recovery, and accountability, but also uses their skills to mentor families who are currently navigating through HHS as their children are in foster or kinship care. Parent Partners demonstrate advocacy and effective communication, while holding families accountable in meeting their case plan goals.

The Parent Partner [mentor] is a key strategy to improving practice with families, but it cannot stand alone. Parent Partners network within communities and partner directly with HHS, child welfare staff, systems, and agencies. Parent Partners collaborate with social workers and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities.

Parent Partners are selected based upon their interpersonal skills, successes, and proven abilities to overcome obstacles. Parent Partners have been involved with the Department of Health and Human Services (HHS) due to child protection issues. At one time, their children were removed from their primary care and have since been successfully reunified. This includes parents who can only reside with their children under special conditions directed by the courts (i.e., substance use disorder treatment or relative care).

It is these experiences that make Parent Partners so beneficial to families who are currently receiving HHS services due to child protection issues. Parent Partners are able to offer hope, realistic advice, and advocacy for families. In addition, they form a critical link between the HHS worker, other professionals, and the family.

The Parent Partner Approach includes validating parents' experiences and opinions to make changes in child welfare that will assist families in reunification and keeping children safe. Parent Partners meet with social workers, counselors, attorneys, and others regularly to assess progress and can help professionals empathetically and productively interpret the patterns, behaviors, and needs of families.

This approach includes not only Parent Partners but also those in training. Parent Partners and HHS commit to multiple joint-learning opportunities. Examples include but are not limited to: Parent Partners attending meetings, workgroups, and trainings within HHS offices to foster cultural change and build relationships; assisting HHS in meetings, committees, task teams, presentations, conferences, etc. to incorporate parent perspective; and instilling Community Partnership for Protection Children's four strategies and mission.

B. Eligibility Criteria for Parent Partners

The criteria for Parent Partners have been developed because it is critical that Parent Partners be viewed by the parents they are mentoring, HHS staff, court personnel, and other service providers as having overcome the issues that initially involved them with HHS. Meeting these criteria does not automatically designate someone as a Parent Partner, but instead gives a framework for recruiting potential Parent Partners.

Parent Partners have been involved with HHS due to child protection issues. At one time, their children were removed from their care and have since been successfully reunified. This includes parents who can only reside with their children under special conditions directed by the courts (i.e., substance use treatment or relative care).

Below are the agreed upon requirements that must be met for a person to be designated a Parent Partner:

- Maintain a high level of confidentiality regarding the parents that are being mentored.
- Have been reunited with a child or children for at least one year. Training may be started after six months of reunification.
- Have had at least one year to resolve issues related to termination of parental rights, or other permanency decisions where children were not reunited with the prospective Parent Partner.
- Have a healthy and stable family situation with no current child welfare involvement for safety issues.
- Have no founded child abuse report since assuming the role of Parent Partner or Parent Partner in Training.
- Have some flexibility to attend state and local meetings and trainings.
- Have been substance free (including alcohol) for one year if substance use was an issue.
- Evaluate any convictions on criminal charges using the protocol for resolving eligibility issues (Section D).
- Participate in all mandated training as well as individual and group supervision, including clinical support.
- Agree to demonstrate appropriate behavior that will reflect positively on the Parent Partner Program.
- Agree to share their experiences as a learning tool with other parents, community partners, and child welfare staff.
- Must be reviewed by HHS to identify current and/or ongoing concerns.

- Will be disqualified if any of the following apply:
 - Founded sexual abuse or listed on the sex abuse registry
 - Convicted in the death of a child

C. Roles Within the Parent Partner Approach

The Parent Partner Approach values the participation from individuals with a variety of backgrounds and personal level of commitments who are at different places in their lives, therefore the Approach offers an assortment of roles. Below are roles with associated duties that may be assumed by those parents and others affiliated with Parent Partners.

