

Iowa Department of Human Services



Annual Progress and Services Report

June 30, 2015

Title IV-B Annual Progress and Services Report 2015

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Kara Lynn H. Regula, LMSW

Title: CFSR, IV-B, PSSF & Responsible Fatherhood Coordinator

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-8977

FAX: (515) 281-6248

E-Mail: kregula@dhs.state.ia.us

Table of Contents

SECTION I: GENERAL INFORMATION	5
Collaboration.....	5
SECTION II: PERFORMANCE ASSESSMENT UPDATE.....	13
Safety Outcomes 1 and 2.....	14
Permanency Outcomes 1 and 2.....	17
Well-Being Outcomes 1, 2 and 3	28
Systemic Factors	29
Information System.....	29
Case Review System.....	30
Quality Assurance (QA) System	34
Staff and Provider Training	37
Service Array and Resource Development.....	49
Agency Responsiveness to the Community	49
Foster and Adoptive Parent Licensing, Recruitment, and Retention.....	50
SECTION III: SERVICE DESCRIPTION UPDATE.....	56
Populations at Greatest Risk of Maltreatment in Iowa	56
Child and Family Services Continuum	60
Prevention	60
Intervention.....	77
Treatment Services and Foster Care Services	88
Additional Services to Prevent Entry into Foster Care, Support Reunification, Adoption, Kinship Care, Independent Living and Other Permanent Living Arrangements	101
Service Array and Resource Development - Assessment of Strengths and Areas Needing Improvement.....	109
Services for Children under the Age of Five.....	110
Services for Children Adopted from Other Countries	114
SECTION IV: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)	115
Chafee Foster Care and Independence Program (CFCIP)	115
Education and Training Voucher (ETV) Program.....	162

SECTION V: PROGRAM SUPPORT	168
SECTION VI: MONTHLY CASEWORKER VISIT FORMULA GRANT	177
SECTION VII: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES	179
SECTION VIII: IMPROVEMENT PLAN UPDATE.....	184
Improvement Plan Update	184
Progress Made to Improve Outcomes	184
Revisions to Improvement Plan Matrix.....	194
SECTION IX: TARGETED PLANS.....	202
Foster and Adoptive Parent Diligent Recruitment Plan	202
Health Care Oversight and Coordination Plan	202
Disaster Plan.....	202
Training Plan.....	202
SECTION X: STATISTICAL AND SUPPORTING INFORMATION	202
CAPTA Annual State Data Report Items	202
Sources of Data on Child Maltreatment Deaths	202
Education and Training Vouchers	204
Inter-Country Adoptions	204
SECTION XI: FINANCIAL INFORMATION	205
Payment Limitations: Title IV-B, Subpart 1.....	205
Payment Limitations: Title IV-B, Subpart 2.....	205

SECTION I: GENERAL INFORMATION

Collaboration

During federal fiscal year (FFY) 2015, the Department of Human Services (DHS) engaged and continues to engage stakeholders in substantial, ongoing, and meaningful collaboration through various existing collaborative venues to implement Iowa's Child and Family Services Plan (CFSP) and to develop the Annual Progress and Services Report (APSR). For the first year of CFSP implementation, stakeholder collaborations did not alter the goals and outcomes specified in the CFSP and this APSR. CFSP and APSR goals and outcomes align with the Child and Family Services Review (CFSR) and are supported by data. Throughout the APSR, descriptions of collaborative efforts are mentioned for the applicable program areas. Information below is not an exhaustive list of the DHS' collaborations with stakeholders but represent examples of collaborations.

Collaboration with Contracted Service Providers

To implement Iowa's child welfare service array detailed in the CFSP, Iowa utilizes service providers through competitively procured contracts to deliver the services to children and families. Services range from prevention, early intervention, intervention, foster care and adoption services to post-foster care and post-adoption services. Strong partnership, collaboration, and communication exist between DHS and the service contractors at both the local and state level. At the local level, service contractors meet with DHS staff at a minimum of quarterly, but often monthly. At the state level, the service contractors participate in quarterly meetings with the DHS Program Manager and DHS Service Contract Specialist assigned as the single point of contact for that particular service. There are standard areas covered during each of the quarterly meetings around collaboration and coordination across contracts, including barriers and identified strategies to address the barriers, performance measures and data, tools and resources utilized in service delivery, workgroup updates, and any other areas identified for discussion. The overall impression of service contractors is that the more we partner and collaborate with one another, the easier it is to communicate across the life of a case.

Information obtained through these local and state meetings inform the annual child welfare statewide meetings as we all work together to improve Iowa's child welfare system outcomes. A small committee comprising members of the Child Welfare Partners Committee (CWPC) worked together to plan the agenda for the annual statewide meetings. In 2014, the annual statewide meeting was held in Des Moines, Iowa on May 16, 2014 and included participants from the different child welfare services organizations contracting with DHS. The topics of the meeting included the sharing of statewide accomplishments, information presented on Integrated Health Homes (IHH), and a focus on leadership and staff retention. During this statewide meeting, a draft contract procurement timeline was provided outlining upcoming contract renewals. Those attending were encouraged to provide any input into the upcoming procurements to the respective program manager. For example, input from the current Safety Plan

Services and Family Safety, Risk & Permanency (FSRP) Services contractors was provided in June and July 2014 and input internally from DHS was provided in August and September 2014.

In 2015, the annual statewide meeting was held in Des Moines, Iowa on June 4, 2015 and included representatives from different child welfare service organizations contracting with DHS. Topics included a presentation by Wendy Rickman, Division Administrator, Adult, Children and Family Services (ACFS) discussing human trafficking, contract procurements, legislative updates, and the continued vision of an integrated partnership; statewide accomplishments, which included some of the contract safety performance data reflected in this APSR; breakout sessions to share existing and/or effective practices/strategies to accomplish outcomes that impact the safety, permanence, and well-being of children and families served and any barriers to accomplishing these goals; and afternoon sessions on the Six Principles of Partnership, the Cultural Equity Alliance, and the Child and Family Services Review (CFSR) Round 3, including Iowa's baseline performance on the CFSR Round 3 measures.

Below are examples of collaboration within a particular service and also across different services:

- The FSRP Services contractors continue to reach out to one another to provide services across service areas as necessary. There are strong partnerships within the group of FSRP contractors. There is confidence knowing that other organizations providing these same services know the expectations and follow through with them when needed for subcontracting on a case.
- The partnership with FSRP Services and Iowa KidsNet (IKN), Iowa's Recruitment and Retention (R&R) contractor, is vital because children placed in foster care receive FSRP Services. These two services work together to identify supports and are used as bridges across the service array. There also is increased and improved collaboration between FSRP Services contractors and other child welfare service contractors including, but not limited to: Foster Group Care, Child Welfare Emergency Services (CWES), Parent Partners, Integrated Health Homes (IHH), and where applicable, Family Treatment Courts. The majority of collaboration between FSRP Services and other child welfare service contractors occurs at the local level through monthly or quarterly service area meetings. This also includes involvement on local and statewide committees where representation across the service array is taken into consideration for invitations to participate on these committees. There is the annual statewide meeting where a large number of child welfare service contractors are in attendance and use this time to collaborate and network. The topics of these statewide meetings encourage cross collaboration with the child welfare services contractors throughout the entire state.

DHS staff and service providers also collaborate to share information about services provided to children and families involved in the child welfare system with other stakeholders and community members. For example:

- The DHS Program Manager for Community Care and contractor representatives were invited and attended several meetings where they presented information on

Community Care Services, described linkages to community resources, and answered questions about the program.

- Child Protection Council - July 8, 2014
- Regional Community Partnerships for Protecting Children (CPPC) – Eastern Region - September 9, 2014; Central Region - September 11, 2014; and the Western Region - September 16, 2014
- Clinton County Drug Endangered Children (DEC) – September 19, 2014 (DHS Service Contract Specialist also attended.)
- Floyd County Decategorization – December 17, 2014
- The DHS Program Manager for FSRP Services was invited and attended the Coalition for Family and Children’s Services in Iowa’s Board of Directors meeting where she presented information on FSRP Services and answered questions about the program. - February 5, 2015.
- FSRP Service contractors continue to be invited to participate on local and statewide workgroups and subcommittees. There is currently FSRP Services representation on the following statewide workgroups:
 - The Cultural Equity Alliance: A Statewide Child Welfare System Steering Committee;
 - Domestic Violence Advisory Committee; and
 - Child Welfare Partners Committee (CWPC) Joint Training Committee.

Invitations to present on services and participate in workgroups and subcommittees reflect the public and private partnerships that continue to strengthen over time and improve relationships at different levels of service provision.

Additionally, in April 2014, current FSRP contractors across the state met with one another to discuss making a recommendation to DHS to consider a contract amendment relating to staff qualifications to provide FSRP services. The contractors identified the importance to align language and recommended a review of current staff qualifications to align with other service contract qualifications. The recommendations were submitted to the DHS Program Manager and Contract Owner. There was a review of the Iowa Department of Administrative Services education/experience qualifications for the position of DHS Social Worker 2 as well as the qualifications necessary to provide other services under Behavioral Health Intervention Services (BHIS) and Integrated Health Homes (IHH). Upon review, the current staff qualifications to provide FSRP Services were modified by reducing the required experience from two years to one year for those candidates who possess a Bachelor’s Degree in human services or a related field. This was reflected in a contract amendment that went into effect July 1, 2014. This not only shows the collaboration and partnership among the FSRP Contractors but with DHS as well. The contractors state that this modification now allows for a larger pool of candidates to choose from to meet the needs of children and families who receive FSRP Services.

Collaboration with the Child Welfare Partners Committee (CWPC)

The Child Welfare Partners Committee (CWPC) exists because both public and private agencies recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages,

activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement. The vision of the CWPC is the combined experience and perspective of public and private agencies provide the best opportunity to reach our mutual goals: child safety, permanency, and well-being for Iowa's children and families. Collaboration and shared accountability keeps the focus on child welfare outcomes. The CWPC unites individuals from Iowa DHS and private agencies to create better outcomes for Iowa's children and families.

Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child and Family Services Review (CFSR) outcomes and performance indicators. The committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the committee proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis with the goal being monthly.

The CWPC members utilized the January 2013 - December 2014 strategic plan to work toward completing identified activities and tasks within the time period of April 2014 through March 2015. The majority of the activities/tasks were completed as identified in the plan. There were a couple activities/tasks that will be incorporated into the next strategic plan. The next strategic plan will incorporate the follow-up partnership survey from March 2012 and will include analysis of information collected, implementation of the designed partnership module for new worker training, and promote DHS/Contractor/Court collaboration on use of data and information. Casey Family Programs agreed to provide technical assistance to assist in the development of the next strategic plan. There have been several planning calls and at least one in-person meeting with representatives from Casey Family Programs. The development of the next strategic plan will be completed through the rest of FY 2015 and FY 2016.

An example of an identified activity in the strategic plan is the CWPC creating a workgroup in June 2013 entitled "Child Welfare Services Contract Outcome Alignment" with the following purpose and goals:

- Purpose: Ensure that performance measures align across contracts, contribute to positive outcomes, and appropriately balance accountability and risk.
- Goals:
 - Explore and re-evaluate fidelity of financial strategy to promote outcomes
 - Analyze aggregate versus case level incentives
 - Explore different models to mitigate risk

The workgroup comprised representatives of the DHS Service Areas, service provider partners, and other DHS staff. In September 2014, the workgroup submitted its assessment of strengths and a set of recommendations for the three DHS contracted services of Recruitment and Retention, Child Welfare Emergency Services (CWES), and Foster Group Care Services for consideration by the DHS for current child welfare services and future service procurements. Some of the workgroup's recommendations for these three service areas were:

- Recruitment and Retention
 - Explore how financial incentives/performance measures could be weighted based on importance and the service activities required to achieve the targets.
 - Explore how the current matching process and timeframes are creating barriers to stability.
- Child Welfare Emergency Services
 - Currently outcomes focus primarily on placement in shelter. If the scope of services includes activities to divert youth from shelter placement while keeping them safe in the community, outcomes should reflect this.
 - Use data to determine the outcomes of unique and individualized service approaches to providing the non-shelter CWES components.
 - Convene workgroup to explore this contract further and consider identifying and/or defining:
 - The scope of service;
 - The population served;
 - Populations not being served;
 - Any other community resources that can provide for these populations; and
 - Whether the identified scope of services can be provided through other contracts.
- Foster Group Care Services
 - Assure that outcome expectations are clearly defined for uniform use across all contractors.
 - Explore how other States have implemented performance-based contracting for foster group care services.

Some of the recommendations for consideration of all child welfare service contracts were:

- Consider the appropriateness of disincentives.
- Ensure that aggregate incentives are not structured in ways that can discourage a contractor from serving all areas.
- Ensure that incentives relate to measures and outcomes directly within the contractor's control.
- Consider continued exploration of models to mitigate risk. It was recommended that DHS not rely on the assumption that contractors experience a balance of high and low need cases. One model to explore may be differing rates.

As membership terms expire on the CWPC, new members are selected to maintain the balance of public and private representation. All new members are provided orientation

to the CWPC including membership roles/responsibilities/expectations, history of the CWPC, active workgroups, and products developed out of the workgroups.

A copy of the completed strategic plan as well as additional information on the CWPC is located at <http://dhs.iowa.gov/about/advisory-groups/childwelfare/partner-committee>.

Differential Response:

DHS staff discussed implementation of Differential Response (DR) with a variety of stakeholders at the local and state levels. Discussions at the state level included, but was not limited to, Child Welfare Partner Committee (CWPC), Children's Justice State Council, Child Welfare Advisory Committee (CWAC), Judges' conference, County Attorney Association, etc. meetings as well other venues. DHS staff presented information regarding Iowa's implementation of DR at the National Differential Response Conference in November 2014. In December 2014, staff developed and presented a PowerPoint, available at <http://dhs.iowa.gov/child-welfare/differential-response>, during a webinar. The webinar included representatives from groups expressing concerns regarding DR implementation, such as Drug Endangered Children (DEC) teams, law enforcement, county attorneys, judges, etc. Some of these groups were concerned with DR implementation and the intersection with substance use/abuse families or the decline in the number of removals and CINA petitions filed. DHS staff provided data, which indicated CINA filings and removals were not related to the implementation of DR. Outcomes shared included children were just as safe post-DR implementation as they were prior to DR implementation.¹ DHS staff also utilized the PowerPoint to present and discuss DR at an Iowa General Assembly Joint Appropriations Committee meeting in 2015. Staff also presented this information at the Judges Conference in March 2015.

Child Welfare Advisory Committee (CWAC)

[Child Welfare Advisory Committee \(CWAC\)](#) was established in April 2009 and defined in Iowa Code 217.3A. The purpose of this group is to consult with and make recommendations to the DHS concerning budget, policy, and program issues related to child welfare. CWAC membership includes representatives from DHS, Iowa Children's Justice, Child Advocacy Board, legal community, etc. Several members are also members of the Education Collaborative. The CWAC meets on a quarterly basis.

From April 2014 through March 2015, CWAC met five times. During these meetings, CWAC members discussed a variety of issues, including human trafficking, Differential Response (DR), the creation of a Children's Cabinet, Iowa Children's Justice initiatives, etc. For example, in March 2015, Wendy Rickman, Division Administrator, ACFS, discussed what DR is, how it works, measurements, first year results, and to answer any questions and concerns that DHS received on the implementation as well as next steps. Another example is Iowa Children's Justice sharing and discussing activities of the Iowa Children's Justice Advisory Committee, such as the Committee's recent retreat and the formation of three task groups centered around quality of judicial court

¹ Source: Differential System Overview, Calendar Year 2014, available at https://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2014.pdf.

procedures, hearings, etc., family treatment court expansion, and quality representation reflected in guardian ad litem and parents' attorneys practice.

As part of engaging stakeholders regarding the APSR, during the last quarter of FFY 2015, DHS staff will discuss with CWAC members the APSR, including performance assessment data provided in this APSR, the improvement plan, and progress on improvement plan implementation. Discussion results will be included in next year's APSR. Iowa also will explore the possibility of quarterly discussions, through various existing collaborations, regarding the previous quarter's available data.

Collaboration with Children's Justice

DHS staff also remains active in the [Children's Justice \(CJ\) State Council](#), as well as Children's Justice (CJ) Advisory Committee, and other task forces and workgroups. The CJ State Council and CJ Advisory Committee meet quarterly, with members representing all state level child welfare partners. Council and committee members discuss policy issues, changes in practice, updates of child welfare relevance, and legislative issues, which continues to inform the implementation of the CFSP. Additionally, Iowa Children's Justice staff serves on various DHS committees.

From April 2014 through March 2015, the CJ State Council met four times. During these meetings, members discussed a variety of issues, including the Child and Family Service Plan (CFSP), Differential Response (DR), mental health redesign, human trafficking, family treatment courts, etc. For example, in April 2014, DHS representatives discussed the development of the CFSP and inclusion of stakeholders. In July 2014, DHS representatives again discussed the CFSP. During the October 2014 meeting, DHS members discussed a placement stability workgroup comprising internal and external stakeholders who completed case reviews on placement stability. *(Please see Permanency Outcomes 1 and 2 for discussion of placement stability workgroup and results.)* During this meeting, Iowa Children's Justice staff also discussed the CJ Advisory Committee task forces mentioned above.

Another example of collaboration with courts is that the DHS Program Manager for FSRP Services was invited to present at the Juvenile Judge Training on March 26, 2015. The judges specifically requested a presentation on FSRP Services to help them better understand the contract. They asked for information specific to what can be expected within service delivery, which contractors were providing the service, what were the staff qualifications to provide the service, and any reporting requirements. All of this information was provided and the judges were given the opportunity to ask questions. All questions were responded to prior to conclusion of the presentation.

Collaborations to Address Disproportionality/Disparity in the Child Welfare System: [Statewide Cultural Equity Alliance Steering Committee](#): The primary purpose of the committee is to develop recommendations for implementing systemic changes focused on minority and ethnic disproportionality and disparity in the child welfare system. One of the early tasks for this committee was to develop a set of guiding principles and standards for the agency's work with children, youth and families. The committee

adapted a set of 15 standards for cultural and linguistic competence from the Office of Minority Health, adjusting the language to reflect the committee's and the DHS' focus on supporting children and families. The committee then conducted a survey of staff throughout the state to determine what types of activities and work were already being done that were consistent with the standards. One of the aims of the committee is to ensure that all interested partners develop a better understanding of how these standards can and are being infused into the work of the department.

In the third year, to focus their work, the committee developed several subcommittees, through which each of several related standards will be addressed. The following summarizes the work of the subcommittees:

- The *collaboration and communication subcommittee* comprises multiple institutional and system partners, and aims to have these standards adopted by all of DHS' program areas, as well as all of the institutional partners that work directly with DHS. Recently, the DHS Director and his cabinet agreed to adopt these standards for the whole department.
- The *training subcommittee* identifies workforce development needs, especially with respect to understanding the implications of race, racism, ethnicity and culture on child welfare policy and practice. The committee is especially concerned with improving the workforce's ability to effectively engage families of different racial and cultural backgrounds.
- The *culturally responsive services subcommittee* is focused on language. A language translation telephone line is open to all workers but is not used to its full potential. Utilization also depends on the region and staff capacity. The ultimate goal is for all staff and families to have access to language resources to ensure timely and responsive engagement of families of all backgrounds.
- The *evaluation subcommittee* is exploring ways in which various state agencies collect and use information on race and ethnicity to determine the feasibility of refining existing race and ethnic categories.

Community Team Learning Sessions (formerly known as Breakthrough Series Collaborative (BSC)): In 2014, two learning sessions were held involving community teams organized to address minority over-representation in the child welfare system. Each team comprised the DHS frontline worker and supervisor, DHS Service Area Manager or Social Work Administrator, judge or court personnel, community partner, parent and youth. DHS hosted a fall learning session that celebrated the 5-year anniversary of the launch of the BSC initiative. The nine BSC core teams attended along with many new groups and/or individuals. New participants including representatives from the Iowa legislature, Iowa chapter of the National Association of Social Workers (NASW), faith community, law enforcement, education, civil rights, mental health, domestic violence and substance abuse participated and heard from the individual teams about the work going on in local communities. This session featured keynote speaker Michelle Norris, who spoke about her book "The Grace of Silence". There were approximately 200 individuals participating in the Learning Session. The 2015 Spring Learning session focused on the Latino population in Iowa with several presenters educating the group on culturally responsive approaches while working with

the Latino community. Approximately 140 individuals were present for this two-day Learning Session.

Race: Power of an Illusion: In partnership with Casey Family Programs, Iowa developed a train-the-trainer program for implementing *Race: Power of Illusion* training throughout the state. A comprehensive curriculum was completed to enable capacity building for additional facilitators which will result in implementing more workshops. Currently, there were ten approved facilitators and four facilitators in trainings in the process of being approved. There were 13 workshops held throughout this last year and many more being scheduled for next year. The focus of these workshops was to promote community partners and DHS staff to have courageous conversations regarding disproportionality and disparity in the child welfare system and work towards identifying barriers and gaps. Iowa anticipates that approximately 300 individuals will complete this training this year.

To maximize limited resources, the DHS will continue to utilize CWAC, CWPC, CJ State Council and CJ Advisory Committee, along with other collaborative venues, throughout the implementation of the CFSP to ensure that parties discuss performance assessment related data; improvement plan goals, objectives, and interventions so that we all work together toward shared goals, activities, and outcomes; and to monitor progress of CFSP implementation in order to improve Iowa's child welfare system. The DHS also may utilize focus groups, electronic surveys, and other means to gather qualitative information for continued evaluation of CFSP progress.

For additional information on child welfare collaborations, please see Performance Assessment Update, Services Description Update, Chafee Foster Care Independence Program (CFCIP), Education and Training Voucher (ETV), and Collaboration and Coordination with Tribes sections within this report.

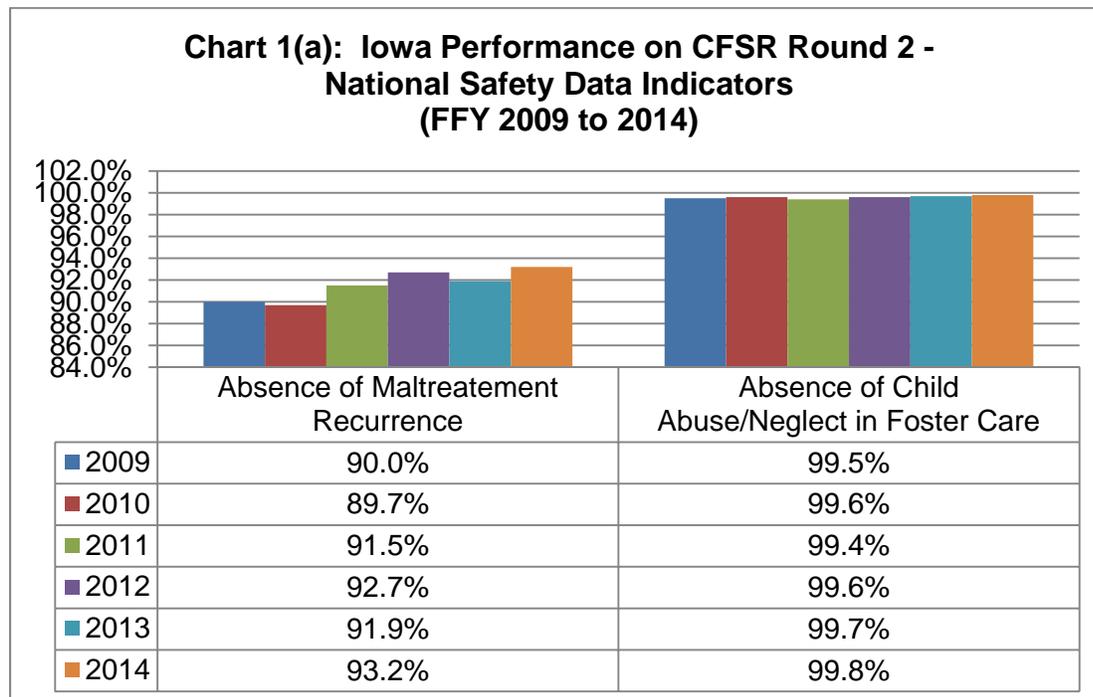
SECTION II: PERFORMANCE ASSESSMENT UPDATE

In the following discussion of data and performance assessment, Iowa utilized several sources of data or information. The data includes administrative data extracted from Iowa's state automated child welfare information system (SACWIS) and Iowa Results Oriented Management (ROM), a performance management reporting system. Additional data comes from the Adoption and Foster Care Analysis and Reporting System (AFCARS) or the National Child and Neglect Data System (NCANDS) that Iowa provides to the federal Administration for Children and Families (ACF). Report sources for the administrative data are listed with the relevant tables or charts. Data also includes quantitative data from other data sources as indicated and qualitative data from stakeholders through electronic surveys.

Iowa suspended its case review process to develop a new case review model, which includes paired review teams made up of one supervisor from each service area and the Quality Improvement Coordinator from that service area. There is one exception to

this as one team consists of a supervisor and a policy representative. The goal of these pairs is to generate rich discussion and observation based on diverse backgrounds. Therefore, due to the restructuring of Iowa's case review process, there is no case review data available. Since the new review process will be in production beginning July 1, 2015, Iowa anticipates that we will have case review data for next year's APSR.

Safety Outcomes 1 and 2

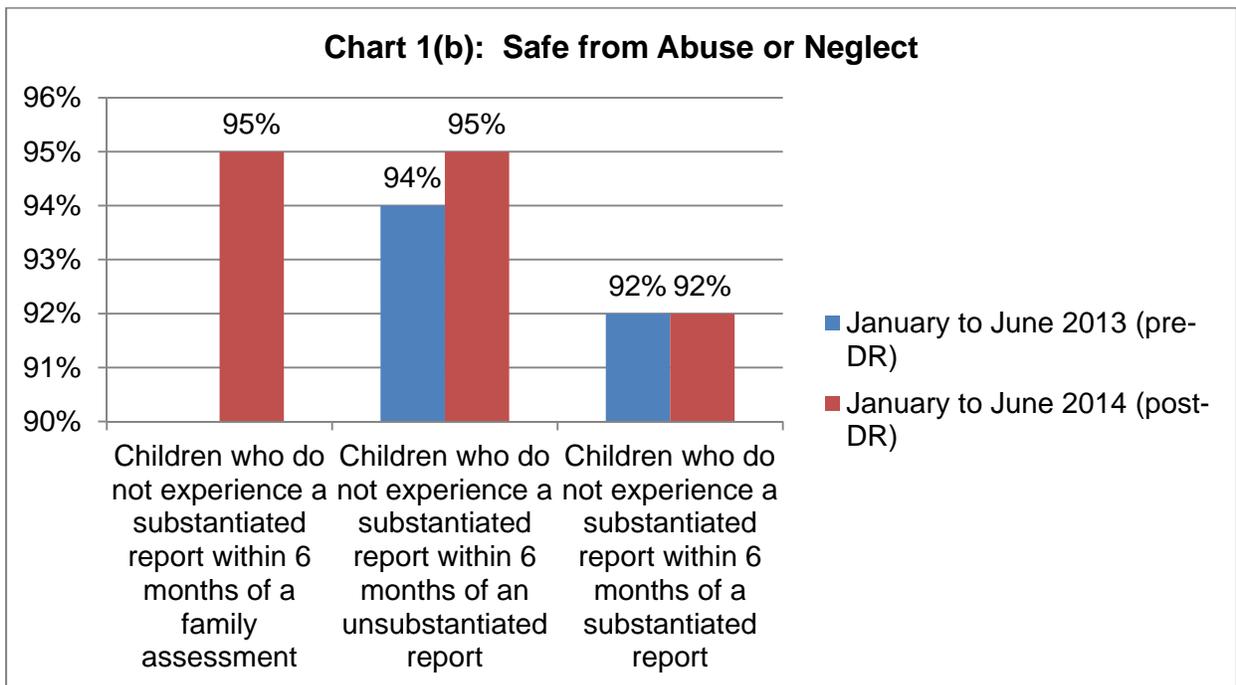


Source: Iowa ROM

Although performance varied from year to year, Iowa experienced an increase in performance over time for Absence of Recurrence of Maltreatment, from 90.0% in FFY 2009 to 93.2% in FFY 2014, which represents Iowa's best performance in six years even though it does not meet the 94.6% federal requirement. DHS staff has noted that Iowa's child welfare service array contributes to preventing repeat maltreatment. These services include prevention services, such as Iowa's Child Abuse Prevention Program (ICAPP), the Community Based Child Abuse Prevention (CBCAP) program, and the Community Partnerships for Protecting Children (CPPC); Community Care services provided to families who do not enter Iowa's formal child welfare system; and Iowa's Family Safety, Risk & Permanency (FSRP) services, which provide families involved in the child welfare system with interventions to increase safety of the children and families and to mitigate the reasons the families came to the DHS' attention. Implementation of differential response also may make a difference in the performance data. For example, cases eligible for the Family Assessment pathway are low risk Denial of Critical Care reports. Denial of Critical Care is the predominant category of abuse in Iowa. Reports assessed through the Family Assessment pathway do not result in a finding of abuse or neglect.

