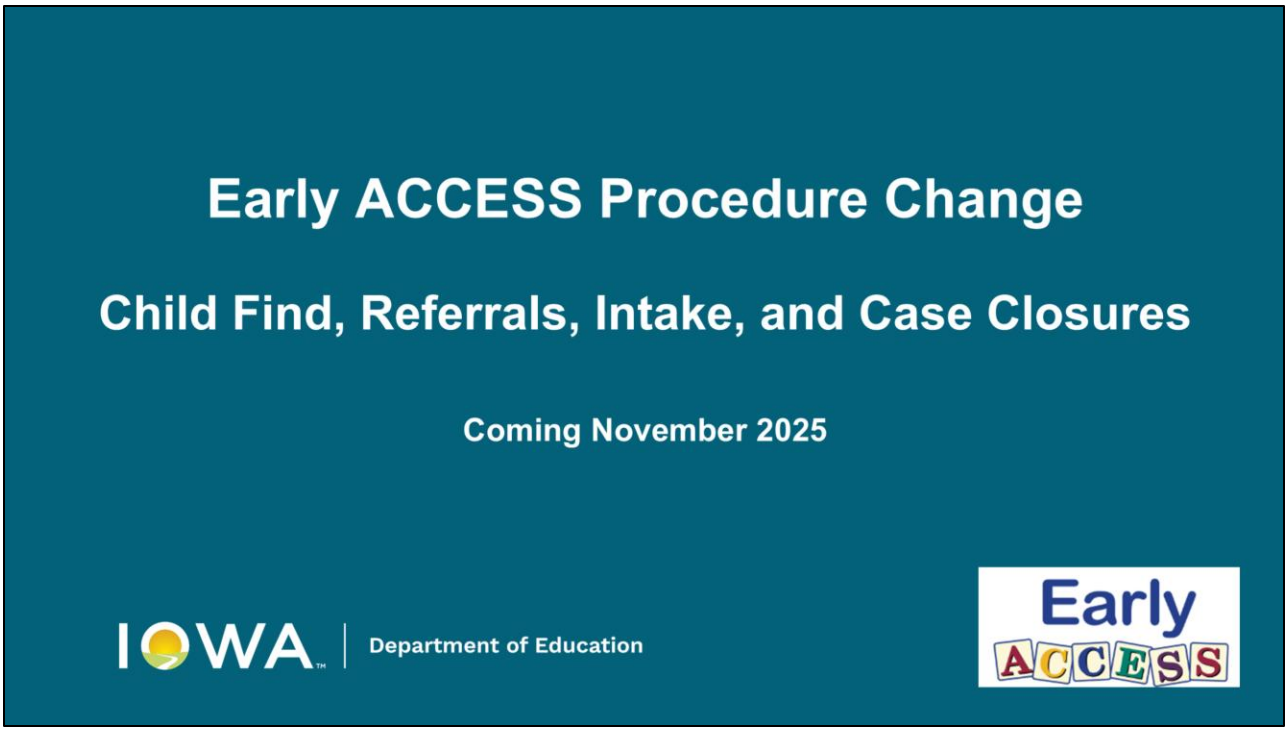


In this presentation we are going to inform you of changes to Early ACCESS Procedures that will be released November7 2025. The changes are coming to the Child Find, Referrals, Intake and Case Closures section of Procedures.

Before we dive into the change in the Early ACCESS Procedures, we want to give some background and the why behind them.

Background & The Why Behind the Change

Children birth to age three who have been found to be a victim of child abuse, by law, are to be referred to early intervention. Therefore, Iowa Department of Health & Human Services, which I will refer to as HHS throughout this presentation, refers each child who has a founded case of child abuse to Early ACCESS. I will refer to these referrals as HHS CAPTA referrals. CAPTA stands for The Child Abuse Prevention Treatment Act, which is the federal law that requires the referral for these children to early intervention.

Over the years, Early ACCESS has made changes to the CAPTA referral process with the hope it would increase engagement with families who were referred by HHS due to a founded child abuse. Even with changes, Early ACCESS continues to have a low rate of these families responding to Early ACCESS contact attempts or if spoken with, low numbers are interested in consenting to a post-referral screen and/or full developmental evaluation.

Early ACCESS continues to look at data and have conversations regarding referrals and we continue to ask, “how can we improve this process, so that we reach more families with the hope of screening or evaluating them?” The next slide will share some data Early ACCESS has reviewed.