- a. **Parent Partner in Training** – This is a role only available to parents who have been reunited with their children for at least six months and who intend to become Parent Partners or have had at least one year to resolve issues related to termination of their parental rights or other permanency decisions where children were not reunited with the prospective Parent Partner. Opportunities available to these parents include any of the above-mentioned activities as well as the following requirements:
 - Adhering to Parent Partner criteria.
 - Attending Building a Better Future (BABF) training.
 - Attending Mandated Reporter Training, Boundaries and Safety Issues Training, Confidentiality Training, HHS 101, and Family Interaction Overview.
 - Attending Child Safety Conference Training and shadowing a Parent Partner at a Child Safety Conference.
 - Shadowing experienced Parent Partners.
 - Attending other required training as available.
- b. **Parent Partner in Training Mentoring** – This is a role only available to parents who, for at least one year, have been reunited with their children or who have resolved issues related to termination of their parental rights or other permanency decisions where children were not reunited with the prospective Parent Partner. These parents must meet all required criteria. See Section B – Criteria for Parent Partners. In addition, they must meet all guidelines associated with Parent Partner in Training requirements and the following trainings must be completed WITHIN ONE YEAR of committing to becoming a Parent Partner.

The following trainings and activities are required to be completed before becoming a Parent Partner:

- Domestic Violence (DV) 101, Mental Health, Family Focused Meetings, Cultural Responsiveness, and Substance Use Overview trainings.

- Must shadow and demonstrate skills with experienced Parent Partners overseeing the following activities:
 - Juvenile/CINA court process
 - Child Safety Conference (CSC)
 - Family Focused Meeting (FFM)
 - Face to Face visit with a parent
 - Specialty Courts (Family Treatment, Family Wellness, Infusion, etc.)
 - Other meetings to provide an opportunity for shadowing **may** include Bridge Meetings and Reunification Meetings.

- c. Parent Partner** – This is a role only available to parents who have met all requirements of the Parent Partner in Training and Parent Partner in Training Mentoring criteria. The Coordinator along with the potential Parent Partner must complete the Parent Partner Training Verification and Approval form with the appropriate signatures and submit the form to the State Coordinator to receive approval from the Department of Health and Human Services (HHS) Contract Manager. Once the HHS contract manager has approved, the Parent Partner shall be officially recorded as an approved Parent Partner.

Parent Partner Responsibilities

- Work intensively with parents to promote engagement in case plan activities via face-to-face visits, letters, emails, and/or phone calls.
- Help maintain connections between parents and children by supporting the parent to advocate for their rights.
- Assist in the goal of reunification and/or the development of appropriate alternative permanent plans.
- Provide a sense of hope and inspiration through encouragement, outreach, and connecting parents with resources.
- Maintain a high level of confidentiality regarding the parents that are being mentored.
- Support families by attending Child Safety Conferences (CSC) Family Focused Meetings, (FFM), court, treatment, recovery groups, or other gatherings with parents.
- Collaborate with the Parent Partner team including the Parent Partner Coordinator, planning committees, and others.
- Request re-assignment if there is a conflict or concern (including if the Parent Partner knows the birth family or lives in close proximity).
- At the request of the participant, the Parent Partner may provide support when the participant meets with the caseworker.
- Be available for community outreach and training to include:
 - Committees related to child welfare
 - Child Welfare HHS New Worker orientation

- Community Partnerships for Protecting Children (CPPC)
 - Speaking engagements and program awareness
 - Mount Pleasant Prison Parent Partner HHS awareness
 - Other meetings, trainings, and activities
- Complete the required mentoring and community outreach forms and documents and submit them to the Coordinator monthly.
 - Will report to the Coordinator if there are immediate and potential children safety concerns. See section D for Protocol for Addressing Potential Safety Concerns.
 - Will **not** baby-sit or transport children.
 - Will **not** be used to supervise visits with children but can be available as a support during or after visitation.
 - Perform other duties as needed.
- d. Lead Parent Partner** – This is a role only available to a Parent Partner who has at least two years direct experience as a Parent Partner, has demonstrated the ability to assist the Coordinator, and is approved by the Contract Manager.
1. If a Coordinator expresses interest in the need for a Lead Parent Partner for their specific site, the following steps apply:
Notify and discuss the option with the Service Area Coordinator. Items to be addressed:
 - The reason for a Lead Parent Partner
 - The total number of Parent Partners in the Coordinator’s covered area
 - The total number of families being served
 2. If it is determined that a Lead Parent Partner is needed, the following steps apply:
 - Service Area Coordinator will notify the State Coordinator
 - State Coordinator will contact Contract Manager for initial approval
 3. If it is determined by the State Coordinator and Contract Manager that a Lead Parent Partner is needed, the following steps apply:
 - Coordinator will notify Parent Partners of a Lead position
 - Coordinator will discuss the Lead Parent Partner form “Essential Duties and Responsibilities”Parent Partners interested in applying will write or type a letter of interest to include:
 - Number of years they have been with the Parent Partner Program
 - Qualifications
 - Education experience
 - Trainings attended/committees