There are some underlying factors impacting Iowa's performance. Cases involving more complex issues, such as past trauma, mental health issues, substance abuse issues, domestic violence, etc., may involve lapses to previous behaviors, particularly in times of stress, which then arise to the level of abuse resulting in repeat maltreatment. Iowa's repeat maltreatment also has a structural component as a result of policies for reporting and assessing child abuse. Often times when a child is removed from an unsafe environment and begins to develop trust in the adults who are now involved in the child's life, he or she may begin to reveal past occurrences of abuse. Iowa policy requires that this sort of event be handled as a new report of abuse or neglect, thus the incident receives a new report date. This report date is after the initial report of abuse even though the actual incident of abuse may have occurred a long time in the past, before the report that brought the child to the attention of the department. The CFSR Round 2 measure only examined report date and did not make any adjustments for prior incidents being reported. Therefore, a portion of repeat maltreatment in Iowa reflects the systemic way Iowa handles reports of abuse and neglect. The NCANDS data that is the basis of the federal measures now includes the incident date so that situations that involve past abuses can be identified. In the CFSR Round 3 measures, ACF began to use the incident date to account for this bias in the data. Moving forward, this should not be a factor.

For Absence of Child Abuse and/or Neglect in Foster Care, Iowa's performance also shows a slow increase in the percentage of children who do not experience abuse in foster care for the CFSR Round 2 measure. In FFY 2013 and 2014, Iowa began to exceed the federal standard of 99.68%, which represents Iowa's best performance in the last six years.



Source: DHS

Preliminary data in shows that children who received a family assessment were no more likely to experience a subsequent confirmed or founded abuse than children who were subjects of an unsubstantiated report, indicating that child safety was not impacted by the implementation of Differential Response in Iowa². However, it remains too early to assess the impacts on recurrence of maltreatment. *(For more information on Iowa's child welfare service array, please see Section III, Services Description Update for information on Iowa's prevention, intervention, and treatment services, including contract performance data.)*

Table 1: CFSR Round 3 - National Safety Data Indicators

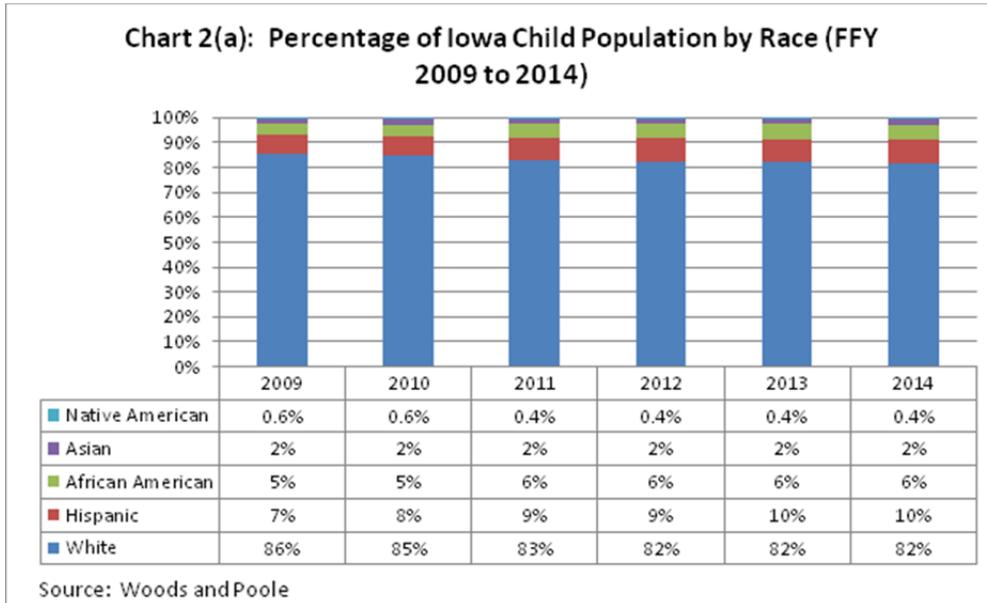
National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance
Recurrence of Maltreatment	Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?	9.1% or less	11.3%*
Maltreatment in Foster Care	Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	8.50 or less victimizations per 100,000 days in foster care	15.89**

Source: a) Description - Executive Summary: Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews. b) Performance - CFSR Round 3 Statewide Data Indicators – Workbook. Both documents are available at <https://training.cfsrportal.org/resources/3105>. *FFY 2012 (NCANDS) **FFY 2013 (NCANDS & AFCARS)

Iowa continues to not be in substantial conformity with the federal standard of 9.1% or less for the CFSR Round 3 measure, Recurrence of Maltreatment. The measure expanded to examine repeat maltreatment from 6 months after the initial report to 12 months after the initial report. For Maltreatment in Foster Care, the CFSR Round 3 measure is a more comprehensive measure of abuse for children in foster care. The measure examines all occurrences of abuse not just those committed by foster care providers and also expanded to a 12-month period from a 6-month period. Iowa will utilize strategies outlined in the Improvement Plan Update section of this report to improve performance on these measures.

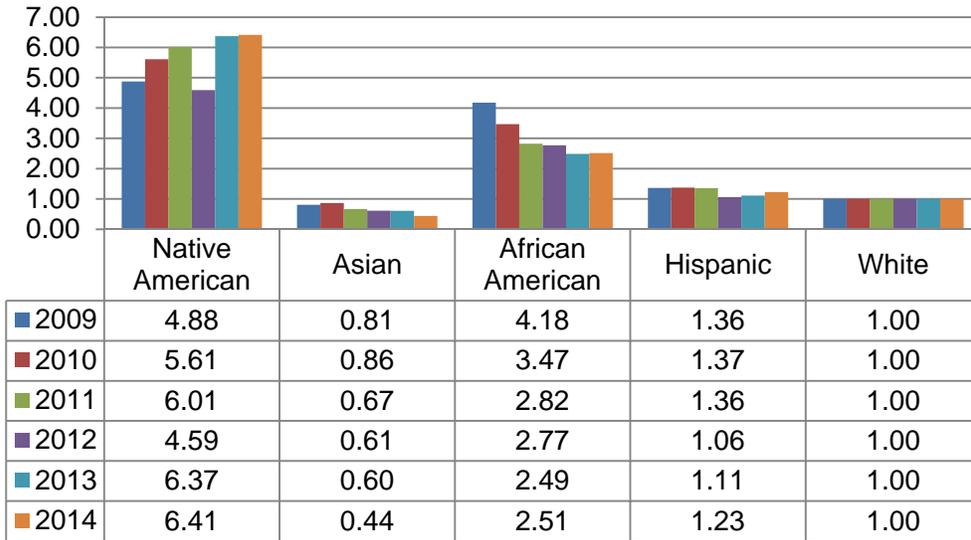
² Source: Differential Response System Overview, Calendar Year 2014, available at https://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2014.pdf.

Permanency Outcomes 1 and 2



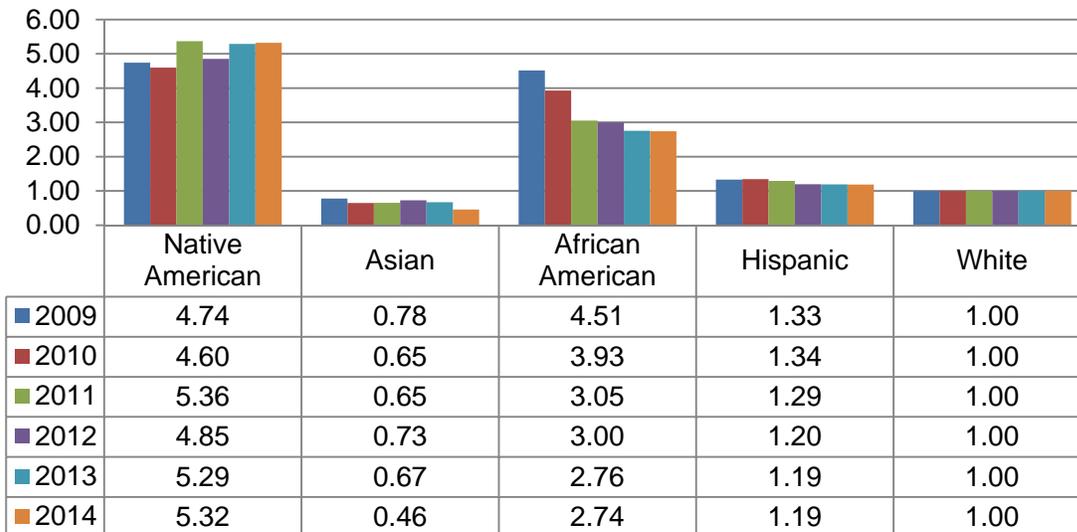
Iowa's child population remains predominately white and non-Hispanic. From 2009 to 2014, the percentage of Native American children decreased (1% to 0%) while African American children increased from 5% in 2009 to 6% in 2011 and has remained at 6% thereafter. The percentage of Hispanic children steadily increased over the last several years, from 7% in 2009 to 10% in 2013 and 2014.

Chart 2(b): Disparity Ratios of Children Entering Foster Care (FFY 2009 to 2014)



Source: Iowa SACWIS AFCARS Extracts

Chart 2(c): Disparity Ratios of Children in Foster Care on the Last Day of the Fiscal Year (FFY 2009 to 2014)

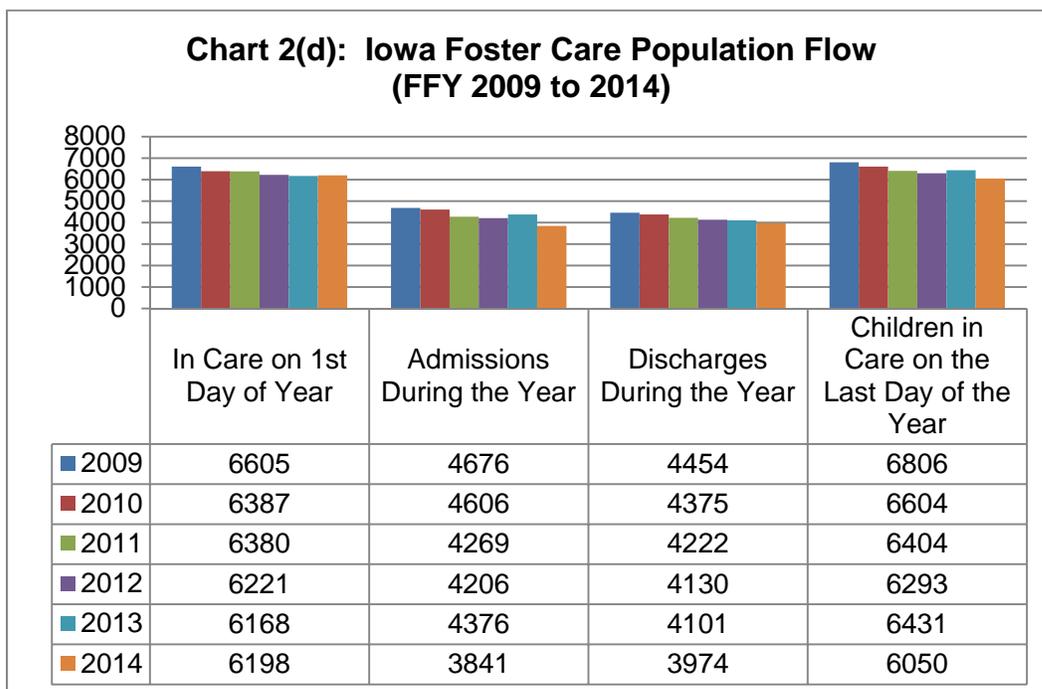


Source: Iowa SACWIS AFCARS Extracts

Disparity ratio's for the children entering or in foster care over the last six federal fiscal years (FFYs) indicates that African American, Native American and Hispanic children were over-represented in the foster care population. The disparity ratios of African American and Hispanic children in foster care declined due to the increased efforts to address disproportionality in Iowa. These efforts had a less notable effect on the Native

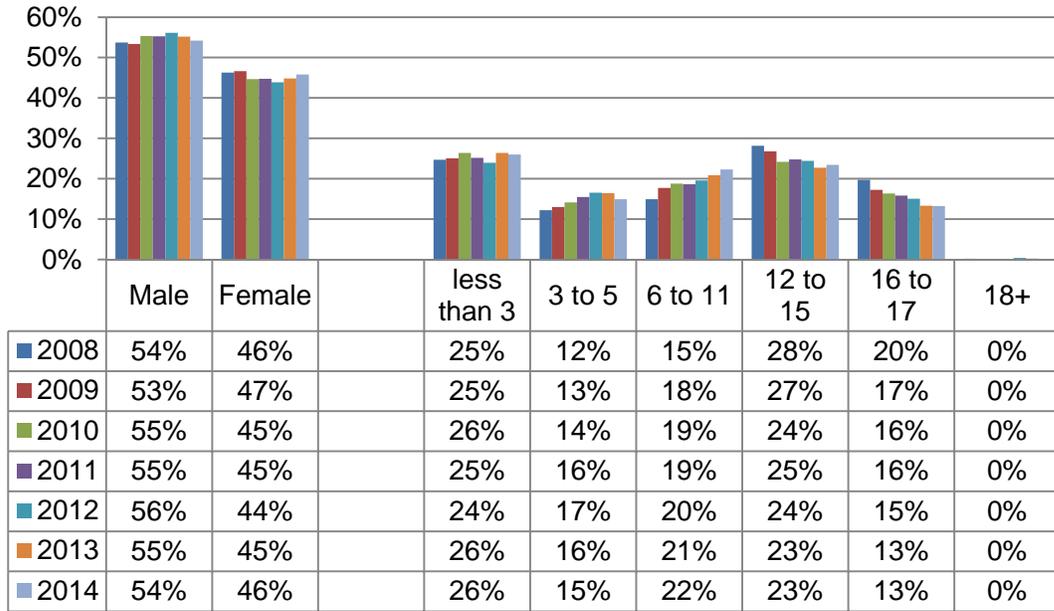
American population, in part due to the smaller number of Native Americans in the child population as a whole. The changes that disproportionality efforts made on the Native American population are too small to be seen on a statewide level, although progress continues in the local areas where there are a high proportion of Native Americans. *Please see Attachment E – Woodbury County Packet for local data information.*

Iowa continues to address disproportionality through the Breakthrough Series Collaborative (BSC) sites and the Cultural Equity Alliance. Nine BSC sites have a team comprising a DHS frontline worker and supervisor, DHS Service Area Manager or Social Work Administrator, judge or court personnel, community partner, parent and youth. Teams work within their communities to address disproportionality specific to that community. At the state level, the Cultural Equity Alliance membership includes providers, courts, parents, and DHS staff. The primary purpose of the committee is to develop recommendations for implementing systemic changes focused on minority and ethnic disproportionality and disparity in the child welfare system.



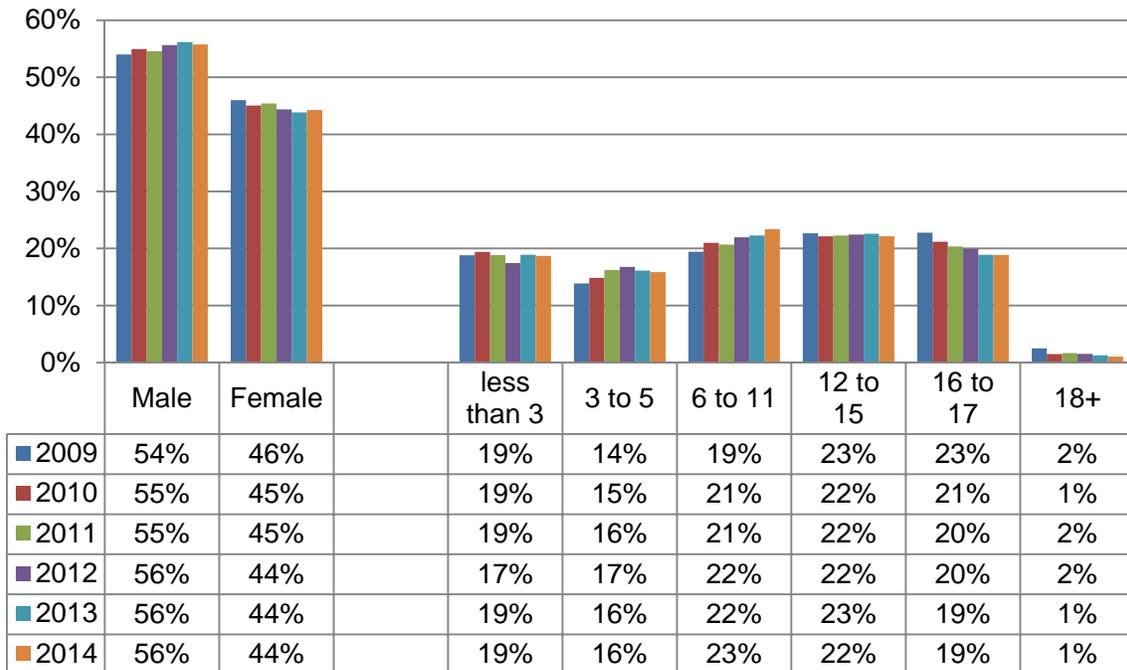
Source: Iowa SACWIS AFCARS Extracts

Chart 2(e): Gender and Age of Children Entering Foster Care (FFY 2009 to 2014)



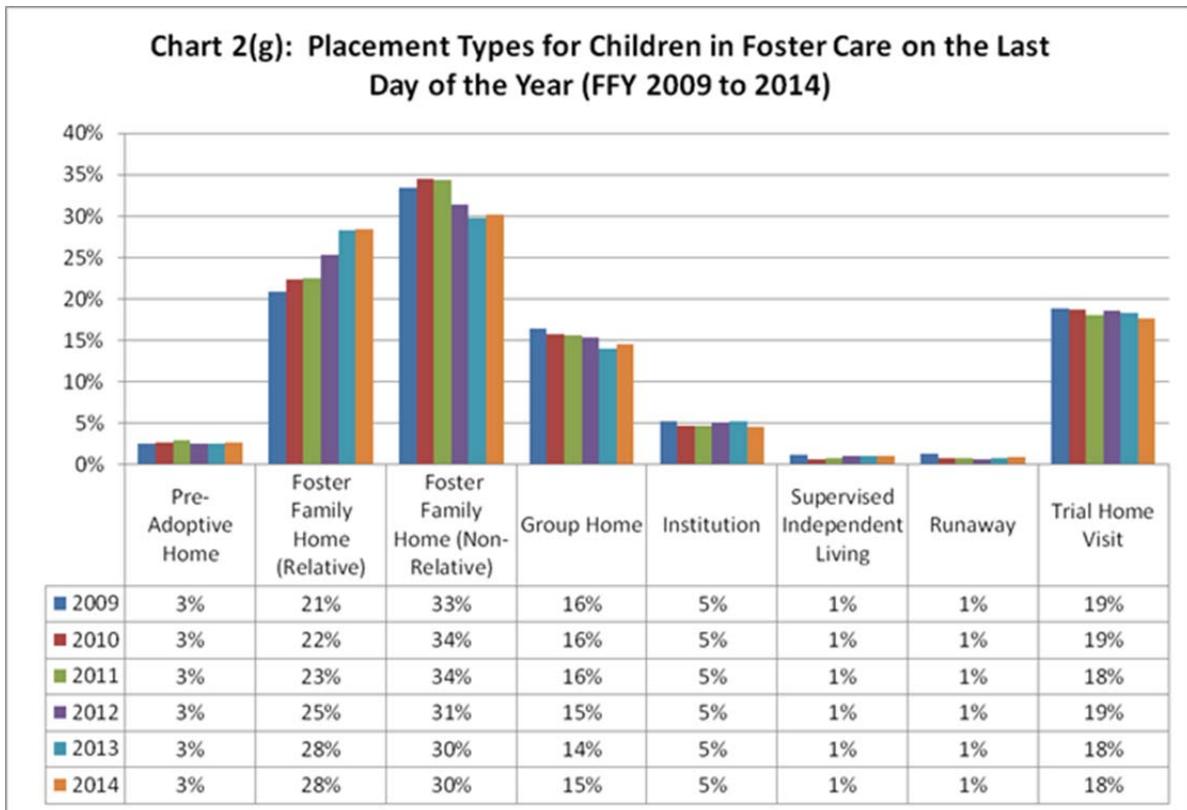
Source: Iowa SACWIS AFCARS Extracts

Chart 2(f): Gender and Age of Children in Foster Care on the Last Day of the Year (FFY 2009 to 2014)



Source: Iowa SACWIS AFCARS Extracts

Iowa's foster care population decreased about 11% between 2009 and 2014. Entries of children 12 and over decreased over time and the proportion of these children in foster care began to fall. Children age 3 to 5 and 6 to 11 increased in proportion for both entries and children in care. Analysis conducted of administrative data, including reasons for entry, length of stay, permanency outcomes or case plan goal, has not provided any indication of why this trend is being observed. The 0 to 3 age group remained relatively stable over this time period. Iowa's child population by age has also been stable. To improve practice regarding removal decisions, Iowa has made concerted efforts to improve consistency in decision-making as well as continued efforts to follow our model of practice. These efforts contribute to more consistent and appropriate actions to remove children deemed unsafe while working to keep children in their homes and to reduce risks when the children were safe.



Source: Iowa SACWIS AFCARS Extracts

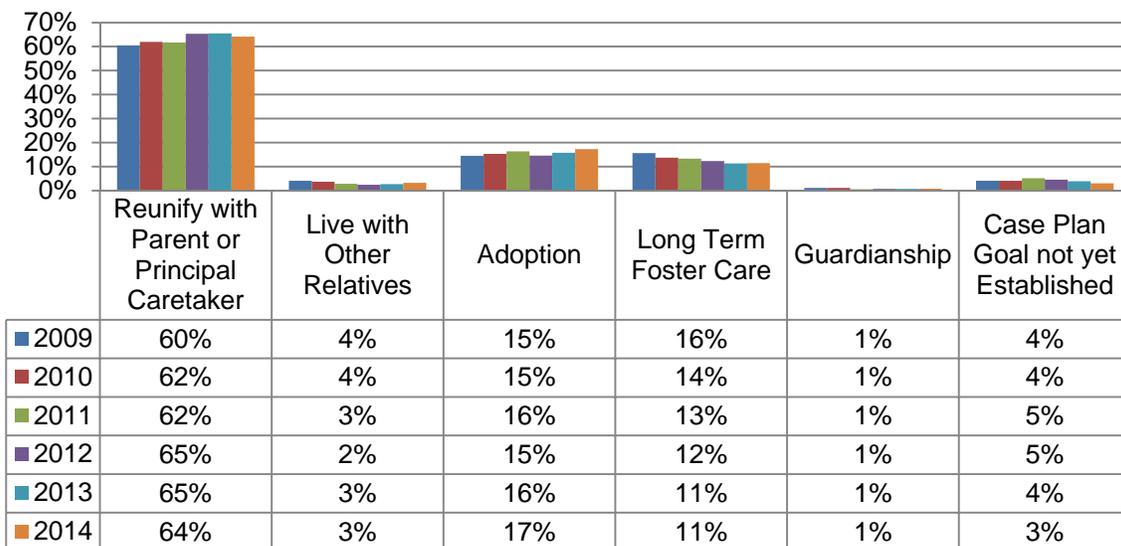
Table 2(a): Group Care Usage – DHS Child Welfare and Juvenile Court Services (JCS)

FFY	Percentage of Foster Children in Group Care	Percentage of Group Care Children under DHS or JCS placement responsibility	
		DHS	JCS
2009	16%	55%	45%
2010	16%	54%	46%
2011	16%	53%	47%
2012	15%	49%	51%
2013	14%	49%	51%
2014	15%	49%	51%

Source: DHS, SACWIS

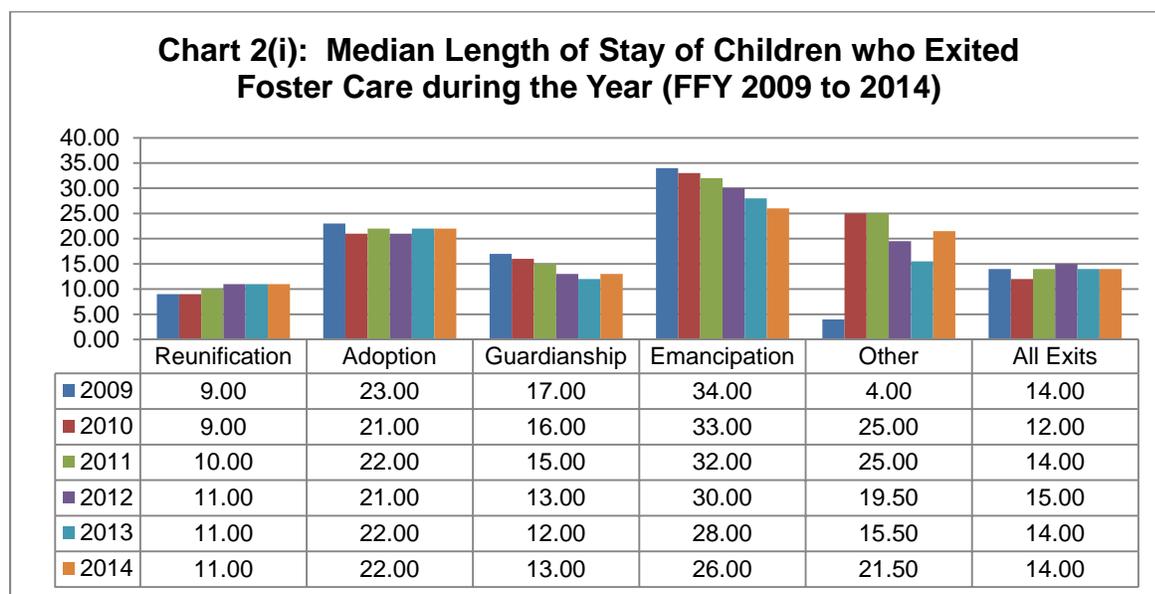
When children enter foster care, more of them are placed with relatives in lieu of foster family non-relative homes or group care, which reflects Iowa’s commitment to placing children with relatives, whenever possible and appropriate, and in the least restrictive placement. Use of group care in Iowa has slowly declined over time. Today a smaller proportion of the children in group care are child welfare (CINA) children with juvenile justice (delinquent) children representing a larger proportion of the group care population. The State Juvenile Justice Council is currently examining juvenile justice usage of group care.

Chart 2(h): Permanency Goals for Children in Foster Care on the Last Day of the Year (FFY 2009 to 2014)



Source: Iowa SACWIS AFCARS Extracts

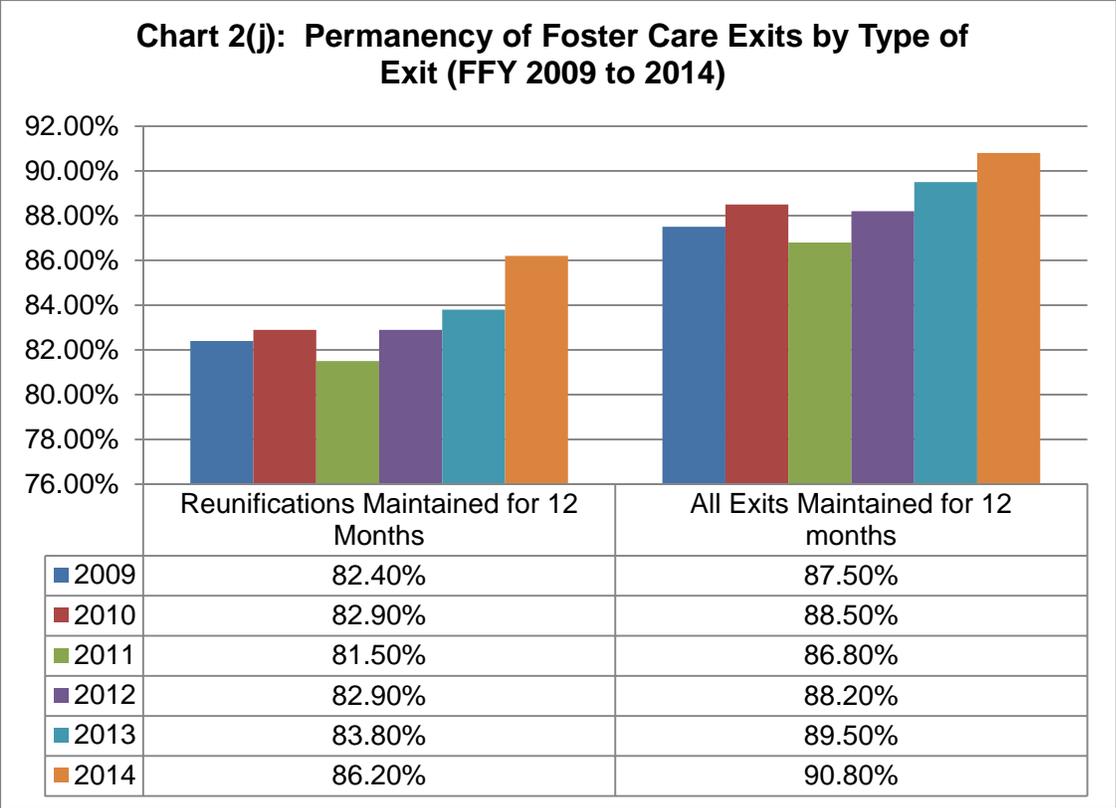
When it comes to establishing permanency goals for children in foster care, family reunification continues to be the primary permanency goal established with increases over time for reunification, and adoption, when reunification is not possible. Iowa experienced a reduction in establishing long term foster care, otherwise known as Another Planned Permanent Living Arrangement (APPLA), as a permanency goal. To address long term foster care, Iowa conducted two rounds of Casey Family Program’s Permanency Round Tables. A multidisciplinary team convenes a Permanency Round Table to evaluate a child’s case to see if there were any missed opportunities for permanency and lifelong family connections for the child. If there were missed opportunities identified, the team decides what actions must be taken and by whom in order to achieve permanency or lifelong connections for that child. Training to reflect the philosophy from the Round Tables was incorporated into the DHS training curricula.