CAPTA Referral Data

Number and Percent of Referrals by Referral Source
Time Period: 7/1/2023 through 6/30/2024

Referral Source	Number of Referrals by Source	Percent of Referrals by Source
Child Health Specialty Clinics	78	0.87%
Daycare/Child Care	147	1.65%
Department of Health & Human Services-CAPTA	2310	25.91%
Department of Health & Human Services-NON CAPTA	131	1.47%
Domestic Violence Shelter and Agencies	1	0.01%
Family Support Services (e.g., Parents as Teachers, Nurse Family Partnership)	154	1.73%
Head Start and Early Head Start	145	1.63%
Homeless Shelter	7	0.08%
Hospital/NICU/High Risk Infant Follow-up Program	788	8.84%
Other Family/Friend	32	0.36%
Other Public Health, Clinic, Health Care Providers or Social Service Agencies	461	5.17%
Out of State Part C	29	0.33%
Parent/Foster Parent	1953	21.91%
Primary Care/Physician	1764	19.79%
School/Area Education Agency	119	1.33%
State Early Hearing Detection and Intervention Program (EHDI)	8	0.09%
Title V Agencies (i.e., 1st Five, EPSDT Child Health)	687	7.71%
Women, Infant and Children (WIC)	101	1.13%
Total	**8915**	

During July 1, 2023 – June 30, 2024, HHS CAPTA referrals were ¼ (25%) of the Early ACCESS referrals. This was approximately the same percent the prior year, 2022-2023 CAPTA referrals were 27%.

CAPTA Referral Results

Referrals Received, Ended, on IFSP, and Open by Referral Source
Time Period: 7/1/2023 through 6/30/2024

Referral Source	# of Referrals	# on IFSP	% on IFSP	# of Open Referrals	% of Open Referrals	# Referrals Ended	% Referrals Ended
Child Health Specialty Clinics	78	49	62.82%	0	0.00%	29	37.18%
Daycare/Child Care	147	58	39.46%	1	0.68%	88	59.86%
Department of Human Services	131	31	23.66%	0	0.00%	100	76.34%
Department of Human Services CAPTA	2310	100	4.33%	0	0.00%	2210	95.67%
Domestic Violence Shelter and Agencies	1	0	0.00%	0	0.00%	1	100.00%
Family Support Services (e.g., Parents as Teachers, Nurse Family Partnership)	154	74	48.05%	0	0.00%	80	51.95%
Head Start and Early Head Start	145	87	60.00%	0	0.00%	58	40.00%
Homeless Shelter	7	0	0.00%	0	0.00%	7	100.00%
Hospital/NICU/High Risk Infant Follow-up Program	788	370	46.95%	0	0.00%	418	53.05%
Other Family/Friend	32	17	53.13%	0	0.00%	15	46.88%
Other Public Health, Clinic, Health Care Providers or Social Service Agencies	461	213	46.20%	0	0.00%	248	53.80%
Out of State Part C	29	11	37.93%	0	0.00%	18	62.07%
Parent/Foster Parent	1953	1139	58.32%	1	0.05%	813	41.63%
Primary Care/Physician	1764	778	44.10%	0	0.00%	986	55.90%
School/Area Education Agency	119	69	57.98%	0	0.00%	50	42.02%
State Early Hearing Detection and Intervention Program (EHDI)	8	3	37.50%	0	0.00%	5	62.50%
Title V Agencies (i.e., 1st Five, EPSDT Child Health)	687	336	48.91%	1	0.15%	350	50.95%
Women, Infant and Children (WIC)	101	48	47.52%	0	0.00%	53	52.48%
Total	**8915**	**3383**		**3**		**5529**	

This slide shows number of referrals by each referral source, and the number and percent of referrals that went onto an IFSP, number and percent of referrals open at time of data pull, and number and percent of referrals that were closed.

July 1, 2023 to June 30, 2024 HHS CAPTA referred 2310 children. Of the 2310 referrals, 100 of those went onto an IFSP which is 4%, there are 0 open referrals at the time of the data pull and 2210 CAPTA referrals, 76% were closed.