- Coordinator and the HHS Liaison will meet with the potential Lead Parent Partners and make a recommendation to the Service Area Coordinator
- Service Area Coordinator will then notify State Coordinator of recommendation
- State Coordinator will then meet and discuss the Lead Parent Partner role with the recommended Lead Parent Partners and the Coordinator
- State Coordinator will then make a recommendation to the Contract Manager by submitting a “Lead Parent Partner Approval Form” and “Contractor Approval Log”
- Final determination and approval is given by the Contract Manager

Lead Parent Partner Responsibilities

Lead Parent Partners provide another level of peer support through coaching and mentoring Parent Partners in training and current Parent Partners. The Lead Parent Partner will work as a liaison between Parent Partners and the Coordinator. The Lead Parent Partner will be able to facilitate collaborative, supportive oversight among their assigned Parent Partner team, attend any community meetings approved by the Coordinator, support the Parent Partner about issues related to the delivery of mentoring services, and guide individuals to use the most effective approach to individual families. They will conduct follow-up activities as needed. In addition, the Lead Parent Partner will continue to mentor families.

- Will adhere to the Parent Partner Approach Handbook
- Maintain clear verbal and behavioral boundaries during all interactions in order to ensure the integrity of the program
- Use clinical consultant for any questionable issues
- Be available to participate in Eligibility Requirement meetings related to a Parent Partner
- Respond to Parent Partner questions and assist in identifying resources for the program and specific concerns they may have
- In pursuit of higher education or training to enhance abilities/competencies to attend meetings and support families
- Demonstrate good oral and written communication
- Report to Coordinator as assigned to address any issues or concerns that may pose conflict, difficulty, or border on crossing behavioral or legal boundaries
- Be able to effectively take direction from Coordinator
- Build collaborative networks with providers, court partnerships, local child welfare office, and the community
- Attend local steering committee and state advisory meetings and leadership meetings related to the Parent Partner program as assigned

- Possess, or be willing to develop, the skills necessary to discuss their experiences in workgroups, panels, and on various boards and committee as the parents' voice
- Be knowledgeable of issues related to the parent's needs in the child welfare system

e. **Parent Partner Specialist** - The Parent Partner Specialist is a position reserved for mentors that have had previous, successful experience serving in the role of Parent Partner. They will have a dual role in providing support to parents during Child Safety Conferences, in addition to providing training to new Parent Partners on various topics including Strategic Sharing and the *Building a Better Future* curriculum.

Parent Partner Specialist Responsibilities:

- Be assigned to support parents at Child Safety Conferences (CSC). Meet with the participant before the CSC, attend the initial and 10-day follow up meeting. Connect participants to community resources.
- Document all initial and 10-day CSCs attended on state approved spreadsheet.
- Serves an integral role in training Parent Partners on how to strategically share their story.
- Initiate ongoing personal and professional development opportunities that include speaking engagements, committee representation, trainings, conferences, etc. as available.
- Become master trainers of the *Building a Better Future* training model.
- Attend ongoing Service Area Steering Committee(s) meetings, State Advisory meeting and contract related to meetings.
- Maintain a high level of confidentiality.
- Utilize the standardized Parent Partner Program approved forms and paperwork.
- Work with the Parent Partner Management team to ensure all state required data into the Parent Partner database within the identified guidelines.
- Provide updates to the state director to include in quarterly/year end reports.
- Work collaboratively with the local coordinator and lead parent partners to ensure Iowa Parent Partner Approach and statewide protocols are followed.

f. **Parent Partner Coordinator** – This is a role that will successfully complete the Family Support Supervision course offered through the University of Iowa National Resource Center for Family-Centered Practice, as well as, the two-day supplemental Parent Partner Supervision training. In order to receive this certification, candidates must submit verification to the state program manager that all training requirements have been met.

Parent Partner Coordinator Responsibilities

- Provide oversight of services and day-to-day tasks such as compensation, job assignments, and programmatic issues.