Source: Iowa SACWIS AFCARS Extracts

The median length of stay for children exiting to reunification increased from 9 to 11 months, which reflects the increased use of relative placements.³ The length of stay for children exiting to adoption remained steady at around the 22 month mark. The length of stay for children exiting to guardianship, emancipation or for other reasons declined. These exits reasons are primarily seen in older children who exit care. Over the last few years, Iowa made concerted efforts to address the needs of older children in foster care. The success of these efforts helped staff to realize and take advantage of additional opportunities for older children to find permanency more quickly, reflected in these declining numbers.

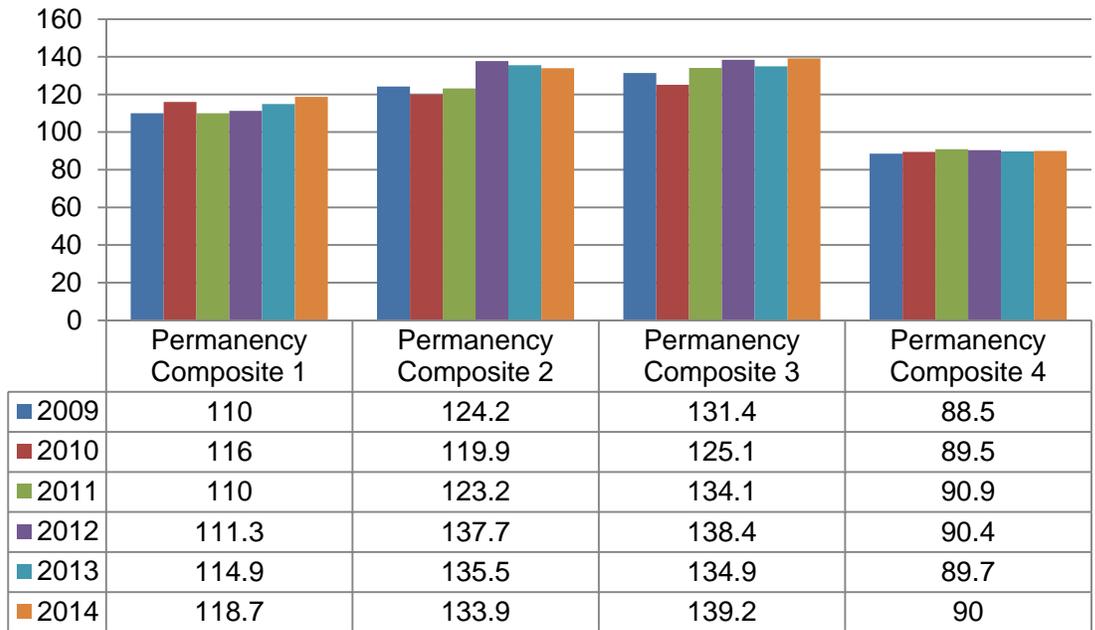
³ Cohen, Vanessa. (2008). Information Packet: Relative Placements. National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work. New York, NY.



Source: Iowa ROM

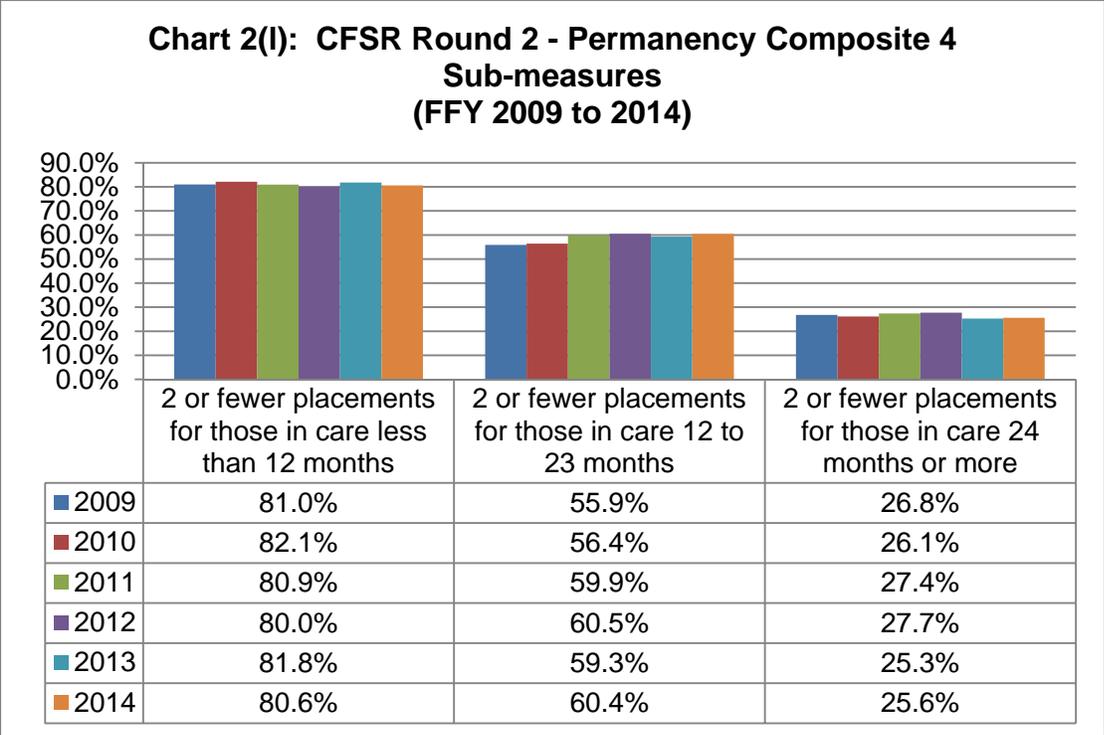
Maintaining permanency is a primary goal of the child welfare system. Over the past six years, there has been a steady increase in the ability of families to maintain protective capacity without further need for foster care. The permanence of all foster care exits increased steadily, rising from 87.5% in 2009 to 90.8% in 2014. The success of reunifications began to accelerate in the last couple years. Stability of reunifications fluctuated around 82% from 2009 to 2012, however it began to rise in 2013 (almost 1%) and 2014 (almost 2.5%). Iowa also increased in the CFSR Round 2, Permanency Composite 1, Timeliness and Permanency of Reunification (Chart 2(k)). Training to better address substance abuse issues and the continued focus on better case closure as part of our model of practice contributed to improving the resiliency of the families that exit the foster care system.

Chart 2(k): Iowa Performance on Permanency Composites 1 to 4 (FFY 2009 to 2014)



Source: Iowa ROM

There are two federal CFSR Round 2 Permanency Composites that Iowa meets. Iowa meets the federal standards for Timeliness of Adoptions (Permanency Composite 2) and Permanency for Children and Youth in Foster Care for Long Periods of Time (Permanency Composite 3). When TPR occurs, the court processes to complete adoptions are less complex than reunification. When it comes to permanency for children in foster care for long periods of time, advocating permanency for older kids may compete with the advantages to aging out of foster care, such as aftercare supports, college costs, medical, and housing assistance. There is a trade-off between these benefits and the nurturing and social benefits of permanency and lifelong family connections. DHS is in the process of reviewing policy to determine if revisions are necessary to address these competing advantages to promote permanency for youth.



Source: Iowa ROM

Iowa does not meet the CFSR Round 2 Permanency Composite 4, Placement Stability. In analyzing the sub-measures in more depth, Iowa remained relatively constant achieving stability for those children in care less than 12 months, 81% in FFY 2009 to 80.6% in FFY 2014. Over time, Iowa experienced improvements in placement stability for children in care 12-24 months but does not meet the 75th percentile of 65.4%. For FFY 2014, the data showed Iowa at 60.4% for this sub-measure. The most significant gap between the 75th percentile and Iowa's performance remains placement stability for those in care more than 24 months. The longer children remain in foster care in Iowa; the more likely they are to experience placement instability.

Iowa's placement stability performance reflects data quality issues within the SACWIS. Specifically, Iowa's current SACWIS counts as another placement relative placements going from non-licensed to licensed foster care placements and foster care placements that become adoptive placements, once adoption is finalized. DHS staff implemented changes to the SACWIS system to allow for the identification of these types of placements. Iowa anticipates removing the data bias from the placement count reporting in FFY 2016 following a data quality assessment and training period to insure that the changes made are effective.

In response to Iowa's performance on the CFSR Round 2 Permanency Composite 4, Placement Stability, the DHS Service Business Team (SBT) chartered a workgroup to examine a randomly selected sample of 50 cases where the child experienced 3 or more placement moves. The workgroup comprised DHS staff at various levels (SW2, SW3, service supervisor, social work administrator, service area manager, policy,

quality assurance, field support, mental health and disabilities division, etc.) and external stakeholders (service providers, such as CWES, foster group care, FSRP, Iowa KidsNet, Iowa Foster and Adoptive Parent Association (IFAPA)); residential, juvenile court services (JCS), Iowa Children’s Justice, Iowa Child Advocacy Board, Magellan, and a representative from the Child and Family Policy Center of Iowa. Member teams formed and utilized a case reading tool to evaluate cases on safety concerns that lead to the removal, reasons for initial and subsequent placement moves, thorough examination of placement history, permanency goals, adjudication (DHS versus JCS case management), length of stay, and origin household demographics. The workgroup together assessed strengths and areas needing improvement. Some of the strengths noted were family team decision-making (FTDM) meetings, appropriate services provided to address identified needs, assessment of and placement with relatives, engaging fathers, etc. Some of the noted areas needing improvement were lack of support to the foster family, lack of concurrent planning, etc. The workgroup submitted their results to SBT for further consideration. The SBT determined that strengths mentioned, such as the FTDM (noted in Improvement Plan), appropriate services, and relative placements, along with utilization of Federal Parent Locator Service (FPLS) and recent training on permanency skills, could be leveraged to improve placement stability. In regards to the FTDMs, the DHS included FTDMs in the recent re-procurement of Family Safety, Risk and Permanency (FSRP) services, with FTDMs required within 30 days of removal and when the child changes placements.

Table 2(b): CFSR Round 3 - National Permanency Data Indicators

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance
Permanency in 12 months for children entering foster care	Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care? Permanency, for the purposes of this indicator and the other permanency-in-12-months indicators, includes discharges from foster care to reunification with the child’s parents or primary caregivers, living with a relative, guardianship, or adoption.	40.5% or higher	44.4%**
Permanency in 12 months for children in foster care 12 to 23 months	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period?	43.6% or higher	57.7%*
Permanency in 12 months for children in foster care for 24 months or longer	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?	30.3% or higher	31.6%*
Placement stability	Of all children who enter foster care in a 12-	4.12 or	3.25*

Table 2(b): CFSR Round 3 - National Permanency Data Indicators

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance
	month period, what is the rate of placement moves per day of foster care?	less moves per 1,000 days in foster care	
Re-entry to foster care in 12 months	Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	8.3% or less	10.3%**

Source: a) Description - Executive Summary: Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews. b) Performance - CFSR Round 3 Statewide Data Indicators – Workbook. Both documents are available at <https://training.cfsrportal.org/resources/3105>.

*12 month period = FFY 2013B & 2014A (AFCARS)

**12 month period = FFY 2011B & 2012A (AFCARS)

The CFSR Round 3 permanency measure baseline data indicates that Iowa is meeting four of the five measures. Re-entry into foster care is the one measure where Iowa is below the federal standard. This new measure also expands the population to include placements with relatives and guardianship placements as well as reunifications. Guardianship exits make up around 7% of all exits from foster care and living with other relatives (outside of adoption or guardianship) is less than 1% of all exits. The guardianship population is an area that will need to be monitored to determine how the issues impacting success differ from those of children who are reunified.

Well-Being Outcomes 1, 2 and 3

Due to developing an enhanced case review process reflective of the CFSR Round 3, Iowa does not have case review data available. Iowa anticipates case review data will be available and reported in next year’s APSR.

Table 3: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)

Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	9,177	7,063
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	56,573	27,941
The total number of complete calendar months children spent in foster care	69,844	70,310	69,428	32,695

Table 3: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)				
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
The total number of monthly caseworker visits with children in foster care in which at least one child visit occurred in the child's residence	37,829	37,288	40,368	19,976
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	82%	85%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%	61%

Source: DHS, SACWIS

Although the percentage of visits still falls below the federal standard of 95%, Iowa continued to increase, over the last several years, the number of children in foster care who are visited at least monthly, with a majority of children visited within their residence. Implementation of Dragon Naturally Speaking™ helped to free up more worker time for seeing children even as resources remained steady or declined during this period. For more information on Iowa's efforts to increase monthly caseworker visits with children in foster care, please see *Section VI, Monthly Caseworker Visit Formula Grant* in this report.

Systemic Factors

Information System

Iowa's SACWIS tracks the pertinent information regarding children and families involved in the child welfare system, including those in foster care. The system readily identifies information for each child placed or within the immediately preceding 12 months had been placed in foster care, such as:

- legal status;
- demographic characteristics;
- location; and
- goals for the placement.

Data cited in Safety Outcomes 1 and 2, Permanency Outcomes 1 and 2, and Well-Being Outcomes 1, 2 and 3 reflects information captured in Iowa's SACWIS.

Iowa's SACWIS consists of two main components, Family and Children's Services (FACS) and Joining Applications and Reports from Various Information Systems (JARVIS). FACS is the child welfare case management and payment system for the DHS. It applies to children remaining in the home and in foster care and collects

demographic data, caseworker information, household composition, services provided, current status, status history, and permanency goals, among other information. It tracks the services provided to approximately 12,000 children at any specific point in time and automates issuance of over \$220 million annually to foster and adoptive parents and other child welfare providers. FACS also serves as the data source for information used by field budget staff. JARVIS collects information regarding abuse reports, report decisions, reporter, alleged perpetrator, caseworker, dates of parental notification, appeal data, final disposition of assessments, and completion time frames for individuals receiving child protective services.

Iowa completed the entry and review of a set of test cases for evaluating the AFCARS data extract process with ACF staff. ACF staff is in the process of incorporating the test case results into the AFCARS PIP. Iowa anticipates that the status of several PIP items will change as a result of this review. Iowa plans to have a review of all outstanding AFCARS PIP issues completed during 2015 that will identify the steps needed to improve data quality in the AFCARS submissions.

To improve Iowa's information system, Iowa participated in monthly calls with Children's Bureau staff to discuss Iowa's submission of a new Planning Advance Planning Document (APD), which outlines the steps we will be taking to evaluate the development of a new child welfare information system.

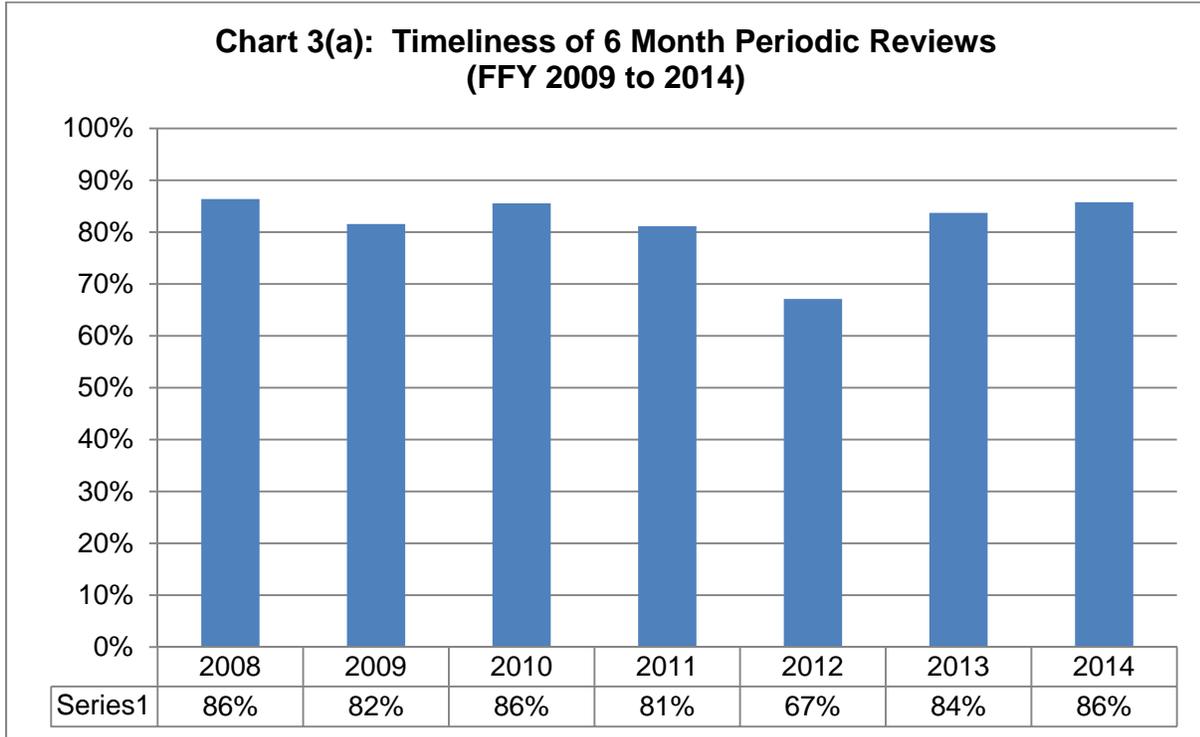
Case Review System

Written Case Plan

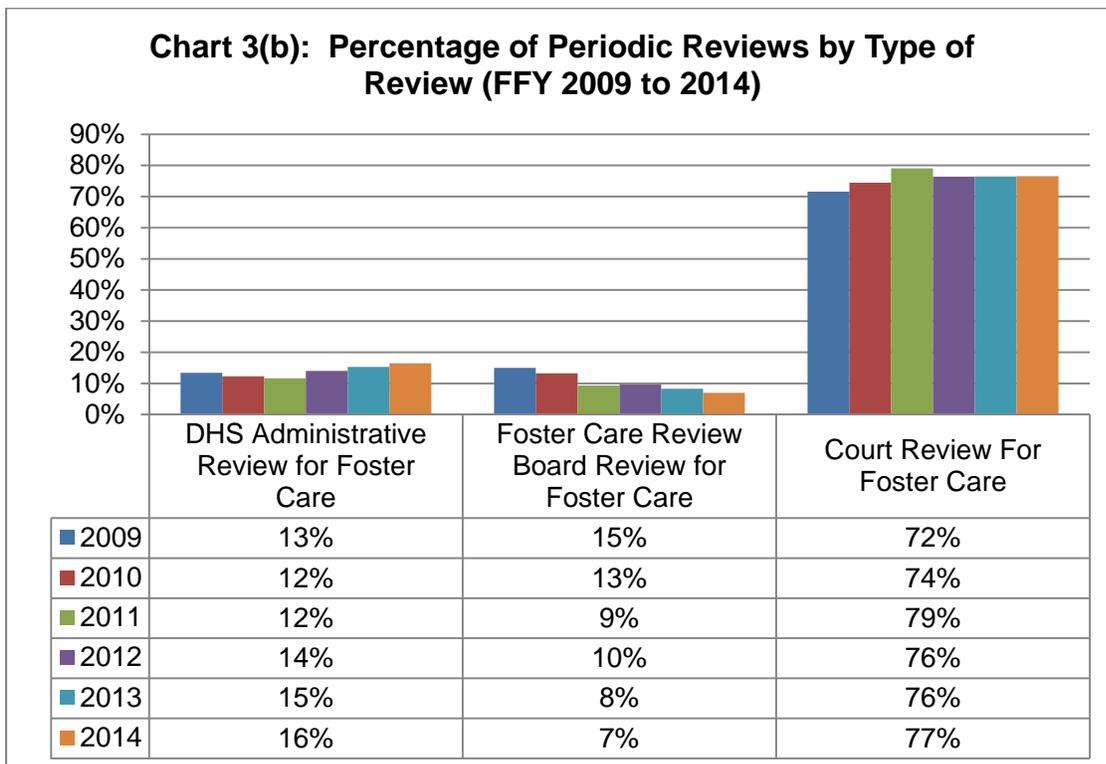
Iowa's policy requires that a written case plan be developed jointly with the child's parents and the child, if appropriate. The initial case plan is due within 60 days of opening the case. Updates are due every 6 months as part of the 6 month periodic case review.

Case review data is not available this year but Iowa anticipates reporting the appropriate data in next year's APSR.

Periodic Reviews



Source: Iowa SACWIS AFCARS Extracts



Source: Iowa SACWIS AFCARS Extracts

Iowa utilizes review court hearings, local Foster Care Review Board (FCRB) reviews, and if necessary, administrative reviews to review the status of each child no less frequently than once every 6 months. The percentage of cases with a timely 6 month review remained relatively stable over the years with an average of around 84% of cases reviewed timely. There was a big drop in the 2012 data that suggests there may have been a data quality problem with that data as the percentage of periodic reviews by type did not indicate a decrease. Reviews by court are conducted on a little over three quarters of all cases with the remainder split between DHS administrative reviews and Foster Care Review Boards. An analysis of timeliness by type of review showed that reviews by Foster Care Review Boards were slightly more often timely than the other review types. This is likely due to the involvement of one more group that is monitoring the process as well as the nature of the case being reviewed.

Permanency Hearings

Table 4(a): Timeliness of Permanency Hearings

Timeliness Indicator	FFY 2014				FFY 2015	
	Q1 (10/2013 – 12/2013)	Q2 (1/2014 – 3/2014)	Q3 (4/2014 – 6/2014)	Q4 (7/2014 – 9/2014)	Q1 (10/2014 – 12/2014)	Q2 (1/2015 – 3/2015)
Time to First Permanency Hearing*	86%	86%	88%	89%	86%	85%
Time to Subsequent Permanency Hearing**	97%	98%	98%	96%	98%	96%

Source: Iowa Children’s Justice

*From DHS Placement Date to Issuance of the Permanency Hearing Order in 365 days.

**From Permanency Order File Date to the Date of the Last Permanency Review Hearing in 365 days.

Iowa strives to conduct permanency hearings within 12 months of the child’s removal from the home and every twelve months thereafter. The data shows that Iowa is not performing well on timeliness of the first permanency hearing. While timeliness of the first permanency hearings increased by 3% from FFY 2014 Quarter 1 to Quarter 4 (86% to 89%), FFY 2015 Quarter 1 began with a 3% decrease and decreased by another 1% in Quarter 2. However, Iowa’s timeliness of subsequent permanency hearings hover around 96% to 98%.

Filing for Termination of Parental Rights

Timeliness Indicator	FFY 2014				FFY 2015	
	Q1 (10/2013 – 12/2013)	Q2 (1/2014 – 3/2014)	Q3 (4/2014 – 6/2014)	Q4 (7/2014 – 9/2014)	Q1 (10/2014 – 12/2014)	Q2 (1/2015 – 3/2015)
Time to TPR Petition*	87%	90%	90%	85%	89%	91%

Source: Iowa Children's Justice

*From CINA Petition Filing to Termination Petition Filing in 455 days.

Iowa's policy is that petitions for termination of parental rights (TPR) are filed by the 15th month of the most recent 22 months that the child has been in foster care. If there are exceptions or compelling reasons to the timely filing of TPR, the exceptions or compelling reasons must be documented in the child's case file.

The FFY 2014 data shows fluctuation across quarters of the fiscal year, except for Quarter 2 to Quarter 3. The data for FFY 2015 shows an increase in timeliness of TPR petitions from Quarter 1 (89%) to Quarter 2 (91%). This data does not track exceptions or compelling reasons to the timely filing of TPR, which DHS tracks through utilization of the CFSR Onsite Review Instrument (OSRI) in case reviews. Case review data is not available this year but Iowa anticipates reporting the appropriate data in next year's APSR.

Notice of Hearings and Reviews to Caregivers

Through the clerk of court, the court uses its' automated system to send notices of upcoming hearings to foster and other caretakers. Parents receive their notification of the next hearing in the previous hearing's court order. The court monitors the automatic notification process to assure it is running timely.

In 2015, DHS staff conducted a survey of foster caregivers to assess the participation of foster parents and caregivers in the periodic review process. The survey was administered through survey monkey and the link to the survey was sent to caregivers through the Iowa Foster and Adoptive Parent Association (IFAPA). The survey asked questions about participation in both Foster Care Review Board (FCRB) meetings and Juvenile Court hearings. Two-hundred-forty-three (243) individuals responded representing approximately 11% of foster parents. Survey results include the following:

- Fifty-four percent (54%) of respondents were notified of FCRB hearings.
- Seventy percent (70%) of the time the notice came from the FCRB and 26% of the time the notice came from the caseworker. Parents and children accounted for the remaining 4%.
- Approximately 28% of those who were notified of the FCRB hearing choose not to attend, 66% attended and were given an opportunity to speak, and 5.5% indicated that they were not provided an opportunity to speak. Of those who spoke, 90% felt that their views were reflected in the FCRB's recommendations.

- Sixty percent (60%) of those who were not able to attend indicated that they were encouraged to write a letter to the FCRB and 60% of those actually wrote a letter.
- Seventy-seven percent (77%) of respondents indicated that they received notice of court hearings.
- Sixty-seven percent (67%) of the time the notice came in the mail from the clerk of court; 31% came from the DHS case worker; and in less than 2% of the time the notice came from the child.
- Of those who received a notice, 43% attended and were given the opportunity to speak; 36% indicated that they were not given an opportunity to speak; and 21% were unable to attend.
- Of those who attended and were heard, 84% felt their views were reflected in the judge's recommendations.
- Of those who did not attend, 33% were encouraged to write a letter to the court and 50% of them did so.

(See Attachment A: Foster Caregivers Survey of Notices for survey specifics)

Quality Assurance (QA) System

At the time the CFSP was completed, Iowa had initiated, in 2013, an analysis of the QA system based on standards contained in Children's Bureau ACYF-CB-IM-12-07 to evaluate current performance and identify gaps in the system. In the CFSP, Iowa outlined the following plan to complete the gap analysis of the continuous quality improvement (CQI) system:

- Summer 2014 - Representatives of field administration will review the assessment and provide feedback regarding strengths and gaps identified as well as additional areas of consideration.
- Fall 2014 – The assessment will be revised for further dissemination
- Winter 2014 – Utilizing the Child Welfare Advisory Committee (CWAC), the Child Welfare Partnership Committee (CWPC), and other stakeholder forums, the revised draft assessment will be disseminated for additional feedback and areas of consideration.

Progress/Current Status: Iowa redirected resources to development of the Case Review System beginning January 2015 to June 2015, and in July 2015 will resume readiness preparations for the greater QA system. The CFSP timeframes noted above resumed in July 2015 and are hereby changed to reflect Summer 2015, Fall 2015, Winter 2015, and progress made on these activities will be reported in next year's APSR.

Foundational Administrative Structure

The Foundational Administrative Structure remained consistent since the CFSP. The Service Business Team (SBT) continues to be the primary force for assigning, prioritizing and coordinating child welfare quality improvement initiatives within DHS. SBT identifies key performance areas for the state related to CFSR expectations through review and analysis of performance; this analysis guides the prioritization process. The SBT uses an organized system of prioritizing items initiated in sequence

so, as DHS completes quality improvement efforts, improvement activities shift to the next focus area. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews performance on the priority items monthly, analyzes the data, identifies trends, and adjusts strategies as needed at the service area level and statewide.

Progress/Current Status: The Bureau of Quality Improvement continues to collaborate with Iowa's Department of Management, Office of Lean Enterprise in the development of standard Continuous Improvement training regarding Lean philosophy and specific methodologies. This training curriculum has been implemented and Quality Improvement staff is participating in both the classroom training aspect as well as the experiential learning and mentoring, which is in place to enhance the learning process. Iowa continues to place emphasis on efficiency, effectiveness, and standardization to improve the predictability of quality and efficiency; this training is an essential part of the Bureau of Quality Improvement's preparation efforts to meet ever-increasing capacity needs.

Integration of CQI training for new staff as well as all existing staff remains a goal for Iowa. Training will include general information on quality improvement as well as how quality improvement can be built into daily work.

Quality Data Collection

Iowa continues to work toward single source data reporting through implementation of Results Oriented Management (ROM). In the CFSP, Iowa established the following five-year plan to address quality data collection on an on-going basis:

- Implement ROM to maximum benefit
- Implement SBT charter workgroup regarding routine evaluation and follow up on data issues
- Identify and eliminate duplicate reports
- Identify reporting gaps
- Identify strategic measures to monitor
- Define a centralized structure responsible for reports
- Communicate with field regarding statewide processes for identification and resolution of data quality issues.

Progress/Current Status: Iowa currently operates both an internal and public facing ROM, which examines the placement population and CFSR Round 2 National Data Indicators and Composite Measures. Iowa added the in-home population to the internal version in June 2015; user training for the rollout is in development. Once DHS staff is familiar with the enhanced ROM, DHS will develop plans for rollout to the public. Iowa also planned to use ROM to measure/monitor CFSR Round 3 administrative measures by spring/summer 2015, but that timeline moved to the fall of 2015. Iowa will continue to work with the University of Kansas (KU), as we and other states utilizing ROM, work towards implementation of CFSR Round 3 performance measures.

Case Record Review Data and Process

Iowa completed the CFSR PIP in the fall of 2014. The remaining items monitored through case reviews were social worker visits with parents and children served. The Bureau of Quality Improvement was responsible for case reviews then communicating findings to the Service Business Team (SBT) and field. Through collaboration and coordination between these teams, Iowa identified and monitored practice enhancements to standardize visit expectations and documentation, which led to successful completion of the PIP. Following completion, DHS staff developed a new case review model thinking ahead to CFSR Round 3, which included paired review teams comprising one supervisor from each service area and the Quality Improvement Coordinator from that service area. There is one exception to this as one team comprises a supervisor and a policy representative. The goal of these pairs is to generate rich discussion and observation based on diverse backgrounds.