CAPTA Referral Results

Referral Results by Referral Source
Time Period: 7/1/2023 through 6/30/2024

Referral Result	Statewide		Health & Human Services-CAPTA		Health & Human Services		Parent		Primary Care/Physician	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
On IFSP	3383	37.95%	100	4.33%	31	23.66%	1139	58.32%	778	44.10%
Referral Remains Open	3	0.03%	0	0.00%	0	0.00%	1	0.05%	0	0.00%
Deceased (DEC)	3	0.03%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Contact, No Response (CNR)	1768	19.83%	869	37.62%	32	24.43%	109	5.58%	288	16.33%
Consent, Lost Contact (CSL)	71	0.80%	10	0.43%	2	1.53%	10	0.51%	23	1.30%
Consent, Withdrawn (CSW)	98	1.10%	6	0.26%	0	0.00%	27	1.38%	25	1.42%
Eligible, Declined (EDI)	305	3.42%	19	0.82%	6	4.58%	100	5.12%	63	3.57%
Evaluated, Not Eligible (ENE)	778	8.73%	105	4.55%	19	14.50%	261	13.36%	173	9.81%
Contact, Not Interested (PNI)	2182	24.48%	1064	46.06%	33	25.19%	231	11.83%	373	21.15%
Screened, Declined Eval (SDE)	290	3.25%	113	4.89%	8	6.11%	75	3.84%	41	2.32%
Unable to Located (UNL)	34	0.38%	24	1.04%	0	0.00%	0	0.00%	0	0.00%
Total	**8915**		**2310**		**131**		**1953**		**1764**	

On this slide, we see the case closure reasons for the 2210 referrals that were closed. 46% of referrals were closed after Early ACCESS was able to contact and speak with the family, and the family was not interested in proceeding with a post referral screen or evaluation. 37% of referrals, Early ACCESS got not response from the family.

Project Goal

Iowa Department of Health & Human Services (HHS) & Early ACCESS Continuous Improvement Project

1. Increase conversations about Early ACCESS with HHS CAPTA referrals.
2. Increase Post-Referral Screening and/or Evaluation for these referrals.
3. For children found eligible, consent to Early ACCESS services.

After continued conversation and reviewing data, in December of 2024 Early ACCESS and HHS representatives gathered to develop a Continuous Improvement plan related to the HHS CAPTA Early ACCESS referral process. The workgroup looked at the HHS process and the Early ACCESS process. The goals of the project were: increase conversations with families, increase post referral screening and/or evaluations, and if the child is found eligible- increase the number that enroll in Early ACCESS.

Recommendations

HHS & Early ACCESS Workgroup Recommendations

•**Timeline Adjustment**

Rationale: Adjusting the timeline will allow families more time between being informed by HHS of founded child abuse and when EA engages them in participating in their services. The initial crisis could be resolved some and the assigned ongoing Social Work Case Manager (SWCM) is more likely to be identified by this time.

Action: EA procedures would need to be revised to address contacting CAPTA families.

The workgroup had several recommendations for Early ACCESS and HHS.

Recommendations from the group include:

- Early ACCESS send written information about Early ACCESS to these families prior to contacting the family.
- During the child protection assessment, have the HHS child protection worker obtain a signed exchange/release of information to Early ACCESS and store in HHS data system, upload the release with the Early ACCESS referral.
- HHS add the date Early ACCESS was discussed with the family on the child protection worker transfer sheet. The transfer sheet is given to the social work case manager aka the ongoing worker. This would help ensure and remind HHS workers to have the conversation.
- HHS change the HHS data system to have the ongoing worker on the Early ACCESS referral vs the child protection worker who completed the child abuse investigation. By the time Early ACCESS gets the referral the child protection worker is no longer working with the family.
- Early ACCESS should adjust the timeline for contacting families after the referral is made. This would allow time for the dust to settle after going through the HHS investigation.
- Early ACCESS inform HHS that contact attempts are not being successful by sending case closure letter to the referral source.

After reviewing the recommendations, Early ACCESS looked at what

recommendations were within in our control and doable. Adjusting the timeline for contacting referrals was one of a few of the recommendations we could tackle sooner than later.