- Develop and coordinate with HHS to determine individualized referral process and target populations.
- Coordinate with HHS and Parent Partners to implement participant assignment process ensuring that:
 - a. Confidentiality and mandated reporting requirements will be addressed throughout duration of involvement
 - b. The assigned Parent Partner will be most appropriate based on participant's initial or assessed needs
 - c. The assigned Parent Partner will be matched with a family based on shared experience, with consideration for noncustodial parenting
 - d. The Parent Partner will contact participant within two working days of assignment
 - e. The Parent Partner can request re-assignment if there is a conflict or concern (including if the Parent Partner knows the birth family or lives in close proximity)
 - f. Meet with the caseworker periodically during the duration of mentoring supports, as needed or requested by the participant
 - g. Once a case is assigned, it will remain open depending on the needs of the family and the levels of involvement
 - h. The Parent Partner cases can be closed at any time based on mutual agreement by all parties or by the participant
- Review Parent Partner cases in weekly supervision with Parent Partner to discuss ongoing issues and case concerns
- Ensure clinical support for the Parent Partner on at least a monthly basis for clinical issues that arise in the provision of services
- Foster ongoing personal and professional development opportunities to Parent Partners that include speaking engagements, committee representation, trainings, conferences, etc. as available
- Implement use of statewide standardized paperwork including Parent Partner quarterly reporting form and other forms that may be developed
- Enter all state required data into the Parent Partner database within identified guidelines
- Provide information for quarterly reports
- Provide, schedule, and attend required training for Parent Partners and Parent Partners in Training
- Ensure Parent Partners receive opportunities to review training information and learning upon completion of required Parent Partner trainings

- Assist Parent Partners in assessing needs for ongoing training and knowledge/skill development
 - Attend ongoing Service Area Steering Committee meetings, meet regularly with HHS liaison, and attend statewide meetings
 - Ensure the Service Area Steering Committee is informed on progress, receives quarterly reports, and steering committee recommendations are incorporated into planning and implementation
 - Ensure Iowa Parent Partner Approach statewide protocols are followed and are addressed appropriately
 - Implement monthly client file reviews by random selection
- g. Service Area Coordinators (SAC)** – This is a role that will have a strong understanding of the Parent Partner Approach and have experience working with HHS, courts, families, and communities. They will serve as manager for their service area, implement the planned strategy for their service area, and report to the Statewide Coordinator. Although they do not provide direct service to parents on an ongoing basis, they do provide the supervision to the Coordinators and are responsible for ensuring fidelity to the Parent Partner Approach.

Service Area Coordinator Responsibilities (SAC)

This will include ongoing submission and review of the data within the service area:

- Make sure that the program is meeting the needs of the families, and that there is capacity within all counties in the service area.
- Provide bi-weekly supervision facilitated by face-to-face and/or conference call meetings for the full and part-time Parent Partner Coordinators.
- Provide consultation in case of problems.
- Identify and coordinate all training and trainers for the service area.
- Meet with the Service Area HHS Liaison on a monthly basis for established, and bi-weekly to weekly for new or transitioning sites.
- Schedule, coordinate, and attend Service Area Steering Committee meetings and Parent Partner meetings.
- Collaborate with the Statewide Coordinator, Coordinators, and Parent Partners in marketing the program. This would include presentations; local, regional and state committee involvement; and developing marketing materials for the respective service area.
- Provide monthly client file audit by random selection.

- h. Parent Partner Voice & Inclusion Coordinator** – This role works under the general direction of the Statewide Parent Partner Director and is responsible for the parent voice with lived experience, diversity, and inclusion within the program. This position will work with local parent partner teams to increase visibility of the program and referrals of support.
- i. Quality Assurance Specialist** – This role works under the general direction of the Statewide Parent Partner Director to manage the agency’s grant funded Statewide Parent Partner Program quality improvement activities. Monitors and documents the level of compliance to adhere and keep consistency to grant performance measures and deliverables across the state. Manages corrective steps when needed to ensure compliance.
- j. Operations Coordinator** – This role works under the administrative oversight of the Statewide Parent Partner Director and is responsible for the daily operation of the Statewide Iowa Parent Partner program so that it conforms to agency policy and contractual requirements. This is a grant funded position contingent upon the availability of funds.
- k. Statewide Coordinator** – This is a role that will serve as the project manager with direct oversight and fiscal management of the statewide Parent Partner Program. Emphasis will be placed upon management of strong Service Area Coordinators and working with the Agency Contract Manager and Monitor. The Statewide Coordinator will reach out to key community stakeholders about the Parent Partner Approach.