In the fall of 2014, DHS staff identified supervisors to participate in the case reviews. In November 2014, DHS staff held the first meeting to provide orientation to the project and begin the training process. Reviewers have met monthly since January 2015 to begin partnering on reviews, becoming familiar with the review criteria, comparing ratings across reviewer teams to assure inter-rater reliability, discussing questions as they arise, and considering options for logistics of the reviews. In addition to the group meeting, reviewers conducted interviews of the principles of their cases in order to begin the dialogue of how these can be integrated most efficiently into the review process. Reviewers will use the federal on site review instrument (OSRI) when completing case reviews. Training on the online monitoring system (OMS) occurred in April 2015 and will be used from that point forward. Upon full implementation of the review process in July 2015, Iowa anticipates completing 150 case reviews annually; the sampling process will impact how reviewers are deployed, travel requirements, and the efficient use of resources. Options considered include a statewide random sample, a stratified sample by service area, increasing the weight of the largest metro area, and methods to avoid oversampling any individual staff over the course of the year. DHS staff and reviewers discussed modeling of sampling options during the April 2015 meeting. Iowa tentatively plans to use a random sample stratified by the five service areas; Iowa's in-home and foster care populations tend to be evenly split so no stratification is planned based on service. Additional details of the sampling process continue to be discussed.

Iowa is dedicated to establishing a sustainable process for the long-term so evaluating the time commitment needed for the case review process, including interviews, is essential to the planning process. Iowa will continue to examine new information as it becomes available and make adjustments to the model as needed as we progress through the phases of implementation.

For more information about Iowa's case review process, please see Attachment C – Iowa's Draft Case Review Model.

Analysis and Dissemination of Quality Data

Iowa has multiple systems capable of reporting on collected data including CFSR factors and state-identified key performance measures, as well as other foster care and child protective related reports through ROM, case review data, and ad hoc reports as needed. Iowa has some goals regarding data that affect analysis and dissemination of data (please refer to Quality Data Collection above).

Progress/Current Status: Iowa is still finalizing data reporting processes. We are just beginning to experiment with the OMS, and will be developing data download and initial analysis and reporting protocols soon. Because Iowa depends on ROM, we must also wait for its availability to know what and how to develop monitoring and analysis protocols for administrative data. Generally, however, Iowa will develop standard data download procedures to create repeatable analysis and reporting using SPSS. This allows the “partial” automation of analysis and reporting, and also supports the ability to easily “ask the data the next question” based on the initial standard analysis of the data.

Additionally, Iowa shares data and analysis with stakeholders through existing collaborations as noted throughout this APSR. Data via ROM is available on demand from the DHS website. Stakeholders may submit questions or suggestions regarding ROM to the DHS Program Manager noted on the website. Data related to Differential Response (DR) implementation is also posted on the DHS website with contact information if stakeholders have questions and/or comments. As mentioned in the Collaboration Section, stakeholders have requested we engage them in their expertise areas. The most efficient way to do this is to utilize existing collaborations. We are continuing to explore how the feedback loop can be strengthened.

Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process

Iowa provides information to stakeholders regarding performance trends, comparisons, and findings through a variety of collaborative efforts, such as the Child Welfare Advisory Committee (CWAC), the Child Welfare Partners Committee (CWPC), the Children’s Justice State Council, the Children’s Justice Advisory Committee, etc. Please see *Section I, Collaboration; Section III, Services Description Update; and Section IV, Chafee.*

Staff and Provider Training

Through the educational resources of the consortium with Iowa State University (ISU), contractors, and DHS staff, educational programs, courses, conferences, workshops, and seminars are offered to DHS staff which enhance and develop employee competencies and increase the effectiveness of IV-E services. During SFY 2014-2015, there were **123 live offerings** attended by **2,585** staff and providers.

New Worker Training

Initial curriculum is designed for newly hired DHS staff and supervisors based on competencies and skills needed for their position. DHS staff is required to participate in an initial in-service week-long training relevant to their position prior to case

assignments. If it is determined the staff has an extensive child welfare background, they may receive authorization for a limited case assignment prior to training. Newly hired DHS staff also is required to take additional designated courses within six months to one year of their hire date according to established Training Guidelines (see *FFY 2015-2019 Updated Training Plan* for more information).

A 30-day follow-up is conducted after the completion of CP 200 Basic Training or SW 020 Foundations of Social Worker II Practice with the new worker and their supervisor. During the follow-up their completion of the required on-line courses is reviewed as well as reminders to register for the remainder of the courses in the new worker training series. It is the supervisor's responsibility to ensure that their worker completes the required courses within the designated time frames. At this time, Iowa does not track timely completion of initial new worker training requirements at an aggregate statewide level. Iowa may explore doing so within available resources.

Thirty-seven (37) of the 123 live course offerings were held specifically for new social work staff and providers. The live New Worker training courses include:

- SP 150 Child Welfare Practice in Iowa
- CP 200 Basic Training for Child Protection Workers
- SW 020 Foundations of Social Worker 2 Practice
- SP 300 Application of Legal & Medical Issues in Child Abuse
- SP 301 Impact of Domestic Violence & Substance Abuse Issues
- SP 533 Shared Parenting-Family Interactions
- SP 534 Family Team Decision-Making
- SP 535 Assessing Throughout the Case
- SW 071 Legal Aspects of Social Work
- SW 072 Testifying in Juvenile Court
- SW 073 Permanency & Termination of Parental Rights

Ongoing Training

After the initial 12 months with DHS, staff is required to complete 24 hours of training in child welfare annually.

An additional 80 live course offerings were held for both new and ongoing social work staff as well as providers. These courses include:

- CC 324 ICWA
- CC 355 Cultural Competence
- CC 861 Family Led Assessments
- CC 862 Family Well Being
- CC 863 Permanency Roundtable Skills
- CC 864 Supervisory Seminar - Measuring Engagement
- CC 866 Is This Child Safe?
- DA 019 In-Home Related Care
- DA 020 Know the Law

- SP 308 Differential Response: Where we started, what we've learned, where we go next
- SP 401 Abusive Head Trauma
- SP 434 Youth Transition Decision-Making
- SP 442 Trauma Informed Perspective: A 360° View
- SP 542 Motivational Interviewing
- SP 550 DSM-5: The essentials for front line workers
- SP 634 Coaching FTDM & YTDM Facilitators
- SP 642 Advanced Motivational Interviewing
- SW 124 A Closer Look at Dependent Adult Abuse Assessments
- SW 321 Legislative Update & Appellate Court Decisions
- SW 358 Permanency Roundtable Skills Training
- SW 500 Social Work Ethics
- SW 504 Beyond the Basics: Real Life Ethics for Child Welfare Professionals
- SW 506 Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems
- SW 603 Sexual Abuse

Supervisory Training

Six live offerings were directed to supervisors to enhance their skills in developing employee competencies and enhance child welfare services:

- SP 804 Group Supervision
- SP 805 Supervisory Practice: Model of Practice and Group Supervision
- SP 842 Motivational Interviewing for Supervisors

Self-Instructional Online Training

Two-thousand-three-hundred-twenty-two (2,322) staff took advantage of self-instructional online courses. The online self-instructional courses include:

- DS 168 Dependent Adult Abuse Mandatory Reporter
- DS 169 Mandatory Child Abuse Reporting
- HS 001 Confidentiality is Key
- HS 003 Confidentiality Part 2: Privacy and Security
- SP 100 Overview of Child Welfare
- SP 103 Legal Fundamentals
- SP 104 Medical Fundamentals
- SP 105 Substance Abuse
- SP 106 Domestic Violence
- SP 107 Impact of Child Abuse on Child Development
- SP 202 Quality Case Documentation & Worker Visits

DHS administers a biennial Learning Needs Survey to assess training needs associated with core job competencies. The results are utilized to inform the development of new, in-depth trainings as well as the extent to which previously developed trainings are offered. Per the DHS training contract with ISU, ISU conducts a comparative analysis

across survey periods to determine the extent to which our training increases competency scores over time. Pre- and post-testing is conducted to determine the efficacy of trainings, informing where content, format, and/or delivery adjustments need to be made. The pre- and post-tests are analyzed on a yearly basis which provides data about the validity of the questions. The results of the analysis has led to revisions of the questions and has impacted training by enhancing areas that were missed frequently on the post-test by new workers but deemed to be important learning points. Based on the post-test results from SW 020 Foundations of Social Worker II Practice, trainers spend more time emphasizing the time frames for when a safety assessment, risk assessment and risk re-assessment take place and increasing time spent on SACWIS entries. A recent change made in part due to feedback from 30 day calls and supervisory feedback included incorporating a section in SW 020 Foundations of Social Work Practice II on the collaboration with FSRP. Satisfaction surveys are conducted to assess the efficacy of trainers, content, delivery, format, etc.

Child Welfare Service Provider Training:

The Child Welfare Provider Training Academy (Training Academy) is a partnership with the Iowa Department of Human Services (DHS) and the Coalition for Family and Children's Services in Iowa. The purpose of the partnership is to research, create, and deliver quality trainings supportive to child welfare frontline staff and supervisors throughout the state in order to improve Iowa's child welfare system to achieve safety, permanency, and family and child well-being. The Training Academy provides accessible, relevant, skill-based training throughout the state of Iowa using a strength based and family centered approach. The Training Academy continues to improve the infrastructure to support private agencies and DHS in their efforts to train and retain child welfare workers and positively impact job performance and results in the best interest of children.

As the Contractor for the Training Academy, the Coalition for Family and Children's Services in Iowa envisions a true public/private partnership providing Iowa's at-risk children and their families an array of fully funded, quality, outcome-based services. The Coalition for Family and Children's Services in Iowa works in collaboration with DHS and other stakeholders/partners.

The Training Academy coordinates training curriculum development and oversight with guidance and support from the Training Academy Committee, the Child Welfare Partners Committee (CWPC), and the DHS Training Committee. The Training Academy Coordinator is a member of and actively participates in all three (3) committees as well as any identified subcommittees.

- The purpose of the Child Welfare Provider Training Academy Committee is to support, guide and further the purpose, focus and vision of the Child Welfare Provider Training Academy.
- The Training Subcommittee of the Child Welfare Partners Committee (CWPC) is authorized to recommend and support training which ensures an effective collaborative public-private practice model.

- The purpose of the DHS Training Committee is to coordinate training efforts internal to DHS.
 - Collaborative Efforts Subcommittee: This is a subcommittee of the DHS Training Committee. The purpose is to improve communication and collaborative efforts between the entities providing training to DHS and other partners around the state to prevent duplication of trainings, utilize and maximize available training resources, and increase continuity and consistency of trainings provided to DHS and partners around the state.

During the time period of April 2014 – March 2015, the Child Welfare Provider Training Academy delivered a total of 51 in-person trainings across all five (5) DHS service areas reaching out to a total of 1,062 staff in the following topic areas:

- Trauma Informed Care: Understanding Trauma – Level 1
- Trauma Informed Care: Understanding Trauma – Level 2
- Dangerous Playground: Drug Awareness and Trends
- Basic Engaging Youth and Families
- Confidentiality, Subpoenas, Courtrooms, Attorneys
- Compassion Fatigue and Burnout Foundation Overview
- Compassion Fatigue and Burnout Practical Applications
- Don't Talk... Don't Trust... Don't Feel: Growing up with an Addicted Parent
- Bleeding Heart or Purple Heart: Assessing Parenting Styles and Basic Parenting Education
- Motivational Interviewing
- Ethical Responsibilities and Understanding Boundaries for Child Welfare Providers
- De-Escalation Skills
- Reactive Attachment Disorder
- Generations Next-Surviving and Supporting through the Teen Toxic Culture
- LGBTQ Basics and Best Practice
- Diagnosis and Behaviors that includes DSM V – The Foundation
- Diagnosis and Behaviors that includes DSM V – Practical Applications
- Autism Spectrum Disorder

A Training Plan for SFY 2014-2015 (Attachment B – CWPTA Training Plan) was developed and provided to DHS on September 12, 2014. The training plan is compatible with the child welfare outcomes of the DHS 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.

In-Person Trainings: The in-person trainings are provided throughout the state and consist of one-day or ½ day workshops designed around identified training topics/needs of child welfare workers. The workshops are geared towards different levels of child welfare practice, such as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker.

During the time period of April 2014 - March 2015, of all the in-person trainings, 95% of the attendees reported on their evaluations that the information provided at the training met their needs and was useful to their job.

The Child Welfare Provider Training Academy Committee believes that workforce training is not a “one and done” proposition, so the committee members recommended enhancing the in-person trainings by having “blended learning” trainings.

Blended Learning Training: This is a program or package of training established to provide a three level process of training tools.

- **Online Course:** This includes a Power Point presentation that the attendee completes before attending the in-person training. This part of the training focuses on the terminology and language to provide a foundation for the in-person training.
- **In-Person:** This training process builds upon the foundation created in the online course. The in-person training is provided in at least three (3) locations throughout the state.
- **Webinar:** The webinar is held on average two weeks after the last in-person training. The webinar provides an opportunity for discussion, including any challenges the attendees have implementing what they learned.

During the time period of April 2014 - March 2015, of the in-person portion of the blended trainings, the attendees reported on their evaluations that 95% of the information provided at this training met their needs and was useful to their job.

Online Learning: The Child Welfare Provider Training Academy purchased the Relias Learning Management System. Relias Learning is an online training library and event management system. This learning management system offers a maximum of 500 staff users an opportunity to be a part of Relias Learning. All agencies that hold DHS child welfare service contracts are eligible to participate in Relias Learning. The Training Academy continues to enhance new learning opportunities to work within the courses of Relias Learning with supplying a supervisor webinar every other month.

In SFY 2015, the Training Academy collaborated with Four Oaks to enhance the educational online opportunity to child welfare service providers across the state. The collaboration intent is to increase the use of Relias Learning and support the child welfare service providers utilizing this employee learning opportunity.

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 national accrediting bodies such as the Child Welfare League of America (CWLA) and/or the Association of Social Work Boards (ASWB). Courses are cross-walked with accredited bodies' standards, such as the Council on Accreditation.

During the time period of April 2014 – March 2015, an average of 12 of the 15 active child welfare service provider agencies completed 2,106 online courses for a total of 3,350.25 credits earned by 1,224 users.

The Training Academy continues to offer DHS child welfare service contracted agencies the opportunity to participate in Relias Learning.

In order to maintain interest and usage of Relias Learning along with keeping active staff assigned to the available 500 openings, the Training Academy identified the strategy to highlight one course per month. The highlighted course reminds the user of the ongoing resource and opportunity and shares a course relevant and practical to their daily work. Some of the monthly topics included:

- Effective Interviewing Techniques
- Grief and Loss
- HIPAA Overview
- Overview of Autism Spectrum Disorders for Paraprofessionals
- Positive Behavior Support for Children
- Documenting the Treatment Planning Process
- Cultural Issues in Mental Health
- Attitudes at Work
- Safety in the Field
- Child Abuse for Mandatory Reporters
- Cultural Diversity
- How to Avoid Disciplinary and Malpractice Actions
- Advanced Motivational Interviewing
- Engaging Youth-Strategies for Success

Understanding Trauma/Trauma Informed: The Child Welfare Provider Training Academy continues to collaborate with the International Trauma Center (ITC) and Midwest Trauma Services Network (MTSN) for Understanding Trauma/Trauma Informed training and training of coordinators. The Child Welfare Provider Training Academy, ITC, and MTSN continue to customize plans to deliver trainings as well as build capacity and sustainability in the state. The Training Academy continues to enhance and support the work already established to ensure that all areas of the state have access to similar Understanding Trauma/Trauma Informed training with the goal to create common language across child welfare service providers and other child welfare partners.

Currently, there are two levels of Coordinators which include Level 1 and Level 2. Level 1 Coordinators (Foundation of Understanding Trauma) deliver a six (6) hour training designed to address the foundation of understanding trauma and discusses the broad spectrum of major contributors to a child's behavior, what needs to be addressed first, and what short or long term reasonable outcomes are on the foundation of trauma informed care. The content of this training includes brain development, safety process, psychological trauma, Adverse Childhood Experiences (ACEs) study, and trauma informed response. Level 2 Coordinators (Self Care of Understanding Trauma) deliver a six (6) hour training designed to address identified gaps in learning and understanding of trauma informed concepts. Routinely, feedback has shown that personnel who work with populations impacted by high risk environments do not clearly understand the

implications of trauma exposure or behavior dynamics. By focusing on specific relevant components, this can help staff understand some of the critical variables that interrupt healing. Workers and caregivers learn the processes of protecting themselves not only in crisis but over the intermediate and long view in public service careers. Level 2 Coordinators learn how their own childhood may influence their practice as caregivers and build a self-care plan along with defining themselves in the work as part of their protection against vicarious trauma.

During the time period of April 2014 – March 2015, the Training Academy provided another “Trainer of Coordinators” program to increase the Level 1 Coordinators to include individuals to help enhance the common language that is trauma informed in the five (5) DHS service areas and the ability to cover and train in all 99 counties in the state.

There are currently three (3) participants in the Level 1 program. In order to become a Trauma Informed Coordinator, an individual must meet the following requirements:

- Participate in Level 1 and Level 2 trainings offered by ITC staff,
- Attend and co-facilitate one Level 1 or Level 2 training with ITC staff, and
- Attend and facilitate one Level 1 or Level 2 training with ITC staff as coach and mentor.

The Coordinators gain:

- The knowledge, skills, and experience to deliver the foundational trauma informed care training (Level 1 or Level 2).
- The opportunity to be coached/mentored by staff of MTSN and IT, who are experts in the field of trauma informed care.
- Access to materials and research to support learning and knowledge.
- Technical support through the Training Academy to coordinate and assist in meeting all requirements.

There are currently thirteen (13) Trauma Informed Level 1 and Level 2 Coordinators who facilitate Understanding Trauma/Trauma Informed training through the Training Academy. There continues to be discussion and planning to offer this training in the future and move the initiative forward.

During the time period of April 2014 – March 2015, the Trauma Informed Coordinators held 34 Level 1 trainings and trained 381 individuals from their respective agencies as well as community partners. The Trauma Informed Coordinators held 27 Level 2 trainings and trained 412 individuals from their respective agencies as well as community partners. This is in addition to the coaching and work each Trauma Informed Coordinator completes within their agencies and overall promoting the importance of being trauma informed.

The Training Academy continues to maintain the Child Welfare Provider Training Academy website. In addition, during the time period of April 2014 – March 2015, the Training Academy designed and updated the website which is available at

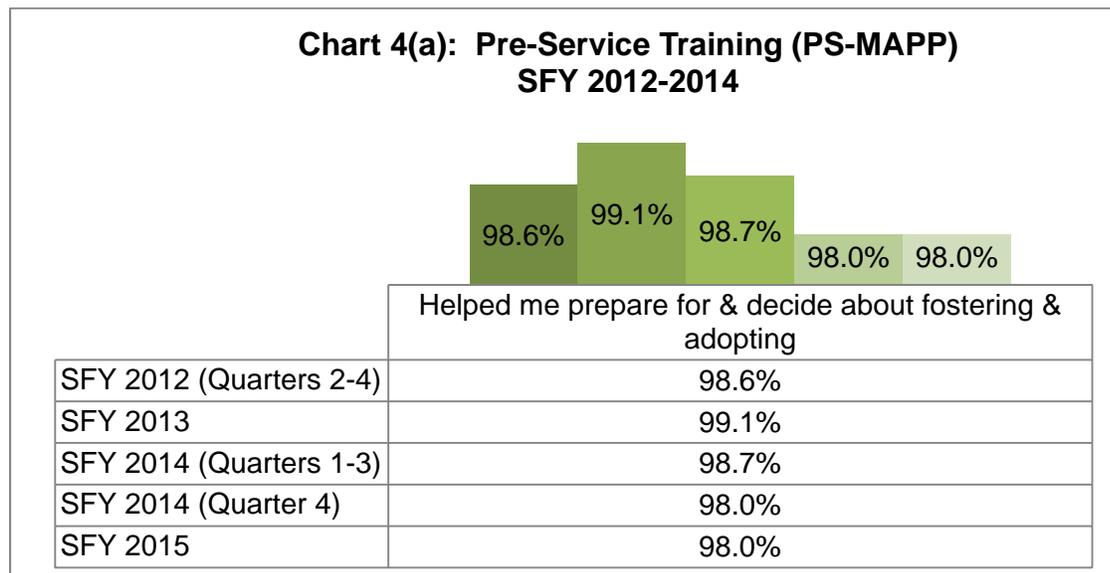
www.iatrainingsource.org. The website was updated to allow individuals a complete user-friendly searchable training database. The trainings can be searched by service area, date of training, topic of training, or by specific group (i.e. DHS Training or Child Welfare Provider Training Academy Training). The Training Academy website also links with other training opportunities and training sites, including the DHS training site.

The website continues to undergo updates and enhancements as necessary. One of the recent enhancements of the website is the Resource Library. The Resource Library continues to grow with updated information, including additional website links providing information on topics trained through the Child Welfare Provider Training Academy over the past seven (7) years.

The intent of the website is to focus on becoming the one stop shop for all trainings available to child welfare service providers and other child welfare partners in Iowa to provide accessible, relevant, skill-based training throughout the state.

Foster and Adoptive Parent Training:

The DHS has two contracts that provide foster and adoptive parent training. The Foster and Adoptive Parent Recruitment and Retention (R&R) contractor provides 30 hours of pre-service training, PS-MAPP, to individuals seeking to become licensed foster and/or adoptive parents. After licensure, Iowa requires 6 hours of continuing education per year for foster families only. The DHS’ Support Services for Resource Families contractor provides the on-going training. Charts 4(a) and 4(b) show data related to these two contracts.



Source: Iowa KidsNet

Iowa KidsNet is the statewide contractor for the recruitment and retention of foster and adoptive families in Iowa. Iowa KidsNet is responsible for developing recruitment and retention plans for each service area based on demographic and geographic data on

children coming into care. Iowa KidsNet provides pre-service PS-MAPP training and completes all activities related to foster family licensing and adoption approval. Iowa KidsNet also provides ongoing support to licensed foster families, and to adoptive families. Iowa KidsNet also provides placement matches for children in need of foster family home placement. DHS continues to approve all home studies and issue foster family home licenses and adoption approval, select the matched foster family home, and provide all case management services to children in foster care.

Respondents to evaluations of the PS-MAPP training indicated that the training helped them prepare for and decide about whether they should foster or adopt (99% in SFY 2014, Quarters 1-2). In SFY 2015, 60% of families who started PS-MAPP training completed it. Of the 60% who completed PS-MAPP, 90% of families moved to a licensed/approved status. For the 10% who did not move to a licensed/approved status, 1% was 'denied' and 9% withdrew because a child-specific or relative placement "fell through" or some significant personal situation occurred. Of those who moved to a licensed/approved status, 30% were adoption only, 63% were foster/adopt, and 7% were foster only. Because it is difficult to prepare parents for the reality of fostering and/or adopting children, PS-MAPP training provides as much information as possible to help prospective foster/adoptive parents make their decision. Once parents are licensed, they continue their learning through trainings provided through the Support Services for Resource Families contractor.

Iowa KidsNet continues to strategize on how to provide PS-MAPP to meet the training needs in rural and urban area with trainings scheduled throughout the year and across the state. In SFY 2014, Iowa KidsNet provided Caring for Our Own pre-service training for relative, kin and fictive kin caregivers. The training was provided in Des Moines and Cedar Rapids as a pilot. The training was well received by participants and by DHS. It will be held again in the spring and fall of 2015 with one session held in Des Moines and one session in Cedar Rapids.

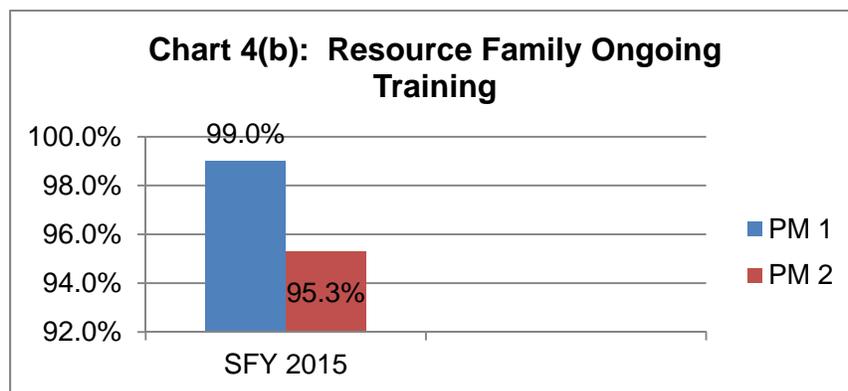
The new Support Services for Resource Families contract requires a minimum of sixty (60) in-service trainings per each contract quarter. This provides for a variety of trainings on different topics such as oversight of prescription medications, the effects of trauma on a child's brain, behavioral and mental health, and child development (that includes all ages).

The Support Services for Resource Families new contract, effective July 1, 2014, includes two performance measures related to training:

- Performance Measure 1: Resource parents will have increased knowledge and skills for addressing the needs of foster children placed in their care such as in the areas of behavior management, trauma, child development, and supervision. Eighty-five percent (85%) or more of resource parents surveyed will report that their training improved their knowledge and skill level for addressing the needs of foster children during the first year of the contract. For the second year of the contract, eighty-seven percent (87%) will report the training improved their knowledge and skill level,

and by the additional third year of the contract eighty-nine percent (89%) will report improvement in these areas.

- Performance Measure 2: Resource parents are satisfied with the services provided by the contractor as evidenced by the quarterly survey results. The Contractor will achieve eighty-five percent (85%) or greater satisfaction rating from resource parents who utilized services from the contractor for the first year of the contract. For the second year of the contract, eighty-seven percent (87%) of the respondents will report satisfaction and by the additional third year eighty-nine percent (89%) will report satisfaction.



Source: DHS

Iowa Foster and Adoptive Parent Association (IFAPA) Training Accomplishments for FY 2014-2015:

- Offered 134 unique courses and a total of 326 training sessions statewide:
 - 3,579 individuals participated in a three or six hour training
 - 540 individuals participated in a two hour support group training that utilized IFAPA training materials
- IFAPA currently sub-contracts with 76 individuals who provide two, three and six hour trainings for IFAPA.
- In September 2014, IFAPA implemented a grant, provided by Mid-Iowa Health Foundation, entitled Trauma Connection Project. During this two-day intensive event, 30 IFAPA trainers had a deep discussion about trauma informed care, the role it currently plays in their curricula, and new and innovative ways to incorporate more aspects of trauma informed care into their curricula. Chris Foreman from the National Child Traumatic Stress Network (NCTSN) led this two-day workshop and employed techniques such as problem based learning, case mapping and cooperative learning to inspire IFAPA trainers to embrace a variety of adult learning techniques.
- Many of IFAPA's foster, adoptive and kinship parents attended some or all of the Caring for Children Who Have Experienced Trauma modules and continued to request more information around the concepts addressed in the training. As a result, IFAPA hosted Shannon Regan-Shaw on September 9, 2014 to lead a training of the trainers for a 30 module training called "It's Not About You". Each module discusses concepts from the Caring for Children modules more in-depth in a

facilitated discussion format. IFAPA had 45 individuals attend the training of the trainer.

- As a result of focus on trauma informed care (from a trainer position), approximately 90% of IFAPA trainings have an element of trauma informed care or are completely trauma informed.
- IFAPA hosted its 42nd annual conference in Altoona, IA on March 6-7, 2015. Three-hundred-twenty (320) individuals attended 33 unique courses, with trainers from California, Colorado, Ohio, Minnesota and Iowa.
- IFAPA hosted a new conference in Waterloo, IA on October 17-18, 2014. One-hundred-seventy (170) individuals attended the 22 unique courses, with trainers from Minnesota and Iowa.
- IFAPA received \$30,000 in training money through the Chafee fund. IFAPA worked with Dr. Teresa Downing-Matibag to bring “Domestic Minor Sex Trafficking and Its Impact on Children in Care” to all five services areas. In addition, IFAPA co-sponsored five mini-conferences with ASK Resource Center, which focused on the educational transitioning needs of older children in care.

Training Activities Planned for FY 2015-2016:

- IFAPA will continue to add additional trainings and trainers. IFAPA will be hosting the 2nd annual conference in Waterloo, October 16-17, 2015. The training sessions are set and will include speakers from Iowa, California and Minnesota. The Training Coordinator will be releasing the updated version of Preventative Practices II: Minimizing the Risk of Abuse Allegations course during the upcoming fiscal year. Along with this course update, the IFAPA Child Abuse Assessment brochure will be updated.
- The Training Coordinator will attend the American Professional Society on the Abuse of Children (APSAC) conference on July 22-25, 2015 in Boston, MA to present the findings from our Trauma Connections Project to a national audience. IFAPA’s Training Coordinator will co-present with Chris Foreman of the NCSTN.
- IFAPA will start the process of exploring webinar/web-based trainings. There has been a high demand for these types of courses and IFAPA is always seeking new and innovative ways of bringing training sessions to families in ways that best meet their needs.
- IFAPA received an additional \$30,000 for training from the Chafee fund. IFAPA will use this money to continue the Domestic Sex Trafficking course as well as develop mini-conferences that focus on the emotional, physical and financial transitioning needs of teens in care.
- IFAPA continues to work hard to reach out to Iowa’s foster parents who live in a rural community by providing week-night trainings in smaller “hub” communities throughout the state. These communities are within a 50 mile driving distance of at least 100 foster families. These “hub” cities include: Cherokee, Fort Dodge, Mason City, Oelwein, Maquoketa, Grinnell, Ottumwa, Osceola, Red Oak, Mt. Pleasant and Denison.