Feedback

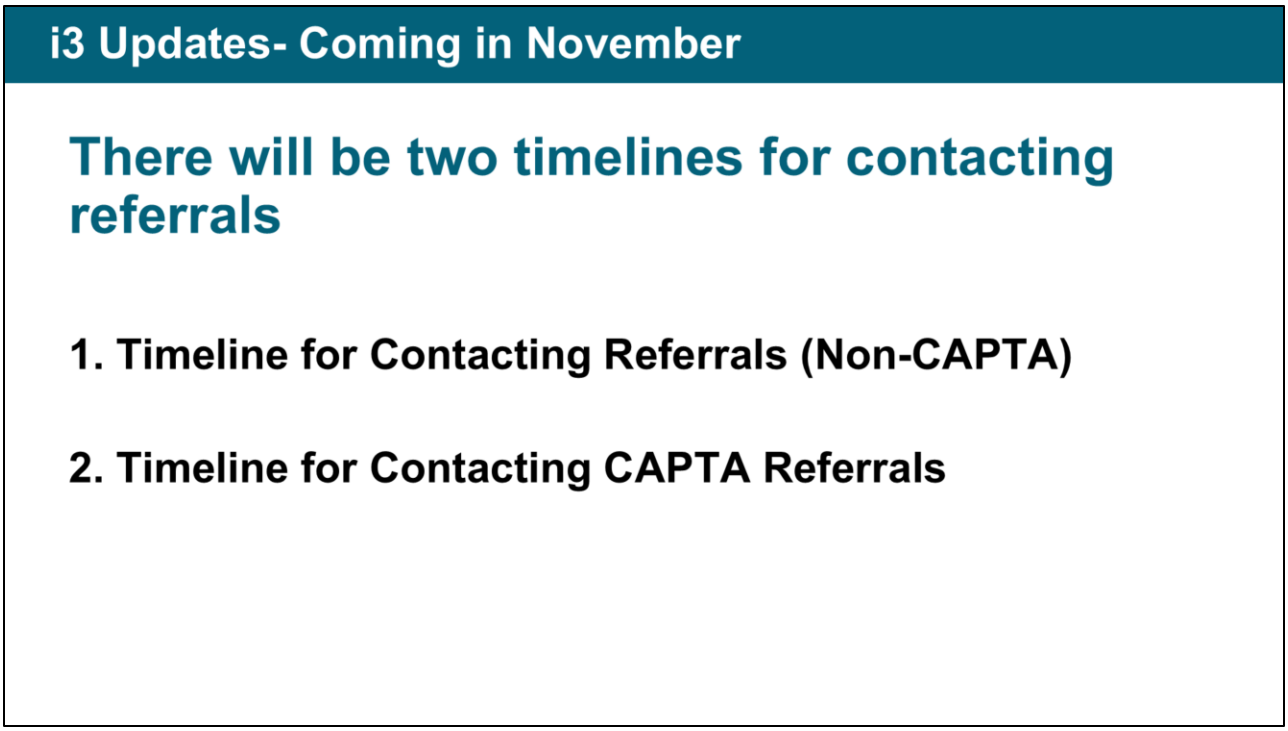
Parent Partner Feedback

•Early ACCESS outreach should occur a couple weeks after the initial crisis, parents are not able to really 'hear' the information you are providing shortly after crisis. They may not be in the right state of mind, especially if they are actively using.

The workgroup recommendations were shared with HHS Parent Partners. Parent Partners have experienced removal of children from their primary care and have since experienced successful reunification or resolution around termination of their parental rights. It is these experiences that make Parent Partners beneficial to families who are currently receiving services due to child protection issues. Parent Partners can offer hope, realistic advice, and advocacy for families. In addition, they form a critical link between the HHS worker, other professionals, and the family.

On this slide we share the Parent Partner feedback. The Parent Partners stated "Early ACCESS outreach should occur a couple weeks after the initial crisis, parents are not able to really 'hear' the information you are providing shortly after crisis. They may not be in the right state of mind, especially if they are actively using."

We value the Parent Partner feedback as these individuals have been through the HHS process and some had children birth to 3 years who were referred to Early ACCESS. Based on their feedback and the recommendation of the HHS & Early ACCESS continuous improvement workgroup, Early ACCESS has changed the timeline for contacting HHS CAPTA referrals.