D. Clinical Support

This role is a role of a licensed master-level clinician that will facilitate monthly group support sessions for Parent Partners. The focus of the clinical support will be on Parent Partner issues as related to families served. The clinician will help Parent Partners identify potential “triggers” and provide consultation and/or tools to address issues. They will promote self-care and an understanding of compassion fatigue/vicarious trauma.

They will collaborate with the Coordinator to identify additional Parent Partner supports and concerns. The clinician will be available as needed for individual sessions to assist with assessing needs and to facilitate problem solving. They may also be involved in protocol to resolve Parent Partner eligibility.

In preparation for these responsibilities, the clinician will:

- Understand the Parent Partner Approach by reviewing this Handbook, practice manuals, and required forms
- Complete Building A Better Future training
- Understand the Child Protective Service system

-
- Understand substance use, domestic violence, and mental health, as well as, the change process related to each of the issues
 - Maintain confidentiality within the program

E. Compensation

Parent Partners, Parent Partners in Training, Parent Partners in Training Mentoring and Lead Parent Partners will be compensated at a competitive rate for time and expenses for all Parent Partner-related activities including, but not limited to, mentoring supports, training, presentations, conferences, and meetings.

F. Service Area Steering Committee

Each HHS Service Area will have at least one steering committee, but there may be more than one. The Service Area Steering Committee membership includes HHS, Parent Partner, Parent Partner Coordinators, foster care parents, service providers, and other child welfare representatives (i.e., domestic violence, substance use, mental health, law enforcement, etc.). This steering committee meets at least quarterly to assess progress and provide guidance to the local sites.

G. Statewide Advisory Committee

Three representatives (Parent Partner, Coordinator, and HHS Liaison) from each Parent Partner Program shall attend a semi-annual meeting to provide feedback and guidance on implementation process, training improvement, policy recommendation and, peer support activities.

H. Protocol for Addressing Potential Safety Concerns

This protocol is intended to support Parent Partners as they mentor families to increase accountability, work toward recovery, and ensure safety for children. Participants will be made aware of the following protocol as part of the initial agreement to receive Parent Partner mentoring supports.

Parent Partners are required to report occasions of immediate and/or potential safety concerns. If a Parent Partner knows (observed or reported) that a participant they are working with has used a substance or had other concerning behavior related to child safety and/or their case plan, the Parent Partner will respond according to the situation:

- If the child is present or there is imminent danger, the Parent Partner will work with the Coordinator to make a referral for child abuse.

- If the child is not present, regardless of where the child is residing, there is still a potential for future safety concerns when the child returns home, the caseworker will be informed. Preference is for the Parent Partner to offer support for the participant to self-report to the caseworker. If they do not want to self-report, the Parent Partner will tell the parent they are required to tell the Parent Partner Coordinator, who will inform the caseworker.

I. Protocol for Resolving Eligibility Issues

This protocol is designed to promote individualized solutions for issues that face a Parent Partner (including Parent Partner in Training, Parent Partner in Training Mentoring, Lead Parent Partner). It is required **only** for those who wish to continue in their current role. This procedure will be followed if either of the circumstances below is alleged:

- Failure to meet eligibility criteria
- Performance and/or personal issues that interfere with the success of Parent Partners

Steps to Resolve Eligibility

1. The Coordinator will meet with the Service Area Coordinator (SAC) and Parent Partner to determine if the concerns are valid enough to continue with this protocol.
2. The Coordinator and the Service Area Coordinator (SAC), together with the local clinician, discuss the identified concern with the Parent Partner. They will discuss how the identified concern will affect the Parent Partner's ability to perform his or her roles.
 - After this conversation, if it is jointly determined that the concern does not impact the Parent Partner's eligibility to serve in his or her role, then the Parent Partner may continue as before.
 - After the conversation, if it appears the eligibility criteria are not met or the issue is unresolved and needs further attention, the Statewide Coordinator will be notified.
 - The Statewide Coordinator reviews, assesses the situation, identifies potential Review Team Members, and presents recommendations to the Management Team. Once the management team provides feedback and approval, the Statewide Coordinator organizes the Review Team and schedules a date for the first Review Team meeting.
 - The Parent Partner and the Review Team agree to have a decision-making and planning meeting, which will include a complete discussion of the situation and the development of a clearly defined behavioral specific plan. To ensure success for the Parent Partner and mentoring services, this plan will identify:
 - Time frames
 - Assigned responsibilities
 - Behavioral changes
 - Crisis planning