- IFAPA continues to work toward adding diversity to their course offerings, increasing the number of trainers available to lead sessions as well as explore new ways of connecting with their families.

Service Array and Resource Development

See Section III: Services Description Update

Agency Responsiveness to the Community

For available data and information, please see Section I: General Information, Collaboration; Section III: Services Description Update; Section IV: Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV); and Section VII: Consultation and Coordination Between States and Tribes as well as the Targeted Plans mentioned in Section IX.

In addition to the collaborations mentioned in the sections noted above, DHS child welfare staff also collaborated with DHS child support staff to transition usage of the Federal Parent Locator Service (FPLS) for child welfare purposes from child support to child welfare. Although the transition is still in process, central office child welfare staff contacted child support staff to search the FPLS for the purpose of locating youth to participate in the National Youth in Transition Database (NYTD) survey. As a result of information gathered from the FPLS, in addition to efforts by the survey contractor, Hornby Zeller Associates, and DHS Transition Planning Specialists in locating and administering the survey to youth, Iowa's child welfare system gathered enough survey responses to avoid a potential \$40,000 penalty.

In addition to collaborating with DHS child support staff, child welfare staff also collaborated with DHS Medicaid staff to ensure that reports of prescription oversight of foster care children were included in the request for proposals (RFP) for Iowa's Medicaid Modernization effort. DHS received bid proposals and are currently in review. DHS anticipates award notification in summer 2015 and approval from the Center for Medicaid and Medicare Services (CMS) for Iowa's transitioning our Medicaid program to Managed Care Organizations (MCOs).

DHS field and central office child welfare, mental health and disability services (MHDS), and Iowa Medicaid Enterprise (IME) staffs participated in a workgroup with Magellan of Iowa on implementation of Integrated Health Homes (IHH) for children involved in the child welfare system, including those children for whom DHS has guardianship. The workgroup met several times to review and revise an authorization form, instructions to complete the form, a roles document for foster care parents, etc.

As evidenced by information mentioned above which is provided elsewhere in this report, Iowa's child welfare system collaborates and consults with a plethora of stakeholders, including but not limited to, tribal representatives, consumers (parents and youth), service providers, foster care providers, juvenile court, and other public/private agencies, including those administering other federal or federally assisted programs, to

engage them in discussing strengths and areas needing improvement related to the child welfare system and to work together to implement changes. Iowa will continue to utilize these collaborations/partnerships to improve Iowa's child welfare system over the next year.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards Applied Equally

Foster and Adoptive Parent Licensing:

Prospective foster and adoptive parents may request a waiver to non-safety related licensing requirements through Iowa KidsNet licensing staff. Iowa KidsNet staff contact the local DHS office licensing staff, who requests a Waiver of PS-MAPP or Licensing Standards, Form 470-4873. The licensing staff submits the form to the Service Area Manager or designee, who approves or denies the request and returns the form to the licensing worker. The licensing worker then sends the approved or denied request form to the Iowa KidsNet licensing worker. Since these waivers are handled locally, DHS does not have a centralized way of tracking the number of waivers.

The DHS local licensing worker may request an exception to policy for any licensing standard not able to be waived locally. The local licensing worker submits a written request for an exception to policy to central office policy staff for review and then it goes to the Director's office for a final decision. The DHS licensing worker receives the written decision and sends a copy of the decision to the Iowa KidsNet licensing worker.

Shelter and Group Care Facilities: DHS signed a Memorandum of Understanding with the Department of Inspections and Appeals (DIA) for the initial licensure, annual onsite visit, unannounced visits, complaint investigations, and re-licensure of shelter and group care facilities. The DHS is the licensing agent for these programs and uses the DIA's written reports and recommendations to make all final licensing decisions before it issues the licenses and Notices of Decision. Exceptions to licensure policies may be granted for shelter and group care facilities by the DHS when circumstances justify them, but they rarely are requested or needed. Provisional licenses are not common, but they might be used temporarily in lieu of full licensure in order to give a facility time to correct licensing deficiencies. Not all identified deficiencies result in the need for provisional licensing or a formal corrective action plan. However, all licensing deficiencies are expected to be corrected by the licensee. Services continue under a provisional license when it is determined that the safety of the youth in care is not jeopardized. Provisional licenses require corrective action plans that generally last for about 30 days, which is usually sufficient to correct the deficiencies and for the DIA to re-inspect the program.

In calendar year 2014, DHS issued eight provisional licenses. While this may not be a large number considering the many shelter and group care units that are licensed across Iowa, and while there is no clear indicator that explains the increase, the DHS acknowledges this is more than usual. Each was based on discovered licensing deficiencies that were serious enough to require corrective actions but that did not place

youth in care in unsafe conditions. All of the provisional licensees were returned to full licensure status within time periods comparable to the description above.

Calendar Year (CY)	Number of Provisional Licenses Issued
2015 (thru 3/3/15)	1
2014	8
2013	1
2012	1
2011	1
2010	2

Source: DHS

Requirements for Criminal Background Checks

Iowa KidsNet prepares and submits licensing packets to service area field staff.

Licensing packets include the following:

- Universal Precaution self-study training
- PS-MAPP family profile
- Physician’s report for foster and adoptive parents
- HIV general agreement
- Foster Care Private Water supply survey (well water)
- Provision for alternate water supply (if applicable)
- Floor Plan of the home/living space
- Three reference names and addresses (three additional references are selected and contacted by the home study licensing worker)
- Criminal background checks
- Applicable consents to release of information
- The Foster Family Survey Report, which documents the foster family’s compliance with all licensing requirements
- The home study summary and recommendation
- All forms obtained through record checks and assessment of the family

All prospective foster and adoptive families and adults in the home complete record checks as required by federal policy. DHS staff monitors the safety of children in care through ongoing safety and risk assessments conducted during monthly visits with the child and foster parents as part of the case planning process. Service providers also monitor safety of the placement through the provision of services, typically on a monthly basis.

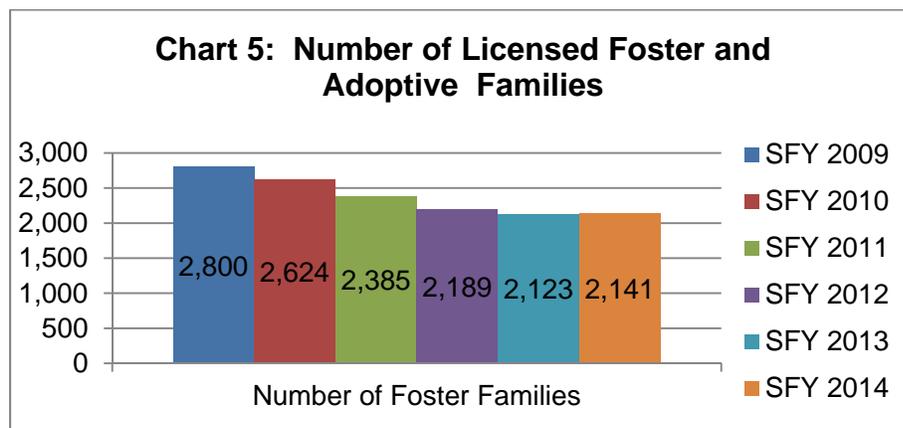
DHS foster home licensing staff completes a 100% review of all licensing packets to ensure packets are complete, including the required completion of background checks. A packet is not considered complete unless all required documents are provided by Iowa KidsNet. DHS will not issue a foster home license unless all record checks are completed.

Diligent Recruitment of Foster and Adoptive Homes

Iowa KidsNet is responsible for developing annual, service area specific plans that include strategies and numerical goals for each service area. The plans are reviewed by the contract manager for a statewide view of recruitment and retention needs. The data has shown that while the plans are specific to the community connections and networking by service area, the demographic needs are similar across the state. All service areas have a need for non-white resource families, families who can parent teens, and families who can parent sibling groups. Strategies that have shown success are shared across service areas and may be modified to meet the needs in that specific area. Iowa KidsNet, DHS, IFAPA and community partners also participate in statewide events such as National Foster Care Month and Adoption Month events, the IFAPA statewide conference, and other large community events.

The Recruitment Plans include recruiting and retaining resource families to address gaps in available resource family homes and to identify incremental steps to close those gaps. The criteria is to have families that reflect the race and ethnicity of the children in care in the service area, families to care for sibling groups, families who can parent teens, families who are geographically located to allow children to remain in their neighborhoods and schools, and families who can parent children with significant behavioral, medical, and mental health needs. Resource families are expected to work closely with birth families, support family interaction and actively assist children in maintaining cultural connections to their communities. Recruitment plans are based on service area specific data that includes the age, race and ethnicity of children coming into care as well as the race and ethnicity of foster families. This information is provided throughout the year to the contractor and is used to inform and drive the development of each year's recruitment and retention plan. The Service Area Recruitment Plans will provide input into the statewide diligent recruitment plan.

Chart 5 shows that, over the last five years, Iowa experienced a decline in licensed foster and adoptive families.



Source: DHS, SACWIS

In SFY 2014, Iowa KidsNet exceeded the net gain target for the total number of foster families in three out of five services areas. Iowa KidsNet exceeded the net gain target for non-white families in two out of five service areas.

The reasons resource families withdraw from providing foster care, on average, are as follows:

- 48% Due to adoption;
- 26% Due to personal reasons such as job change, moving, retirement, health concerns or family concerns;
- 13% Due to no longer being interested in providing foster care;
- 4% Due to being dissatisfied with DHS or Iowa KidsNet;
- 4% Due to concerns by DHS or Iowa KidsNet about the family's ability to parent foster children, meet licensing requirements or child abuse allegations; and
- 4% Due to the specific child the family became licensed to care for did not enter care or was not placed with the family.

On average, 46% of withdrawing families were either caring for relatives, were adopt only, or were only providing respite.

The recruitment and retention of non-white resource families is a priority area for Iowa KidsNet. The DHS provides data on the race and ethnicity of children in care, and the race and ethnicity of resource families. Recruitment and retention targets are established to increase the number of non-white families in each service area based on the race and ethnicity of the children coming into care. In SFY 2012, Iowa KidsNet was measured on their ability to narrow the gap between the number of non-white children in care and the number of non-white foster families.

Tables 5(b) and 5(c) show the number of children in family foster care by race and ethnicity and the number of foster families by race and ethnicity at the end of SFY 2013.

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	38	5	1	13	10	67
African American	38	88	89	112	175	502
Hispanic	111	95	37	57	80	380
Multi-Racial	55	36	49	75	54	269
All Other	32	18	22	13	139	224
White	663	534	301	486	500	2484

Source: DHS

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	0	0	1	1	0	2
African American	3	11	5	15	40	74
Hispanic	12	7	3	9	15	46
Multi-Racial	10	9	8	11	8	46
All Other	4	3	8	7	5	21
White	430	357	209	390	422	1808

Source: DHS

The contract performance measure changed starting in SFY 2014 due to the difficulty in establishing firm targets as the number of children fluctuated. The measure currently is that Iowa KidsNet must increase the total number of foster families by 3% over an established baseline, and the number of non-white families by 3% over an established baseline. Table 5(d) shows the baseline and targets.

Service Area	FY13 Baseline All Foster Families	FY14 Target All Foster Families	Achieved	FY13 Baseline Non-white Foster Families	FY14 Target Non-white Foster Families	Achieved
Western	459	473	423	23	24	23
Northern	388	399	402	26	27	29
Eastern	227	233	214	18	19	21
Cedar Rapids	433	446	459	43	44	36
Des Moines	491	506	513	67	69	33
Total	1998	2057	2012	177	182	175

Source: DHS

SFY 2015 data is not available so achievement of these measures has not been determined.

DHS and Iowa KidsNet routinely share with each other aggregate data, service area data and case specific information.

- Recruitment and Retention teams in each service area meet no less than quarterly to review data, discuss and revise strategies, and develop contacts and relationships with faith based groups, civic groups and other influential people in non-white communities to enhance recruitment and retention efforts.
- Iowa KidsNet and DHS licensing staff also meet no less than monthly in each service area to discuss all families withdrawing, not currently taking a placement, or struggling.

- Data is shared each quarter with DHS service area leaders to monitor progress towards contract performance measures and recruitment targets, as well as discussions around ways to improve overall recruitment and retention, strengthening partnerships and problem solving areas of concern.
- Key strategies and successes are shared at a statewide level by service area leadership to promote replication across the state.

Several strengths have been identified in the past year regarding the recruitment and retention contract. The number of licensed non-white foster families increased, and Iowa is on target for meeting the established goals in 4 out of 5 service areas. Iowa KidsNet and DHS local staff have ongoing discussions on children who have significant needs in order to find the best home to care for them. Iowa KidsNet staff and DHS have regularly scheduled meetings to discuss capacity, concerns regarding specific foster families, and developing, implementing and monitoring corrective action plans with families. Iowa KidsNet actively participated in collaborative efforts to address and improve stability for children in foster family care in all service areas. The recruitment and retention of non-white families improved in the last year primarily due to person-to-person outreach events and having non-white Ambassadors across the state to build relationships and highlight the need for foster families. Iowa KidsNet is a partner in the Native Families for Native Children collaboration in northwest Iowa. As of March 31, 2015, four Native American families have been licensed in the Sioux City area. This is a 400% increase from one year ago.

Areas needing improvement also have been identified. The most significant is the continued need to have more licensed foster families who have the skills and ability to care for children with significant behavioral, mental health or medical needs. Having a sufficient number of families willing to care for teens is another identified area needing improvement. While there has been an increase in the number of licensed foster families who will care for sibling groups of 2 or more, there are still challenges in finding homes that will keep larger sibling groups together.

DHS and Iowa KidsNet continue to use area specific data to build recruitment and retention plans. Recruitment efforts are based on the geographic areas where there is the most need. Iowa KidsNet and DHS continue to use data in order to balance the needs of urban areas with rural areas so children can remain in their home communities.

State Use of Cross-Jurisdictional Resources for Permanent Placements

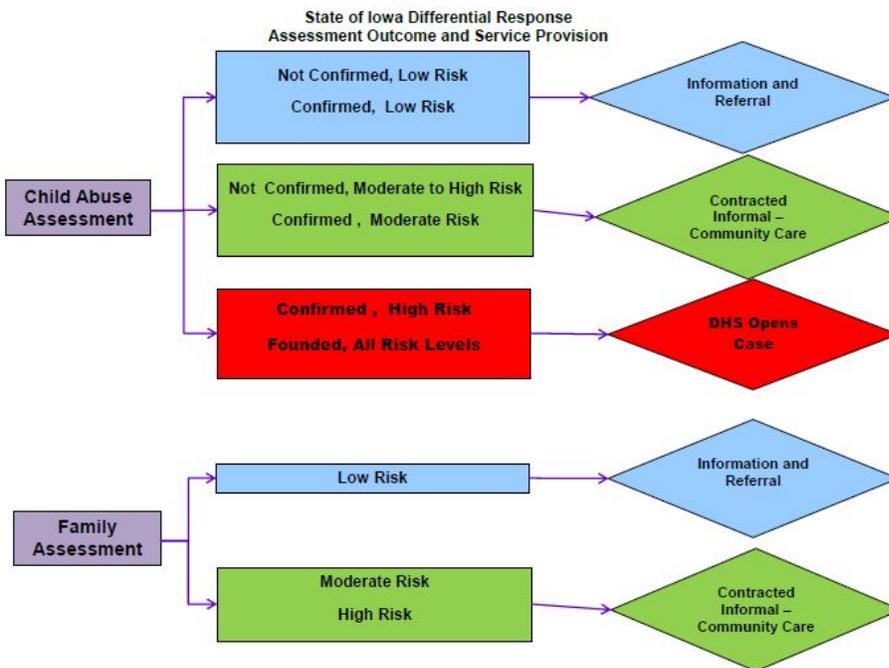
Iowa's foster care recruitment and retention contractor is responsible for completing the foster and adoptive home studies referred through the DHS Interstate Compact for the Placement of Children (ICPC) unit within the 60-day timeframe for completion. The Compact Administrator and the local DHS offices established a process to ensure that the contractor receives ICPC requests in a timely manner. The contractor and the local DHS offices also have a 60-day timeframe for processing parent and relative home studies. Iowa tracks ICPC data through the ICPC Database.

From April 1, 2014 through March 31, 2015, the DHS ICPC Compact Administrator received 68 requests for foster and adoption home studies from other states. The number of days it took the ICPC unit to send the request to the contractor ranged from 0-7 days. These requests are now sent electronically, saving many days of mail and processing time. The median time for this was 4 days with an average of 3 days. The number of days it took for the ICPC unit to receive the completed home studies from the contractor ranged from 0-180, with a median of 65 days and an average of 62 days. Reasons for the delays range from processing and assigning the home study to a social worker to failure of the placement resource to follow through thereby creating delays in completing the home study.

SECTION III: SERVICE DESCRIPTION UPDATE

Populations at Greatest Risk of Maltreatment in Iowa

The best description of populations at greatest risk of maltreatment in Iowa is examination of Iowa's child welfare population, i.e. children who have experienced abuse or neglect. With the implementation of Differential Response in January 2014, Iowa's child welfare population changed according to the following service flow diagram:



Children receiving formal child welfare services are those whose abuse or neglect was confirmed with high risk or founded with any risk level (low, medium, or high). Therefore, description of Iowa's child welfare population will focus on confirmed and founded cases of abuse or neglect.

Table 6(a) shows the most often reported type of abuse is Denial of Critical Care (also known as Neglect). Denial of Critical Care (Neglect) is defined as the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing or other care necessary care for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so. The next most often reported type of abuse is physical abuse followed by presence of illegal drugs (PID) in a child's body and sexual abuse. Increases in confirmed or founded assessments from 2013 to 2014 for physical abuse, PID, and sexual abuse are due to implementation of Differential Response as some of the Denial of Critical Care cases received a Family Assessment in lieu of a Child Abuse Assessment resulting in a decrease in the substantiated Denial of Critical Care (Neglect).

Calendar Year (CY)	Denial of Critical Care (Neglect)	Exposure to Manufacturing Meth	Mental Injury	Physical Abuse	PID	Sexual Abuse	Cohabit with Sex Offender	Allowing Access to Sex Offender	Other	Total
2014	70%	1%	<1%	12%	9%	7%	-	1%	0%	100%
2013	78%	1%	< 1%	9%	6%	4%	-	1%	0%	100%
2012	79%	1%	< 1%	9%	6%	4%	-	1%	< 1%	100%
2011	79%	1%	< 1%	10%	5%	4%	-	1%	< 1%	100%
2010	81%	1%	< 1%	9%	4%	3%	-	1%	< 1%	100%
2009	81%	< 1%	< 1%	9%	4%	4%	1%	1%	-	100%

Data Source: SACWIS PID = Presence of Illegal Drugs; Other = Child Prostitution, Bestiality in Presence of Minor, and Allowing Access to Obscene Material

Table 6(b) shows children abused or neglected represented 1.0% of Iowa's total child population in 2014. Again, the decrease between 2013 and 2014 was due to implementation of Differential Response.

Table 6(b): Percentage of Iowa Children Abused or Neglected

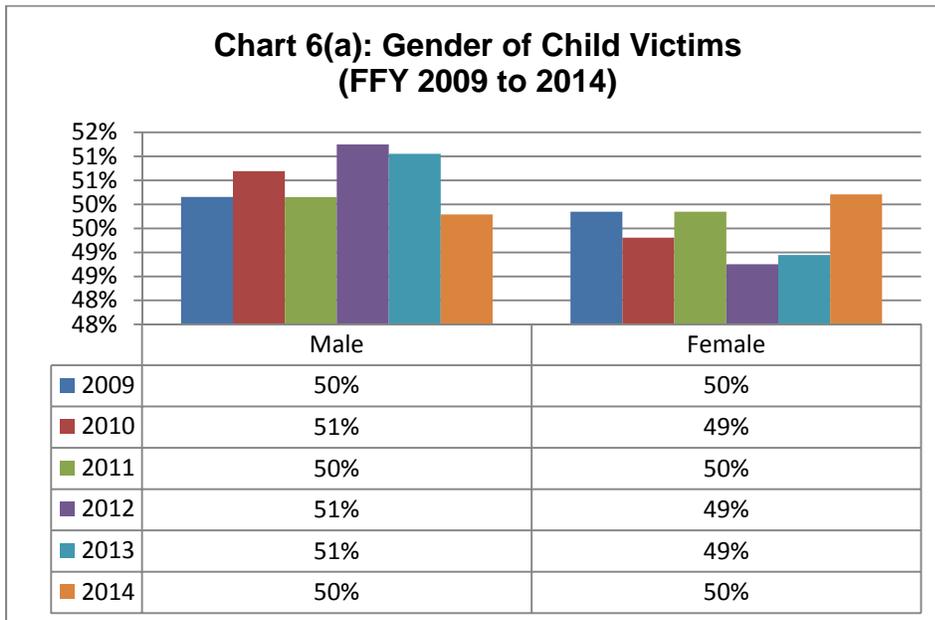
Calendar Year (CY)	Number of Iowa Children Abused or Neglected*	Total Child Population In Iowa**	Percentage of Iowa Children Abused or Neglected
2014	7,429	725,105	1.0%
2013	12,276	736,843	1.7%
2012	11,637	728,658	1.6%
2011	11,747	732,324	1.6%
2010	12,595	717,391	1.8%
2009	12,442	714,107	1.7%

Source:*SACWIS **Woods and Poole

In 2014, children age 5 or younger represented slightly less than half of children abused or neglected. Children 6 – 10 years old represented slightly more than a quarter of abused children followed by almost a quarter of children 11 years old or older. These percentages varied slightly over the last six years.

Table 6(c): Age of Child by Categories for Confirmed and Founded Assessments				
Calendar Year (CY)	5 or <	6-10	11+	Total
2014	49%	28%	23%	100%
2013	49%	29%	22%	100%
2012	51%	27%	22%	100%
2011	51%	27%	22%	100%
2010	51%	26%	23%	100%
2009	52%	26%	22%	100%

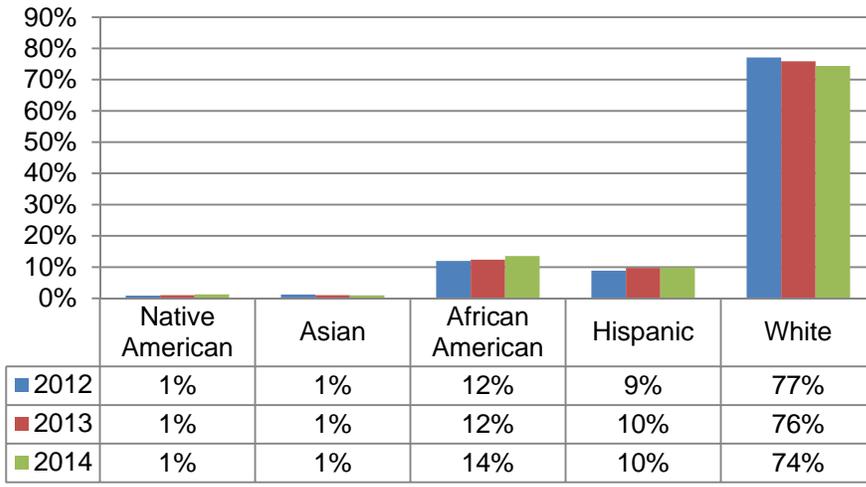
Data Source: SACWIS



Source: SACWIS

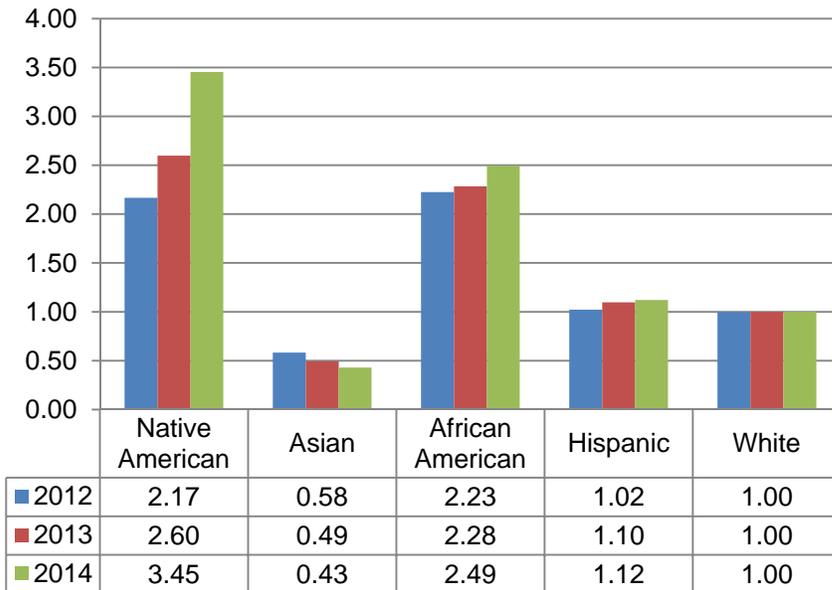
Male and female children in Iowa are equally likely to be a victim of abuse or neglect. However, Charts 6(b) and 6(c) shows that African American, Native American and Hispanic children are disproportionately represented in the child victim population. DHS is working with its stakeholders to address disproportionality in the child welfare system. Please see *Section I, General Information, Collaboration* for a description of these efforts.

Chart 6(b): Race and Ethnicity of Child Victims (FFY 2009 to 2014)



Source: SACWIS

Chart 6(c): Disparity Ratios of Victims (FFY 2009 to 2014)



Source: SACWIS

Iowa utilizes its service array to target services to children and families at risk of abuse or neglect through Iowa's child welfare prevention services. For example, the Iowa Child Abuse Prevention Program (ICAPP) utilizes local child abuse prevention councils to provide services that include home visiting programs, parent development programs, respite care/crisis nurseries, programs targeted at sexual abuse, and programs to develop community prevention responses.

When children come to the attention of the DHS, results of the Child Abuse Assessment or Family Assessment, as noted in the service flow diagram above, determine whether the family will receive information and referral to community services, referral to Community Care (voluntary services for low risk families), or referral to formal child welfare services through an ongoing DHS service case. Iowa will continue to utilize the child welfare service array to meet the needs of children at risk for or who have experienced child abuse and neglect.

Please see *Child and Family Services Continuum* below for more information on Iowa's child welfare service array.

Child and Family Services Continuum

Iowa's child welfare service array provides enhanced flexibility and embraces strength-based, family-focused philosophies of intervention. The goal of the service array is to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. Contractors have the flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety, permanency, and well-being. Additionally, contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the service area or county(ies) and describe their plan to tailor services to serve families of different race/ethnicity and cultural backgrounds.

Iowa utilizes many federal and state sources of funding for the child welfare service array, such as Temporary Assistance for Needy Families (TANF), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA), title IV-B, subparts I and II, title IV-E of the Social Security Act, Chafee Foster Care Independence Program (CFCIP), Iowa General Fund, etc.

Prevention

Iowa Child Abuse Prevention Program (ICAPP)

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Services' (DHS) foremost approach to the prevention of child maltreatment. The fundamental theory behind 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, ICAPP 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. Although this program is funded through a variety of state and federal sources, title IV-B, subpart II, Promoting Safe and Stable Families (PSSF) remains the largest single source of funding for this program overall. Iowa utilizes approximately 31% of PSSF in the category of Family Support for the ICAPP program.

ICAPP is administered through the DHS with the support of an external program administrator, Prevent Child Abuse Iowa. Funds are then applied for and received by local Community-Based Volunteer Coalitions or “Councils” for:

- Community Development (limited to 5% of total ICAPP funding to Councils) for public awareness, community needs assessments, and engagement;
- Parent Development for parent support, education, and leadership;
- Outreach and Follow-up Services for voluntary home-visiting, crisis intervention, and resource/referral programs;
- Respite/Crisis Care Services for short term child care services for families at risk; and
- Sexual Abuse Prevention for healthy sexual development and adult/child focused instruction.

The administrator provides technical assistance, contract monitoring, and program evaluation services.

Beginning in SFY 2012, ICAPP participants were asked to complete pre/post surveys and provide basic demographic information. This was a key step in determining whether the families served by programming were those more “at risk” for child maltreatment. The following represents information from program participants who voluntarily shared demographic information and responses to the protective factors questions. Statewide, in SFY 2014, 3,065 total family surveys were analyzed, including 1,543 enrollment surveys and 1,522 follow-up surveys. This was a significant increase from prior years, particularly in the number of follow-up surveys completed.

Family Demographic Summary
89.4% Women, 10.4% Men 78% White, 15% Hispanic, 4% African American, 1% Native American or Alaskan Native 46% Married 18% Partnering 8% Separated or Divorced 27% Single
Housing Status
35% Own a home 47% Rent a home 15% Share housing or temporary living situation
Employment & Education Status
50% Employed full or part time 14% In school 29% Had a high school diploma or GED 23% Had some college or vocational training 11% Had an Associate's degree 12% Had a Bachelor's degree 4% Had a Master's degree or higher
Annual Household Income
51% Less than \$20,000 15% \$20,000 - \$30,000 10% \$30,000 - \$40,000 21% \$40,000 or more
Source: Prevent Child Abuse Iowa

Table 7(a): ICAPP Participant Demographics, SFY 2014

Comparing the demographics of the families served to the 2010 US Census data and the 2013 Census estimates for Iowa (the most current available at the time of this report), there were some noticeable differences. For instance, statewide 92.5% of Iowans are White, compared to only 78% of respondents. In addition, only 5% percent identify as Hispanic or Latino according to the Census, compared to 15% served by programs. Fewer caregivers are employed (50% among survey respondents compared to 65% in Iowa). More people in the general population have some college education including undergraduate and graduate degrees (58%) than those served (50%).