On November 7, 2025, the Early ACCESS Procedures will have two different timelines for contacting referrals. There will be a Timeline for Contacting Referrals (Non-CAPTA) – referrals from parents, physicians, grandparents and childcare; and a Timeline for Contacting CAPTA Referrals. There are other changes to the Child Find, Referrals, Intake and Case Closures section of procedures. Most are organizational changes or revising text to shorten or provide clarity; however, this procedural change having to do with the timeline for contacting referrals is one we wanted to address.

i3 Updates- Coming in November

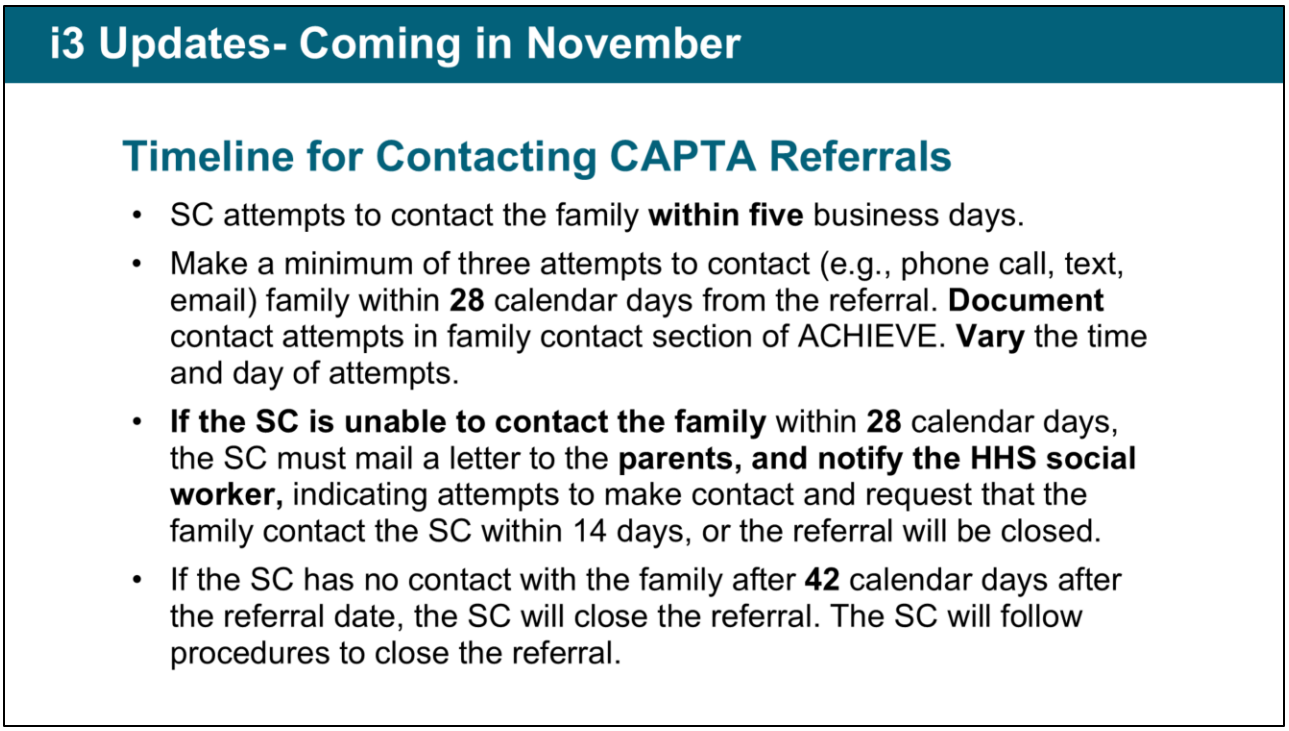
Timeline for Contacting Referrals (Non-CAPTA)

- SC attempts to contact the family **within two** business days.
- Make a minimum of three attempts to contact (e.g., phone call, text, email) family within **14** calendar days from the referral. **Document** contact attempts in family contact section of ACHIEVE. **Vary** the time and day of attempts.
- If the SC is unable to contact the family within **14** calendar days, the SC **must mail a letter** to the **parents** indicating attempts to make contact and request that the parents contact the SC within 14 days, or the referral will be closed.
- If the SC has no contact with the family after **28** calendar days after the referral date, the SC will end the referral. The SC will follow procedures to end the referral.

The Timeline for Contacting Referrals (Non-CAPTA) procedures is mostly the same as the current procedure. Service coordinators (SC) will contact family within 2 business days of getting the referral assigned and make three attempts to contact the family within 14 calendar days. We no longer use “drive-by home” as an example for contacting the family. Rather, we have included texting or emailing as examples of contacting the family.