3. Required members for the Review Team will include the Parent Partner, Statewide Coordinator (or appointee) and members approved by Management, and a content expert (for example, substance use disorder treatment specialist for issues related to relapse). If a HHS assessment is involved, HHS will have a representative on the Review Team. Others who may attend include supports identified by the Parent Partner.
4. Possible outcomes may include, but are not limited to:
 - The Parent Partner continues in his or her role with additional oversight and/or assistance.
 - The Parent Partner may not mentor but may participate in activities such as attending clinical or coordination meetings with a plan to determine when and how he or she could resume Parent Partner mentoring.
 - The Parent Partner no longer meets the eligibility criteria for their current role. A plan may be developed and implemented to reinstate the individual when the eligibility criteria are met.

J. Training

The first seven trainings (*) are required before one-on-one mentoring can begin. Remaining supplemental trainings (8-12) are required to be completed within one year of acceptance to the Parent Partner Approach. The Parent Partner approval process is not considered complete until all 12 trainings are completed.

All additional supplemental trainings (2-12) must be provided by a qualified individual, address each identified objective, and shall be at least two hours or more in length. All training (other than BABF) can be provided individually or by group or media format, as long as it meets identified objectives. If there is related training being offered by another entity and it meets the identified objectives, this training may be used to meet the requirement.

1. Building a Better Future (BABF) Training *

- To be provided by two approved co-trainers: a Parent Partner and a child welfare professional
- Must follow state-approved curriculum
- Must be completed before Parent Partner can provide one-on-one mentoring

2. Mandatory Reporter Training *

To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of mandatory reporter training procedures

- Sites are encouraged to use local resources
- Must be completed before Parent Partner can provide one-on-one assistance

- Training ensures that participants will have the opportunity to learn:
 - a. The history of when the law was enacted in Iowa and important definitions like MD Teams, Child Protection Centers and Safe Havens
 - b. Who is considered a permissive mandated versus a mandatory reporter
 - c. Each category of abuse in Iowa
 - d. How a report is made
 - e. The three findings that are possible in a child abuse assessment: founded, confirmed not on the registry, and not confirmed

3. **Boundaries and Safety Issues Training ***

To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of basic boundaries, ethics, and safety issues in a professional atmosphere with special attention to children, families, domestic violence, substance use, mental health, etc.

- Sites are encouraged to use qualified local resources
- Must be completed before Parent Partner can provide one-on-one assistance
- Training ensures that participants will have the opportunity to:
 - Learn the importance of appropriate boundaries to the working relationship, positive outcomes, and their own mental health
 - Learn how to set and maintain appropriate physical and emotional boundaries between themselves and those they will mentor
 - Learn about types of potentially harmful dual relationships when working as a Parent Partner: intimacy, emotional/dependency, personal benefit/gain, etc.
 - Learn tips and methods to avoid falling into the above dual relationships
 - As a group define and discuss ethical behaviors of Parent Partners to include, but not limited to: behavior in the working relationship, behavior when not acting as a Parent Partner, empowerment, dual relationships, confidentiality, honesty, self-disclosure, conflicts of interest
 - Learn about the importance of self-care
 - Discuss potential conflicts and resolve as a group
 - Gain awareness of consequences and/or responsibilities of unethical behavior

4. **HHS 101 Training ***

To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of Iowa HHS practices, protocol, and procedures.

- Sites are encouraged to use local resources
- Must be completed before Parent Partner can provide one-on-one assistance
- Training ensures that participants will have the opportunity to:

- Gain an understanding of HHS role
- Articulate justifications for removal
- Navigate through a case plan and other basic court documents
- List the types of placements available to youth in HHS custody
- Gain a general understanding of the Child and Family Service Review (CFSR) and required federal outcomes on how these affects families
- Articulate the intake process
- Explain the types of court hearings
- Gain an understanding of Differential Response

5. Family Interaction Overview Training *

To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of Family Interaction plans, policies, and procedures.