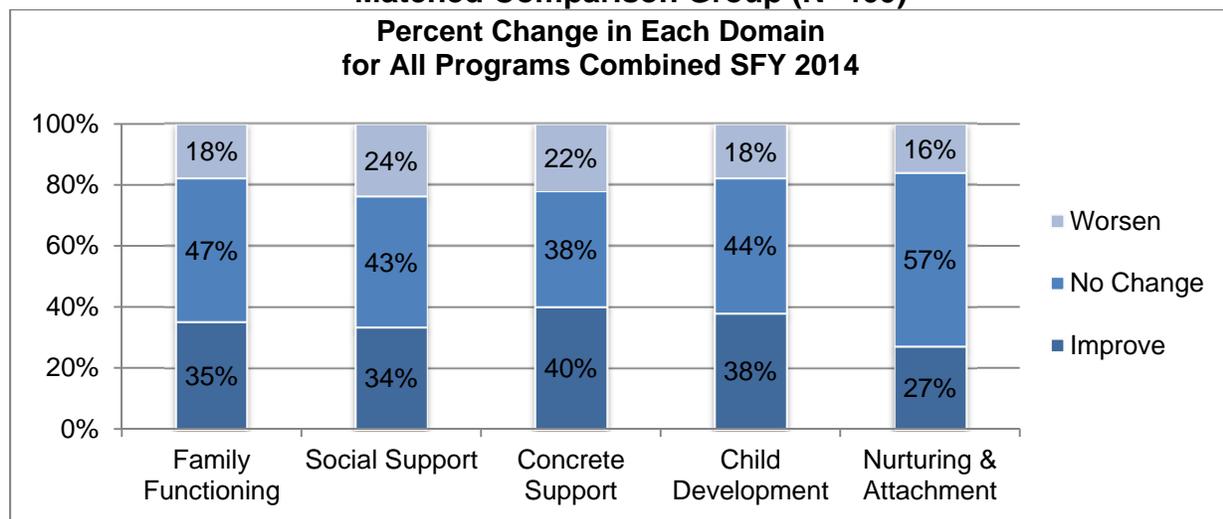
There are also some distinct differences in household income.

For those who completed surveys, statewide 51% earned \$20,000 or less per year, (compared to the US Census estimates for 2013, where just 13% earned less than \$25,000); 15% had annual incomes between \$20,000 and \$30,000; almost 10% earned \$30,000 to \$40,000; and 21% earned \$40,000 or more (again, the 2013 Census data showed that 64% of households in Iowa earned \$50,000 or more per year).

In addition, the ICAPP administrator implemented use of the Protective Factors Survey (PFS), developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, to evaluate the effectiveness of local programming. This tool is the only valid, reliable, tool currently available to specifically measure protective capacities known to mitigate the risk of child maltreatment. The 20 question tool included a Likert Scale of 1-7 (with 1 being the lowest and 7 being the highest). More information on the tool can be found through the FRIENDS website (<http://friendsnrc.org/protective-factors-survey>). The tool has been customized for the ICAPP program and is available to families and service providers through a web-based application (www.iowafamilysurvey.org). Pre- and post- test data was gathered for the first time in SFY 2012 and has been gathered every year since, including data from participants of the three areas of core prevention services: *Outreach & Follow-up*, *Parent Development*, and *Respite/Crisis Care*.

Outcomes from the first two years of evaluation were encouraging and outcomes for SFY 2014, though down somewhat, still show promise. Out of all the pre/post surveys submitted by the deadline for data analysis (3,065), 460 of the surveys were able to be matched to individual participants' pre/post scores. For those surveys able to be matched, the results for all programs combined are illustrated below in Figure 1. Although this year's data shows a greater percentage of individuals reporting "no change", the levels of those reporting "improved" conditions significantly outnumbered those reporting "worse" conditions. Based on this group of 460 surveys, participants overall were less likely to indicate that they got "worse" when compared to last year's (SFY 2013) negative responses.

Figure 1. Change in Protective Factors for All Programs Combined, Matched Comparison Group (N=460)
Percent Change in Each Domain for All Programs Combined SFY 2014



Source: Prevent Child Abuse Iowa

Data also can be examined specific to each of the core program areas utilizing the PFS. Table 7(b) gives the average pre/post scores by each of the three core services. A review of this data appears to indicate that many of the greatest increases in protective capacities are occurring in the Outreach & Follow-up Projects. This trend echoes that of emerging research which shows home-visiting programs to play a critical role in the prevention of child maltreatment.

Table 7(b): Statewide Average Scores for Each Domain by Program Type, 2014

<i>Protective Factors</i>	<i>Average Scores in Each Domain, Fiscal Year 2014</i>					
	<i>Respite & Crisis Care</i>		<i>Parent Development</i>		<i>Outreach & Follow-Up</i>	
	<i>Pre</i>	<i>Post</i>	<i>Pre</i>	<i>Post</i>	<i>Pre</i>	<i>Post</i>
Family Functioning & Resiliency	5.0	5.2	4.9	5.0	5.2	5.1
Social Emotional Support	5.7	5.6	5.5	5.6	5.6	5.5
Concrete Support	5.6	5.5	5.0	5.1	5.0	5.3
Child Development & Parenting	5.6	5.4	5.1	5.3	4.8	5.0
Nurturing & Attachment	6.0	6.0	5.9	6.0	5.9	5.9

Source: Prevent Child Abuse Iowa

ICAPP Core Services

Respite/Crisis Childcare: Respite Care programs provide parents with temporary relief from parenting responsibilities to reduce stress. Programs offer services through site- or home-based care. Services may be available at designated times or on short notice for crises. However offered, respite programs benefit parents and their children. For parents, respite services provide a break before the stresses of parenting build up and overwhelm a family. Parents may attend a doctor’s appointment, run errands that would be difficult with young children, or take care of family matters. Many programs increase parenting skills by incorporating parenting education into their services. Programs also provide a safe and nurturing environment for children, who often have the opportunity to participate in activities and make new friends.

In addition to traditional Respite Care services, some providers also offer Crisis Nursery or Crisis Care services. Crisis Care is a service which provides for a temporary, safe environment for children aged birth through 12 years whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives. Services are available to families under stress 24 hours per day, seven days per week and families may utilize the services for up to 72 hours at a time.

Outreach & Follow-up Services: Outreach and Follow up programs are largely community-based and typically part of a continuum of services and can be similar in design and intent to Parent Development programs. They are most effective when part of a network of providers or agencies. Families who access outreach services may need support or assistance with basic needs, health services, family issues or crisis intervention, and information about social service programs (to name a few). Many times outreach services are delivered through home visitation and may be offered

universally or by targeting specific populations. Examples of some of the programs funded under Outreach and Follow-up include:

- *Healthy Families America*: a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment.
- The *KIDS (Kommunity Involvement, Development, and Support)* Program: A local family support program provided through the Prairie Lakes Area Education Agency (AEA) and awarded the Iowa Family Support Credential in 2009.
- The *Parents as Teachers (PAT)* Program: a nationally recognized evidence-based home visiting program designed to partner with new parents and parents of young children (pregnancy through age five).

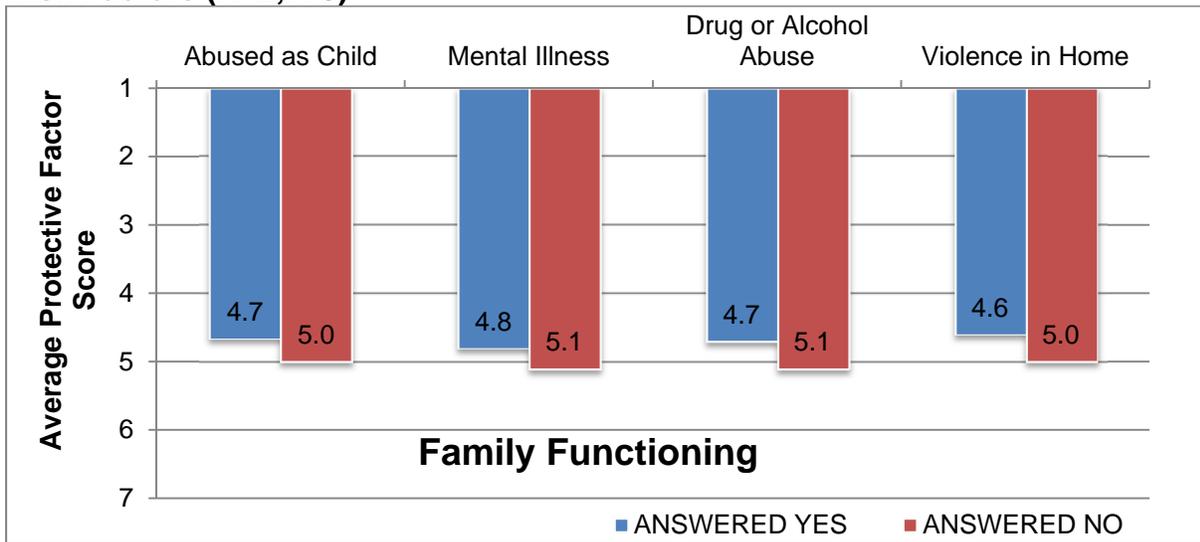
Parent Development: Parent Development programs prevent abuse by teaching parents what to expect from children and how to deal with difficulties. In addition, they provide peer-to-peer support for parents and opportunities for leadership. They assist parents in developing communication and listening skills, effective disciplinary techniques, stress management and coping skills, and teach them what to expect at various stages of development. Understanding difficult phases of development such as colic, toilet training, and refusal to sleep help lower parents' frustration and anger. Parent development programs are offered primarily through group classes, but may also involve home-based sessions, depending on the needs of the family and community. Listed below are some of the various curricula that are used:

- The *Nurturing Program*: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.
- The *Love and Logic* program: a group-based program that typically is offered in six weeks.
- *Active Parenting*: a group-based, six-session program that teaches basic skills to parents.
- *Systematic Training for Effective Parenting (STEP)*: group-based skills training for parents dealing with frequent challenges in behavior, often resulting from autocratic parenting styles.

ICAPP and Secondary Prevention

Program administrators reviewed additional aspects of the data to determine whether there were any other trends in program demographics. One particular trend noted was that there were several domains, when looking at subsets of data, that showed fairly significantly lower scores for those participants acknowledging (via self-report) to have one or more risk factors. For example, Figure 2 shows the difference in scores on Family Functioning for a variety of different risk factors. This means that, of the 2,778 total respondents who completed the risk factor section, the mean (or "average") score of all respondents for the protective factor "Family Functioning" is clearly correlated with various risk factors. For example, for those answered "yes" they were "abused as a child", their level of Family Functioning is, on average, a 4.7 (on a 1-7 pt. scale), as opposed to those who answered "no" they were not "abused as a child", where the mean (or "average") is 5.0 (on a 1-7 pt. scale).

Figure 2. Difference in Mean Score for Family Functioning Domain by Indicated Risk Factors (N=2,778)



Source: Prevent Child Abuse Iowa

This trend in lower scores for families with risk factors, while not surprising, provides Iowa with additional insight on the importance of secondary prevention efforts and services targeted to families at greater risk of child maltreatment. This is particularly evident in the use of the Protective Factors Survey, as families with high baseline scores often provide little room for growth. If programs are serving families with very high initial baseline protective capacities, there is little room for increases.

Future Direction of the Program

The program continues to move towards greater emphasis on evidence-based, evidence-informed, and promising practices. The program administrator, with the support of a consultant (Hornby Zeller Associates, Inc.), continues to work towards increased response rates on the Protective Factors Survey. This data has already informed several changes in the program over recent years, including:

- A shift from the category of Outreach and Follow-up Services to Home Visitation (following a nationally recognized EBP model).
- A greater emphasis on citing evidence to support proposed programs, in the most recent competitive RFP (SFY 2016-2018).
- A greater emphasis on secondary prevention, in the most recent competitive RFP (SFY 2016-2018).

Data will continue to be gathered and, due to the anticipated longer contract terms for the next round of services (3 years, SFY 2016-2018), Iowa expects the rate of matched surveys will increase thereby improving the ability to analyze the program's impact. The

data will continue to be analyzed to evaluate the effectiveness of individual projects, core service types, and the program as a whole. The evaluation results of SFY 2015 (the final year on current service contracts) will be discussed and analyzed in next year's report. The outcomes measured will continue to guide the program in future years to assure we are reaching those most in need of services and to enhance our practice by assuring we rely on program models proven effective in the prevention of child maltreatment.

For more information on ICAPP performance assessment for 2014, including data on community development and sexual abuse prevention activities, please read the ICAPP 2014 Annual Report available at <http://www.pcaiowa.org/downloads/library/2014-annual-evaluation-report-to-the-iowa-department-of-human-services.pdf>.

Community Partnerships for Protecting Children (CPPC)

Community Partnerships for Protecting Children is an approach that neighborhoods, towns, cities and states can adopt to improve how children are protected from abuse and/or neglect. The State of Iowa recognizes that the child protection agency, working alone, cannot keep children safe from abuse and neglect. It aims to blend the work and expertise of professionals and community members to bolster supports for vulnerable families and children with the goal of preventing maltreatment or if occurred, repeat maltreatment. Community Partnerships is not a “program” – rather, it is a way of working with families to help services and supports to be more inviting, need-based, accessible and relevant. It incorporates prevention strategies as well as those interventions needed to address abuse, once identified.

Community Partnerships sites collect performance outcome data on the implementation of all four strategies. One of the most important aspects of CPPC is engaging community members in helping to create safety nets in their own communities. Statewide, there are approximately 1,549 professionals and 1,073 community members involved in the implementation of the four strategies. In 2014, sites held 714 events and activities with 73,126 individuals participating in community awareness activities that engages, educates and promotes community involvement in safety nets for children and increases and builds linkages between professional and/or informal supports.

Today in Iowa, over forty CPPC local decision-making groups, involving ninety-nine counties, guide the implementation of CPPC. Four key strategies guide the Community Partnerships approach:

1) Shared Decision-Making (SDM)

- One-hundred percent (100%) of the sites had community members representation involved with SDM.
- Eighty percent (80%) of the sites had representatives from public and private child welfare agencies, substance abuse, health care, education, and faith-based organizations.

2) Neighborhood/Community Networking (N/CN)

- One-hundred percent (100%) of the sites were involved in community awareness activities.
- One-hundred percent (100%) of the sites were involved in activities that increased linkages between professionals and informal supports.
- Eighty-eight percent (88%) of the sites developed organizational networks to support families. Networks to date include: Parent Partners Circle of Supports; Neighborhood Partner; and Transitioning Youth Initiative sites.

3) Family Team Decision-Making Meetings (FTDM) and Individualized Course of Action (ICA)

- One-hundred percent (100%) of the 99 counties offer family team decision-making meetings (FTDM) for families involved in the child welfare system.
- Over 56% of the 99 counties offer FTDM meetings in the community (non-child welfare involved families).
- Two-hundred-thirty-nine (239) FTDM meetings were held in the community (non-child welfare involved families).

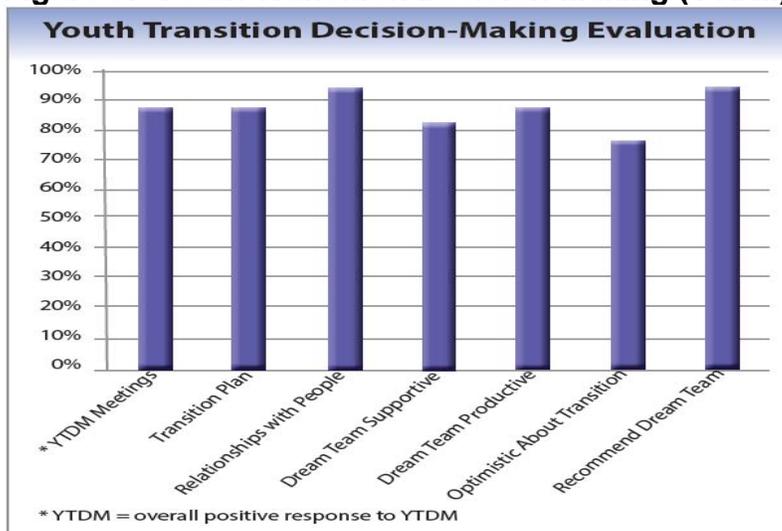
Table 8 shows the number of FTDMs held for families involved with DHS.

Table 8: Family Team Decision-Making (FTDM) Meetings Held						
	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
Population	3825	3226	2355	3352	4577	17335
Had FTDM	953	1074	904	742	810	4483
% Had FTDM	25%	33%	38%	22%	18%	26%

Data Source: SACWIS

The Survey and Behavioral Research Services (SBRS) at Iowa State University (ISU) implemented a survey developed by Child Welfare Research and Training Project (CWRTP) (ISU), DHS, and Youth Policy Institute of Iowa (YPII) to evaluate youth experiences during the YTD process.

Figure 3: Youth Transition Decision-Making (YTDM)



4) Policy and Practice Change (PPC)

- One-hundred percent (100%) of the sites identified a policy and/or practice change.
- Seventy-nine percent (79%) of the sites developed plans to address policy and practice changes.
- Sixty-four percent (64%) of the sites implemented policy and practice changes.
 - Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; and transportation needs.

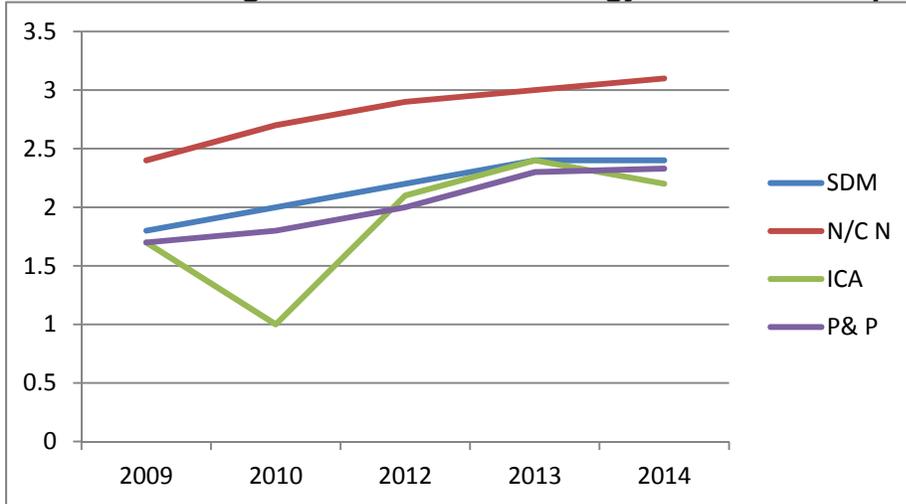
CPPC Educational Forums:

- Seventeen (17) face-to-face site technical assistance/presentations with 191 individuals attending
- Three (3) regional Immersions 101 with 79 individuals attending
- One (1) Immersion 201 with 14 individuals attending
- Technical assistance provided to 23 individuals with 146 contacts via phone and/or e-mail.
- Two (2) CPPC statewide meetings with an average of 100 participants per meeting
- Six (6) CPPC regional meetings (2 meetings in 3 regions) with 20-30 participants per meeting

Community Partnerships for Protecting Children Level Summary:

Sites are required to report a specific level (1-4) for each strategy obtained during the year. Sites received training on requirements to meet each specific level and given written materials to assess the level for each strategy. Sites submit their report to the program manager who reads the report and verifies appropriateness of level reported. Chart 7 summarizes the average level achieved for each strategy based on reports from 40 sites. On average, communities continue to increase the level of implementation.

Chart 7: Average Level for Each Strategy for all Sites Reporting



Note: 2011 is not included because we transitioned from FFY to SFY and sites reported on 9 month instead of the transitional 12 months.

CPPC and Community-Based Child Abuse Prevention (CBCAP) program

The Department of Human Services (DHS) has oversight of the Community Based Child Abuse Prevention program (CBCAP) in Iowa. DHS contracts with Prevent Child Abuse Iowa (PCA Iowa) to administer the program. DHS also contracts individually with CBCAP grant recipients to administer local CBCAP-funded services.

DHS issues requests for prevention program proposals statewide to local Community Partnerships for Protecting Children (CPPC) sites. CPPC sites comprise local volunteer community members, professionals, and families who work together to develop and implement local programs, services, supports, and policies that positively impact families and protect children from abuse.

Each site is responsible for assessing its community’s service and support needs and submits a proposal for funding for up to two prevention programs in one of three CBCAP categories: Parent Development, Crisis Care, and Community-Based Family Team Meetings. An independent grant review committee evaluates site proposals and recommends how the funds should be distributed. Recommendations are subject to DHS approval prior to distribution of the funds.

Programs supported by CBCAP funding for FFY 2014 met the criteria established in federal legislation. Programs were designed to achieve the following outcomes:

- Improve family functioning, problem solving, and communication
- Increase social support
- Strengthen connections to concrete supports
- Increase knowledge about child development and parenting
- Improve nurturing and attachment between parent and child

DHS requires that CPPC sites applying for CBCAP funds assess their community's needs and propose programs to effectively address them. To assist communities in their assessments, PCA Iowa posted on its website tables with county-specific child abuse data (<http://www.pcaiowa.org/grantees/>) These tables set forth trend data on child abuse, figures for specific types of abuse, and the age of child victims. PCA Iowa also provided a comprehensive demographic table with county figures on child poverty, single-parent households, teen births, unemployment, household median income, and child abuse rates.

Sites applied for projects in three areas: Parent Development, Crisis/Respite Care, or Community-Based Family Team Meetings (CBFTMs). DHS prioritized awards for CBFTMs based on the previous year's annual report recognizing the potential for success of these programs. Evaluation committees reviewed the remaining grant proposals based on several criteria, including: how well proposed projects would meet community needs, whether projects were evidence-based, would achieve prevention outcomes, and involved modest costs. Applications received during this period were screened to ensure federal requirements were met, with priority given to those programs demonstrating an evidence base. Applicants were notified of decisions in late September, and contracts began October 1, 2013.

In federal fiscal year (FFY) 2014, Iowa changed the CBCAP program which included the implementation of a two-year grant cycle. In 2015, grantees received an opportunity to renew their contracts. All grantees, with the exception of the Community-Based Family Team Meeting grantees, chose to do so.

Local CPPC sites received grants totaling approximately \$370,322 to develop and operate 27 projects in 65 counties. In FFY 2015, sites provided services in one of two areas: Parent Development (\$336,322) or Crisis Care Services (\$34,000). At the end of FFY 2014, Iowa issued seven additional contracts for the 2015 fatherhood project. Six of these contracts were to implement 24/7 Dads™ in their respective communities (\$42,000) and one was a community mobilization pilot program in Ottumwa, Iowa (\$10,000).

Project services varied, but all fell within the categories listed above. CPPC sites served 1,381 families in FFY 2014, including 1,864 parents and 2,194 children. Sites held 812 group-based parent education sessions and 5,464 home-based sessions. Projects provided 15,219 hours of crisis child care. The following is a description of the three CBCAP service program areas and the 2014 services' numbers regarding the number served in the different program areas.

- **Community-Based Family Team Meetings (CBFTMs):** Community-based family team meetings are an individualized course of action that build upon individual family strengths and address the specific needs of children and families who may be at greater risk for child abuse. In FFY 2014, four sites received funding for CBFTM projects. As stated above, in 2015 these sites received the opportunity to renew their contracts one more year but declined to do so citing the lower than expected number of referrals and difficulties in following up with families and tracking

outcomes. In addition, family team meetings are offered in several different venues and circumstances across the state.

- **Crisis Care:** Crisis care programs are a critical component of formal social support interventions deemed necessary to prevent child abuse. Research consistently shows that parents who are highly stressed are at a higher risk of abusing their children. At the most basic level, crisis care programs provide parents under stress with a safe child care alternative. These services are available to families 24 hours a day, 7 days a week. Families may utilize the services for up to 72 hours at one time.

Crisis care services reduce feelings of tension, anxiety, depression, anger, hostility and overall stress levels in parents. Crisis care services provide a safe environment for children by utilizing licensed and/or registered day care providers. Children often enjoy and learn from interacting and socializing with other children, as well as participating in fun games and activities. Staff from the local crisis care sites complete an initial screening to determine the family's needs and make referrals to appropriate community resources. Parents also may receive parenting information, support, and positive role modeling while their children are in crisis care.

Three sites, including Audubon/Carroll/Greene/Guthrie, Marshall and Linn counties offered crisis care to families with or without disabilities. Without CBCAP funds, crisis care opportunities in these counties would have been severely strained because few providers offer these services. During FFY 2014, CBCAP funds also helped providers coordinate services for families that use crisis child care, connecting families with a wide variety of emergency supports and services that stabilize families. Some of these services include emergency heating assistance, emergency food support, Head Start, shelter supports, and counseling.

- **Parent Development:** Parenting is a process of interactions designed to nourish, protect, and guide a new life through the course of development. The quality and consistency of parenting is a critical factor in how children develop and significantly impacts the possibility of child abuse. Parents who are able to successfully meet their own basic needs, have realistic expectations of their children, and know effective behavior management techniques are less likely to abuse their children. Consequently, most parent development and outreach and follow up programs focus on issues such as; communication skills, problem solving, stress management techniques, behavior management, and normal child development.

Parent Development programs can be held in group classes or home-based sessions depending on the needs of the family and the community. The length of the programs also varies depending on the curriculum used and service provided. The *Positive Behavioral Intervention and Supports (PBIS)* is a popular curriculum that generally meets on a weekly basis for several months in a group setting. The *Parents As Teachers* curriculum is a home-based program that begins with parents with newborns and follows each family until the child is five years of age.

In FFY 2014, the primary use for CBCAP funds was the provision of Parent Development services, including an array of parenting education and support projects, offered both in in-home and group settings. A total of 25 CBCAP-funded Parent Development programs provided service outputs reflected in Tables 9(a) and 9(b).

Table 9(a): FFY 2014 CBCAP Information

CBCAP Grant Allocation to CPPC Sites	\$336,322
CBCAP Grant Allocation for Crisis Care	\$34,000
Number of Parents/Caregivers Served	1,864
Number of Parents/Caregivers with Disabilities Served	135
Number of Children Served	2,194
Number of Children with Disabilities Served	195
Number of Hours of Crisis Child Care	15,219
Number of Group Parent Education Sessions Held	812
Number of Home Parent Education Sessions Held	5,464

Source: Prevent Child Abuse Iowa

Table 9(b) provides service numbers for FFY 2015 to date (October 1, 2014 – December 31, 2014).

Table 9(b): FFY 2015 CBCAP Information

CBCAP Grant Allocation to CPPC Sites	\$378,322
CBCAP Grant Allocation for Crisis Care	\$34,000
Number of Parents/Caregivers Served	829
Number of Parents/Caregivers with Disabilities Served	75
Number of Children Served	919
Number of Children with Disabilities Served	74
Number of Hours of Crisis Child Care	3,345
Number of Group Parent Education Sessions Held	53
Number of Home Parent Education Sessions Held	1,473
Number of Family Support Group Meetings Held	0

Source: Prevent Child Abuse Iowa

DHS launched a Responsible Fatherhood initiative in FFY 2014 with CBCAP funding. The intent of the initiative was to establish *24/7 Dad™* programming across the state. DHS requires that programming under this project be community-based and prevention focused. The DHS offered three *24/7 Dad™* Train-the-Facilitator sessions at no cost to CPPC sites. Sites who received the *24/7 Dad™* grants were contractually obligated to offer two sessions of the curriculum within their communities: the first by March 1, 2015 and the second by the end of the FFY (September 30, 2015). Through the second quarter of FFY 2015 (October 1, 2014 through March 31, 2015), 48 dads and 85 children received services through this program.

In addition to the *24/7 Dad™* programming initiative described above, DHS offered a grant to pilot a program based on The National Fatherhood Initiative's (NFI) approach. NFI's *Community Mobilization Approach™* (CMA) comprised three phases: (1) a needs and assets assessment of the community's ability to promote responsible fatherhood;

(2) a Leadership Summit on Fatherhood attended by community leaders; and (3) implementing an action plan for a fatherhood initiative that uses NFI resources and solutions generated by the service area. Wapello County received funding for this pilot program. The project was based on a proven strategy to mobilize a community to highlight the importance of, and to increase, fathers' involvement with their children.

The project takes into account the different family settings as well as the contexts in which direct-service providers' work. The approach reflects sensitivity to the fact that: 1) a fathers absence affects many, if not most, of the families served by direct service providers across the region; 2) mother-father relationships can often be weak or strained; and 3) that in some circumstances a child's biological father may in fact be unwilling or unable to be involved with the child or may present an unsafe relationship for the child or child's mother or primary caregiver.

While this program is in its infancy in Iowa and numerical data is scarce at this point, progress is viewed by comparing activities to the completed action plan.