When contacting the family, do not make consecutive/successive contacts to meet the minimum three attempts to contact. Rather, spread out the contact attempts to allow families time to consider the referrals that may have been made on their behalf to multiple resources. Vary the day of the week and times when reaching out. If they don’t answer a phone call- try a text. Wait a few days and try again at a different time of day.

After documenting attempts to reach the family in the family contact section of ACHIEVE, and after 14 calendar days, the SC will mail a letter to the parents and if there is no response, the SC will close the referral after 28 calendar days and follow procedures for ending a referral.



This is the new procedure- Timeline for Contacting CAPTA Referrals.

For children referred by HHS due to having a founded case of abuse aka a CAPTA referral, the SC will contact the family within five business days. This doesn't mean you must wait five days; we are attempting to create some space to allow these families some breathing room. Every situation is different, there may be times, let's say it's 3 or 4 days that the SC waits to reach out- when you reach out, simply to acknowledge the referral and partner with the family on deciding together the next best time to talk about EA in more detail.

The SC will make a minimum of three attempts to contact the family within 28 calendar day. Do not make consecutive/successive contacts to meet the minimum three attempts to contact. Spread out the contact attempts, try different time of days, different methods to allow families time to adjust to participating with HHS and other community services.

After documenting attempts to reach the family in the family contact section of ACHIEVE, and after 28 calendar days, the SC will mail the case closure letter to the parents AND the HHS social worker. A release is not needed, since HHS is a signatory agency of the Early ACCESS system. If the family doesn't respond to the SC attempts the referral will be closed after 42 calendar days.

The adjusted procedure is being implemented to acknowledge the importance of

service coordinators connecting with parents in a way that is sensitive and trauma-informed. This is an effort to giving some time for parents being able to hear what is being shared with them because they may be more regulated, however it doesn't really get at the importance of the service coordinator's approach. Our approach with families is important, the words we use are important- so while this new procedures may not get to language or approach- we hope it helps us acknowledge the importance of connection.