- Sites are encouraged to use local resources
- Must be completed before Parent Partner can provide one-on-one assistance
- All Parent Partners in training will need an initial understanding and overview of Family Interaction
- Training ensures that participants will have the opportunity to gain a clear understanding of a Family Interaction Plan including:
 - The primary purpose of family interaction
 - Clearly identify the goals of Family Interaction
 - Have knowledge of the Family Interaction Guidelines including language such as threats of maltreatment, child vulnerability, and protective capacities
 - Identify and understand the safety assessment outcomes including unsafe, conditionally safe, and safe

6. Confidentiality Training *

To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of confidentiality.

- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - Understand the philosophy behind confidentiality and HIPPA
 - Learn the procedures on handling confidential paperwork
 - Understand release
 - Communicate with professionals
 - Social encounter with families being mentored
 - Understand the consequences of using social media

7. Child Safety Conferences*

Child safety conferences (CSC) are one part of Iowa's Family Preservation Services, and a way to assure family connections are always strengthened and preserved. CSC's can occur at the beginning of a case, or at any point throughout of the life of a case. A CSC is held when the family is most vulnerable and a plan is developed to keep families together, when safely able to do so. CSC's should include the family, the HHS worker and a Parent Partner, if the family agrees to voluntary support from a Parent Partner.

- All Parent Partners will need an understanding and overview of the CSC process.
- To be facilitated by a qualified individual or group who has appropriate combination of experience with and knowledge of CSC's process and purpose.
- Sites are encouraged to use local resources.

Role of the Parent Partner at a CSC:

- Engage and prep the parent before the scheduled time for the CSC
- Can contact the parent by phone or in person before the CSC
- Discuss ways the Parent Partner can support before, during and after the CSC
- Can assist with concurrent planning
- Remain professional and supportive during the meeting
- May offer to take notes during the meeting for the parent
- Remember purpose of meeting, ensure child safety
- Empower parent to utilize their voice and advocate
- Encourage formal and informal supports at the CSC

Role of the Parent Partner Coordinator:

- Provide contact information for referral to Parent Partner as soon as possible.
- Ensure contact information is accurate.
- Support the Parent Partner before and after the CSC.
- Instruct Parent Partners on key phrases to use during a CSC that does not allow to break confidentiality.

Supplemental Trainings (8-12)

The following supplemental trainings are required to be completed within one year of acceptance to the Parent Partner Approach. A Parent Partner may complete these trainings while providing one-on-one mentoring. The approval process is not considered complete until all 12 trainings are completed. Additional supplemental training may be provided as indicated by local need or interest.

All training (other than BABF) can be provided by an individual or group or media format that is able to assure the stated objectives can be met. Trainings may be provided more than once if determined necessary.

8. Domestic Violence (DV) 101 Training

- To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of DV issues
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - Learn dynamics of domestic violence via use of the Power and Control Wheel
 - Examine myths and stereotypes about victims and perpetrators of domestic violence and learn how those myths and stereotypes perpetuate domestic violence in our society
 - Learn about the impact of domestic violence on children and parenting skills
 - Learn common techniques for working with domestic violence victims (interviewing skills, active listening, avoiding victim-blaming, etc.)
 - Learn about the impact of intervention on safety for victims of domestic violence and their children
 - Learn basic safety planning techniques for victims
 - Learn basic safety planning techniques for themselves when working in a home with known domestic violence issues
 - Learn how to examine one's own past or present experiences with domestic violence in order to ensure proper emotional boundaries and appropriate work with birth parents

9. Mental Health Overview Training

To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of mental health issues.

- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - a. Understand the impact of mental health challenges or disorders on individuals and families
 - b. Learn what causes stress and depression
 - c. Distinguish the definition and kinds of depression (including but not limited to seasonal, post-partum, bereavement, clinical, bi-polar)
 - d. Different types of mental health care treatment options
 - e. Signs and symptoms of various mental health disorders
 - f. Learn facts about suicide and resources available for those struggling with thoughts of suicide
 - g. Know the environmental and sociological influences of mental health

- h. Hear examples of how to help individuals with mental health issues and learn what not to say or do
- i. Ask questions about suicide, depression, and mental health
- j. Build their skills regarding mental health and suicide prevention in their area

10. Family Focused Meeting (FFM)

“Family Focused Meeting” or “FFM” means a gathering of family members, friends, formal and informal supports, with the assistance of the meeting facilitator, to draw on past successes of the family in problem solving and work in partnership with the family to enhance the safety of children. Motivational Interviewing, family engagement and relapse prevention strategies will be utilized in the facilitation of the meeting.