Table 9(c): Responsible Fatherhood Initiative, Second Quarter FFY 2015

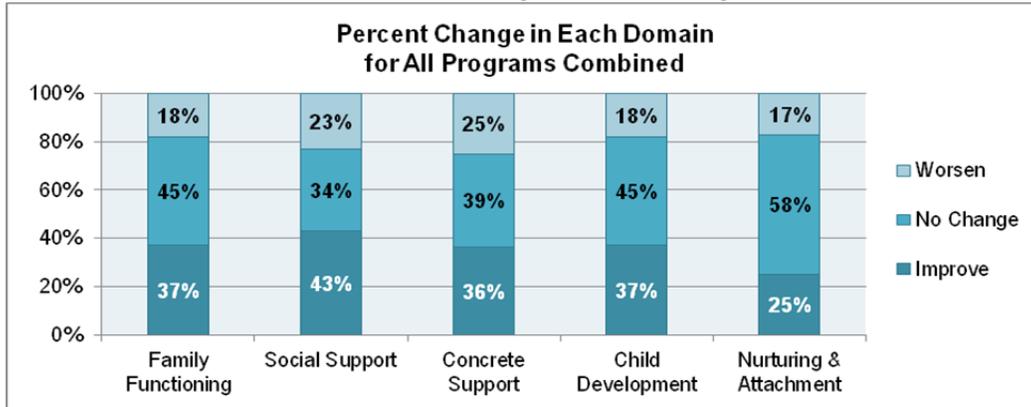
In-home Services				Group-based Services			
<i>Families Served</i>	<i>Parents Served</i>	<i>Children Served</i>	<i>Sessions</i>	<i>Families Served</i>	<i>Parents Served</i>	<i>Children Served</i>	<i>Sessions</i>
0	0	0	0	6	6	13	12
0	0	0	0	3	3	4	4
Future Services to Be Held							
1	1	2	12	7	7	10	12
0	0	0	0	9	9	14	12
22	22	42	12	0	0	0	0
23	23	44	24	25	25	41	40

Source: Prevent Child Abuse Iowa

In 2013, the CBCAP program implemented a new system to track changes in protective factors to help understand the program's impact in the community and determine whether or not services and activities were making a difference in the areas they were intended. Hornby Zeller and Associates (HZA) was contracted examine the average scores in each domain at the beginning of program enrollment (pre-test) and after program involvement (post-test).

The study examines the aggregate scores of all participants involved in the current funding cycle, that is, the group of participants that took the survey at enrollment and the group that took the survey at follow up, which could be different people completing the version that they were eligible for at the time the surveys were offered. The total number of valid surveys in FFY 2014 was 1,361. Of those received, 206 surveys were matched to the same participants, allowing for pre- and post-scoring for the same individuals. HZA analyzed these matched surveys to determine changes in the survey scores for the participants shown in Chart 8.

Chart 8: Change in Protective Factors for All Programs Combined, Matched Comparison Group



Source: Hornsby, Zeller and Associates (HZA)

The survey responses from the state’s matched group (illustrated in Chart 8), reflected that the percentage of individuals showing a positive change declined this year, and those that expressed no change shifted to make up the larger proportion of responses. This year, fewer people reported negative change in almost all five domains. (Social Support is the only area where overall scores declined.) Whereas last year the greatest gains were in the domains for Family Functioning and Child Development, this year improvement was fairly consistent across all areas. Again this year the least improvement by far was in the Nurturing and Attachment domain, though the observed difference was that more people reported no change and fewer people improved or worsened. Looking at the Nurturing and Attachment domain, which measures the caregivers’ perspective on their emotional connection to their child, now 58 percent of this matched group reported no change. This decline in improvement may be related to the fact that this domain starts off with the highest scores, making it difficult to see significant improvement. This is not necessarily an area of concern. With such high initial scores, programs can strive to do two things: work to build rapport with participants before asking them to complete the Iowa Family Survey so they understand the importance of honest responses at the beginning of involvement, and two, work to maintain the high level of confidence in the Nurturing and Attachment (as well as any other) domain.

In addition to supporting Parent Development, Crisis Care and CBFTM services, Prevent Child Abuse Iowa provided technical assistance to the CPPC sites. Much of this assistance centered on a shift to 80 percent of funded programs required to fall into “promising”, “supported”, and “well supported” as defined by the FRIENDS National Resource Center. Prevent Child Abuse Iowa offered a series of trainings in conjunction with the FRIENDS National Resource Center to assist sites in making and understanding this change. In addition to these trainings, Prevent Child Abuse Iowa provided assistance in researching where a program falls and in guiding CPPC sites through changes to programming to meet these new guidelines.

Decategorization

Decategorization is a process by which flexible, more individualized services can be provided at the local level. It is designed to redirect child welfare and juvenile justice funding to services, which are more preventive, family centered, and community based in order to reduce use of restrictive approaches that rely on institutional, out of home, and out of community care. Projects are organized by county or a cluster of counties. Currently, there are 40 Decategorization projects across the state of Iowa, covering every county.

The Decategorization Governance Boards oversee the development and submission of an annual child welfare and juvenile justice services plan that meets specific requirements of rule, including the quantifiable short term plans and desired results; how these plans align with the project's long term plans to improve outcomes for vulnerable children by enhancing service systems; and the methods that the project will use to track results and outcomes during the year. The Decategorization services plan for each respective Decategorization project is submitted by October 1 of each state fiscal year.

The Decategorization Governance Boards also oversee the development and submission of an annual progress report for the Decategorization project that meets specific requirement of rule, including a summary of the key activities and progress toward reaching the desired outcomes during the previous state fiscal year. The Decategorization annual progress report for each respective Decategorization project is submitted by December 1 of each state fiscal year. Some examples of programs/activities from FY 14 Annual Progress Reports include:

- **Decat Coordination:** The desired goals/outcomes include coordinated needs-based, family-focused, easily accessible, and cost effective child welfare services locally; identify any gaps in services for children and families; and build and maintain effective working relationships with community partners and other stakeholders.
- **Family Team Meeting Facilitation:** The desired goals/outcomes include planned, coordinated, and facilitated family team meetings to sustain a family's involvement in the process by encouraging them to play an active role in decision making and case planning.
- **Community Partnerships for Protecting Children (CPPC):** The desired goals/outcomes include the implementation and practice of the four strategies of the CPPC which ensures ongoing development and implementation of the CPPC initiative and to enhance community awareness.
- **Functional Family Therapy:** The desired goals/outcomes are to provide these services to at risk and delinquent youth to reduce recidivism, increase family relationships and functioning, and decrease out of home placements.
- **Youth Mentoring programs:** The goals/outcomes of these programs identify high risk children and families build positive relationships; allow children to participate in programs normally not able to have the opportunity to do so; and provides an opportunity to build trusting and lasting relationships.
- **Parenting education programs/classes:** The goals/outcomes of these programs are to decrease child abuse, increase child safety, increase secure and nurturing

families and environments. Parents will improve communication skills and learn to set limits with their children, etc.

Intervention

Child Protective Assessments

When the DHS receives a report of suspected child abuse or neglect and the allegation meets the three criteria for abuse or neglect in Iowa (victim is under the age of 18, allegation involves a caretaker, and the allegation meets the Code of Iowa definition for child abuse), the report of suspected abuse or neglect is accepted for a Child Protective Assessment. On January 1, 2014, Iowa implemented a Differential Response System. When DHS intake staff accepts a report of suspected abuse, the report can be assigned one of two pathways for assessment, a Family Assessment or a Child Abuse Assessment.

DHS staff assigns accepted reports of suspected abuse or neglect, that allege only Denial of Critical Care with no immediate danger, death, or injury to a child and meet other criteria as outlined in 441 Iowa Administrative Code (IAC) 175.24(2)(b), Iowa's alternative path as a Family Assessment. The criteria are structured so that low to moderate risk families are eligible for a Family Assessment. The DHS child protective worker:

- Visits the home and speaks with individual family members to gather an understanding of the concerns reported and what the family is experiencing and engages collateral contacts in order to get a holistic view;
- Evaluates the safety and risk for the child(ren);
- Engages the family to assess family strengths and needs through a full family functioning assessment; and
- Connects the family to any needed voluntary services

If at any time during the Family Assessment the child protective worker receives information that makes the family ineligible for a Family Assessment, inclusive of a child being "unsafe", DHS staff reassign the case to the Child Abuse Assessment pathway. The same child protective worker continues to work the case. Child protective workers are required to complete Family Assessment reports by the end of 10 business days, with no finding of abuse or neglect, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made.

Differential Response findings following one year of implementation are promising. Process and outcome measures indicate that the system is working as designed and the outcomes for children and families are positive⁴. Highlights of report findings include:

- Children who receive a Family Assessment are as safe as children who receive a Child Abuse Assessment.

⁴ Differential Response System Overview Calendar Year 2014, available at https://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2014.pdf.

- Of the families who engage in Community Care services, 97.8% do not experience a Child In Need of Assistance (CINA) adjudication within six months of service.
- Of the families who engage in Community Care services, 94.3% do not experience a substantiated (Founded or Confirmed) abuse report within six months of service.
- The Community Care performance measure related to child safety improved with the implementation of the Differential Response system.
- The Community Care performance measure related to entry into the formal child welfare system improved with the implementation of the Differential Response system.
- A significantly higher number of families than projected voluntarily accepted services since the implementation of the Differential Response system.
- Re-assignment from the Family Assessment pathway to the Child Abuse Assessment pathway is within the projected parameters.
- Founding rates on the Child Abuse Assessment pathway increased as projected.

The Child Abuse Assessment is Iowa's traditional path of assessing reports of suspected child abuse or neglect. The DHS child protective worker utilizes the same Family Functioning, Safety and Risk Assessments as under the Family Assessment pathway. However, by the end of 20 business days, the child protective worker is required to make a finding of whether abuse or neglect occurred, consider whether a perpetrator's name meets criteria to be placed on the Central Abuse Registry, and determine whether court intervention will be requested. Findings include:

- "Founded" means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred and the circumstances meet the criteria for placement on the Iowa Central Abuse Registry.
- "Confirmed" means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred but the circumstances did not meet the criteria specified for placement on the Iowa Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. (Only two abuse types, physical abuse and denial of critical care, lack of supervision or lack of clothing, can be confirmed).
- "Not Confirmed" means that DHS determined there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse or neglect occurred.

If a report of suspected child abuse or neglect does not meet the criteria to be accepted for assessment, DHS intake staff rejects the report. DHS intake staff may screen a rejected report for a Child In Need of Assistance (CINA) Assessment, if the report meets the criteria for the child to be adjudicated a CINA in accordance with Iowa Code 232.2.6. DHS uses CINA Assessments to determine whether juvenile court intervention would be recommended for a child and also examines the family's strengths and needs in order to support the families' efforts to provide a safe and stable home environment for their children.

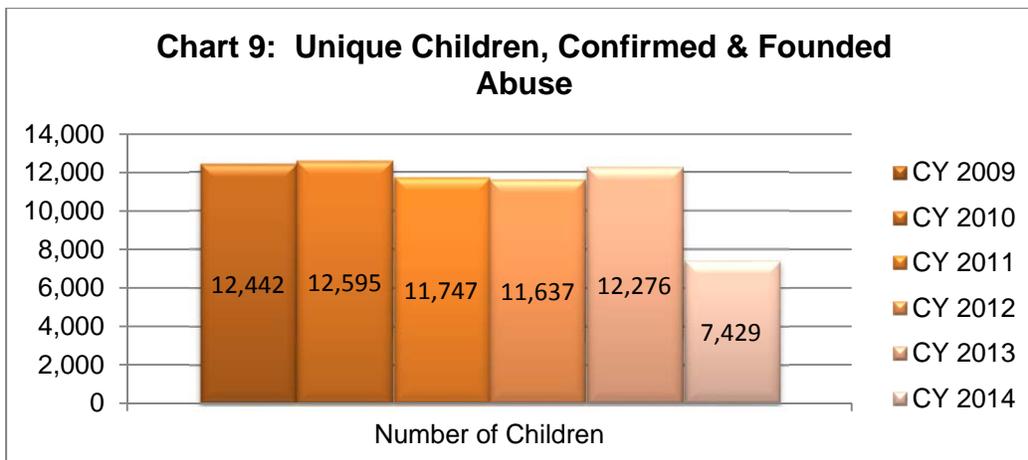
Table 10: DHS Child Protective Assessments (CY 2009-2014)

Calendar Year (CY)	Total Assessed Reports	Family Assessments (Percentage)*	Assessments Unconfirmed (Percentage)	Assessments Confirmed & Founded (Percentage)
2014	23,562	7,769 (33.0%)	10,259 (43.5%)	5,534 (23.5%)
2013	26,129	NA	17,218 (65.9%)	8,911 (34.1%)
2012	28,918	NA	19,302 (66.7%)	9,616 (33.3%)
2011	30,747*	NA	21,035 (68.4%)	9,712 (31.6%)
2010	26,413	NA	17,432 (66.0%)	8,981 (34.0%)
2009	25,814	NA	16,947 (65.7%)	8,867 (34.3%)

Source: SACWIS

*The number of total reports increased 16% due to a policy clarification regarding confidentiality.

**Family Assessments began in CY 2014 as a result of Differential Response.



Source: SACWIS

The number of unique children who experienced confirmed or founded abuse declined slightly less than 40% from CY 2013. The decline occurred due to the implementation of Differential Response in CY 2014. There were 9,763 unique children whose family received a Family Assessment, representing 34.5% of all unique children whose family received a child protective assessment, either a Family Assessment or a Child Abuse Assessment.

Child Advocacy Centers

During child abuse assessments, DHS' child protective workers may refer a child to a **Child Advocacy Center (CAC), also known as a Child Protection Center (CPC)**. The DHS entered into agreements with six CAC/CPCs across Iowa that employ specialized staff for children in need of services and protection from sexual abuse, severe physical abuse or substance abuse related abuse or neglect. CAC/CPCs provide forensic interviews, medical exams, treatment, and follow-up services for alleged child victims and their families. These specialized services aim to limit the amount of trauma experienced by child victims and their non-offending family members. The CAC/CPCs coordinate with law enforcement and county attorneys in the

prosecution of criminal cases involving child endangerment, child fatalities, and sexual abuse. They also provide professional case consultation and statewide training.

There are five CAC/CPCs located in Muscatine (Mississippi Valley CPC), Hiawatha (St. Luke's CPC), Des Moines (Blank Children's Hospital, Regional CPC), Sioux City (Mercy CAC), and Cedar Falls (Allen CPC). These CAC/CPCs operate under a nonmonetary agreement with the DHS and a monetary contract with the Iowa Department of Public Health (IDPH) to provide the designated services to child abuse victims and their families referred by the DHS or law enforcement agencies. The sixth CAC/CPC is based in Omaha, NE (Project Harmony) and serves Iowa children and families in the Southwestern part of the state under a contract with the DHS.

Table 11(a): Iowa Department of Public Health (IDPH) End of Year Report*

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015**
Children Served:						
Age of children:						
0-6 yrs.	1427 (48%)	1438 (48%)	1632 (50%)	1746 (49%)	1344 (45%)	605 (42%)
7-12 yrs.	944 (32%)	1017 (34%)	1037 (32%)	1185 (33%)	993 (33%)	497 (35%)
13-18 yrs.	579 (20%)	547 (18%)	602 (18%)	650 (18%)	648 (22%)	327 (23%)
Total number of new children served:	2950	3002	3271	3581	2985	1429
Categories of abuse:						
Sexual abuse	2080	2051	2108	2473	2134	1052
Physical abuse	282	292	370	358	372	171
Neglect	73	70	54	62	69	39
Witness to violence	104	103	138	158	165	97
DEC (drug endangered child)	512	581	618	735	461	202
Services provided:						
Medical/Physical exam:						
<i>Initial</i>	1686	2059	2012	2227	1915	989
<i>Follow-up</i>	282	647	544	606	658	266
Counseling/Therapy:						
<i>In-house (hrs.)</i>	257	584	533	226	155	15
<i>Number referrals</i>	1487	1598	1812	1817	1633	879
Forensic interviews:	2233	1881	2271	2610	2270	1142
Drug testing only:	562	646	511	406	No Data	No Data
Foster Care/removal exams:	249	268	239	231	121	39
Cases founded/reason to believe:	274	501	464	563	383	253

Source: Iowa Department of Public Health; Note: Percentages may not equal 100% due to rounding.

*Report does not include Project Harmony

**SFY 2015 (July 1 through December 31, 2015)

Table 11(b): Project Harmony Data			
		SFY 2014	SFY 2015**
Children Served:			
Age of children:	0-6 yrs.	93 (41%)	77 (48%)
	7-12 yrs.	86 (38%)	49 (30%)
	13-18 yrs.	48 (21%)	35 (22%)
Total number of new children served:		227	161
Categories of abuse:			
	Sexual abuse	193	131
	Physical abuse	18	14
	Neglect	24	6
	Witness to violence	0	3
	DEC (drug endangered child)	0	0
	Other	3	8
Services provided:			
	Medical/Physical exam:	87	89
Counseling/Therapy:			
	<i>In-house (hrs.)</i>	No Data	36
	<i>Number referrals</i>	78	57
	Forensic interviews:	184	140
	Drug testing only:	No Data	No Data
Cases founded/reason to believe:		1	0

Source: Project Harmony

Table 11(a) shows increased number of children served from 2010 through 2013 and a drop in children served from 2013 to 2014. However, the age breakout of these children remained relatively stable from year to year. Each category of abuse increased over time, except for neglect and DEC, which declined slightly. All service categories increased except for in-house counseling hours, foster care removal physicals, and drug testing only. Table 11(b) shows similar type data for Project Harmony. Since data presented is for a year and a half, Iowa is not able to detect trends at this time.

Safety Plan Services

During the assessment process, child protection workers may determine that the family needs **Safety Plan Services** in order to ensure the safety of the child(ren). Safety Plan Services provide oversight of children assessed by the DHS worker to be conditionally safe and in need of services, activities, and interventions to move them from conditionally safe status to safe status during a time limited DHS child abuse assessment or Child In Need of Assistance (CINA) assessment. Safety Plan Services include culturally sensitive assessment and interventions. Safety Plan Services assure that the child(ren) will be safe and that without such services the removal of the child(ren) from the home or current placement will occur. These services are provided in the family's home and/or other designated locations as determined by the DHS Safety Plan; remediate the circumstances that brought the child to the attention of DHS;

and keep the child(ren) safe from neglect and abuse while maintaining or improving a child's safety status.

The contracts for Safety Plan Services began a new contract cycle in 2011 with eligible renewals on an annual basis. These contracts were renewed effective July 1, 2014 through June 30, 2015.

As a part of the current contract, there are two contract performance measures implemented:

- Performance Measure 1 (PM1): Children are safe in their homes and communities. Children will not be removed from their homes during Safety Plan Services.
- Performance Measure 2 (PM2): Children are safe in their homes and communities. Children do not suffer maltreatment during Safety Plan Services.

Table 12(a): Safety Plan Services (April 2014 – June 2014)

	FY 14 Q4	FY 14 Q4 PM1	FY 14 Q4 PM2
	# Cases	Removed	Maltreatment
Total FY 14 - Q4	114	9	0
Percent FY 14 Q4 – No Removals or Maltreatment		92.11%	100%

Numbers are based on cases that closed April through June 2014 (Statewide)

Table 12(b): Safety Plan Services (July 2014-December 2014)

	FY 15 Q1 & Q2	FY 15 Q1 & Q2 - PM1	FY 15 Q1 & Q2 - PM2
	# Cases	Removed	Maltreatment
Total FY 15 - Q1 & Q2	253	18	1
Percent FY 15 - Q1 & Q2 No Removals or Maltreatment		92.89%	99.60%

Numbers are based on cases that closed July through December 2014 (Statewide)

Table 12(c): Safety Plan Services (January 2015 – March 2015)

	FY 15 Q3	FY 15 Q3 PM1	FY 15 Q3 PM2
	# Cases	Removed	Maltreatment
Total – FY 15 Q3	68	7	1
Percent – FY 15 Q3 No Removals or Maltreatment		89.71%	98.53%

Numbers are based on cases that closed January through March 2015 (Statewide)

Tables 12(a) through 12(c) shows that contractors are achieving and meeting the expected outcomes for performance measures one and two. During the time period of April – June 2014, Safety Plan Services contractors provided services on 114 cases and achieved 100% on performance measure two. Of these 114 cases, 9 cases reflect a removal from the home occurred during service delivery for an overall average of 92.11%. During the time period July 2014 – March 2015, Safety Plan Services contractors provided services on 321 cases and achieved 99.38% on performance measure two. Of these 321 cases, 25 cases reflect a removal from the home occurred during service delivery for an overall percentage of 92.21% for these three quarters.

In January 2015, DHS issued a new Request for Proposal (RFP) for Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services for an effective date of June 1, 2015 with service delivery effective July 1, 2015. DHS received bid proposals and evaluation committees evaluated proposals according to criteria described in the RFP. Due to an active appeal in one service area, DHS awarded new contracts in 4 out of the 5 service areas. The service area with an active appeal will have its current contract renewed pending resolution of the appeal.

Drug Testing Services

Since 2013, a shift occurred in the overall number of statewide child welfare drug tests performed during child abuse assessments and for ongoing child welfare cases. Prior to the 2013 implementation of a statewide Drug Testing Collections Contract and a Drug Testing Laboratory Contract, the five DHS service areas individually contracted with local agencies to provide child welfare drug testing. Each service area arranged for the collection of drug testing individually through Memorandums of Understanding, numerous contracts, and/or agreements with local providers and agencies. These varied approaches resulted in inconsistencies in drug testing across the state as there was no uniformity in the number and types of drug testing panels offered from the various providers. Drug testing panels ranged from a panel that only tested for one drug, such as methamphetamine, to a panel that would test for two or more drugs, such as marijuana and cocaine.

Under the new statewide drug testing contracts, the laboratory services standardized the number and the types of illegal drugs tested in the same panel thus eliminating the need for numerous independent/solo drug tests. This bundling of compatible kinds of illegal drugs to be analyzed in the same laboratory procedure resulted in less testing and allowed for a cost saving in drug testing.

In conjunction with the 2013 implementation of the statewide drug testing contracts, DHS developed a statewide Drug Testing Protocol. The protocol, for DHS child welfare workers, was a compilation of new and revised statewide drug testing guidelines based on best practices in this area related to when and how to effectively use drug testing within child welfare services. The protocol discusses the purpose and approach to drug testing in child welfare and introduces the use of behavioral indicators when deciding whether or not to drug test.

In addition to the statewide protocols, several service areas implemented local guidelines regarding drug testing. For example, in the Des Moines service area, testing ceases after a negative test, unless the court orders more tests or there exists behavioral indicators that support the need for additional testing. Several service areas first use an instant test and if the result is a presumptive positive will then send the sample in for further lab verification. Others may rely more on sweat patches versus instant testing.

Implementation of Differential Response (DR) in 2014 also affected drug testing. With DR, DHS limits drug testing to those cases that require a child abuse assessment and in which substance abuse appears to be a factor. DHS staff does not utilize drug testing in cases that follow the family assessment track. However, if during the course of a family assessment, behavioral indicators of substance abuse are determined and the child’s safety is in question, the family is reassigned to a child abuse assessment and a drug test may be utilized. Child protective workers utilize drug testing services during the process of a child abuse assessment when working with families using substances. Table 13 shows the number of child abuse registry drug testing collections for Calendar Years (CY) 2012, 2013 and 2014.

Table 13: Number of Child Abuse Registry Collections - Calendar Year (CY) 2012 - 2014

DHS Service Area	CY 2012 Number of Collections	CY 2013 Number of Collections	CY 2014 Number of Collections
Western	1,600	252	223
Northern	784	1,079	410
Eastern	530	1,159	546
Cedar Rapids	1,400	596	352
Des Moines	700	860	392
Total	5,140	3,946	1,923

Source: DHS

Community Care Services

At the conclusion of the DHS child abuse assessment, DHS child protection workers (CPW) may refer the family for an ongoing DHS service case or may refer the family to **Community Care**. Community Care is a voluntary service with the purpose of strengthening families and reducing child abuse and neglect in Iowa by building on the family’s resources and developing supports for the family in their community. These are child and family-focused services and supports provided to families referred from DHS to keep children in the family safe from abuse and neglect. A single statewide performance-based contract provides services covering all 99 counties in Iowa. The current Contractor for Community Care is Mid Iowa Family Therapy, Inc. Community Care is a referral option at conclusion of a child abuse assessment and at conclusion of a family assessment as long as the family meets eligibility criteria defined later in this section.

The outcome of the child abuse assessment or family assessment and identified levels of risk in the home, as decided through completion of the standardized DHS Family Risk Assessment, determines service eligibility. The risk assessment examines factors known to be associated with the likelihood of abuse or neglect occurring at some point in the future. Identification of risks also assists in identifying the need for individualized services. Services strive to keep the child (ren) safe, keep the family intact, and prevent the need for further or future intervention by DHS, including removal of the child (ren) from the home. Goals of Community Care include the following:

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

If a family declines to participate in Community Care after completion of either the child abuse assessment or the family assessment, they have the right to do so. However, if at the end of a family assessment the child protective worker (CPW) believes a service is necessary to maintain safety for the child (ren), then the family assessment must be reassigned as a child abuse assessment.

The eligibility criteria for a family to be referred for Community Care include the following:

- If at completion of a child abuse assessment, the allegations are confirmed and the family is assessed as being at moderate risk of future abuse or neglect, or the child abuse assessment allegations are not confirmed but the family is assessed as being at moderate or high risk of abuse or neglect, the family can be referred to Community Care if they are willing to participate in the voluntary service.
- If at completion of a family assessment, any family assessed as being at moderate or high risk of future abuse or neglect can be referred to Community Care, if they are willing to participate in the voluntary service.

The table below shows the number of statewide referrals made to Community Care, the number of responses received to the offer of Community Care, and the percentage of those responses for the year. The number of statewide referrals below includes both child abuse assessments and family assessments. The data does not currently distinguish between the two types of assessments.

Table 14(a): Community Care

Calendar Year	Valid Community Care Referrals	Responses Received in 14 Days Count	Responses Received in 14 Days %
2015 Jan/Feb/March	922	782	84.82%
2014	4,338	3,719	85.73%
2013	1,416	1,194	84.32%
Source: DHS			

The total number of valid statewide referrals to Community Care during CY 2014 was 4,338, an increase by 2,922 from calendar year 2013. The total number of valid statewide referrals to Community Care from April 1, 2014 through December 31, 2014 was 3,255 and from January 1, 2015 through March 31, 2015 referrals were 922.

There has been a significant increase in the number of referrals to Community Care since January 2014 and referrals continue to remain at this steady increase. One reason for this increase is that during the assessment process, the CPW has the opportunity to engage the family in identifying and assessing strengths and needs to determine service readiness; how ready, willing, and able is the family to accept a referral for Community Care. The more engaged the family is with the CPW during the assessment process, the more likely they are willing to be referred for services at conclusion of the assessment. Another reason for the increase in referrals is that the CPW is no longer required to obtain a signed release of information in order to refer a family to Community Care. In the past, CPWs identified this as a barrier to making referrals.

During the time period of April 2014 – March 2015, the DHS Community Care Program Manager, DHS Service Contract Specialist, and the Contractor continued to present information to DHS CPWs and their supervisors to answer questions on Community Care across the state of Iowa, which also contributed to an increase in the number of referrals to Community Care. All presentations to date have been well received by DHS staff and they report a better understanding of what the program is all about so they can relay information to the families who are eligible for these services.

On an every other month basis, the Community Care Contractor provides “Success Across Iowa: Community Care Program: Stories from Case Managers” which are shared with all DHS child protection workers, supervisors, social work administrators, service area managers, and other program staff. These stories are actual cases that represent services and/or activities provided to families through this program that result in successful case closure. The feedback to date is that DHS workers find value in these stories knowing that someone follows up with the families who could not receive services from DHS. These stories reinforce feelings about the benefits of the program. As CPWs better understand what services Community Care can provide to a family,

they can do a better job of sharing this information with the family as they engage the family to determine service readiness during the assessment.

Tables 14(b) and 14(c) show that, overall, Community Care services are effective in contacting families and then connecting those families with community resources, which improve the family’s functioning through helpful and beneficial services and supports.

Table 14(b): Community Care Contract Performance Measures (January 2014 through December 2014)			
Performance Measure	Referral Count	Count	%
The percent of families referred that have a child adjudicated CINA and the Department ordered to provide supervision or placement within 180 days of the date of referral for Community Care will be five percent or less.	4,338	104	2.39%
The percent of families referred to Community Care who have a confirmed or founded report of child neglect or abuse within 180 days with the timeframe to commence the 15 th day after the referral to Community Care where the actual incident occurred fourteen days after the date of referral to Community Care will be five percent or less to receive full payment, and no more than ten percent of families for fifty percent of payment.	4,338	236	5.44%
The Contractor will receive responses to its offer of Community Care from at least eighty percent of the families referred to Community Care within fourteen calendar days of the date of the referral from the Department.	4,338	3719	85.73%
Eighty five percent (85%) of families will be satisfied with contacts and services and supports provided through Community Care as determined by a satisfaction survey.	276	276	100%

Table 14(c): Community Care Contract Performance Measures (January, February, and March 2015) (No data for PM 4 - not available until July 2015)			
Performance Measure	Referral Count	Count	%
The percent of families referred that have a child adjudicated CINA and the Department ordered to provide supervision or placement within 180 days of the date of referral for Community Care will be five percent or less.	990	31	3.03%
The percent of families referred to Community Care who have a confirmed or founded report of child neglect or abuse within 180 days with the timeframe to commence the 15 th day after the referral to Community Care where the actual incident occurred fourteen days after the date of referral to Community Care will be five percent or less to receive full payment, and no more than ten percent of families for fifty percent of payment.	990	63	6.36%
The Contractor will receive responses to its offer of Community Care from at least eighty percent of the families referred to Community Care within fourteen calendar days of the date of the referral from the Department.	922	782	84.82%
Eighty five percent (85%) of families will be satisfied with contacts and services and supports provided through Community Care as determined by a satisfaction survey.	NA	NA	NA

In November 2014, DHS issued a new Request for Proposal (RFP) for Community Care with an effective date of July 1, 2015. The RFP incorporated the Child and Family Services Review (CFSR) recurrence of maltreatment measure increasing the look back period from six (6) months to twelve (12) months so the applicable Community Care measure aligns with CFSR Round 3. DHS negotiated a contract with the successful bidder, Mid Iowa Family Therapy, Inc., with services to begin under the new contract effective July 1, 2015.