i3 Updates- Coming in November

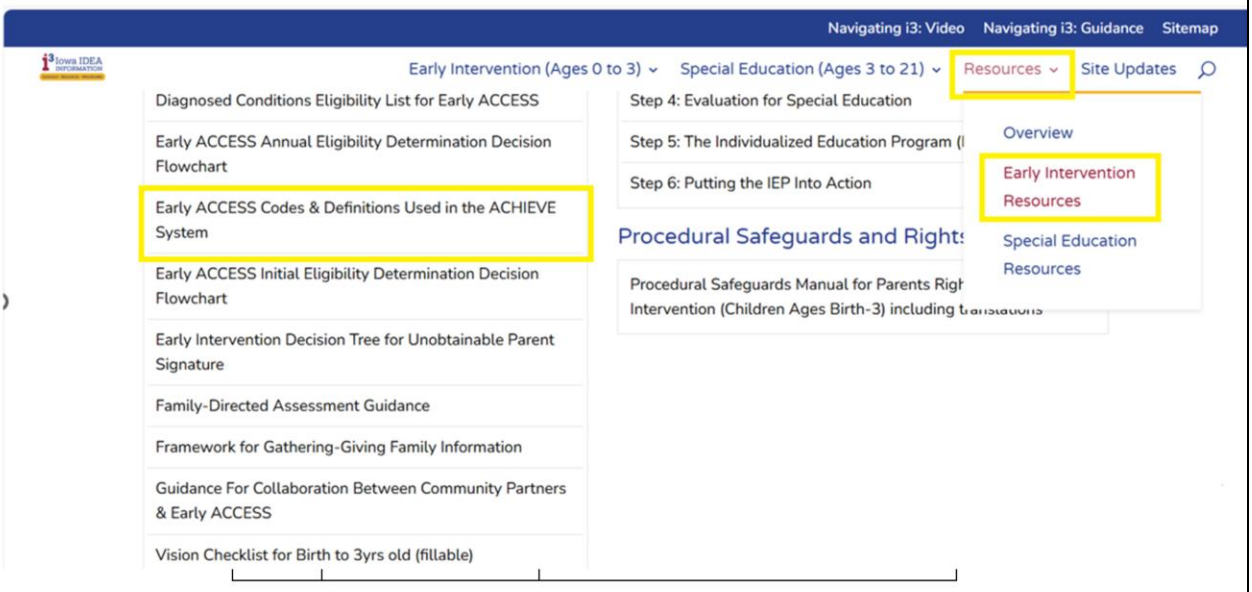
Timeline for Contacting CAPTA cont'd

- If the service coordinator is contacted by the family within 28-42 calendar days from the referral, and is interested in Early ACCESS, the SC will make continue with intake process and schedule a first visit with the family.
- At initial IFSP meetings if the 45-day timeline is not met due to delay in contact with the family, indicate the reason the timeline was not met as a "family" reason.
- If the service coordinator is contacted by the family after the referral is closed, then the service coordinator will open a new referral.

If the family does contact the service coordinator between 28-42 days from the referral, the team will continue with the intake process. If the child is evaluated and found eligible and the 45-day timeline cannot be met due to the family's untimely response to the SC contact attempts, the SC will use "family" as the delay reason. All contact attempts are documented in the family contact section of ACHIEVE, thus there will be documentation supporting the "family" reason for the delay in the IFSP.

If the referral is closed on day 42 and the family finally contacts the SC, the SC will open a new referral.

End & Delay Codes in ACHIEVE



If you would like more information about end codes and/or delay codes, there is a resource on i3 titled Codes and Definitions Used in the ACHIEVE System - Early Intervention. This slide shows a snip of the document. The link to the resource is on the slide.

Here is an image showing where on the i3 website you can locate the Codes & Definitions Used in the ACHIEVE System document. You will go to Resources at top right of page, then click Early Intervention Resources. The Codes & Definitions document is under Evaluations.

Here is the URL to the document: https://iowaideainformation.org/wp-content/uploads/2020/06/Codes-and-Definitions-in-Early-ACCESS-ACHIEVE-508-checked-final-March-2024.pdf

Communicating with HHS

Early ACCESS HHS Liaison

Abby Patterson

Email: abby.patterson@hhs.iowa.gov

Backup

Meghan Miller

Email: meghan.miller@hhs.iowa.gov

If you are a service coordinator and have difficulty reaching the family, and you have unsuccessfully contacted the HHS worker on the referral to verify or get updated contact information on the family, you can reach out the HHS Early ACCESS Liaison, Abby Patterson. Abby can assist in contacting the HHS worker. If you have questions on who to send the case closure letter within HHS, please reach out to Abby for assistance.

In the event Abby is out of the office or unavailable, contact Meghan Miller another Early ACCESS Liaison employed by HHS.

Reminder: Service Coordinator Competency Course

Service Coordinator Training

Staff assigned to complete the responsibilities of a service coordinator involving initial contacts with families referred to Early ACCESS are encouraged to complete the one component of the SC Competency Course. Individuals making initial contacts are not required to attend Service Coordinator Capstone Workshops and Receive feedback after a home visit observation.

Important information about the Service Coordination Course: Early ACCESS Service Coordinator Competency Course Overview

To get enrolled in the course, contact your Early ACCESS Liaison at your agency.