- All Parent Partners in training will need an understanding and overview of FFM
- To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of facilitating FFM practice and purpose
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to learn the skills to:
 - a. Understand the purpose and goals of Family Focused Meetings
 - b. Recognize all families’ have strengths
 - c. Treat all families with dignity and respect
 - d. Understand families can make well-informed decisions about keeping their children safe
 - e. Encourage and support families to make decisions and plans
 - f. Improve outcomes by involving families in the decision-making process
 - g. Use a strength-based approach instead of a deficit-based model
 - h. Produce positive solutions for change with a team approach
 - i. Be open and honest with the family and staff
 - j. Accept families’ definition of their members, that may extend beyond the primary birth family
 - k. Meet the unique situations and needs of the families with individualized plans
 - l. Implement non-conventional and creative solutions
 - m. Respect if child abuse or child neglect are involved, the child welfare agency approves the plan based on safety, permanency, and stability for the child/ren
 - n. Enhance family plans with Family Focused Meetings throughout the life of the case

11. Cultural Responsiveness Training

To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of a particular cultural issue within or pertinent to the local site's coverage area, therein including state, domestic, foreign, and/or global interests.

- Cultural responsiveness trainings should not be limited to race, but can include ethnic background, religion, gender identity, sexual preference, economic status, single parenting, lack of natural and/or professional resources, extended family connections and other family dynamics, blindness, rural versus urban living, etc.
- Sites are encouraged to use local resources

12. Substance Use Overview Training

To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of substance use issues.

- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - Learn what addiction is
 - Differentiate between manifested addiction within men and women
 - Recognize a connection between substance use and mental health disorders
 - Identify the impact of substance use and misuse, and production of methamphetamines on children
 - Learn about effective treatment and recovery
 - Recognize readiness to change
 - Motivate parents into treatment and enhance treatment readiness
 - Support recovery and enhance treatment effectiveness

Ongoing Training and Development

After the Parent Partner completes all the initial training requirements, additional ongoing training opportunities will be beneficial to the Parent Partner in further developing their role to support and mentor parents. This may include topics such as, but is not limited to:

- maintaining boundaries
- safety in high risk or crisis situations
- overview of drug testing protocols and policies
- cultural diversity and responsiveness
- mental health and crisis intervention
- social-emotional well-being
- supporting parents during termination proceedings

The Coordinator will assist the Parent Partner in identifying further opportunities for training and development based on the Parent Partner's individual needs.

K. Building a Better Future Trainer

In order to be approved as a BABF trainer, a Parent Partner and a professional must have prior approval from the Statewide Coordinator and the Contract Manager before they can begin the application process.

Criteria to Become an Approved Building a Better Future Trainer

For applications to become an approved trainer, contact the state program manager. Applicants must meet the following criteria:

- Has experience working with Parent Partner Approach and knowledge of Iowa protocol and philosophy
- Is available for training
- Participates/observes a BABF training within the last two years and attends all additional required Parent Partner training as identified in Parent Partner Approach Handbook
- Is able to commit to and participate in the annual Train-the-Trainer workshop
- Co-trains at least two complete BABF trainings with a Master Trainer
- Presents all modules of BABF and receives a satisfactory on completed evaluations from Master Trainer
- Attends the annual Train-the-Trainer session
- Submits a completed application to the Statewide Coordinator

Become Building a Better Future Master Trainer

In order to be approved as a BABF Master Trainer, a Parent Partner or a professional must have prior approval from the Statewide Coordinator and the Contract Manager before they can begin the application process.

Criteria to Become an Approved Master Building a Better Future Trainer

- Is an approved BABF trainer, or has completed the necessary requirements to become an approved trainer
- Has facilitated at least four BABF trainings after becoming an approved trainer
- Received an average participant evaluation rating of four for trainings provided on the BABF curriculum
- Is willing and able to coach and mentor trainees
- Attends the annual Train-the-Trainer session
- Submits a completed application to the Statewide Coordinator