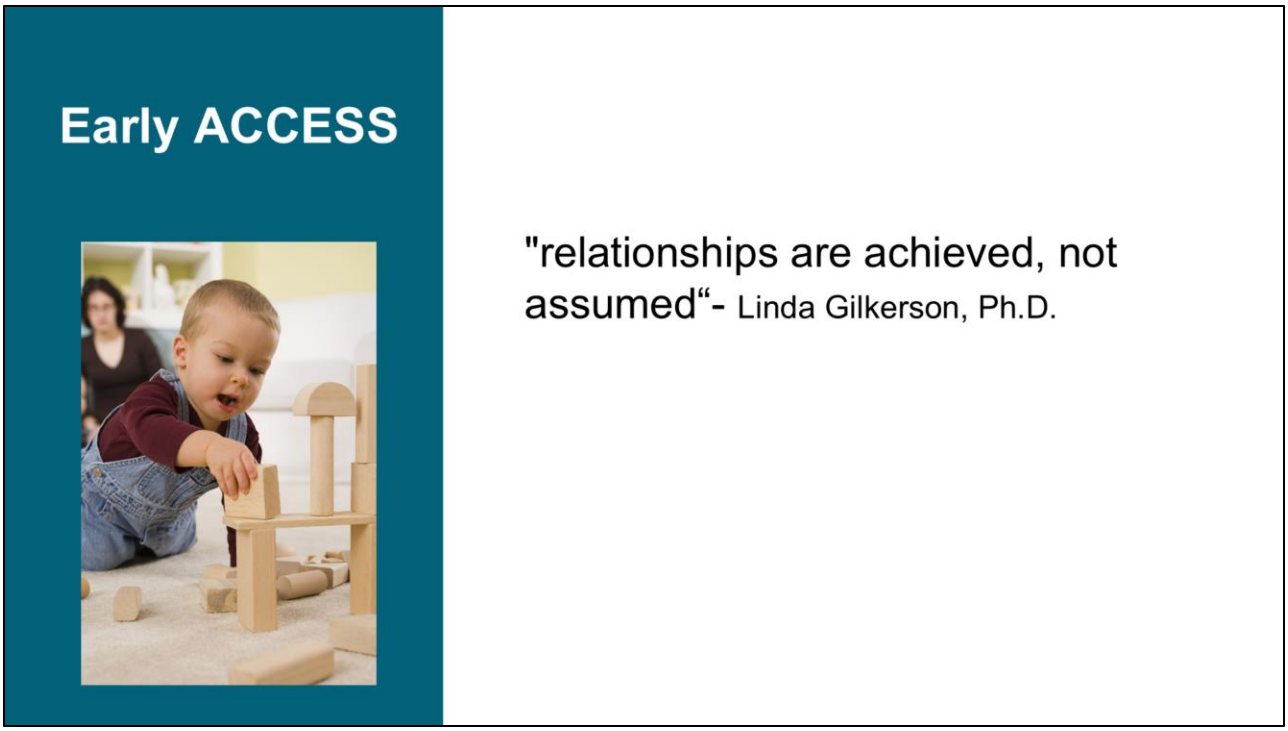
We would like to inform and or remind Early ACCESS service coordinators of The Early ACCESS Service Coordinator Competency Course. This course is for all new, or newly appointed, Service Coordinators. The course is housed on UI Learn. The course is required for new Early ACCESS service coordinators and their assigned mentors.

However, there are some staff that are not providing service coordination but are responsible for making initial contacts with families referred to Early ACCESS- these individuals should complete the modules but are not required to complete two of the training components. They do not need to attend service coordinator capstone workshops and receive feedback after a home visit observation. If you are not a new service coordinator, but are interested in viewing the course, there is a “review” course that you can be enrolled in to have access to the content.

Important information about the Service Coordination Course and mentoring requirements is described in the Early ACCESS Service Coordinator Competency Course Overview, which is posted on the Iowa Family Support Network in the Service Coordinator Training section of site.
Link: https://www.iafamilysupportnetwork.org/wp-content/uploads/2025/08/Early-ACCESS-Service-Coordinator-Competency-Course-Overview.docx.pdf

To access the course or the review course, reach out to the Early ACCESS Liaison

within your agency to get enrolled.



Linda Gilkerson, Ph.D. , has extensive experience with infant studies. She is the founder of the Fussy Baby Network at Erikson Institute. Gilkerson's areas of expertise are early intervention with infants and families, with special emphasis on high-risk children in hospital settings, teacher and caregivers' education about brain development and supporting the parents of fussy babies.

Dr. Gilkerson did a pilot project in Illinois Part C on implementation of a relationship-based model for promoting social emotional development in Part C early intervention. The pilot had several goals, one was to support the social emotional development for all children in early intervention. There is much we can learn from her work, but when thinking of our goal to increase engagement of these referrals, here are a few things that felt relevant to Early ACCESS' work with families: 1) look at how we talk to families. Understand these families. Relationships affect relationships- it is multilayered, and 2) Families are highly stressed: "Your life's not your own anymore. "You're in a spin cycle." Parents were overwhelmed by the time and energy needed for their child's services and the stress of managing work on top of family responsibilities.

We should be conscious of the words we use and our communication style. Some of these families you are interacting with may feel voiceless, powerless, and feel that that others have authority over their life. Use language that focuses on the overall well-being, development, health, ect. of their child and family, rather than only the CAPTA reason for the referral- which may be stigmatizing.

As Linda is quoted to have said “Relationships are achieved, not assumed.”

Thank you all for your work in Early ACCESS.