Treatment Services and Foster Care Services

Family Safety, Risk and Permanency Services (FSRP)

Families receive **Family Safety, Risk, and Permanency (FSRP) Services**. FSRP services target children and families with an open DHS child welfare case, following a child abuse or Child in Need of Assistance (CINA) assessment or Juvenile Court

action. Contractors provide interventions and supports for children and families who meet DHS criteria for child welfare services because of their:

- Adjudication as a Child in Need of Assistance (CINA) by Juvenile Court; or
- Placement in out-of-home care under the care and responsibility of the Agency (DHS); or
- Need for Agency (DHS) funded child welfare interventions, based on one of these factors:
 - Any child in the family is a founded victim of child abuse or neglect, regardless of whether the child's Agency (DHS) assessed risk level is low, moderate, or high; or
 - Any child in the family is a confirmed victim of child abuse or neglect, and the child's Agency (DHS) assessed risk level is high.

FSRP services deliver a flexible array of culturally sensitive interventions and supports to achieve safety, permanency, and child and family well-being in the family's home and/or other designated locations as determined by the family case plan. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for contractors to deliver services based on child and family needs in exchange for greater contractor accountability for positive outcomes. These services are individualized to the unique needs of the child and family.

The contracts for FSRP Services began a new contract cycle in 2011 with eligible renewals on an annual basis. These contracts were renewed effective July 1, 2014 through June 30, 2015.

As a part of the contract, there are four contract performance measures implemented:

- Performance Measure 1 (PM1): Children are safe from abuse during and after service provision.
- Performance Measure 2 (PM2): Children are safely maintained in their own homes during episodes of services and for six (6) consecutive months following the conclusion of their episode of services.
- Performance Measure 3 (PM3): Children are reunified without reentry.
- Performance Measure 4 (PM4): Adoptive or Guardianship placement within twenty-four (24) months of removal.

Performance Measure 1 - Definition of the Measure: Children in cases receiving Family Safety, Risk, and Permanency Services will be safe from abuse* for the entire Episode** of Services and for at least six (6) consecutive months following the service end date of their Family Safety, Risk, and Permanency Services, regardless of contractor***.

*For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child's placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

**Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same contract.

***For purposes of this measure, cases must be closed from receiving Family Safety, Risk, and Permanency Services for at least six (6) consecutive months, without any confirmed or founded abuse reports to be eligible for incentive payments. It is possible that more than one contractor would be eligible for an incentive payment on the same case in situations where the case was transferred to another contractor, without a break in services, and no abuse occurred while either contractor delivered services and within six (6) consecutive months of final service closure.

Performance Measure 2 - Definition of the Measure: All Children receiving Family Safety, Risk, and Permanency Services who are residing in the case household at the time the contractor initiates services are not removed from the home throughout the Episode of Service and are placement-free for six (6) consecutive months after the conclusion of their Episode of Service*.

*Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same assigned case ID and period of service.

Performance Measure 3 - Definition of the Measure: Children who are in placement in the beginning of, or enter placement during, their case’s episode of Family Safety, Risk, and Permanency Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within six (6) consecutive months of their reunification date.

Performance Measure 4 - Definition of the Measure: Children who are in placement in the beginning of, or enter placement during, their case’s episode of Family Safety, Risk, and Permanency Services will achieve a finalized adoptive or guardianship placement within twenty-four (24) months.

Table 15(a): Family Safety, Risk and Permanency Services Performance Measures (PM 1 and PM 2) January 2014 - June 2014					
Number of eligible cases for safety incentives	PM1: Safe from Abuse Incentive Earned		Number of eligible cases for stability incentives	PM2: Family Stability Incentive Earned	
2502	2105	84.13%	1963	1548	78.85%

These incentives are earned six (6) months following the end of services. (Statewide)

Table 15(b): Family Safety, Risk and Permanency Services Performance Measures (PM 1 and PM 2) Year to Date for SFY 15 (July 2014 - March 2015)					
Number of eligible cases for safety incentives	PM1: Safe from Abuse Incentive Earned		Number of eligible cases for stability incentives	PM2: Family Stability Incentive Earned	
4008	3422	85.38	3147	2408	76.52%

These incentives are earned six (6) months following the end of services. (Statewide)

Table 15(c): Family Safety, Risk and Permanency Services Performance Measures (PM 3 and PM 4) Year to Date for SFY 14	
PM 3 – Safe Reunification without Re-entry	PM 4 – Adoptive/Guardian placement within 24 months of removal
901 eligible cases	1762 eligible cases

Table 15(d): Family Safety, Risk and Permanency Services Performance Measures (PM 3 and PM 4) Year to Date for SFY 15 (July 2014 - February 2015)	
PM 3 – Safe Reunification without Re-entry	PM 4 – Adoptive/Guardian placement within 24 months of removal
835 eligible cases	499 eligible cases

PM 3 incentives are earned six (6) months following the twelve (12) month reunification period. (Statewide). For children removed from their home during Family Safety, Risk, and Permanency Services, the twelve (12) month reunification period will be calculated from the date of their removal. For children who have been in placement prior to their case referral for Family Safety, Risk, and Permanency Services, the twelve (12) month reunification period will be calculated from the contractor's initial service start date.

PM 4 incentives are earned twenty-four (24) months following the removal date. (Statewide). For children removed from their home during Family Safety, Risk, and Permanency Services, the twenty-four (24) month period will be calculated from the date of their Removal. For children who have been in placement prior to their case referral for Family Safety, Risk and Permanency Services, the twenty-four (24) month period will be calculated from the contractor's initial service start date.

In January 2015, DHS issued a new Request for Proposal (RFP) for Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services for an effective date of June 1, 2015 with service delivery effective July 1, 2015. The RFP for Safety

Plan Services and FSRP Services incorporated the facilitation of Family Team Decision-Making (FTDM) meetings and Youth Transition Decision-Making (YTDM) meetings on all open DHS child welfare service cases as part of the FSRP scope of work during specific junctures during the life of a case. The RFP also incorporated the Child and Family Services Review (CFSR) measures increasing the look back period from six (6) months to twelve (12) months so the applicable FSRP measures align with CFSR Round 3. Due to an active appeal in one service area, DHS awarded new contracts in four out of the five service areas. The service area with an active appeal will have its current contract renewed pending resolution of the appeal.

There continues to be a solid process in place for responding to questions and sharing collaboratively across the state. All questions related to Safety Plan Services and FSRP Services are responded to by those asking and then incorporated into an ongoing document posted to the FSRP website for statewide access.

Child Welfare Emergency Services

Child Welfare Emergency Services (CWES): DHS implemented CWES statewide beginning with SFY 2012, using a competitive procurement process, and established for the first time contract performance measures related to safety, permanency, and well-being. CWES broadened Iowa's child welfare service array by offering short-term, temporary interventions to focus on the safety, permanency, and well-being of Iowa youth who would ordinarily be headed to shelter care from referrals by the DHS, Juvenile Court Services (JCS), and law enforcement (LE). The intention of CWES is to immediately respond to the child welfare crisis related needs of children under the age of 18. This program generally serves children beginning at age 12, since the target population for these services is children who would otherwise be referred for emergency juvenile shelter care placement, and shelter care is not encouraged for children under the age of 12. However, some CWES providers care for children under age 12, including placement into a shelter bed when an out of home placement is necessary and no other placement option is available. Only the DHS, JCS, and LE can refer eligible children to CWES.

CWES approaches range from offering referrals for the least restrictive child welfare crisis interventions that can be used, e.g., mobile crisis teams, family conflict mediations or in-home services provided before a removal from their home is needed, up to more restrictive "emergency" services including out-of-home placements with relatives, foster families, or emergency juvenile shelter care (as permitted by the Iowa Code). In some cases, alternatives to placement are not appropriate and, with court authorization, youth are sent directly to shelter care. Child Welfare Emergency Services are not mental health emergency or crisis services.

The performance measures developed for this program were intended to inform the DHS as to what were the reasonable and relevant expectations that could be tied to fiscal and outcome incentives in the future. Since the first year of these contracts, the performance measures were evaluated by the DHS, in collaboration with its contractor partners, to make minor adjustments as needed to clarify or strengthen the measures.

However, the initial focus of the measures did not change. Over the first one and a half years, the online data entry system developed for this program underwent adjustments to work out initial system problems, make data entry easier for contractors, and to begin generating performance data.

The outcomes, performance measures, and results for CWES are the following:

- **Safety Outcome 1:** Children are protected from abuse and neglect while placed in CWES Emergency Juvenile Shelter Care. *Performance Measure:* There will be no confirmed or founded cases of abuse or neglect by the contractor or subcontractor of children in CWES Emergency Juvenile Shelter Care.

Table 16(a): Percentage of Children Safe from Abuse or Neglect in CWES Juvenile Shelter Care (SFY 2014)

Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,822	2,822	100%

Source: Iowa Department of Human Services

- **Safety Outcome 2:** For the duration of this contract, the Contractor shall continue to work toward reduction of the number of Critical Incidents. *Performance Measure:* The Contractor shall: annually evaluate its Critical Incident Plan that identifies methodologies to achieve goals in reducing its Critical Incidents; update the plan as needed; and, submit the update to its assigned service contract specialist by July 31st.

Individual contractor goals to achieve reductions in SFY 2014 were developed by each contractor. During SFY 2014, there were 2,134 incidents reported in the following categories:

Table 16(b): Type, Number and Percentage of Reported Incidents

Type of Incident	Number Reported	Percentage
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a physician's office.	503	24%
Behavior resulting in self-harm	152	7%
Behavior resulting in damage to property	141	7%
Runaway or other absence without leave for any period of time	529	25%
Police calls made due to a child's behavior or other action	145	7%
Placement into juvenile detention	48	2%
Use of physical restraint as defined and allowed by licensing regulations ⁵	516	29%

Source: DHS

Overall, this was a 7% reduction in the number of critical incidents reported from SFY 2013 to SFY 2014. Individual contractors continue to develop individual reduction goals in SFY 2015.

This process allowed both the DHS and its private partners to begin identifying which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. One factor discovered was that incidents were often disproportionately committed by a limited number of individuals; that is, as an example, 50% of the reported incidents may be committed by only 5% of the youth in placement. This process also informs the DHS and its partners regarding other ways critical incidents can be viewed and assessed in the future. As examples: How does the number of incidents reported relate to the number of youth in care; or, to the types of youth referred; or, to lengths of stay; or, to individual situations or trauma experienced; or, to the times of the year they occur. These types of things will continue to be evaluated to structure service approaches that can be in the best interest of youth served.

- **Permanency Outcome 1:** Children referred to CWES will be screened for CWES services within one hour of referral and diverted from placement into a CWES Emergency Juvenile Shelter Care bed as often as is appropriate. *Performance Measure:* Contractors shall divert a minimum of 50% of the target population referred.

For SFY 2014, a collective 54% diversion rate was reported across all CWES contractors, which reflects 830 youth of a possible 1,544 were diverted from placement. The individual contractor percentages ranged from a high of 98% to a low of 5%. Five (5) of 13 contractors were below the 50% mark.

⁵ Shelter staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

Diverting a child from CWES shelter placement and keeping them with their family is an approach toward maintaining permanency, attempting to alleviate removal from the home even though shelter placement is considered only temporary and short term. The use of alternatives versus placement into CWES shelter care varies across the state and across contractors. One reason for this is, but not likely to be limited to, lack of referrals for alternatives to placement when shelter placement is the preferred approach.

The DHS acknowledges that in many cases shelter placement may be the only viable option and it remains a valuable component in the overall array of child welfare services. During SFY 2014, of 2,620 youth screened for CWES, 1,076 were ordered directly to shelter, limiting the number of possible diversions to 1,544. "Ordered directly to shelter" means the youth whom are referred to a CWES program with a court order already provided for shelter placement, therefore there is no opportunity to prevent placement. Referral workers and CWES programs always comply with the orders of the court. These situations could include, but wouldn't necessarily be limited to, youth discharged from juvenile detention and unable to return home or youth who are court ordered to an out of home placement such as group care or a PMIC but are awaiting a bed there. Depending on the circumstances of the placement, CWES providers can work with the placement attempting to shorten the stay. Enhanced collaboration system-wide must continue to let this service evolve to help keep children at home, i.e., strengthening approaches that promote consideration of alternatives to placement when it is possible in lieu of going directly to shelter. Contractors and referral workers report, however, that attitudes are changing regarding shelter use and need.

The CWES target population includes: 1) children up to the age of 18 years under the supervision of the DHS or Juvenile Court Services who need temporary care and who can be lawfully placed in emergency juvenile shelter care; and, 2) law enforcement referrals. These are children who these entities would otherwise refer for shelter care placement if alternatives weren't available. Youth diverted from placement may or may not have an open DHS case; that would be dependent on the individual situation at the time of referral.

- **Well-being Outcome 1:** All Children in CWES Emergency Juvenile Shelter Care for longer than four days who are required by State law to attend school shall attend scheduled school days. *Performance Measure*⁶: Contractors will assure that Children in CWES Emergency Juvenile Shelter Care attend, at a minimum, 90% of all scheduled school days.

Five (5) of 13 contractors met the 90% target for Well-being Outcome 1. Six (6) of the 13 were in the 80 - 89th percentiles.

⁶ An evaluation of this performance measure at the conclusion of the first two-year contracting period showed it lacked clarity between what was intended to be measured of two separate school related elements: 1) providing school information after discharge; and 2) school attendance. The "combined" way it was being viewed made it difficult to measure and report. For SFY 2014, this measure was separated into two distinct measures and clarified for contractor understanding and ease of tracking and reporting and ease for DHS to measure.

- **Well-being Outcome 2:** For all Children in CWES Emergency Juvenile Shelter Care longer than four days who are required by State law to attend school, the [education related] information held by the contractor shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this placement are excluded from this measure. *Performance Measure:* The Contactor shall provide and make this school information available for at least 90% of the children within 14 days of each child's discharge.

Nine (9) of 13 contractors met the 90% target for Well-being Outcome 2.

- **Well-Being Outcome 3:** The CWES interventions provided are appropriate to meet the identified needs or resolve conflicts in the least restrictive manner possible, as assessed by the DHS and Juvenile Court Services referral workers. *Performance Measure:* Agency (DHS) and Juvenile Court Services referral workers shall report that 90% of the target population referred received services in a timely manner, the services were appropriate and as least restrictive as possible, and that children and families were better off after CWES engagement.

Table 16(c): Performance Results SFY 2014

Number of CWES Screenings	Number of Surveys Completed	Number of Surveys Indicating CWES Was Effective	Percentage
2,620	1,077	869	81%

Source: DHS

This measure needs to show improvement in both the achievement of a 90% satisfaction rate (although this is a 9% increase over the last reporting period) and on the number of completed surveys (both the number overall returned and the participation rate of the respective referral sources). The DHS continues to evaluate whether or not this measure is written too stringently. In order for a survey to show that CWES “was effective,” respondents must provide affirmative responses to four of four different areas. Surveys that do not show affirmative responses in all of the four areas are not counted toward achievement of the 90%.

Foster care services

Table 17: Number of Children in Relative Placement, Foster Family Care, Foster Group Care, and Supervised Apartment Living (SAL)				
Period Ending – September 30 th	Relative Placement*	Foster Family Care	Foster Group Care**	Supervised Apartment Living
2014	1716	1829	881	62
2013	1786	1893	887	68
2012	1578	1963	956	70
2011	1422	2182	987	53
2010	1445	2259	1025	45
2009	1358	2239	1097	82

Source: AFCARS Extract
 *Largely unlicensed relative homes with some licensed relative homes included
 **Includes shelter placements

Table 17 shows a decrease over time in the use of foster family care, foster group care, and supervised apartment living but shows an increase over time for relative placements. Relative placement and foster family care are the placement settings preferred and utilized most often for children, which aligns with Iowa’s emphasis on utilizing lesser restrictive placement settings when appropriate.

- **Relative Placement:** “Relative placement” means placement of a child in the home of an adult who is a member of the child’s extended family.
- **Foster Family Care:** “Foster family care” means foster care provided by a foster family licensed by DHS or approved by the placing state. The care includes the provision of food, lodging, clothing, transportation, recreation, and training that is appropriate for the child’s age and mental and physical capacity.
- **Foster Group Care (FGC):** Foster group care includes residential group care facilities for children who are unable to live in a foster family home or relative home. Emergency juvenile shelter care is also a congregate, out of home residential setting, although shelter care is short term and temporary care in a physically unrestricting facility during the time a child awaits final judicial disposition of the child's case. Shelter care is a component of the Child Welfare Emergency Services array. Foster group care and shelter care are both important parts of the foster care system providing twenty-four hour substitute care for children needing either longer term or short term out of home services.

Residential group care facilities offer a structured living environment for eligible children considered unable to live in a family situation due to social, emotional, or physical disabilities, but are able to interact in a community environment with varying degrees of supervision. Children are adjudicated either as a child in need of assistance (CINA) or for committing a delinquent act and are court-ordered to this level of care. Some children cannot be maintained safely in a family home setting due to a need for a more structured environment and more intensive programming to

address behavioral issues. For these children, residential group care facilities provide the structure and programming needed in addition to age appropriate and transitional child welfare services.

Beginning in SFY 2012, the first year under a competitive request for proposals (RFP) and procurement process for foster group care, the performance measures developed were intended to inform the DHS as to what reasonable and relevant expectations could be tied to fiscal and outcome incentives in the future. Collaboration with the DHS contractor partners continues as it does for Child Welfare Emergency Services.

The outcomes, performance measures, and results for FGC are the following:

- **Safety Outcome 1:** Children are protected from abuse and neglect while placed in Foster Group Care. *Performance Measure:* There will be no confirmed or founded cases of abuse or neglect by the Contractor or Subcontractor of Children in Foster Group Care.

Table 18(a): Percentage of Children Safe from Abuse or Neglect in FGCS (SFY14)

Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,467	2,467	100%

Source: DHS

- **Safety Outcome 2:** For the duration of this contract, the Contractor shall continue to work toward reduction of the number of Critical Incidents. *Performance Measure:* The Contractor shall: annually evaluate its Critical Incident Plan that identifies methodologies to achieve goals in reducing its critical incidents; update the plan as needed; and, submit the update to its assigned service contract specialist by July 31st.

Individual contractor goals to achieve reductions in SFY 2014 were developed by each contractor. During SFY 2014, there were 4,418 incidents reported in the following categories:

Table 18(b): Type, Number and Percentage of Reported Incidents

Type of Incident	Number Reported	Percentage
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a physician's office.	570	13%
Behavior resulting in self-harm	376	9%
Behavior resulting in damage to property	138	3%

Table 18(b): Type, Number and Percentage of Reported Incidents		
Type of Incident	Number Reported	Percentage
Runaway or other absence without leave for any period of time	532	12%
Police calls made due to a child's behavior or other action	142	3%
Placement into juvenile detention	13	.29%
Use of physical restraint as defined and allowed by licensing regulations ⁷	1874	42%
Use of control room as defined by licensing regulations	773	17%

Source: DHS

Overall, this was a 9% reduction in the number of critical incidents reported from SFY 2013 to SFY 2014.

As with CWES, this process allowed both the DHS and its private partners to begin identifying which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. Similar to reports in shelter care, incidents are often disproportionately committed by a limited number of individuals; that is, a high percentage of the reported incidents may be committed by only a low percentage of the youth in placement. This process also informs the DHS and its partners other ways critical incidents can be viewed and assessed in the future.

- **Permanency Outcome 1:** Connections to family and community are maintained while Children are in Foster Group Care. *Performance Measure:* Contractors shall provide for two separate face to face visits with the child's family or significant others during each calendar month for at least 60% of the children in care.

For the SFY 2014, six (6) of 15 contractors met the 60% target. Three (3) other contractors were in the 50 - 59th percentiles. This is a modest improvement over SFY 2013.

Service contract specialists worked with contractors falling short of this goal to identify barriers to achievement. Often, this was a result of individual situations that were not conducive to visiting family; e.g., when family or community visits were contradictory to the case plan or wishes of the referral worker or court, such as in the cases of youth placed in programs for sex offenders or when there was a termination of parental rights.

Also, this measure is one that the public/private partnership will examine closely in the future. For example, we believe that (generally) monthly family visitations are a good way to maintain connection to family and community, and the number

⁷ Group care staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

of family visits is monitored each month now. However, how can the public/private partnership take this a step further and measure successful reunification with family (or successful transition to young adulthood in the community for older youth) upon discharge? How is success defined? These questions and others will continue to be evaluated to structure service approaches that are in the best interest of youth served and facilitate permanency.

- **Well-Being Outcome 1:** All children in Foster Group Care who are required by state law to attend school shall attend scheduled school days. *Performance Measure*⁸: Contactors will assure that children in Foster Group Care attend, at a minimum, 90% of all scheduled school days.

Ten (10) of 15 contractors met the 90% target for Well-being Outcome 1. Four (4) of the other five (5) were in the 80 - 89th percentiles.

- **Well-being Outcome 2:** Information held by the contractor that is related to education credits earned or other educational accomplishments by a child while placed in FGC shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this group care placement are excluded from this measure. *Performance Measure*: The contactor shall provide and make this school information available for at least 90% of the children within 14 days of each child's discharge.

Ten (10) of 15 contractors met the 90% target for Well-being Outcome 2. One (1) of the remaining five (5) achieved 89%.

- **Supervised Apartment Living Foster Care:** Supervised apartment living (SAL) foster care offers youth who have a need for foster care the opportunity to transition to an apartment in the community while still receiving supervision and assistance. There are two types of living arrangements in the SAL program, cluster site and scattered site arrangements.
 - The cluster arrangement houses up to 6 youth in one site, with 24/7 supervision anytime more than 1 youth is present. Youth must be at least 16 ½ years of age to be eligible for SAL cluster site placement.
 - Youth in a scattered site are placed in their own living arrangement (typically an apartment). Youth must be at least 17 years of age to be eligible for SAL scattered site placement.

The SAL foster care program's main goal is preparing youth to successfully transition to young adulthood through teaching life skills necessary for successful transition. Currently there are six (6) child welfare agencies that the DHS contracts with to provide SAL services. The total unduplicated number of youth in a SAL placement for SFY 2014 was 133, down from 202 for SFY 2013. The downward trend in SAL services aligns with the downward trend in children in care. Core

⁸ An evaluation of this performance measure at the conclusion of the first two-year contracting period showed it lacked clarity between what was intended to be measured of two separate school related elements: 1) providing school information after discharge; and 2) school attendance. The "combined" way it was being viewed made it difficult to measure and report. For SFY 2014, this measure was separated into two distinct measures and clarified for contractor understanding and ease of tracking and reporting and ease for DHS to measure.

services to support families in providing safe care within their homes continue to result in fewer kids in care.

Table 19(a): SAL Performance Measures and Data for SFY 2014

Outcome	Performance Measure	Contractor Performance
Safety	There will be no founded cases of abuse or neglect of the children in the SAL contractor's care by the contractor or by other children in the program.	Cumulative average for the 6 SAL contractors: 100% met.
Permanency Outcome 1	The contractor will ensure a least twice a month contact with a member of the child's positive support system for 70% of the children served.	Cumulative average for the 6 SAL contractors: 99% met.
Permanency Outcome 2	The Contractor will ensure that 70% of children served are regularly participating (at least weekly) in an organized community activity (e.g.,, extracurricular school activities, faith based activities, clubs, community organizations, volunteering).	Cumulative average for the 6 SAL contractors: 81% met.
Well-Being Outcome	Seventy-five percent (75%) of children served are complying with satisfactory school attendance (defined in Code) leading to a high school diploma or GED or have already obtained a high school diploma or GED.	Cumulative average for the 6 SAL contractors: 96% met.

Source: DHS

Additional Services to Prevent Entry into Foster Care, Support Reunification, Adoption, Kinship Care, Independent Living and Other Permanent Living Arrangements

Wrap-Around Emergency Services

DHS allocates less than 20% of Promoting Safe and Stable Families (PSSF) funding for family preservation services. Iowa's family preservation services are part of Iowa's family centered services, specifically Family Safety, Risk and Permanency (FSRP) services, which are available statewide. Family centered services are funded through a combination of state and federal Medicaid funds.

The five DHS service areas receive PSSF funds to provide flexible funding for services to low income families who would have their infants or children returned to their care but for the lack of such items as diapers, utility hook-up fees, beds or cribs, or house cleaning or rent deposits on apartments, etc. Additionally, these funds may be used to provide services to allow children to remain in the home, such as mental health and/or substance abuse treatment for children or parents, etc. Statewide, in FY 2014, Iowa spent \$42,512 for services and thus far in FY 2015 we spent \$27,791 for services.

Parent Partners

The Iowa **Parent Partner** Approach seeks to provide better outcomes around re-abuse and reunification. Parent Partners are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. Parent Partners provide support to parents that are involved with DHS and are

working towards reunification. Parent Partners mentor one-on-one, celebrate families' successes and strengths, exemplify advocacy, facilitate trainings and presentations, and collaborate with DHS and child welfare professionals.

Parent Partners share experiences and offer recommendations through: foster/adoptive parent training; new child welfare worker orientation; local and statewide planning/steering committees and conferences; and Community Partnerships participation. Parent Partners work with social workers, legal professionals, community based organizations, and others to provide resources for the parents they are mentoring. Parent Partners frequent Family Treatment Court as support and coaches for participants. The goal of the Parent Partner Approach is to help birth parents be successful in completing their case plan goals. This is achieved by providing families with Parent Partners who are healthy and stable, and model success.

DHS contracted with the University of Nebraska (UN) to host and maintain the Parent Partner database and provide ongoing analysis of both the administrative and outcome data. The analysis of the administrative data is an ongoing quasi-experimental design and the outcome data is based on surveys using the protective factors as a framework. In the last UN comprehensive report, it was identified that parents who were mentored by a Parent Partner had less re-abuse and children returned home at a higher rate than families without a Parent Partner.

Scope of Parent Partner Activities: The Parent Partner Approach completed its eighth full year of implementation and second year of the statewide contract in SFY 2014.

As of the annual reporting period ending June 30, 2014, there were 136 Parent Partners assigned to 1256 families in 68 counties. Parent Partners continue to provide support for families involved in Treatment Court. The types of support and number of times each was provided to families this year by Parent Partners includes, but is not limited to:

- FTDM: 1172
- Support family in Court: 3034
- Help family access needed services: 8068
- Support parent before/during/after visitation: 669
- Accompany parent or counseling session: 300
- Face-to-face and other contact: 73,158
- Committees related to child welfare: state 19, local 263
- Child welfare DHS new worker orientation: 9 Parent Partners involved in 6 trainings
- Community Partnership for Protecting Children: state 11, local 280
- Speaking engagements and program awareness: state 6, local 135
- Other meetings, trainings and activities: 7 national state 71, local 589

Mount Pleasant Correctional Facility Prison project served 140 offenders last fiscal year (2013/2014) and impacted 357 children.

Time-Limited Family Reunification Services are provided to a child who is removed from home and placed in a foster care setting and to the child's parents or primary

caregivers, including relative caretakers where DHS has placement and care responsibility. In accordance with federal law (42 U.S.C. 629a(a)(7)(A)), these services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family and/or prevent re-entry into placement.

Iowa allocates a minimum of 20% of the PSSF dollars to Time-Limited Family Reunification. Dollars are allocated to the five service areas based on the number of children in out-of-home placements for the service area out of all children in out-of-home placements for the entire state. All services to children and their families are traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In several service areas, responsibility for projects funded under the Time-Limited Family Reunification is assigned to the area Decategorization (Decat) committee. Use of funds and contract monitoring is done at the service area level.

Iowa's Time-Limited Family Reunification "Service Menu":

- **Family Team Decision-Making (FTDM) Facilitation** in order to facilitate reunification of children safely during the 15 month period that begins on the date the child is considered to have entered foster care.
- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials demonstrated that FFT is effective.
- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well-being for children. When two or more parties are "stuck" on a position, mediation is used to help get them "unstuck". The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move forward. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service.
- **Substance Abuse Services (non-Title XIX)** – Testing, evaluations, and treatment services
- **Mental Health Services (non-Title XIX)** – Evaluations, including psychosocial, psychological, and psychiatric, and treatment, including therapy and medications
- **Substance Abuse and Mental Health Counseling Services (non-Title XIX).** Group and home substance abuse services combined with mental health services.
- **Domestic Violence Services.**
- **Respite Care.** Includes crisis nurseries
- **Fatherhood Programs, including Incarcerated Fathers** – more extensive, intensive and targeted services to assure that fathers, including incarcerated fathers, maintain an on-going presence in their child's life.
- **Motherhood Programs, including Moms Off Meth groups and Incarcerated Mothers** – support groups specifically for mothers with children, including those

mothers with past drug usage problems (Moms Off Meth), whose children have been in out of home care within the past 15 months.

- **Child and Family Advocates** –Advocates supervise visits between the child and their siblings and/or parents and may provide other needed services.
- **Transportation Services** – Services may include but not be limited to gas cards, bus tokens, payment for services received through Iowa Department of Transportation, transportation provided by Child and Family Advocates, etc.

Table 19(b) - Usage of Time Limited Family Reunification Funds (SFY 2013 - 2015)			
Services	State Fiscal Year (SFY)		
	2013	2014	2015 (thru 6/29/15)
Access and Visitation Services	63%	29%	62%*
Family Team Decision-Making	5%	54%	31%
All Other Counseling	10%	14%	1%
Parent Partners	21%	0%	0%
Substance Abuse (SA) Services	0%	3%	0%
Mental Health (MH) Services	0%	0%	3%
SA and MH Services Combined	0%	0%	3%
Transportation	0%	0%	1%
Domestic Violence Assistance	0%	0%	<1%

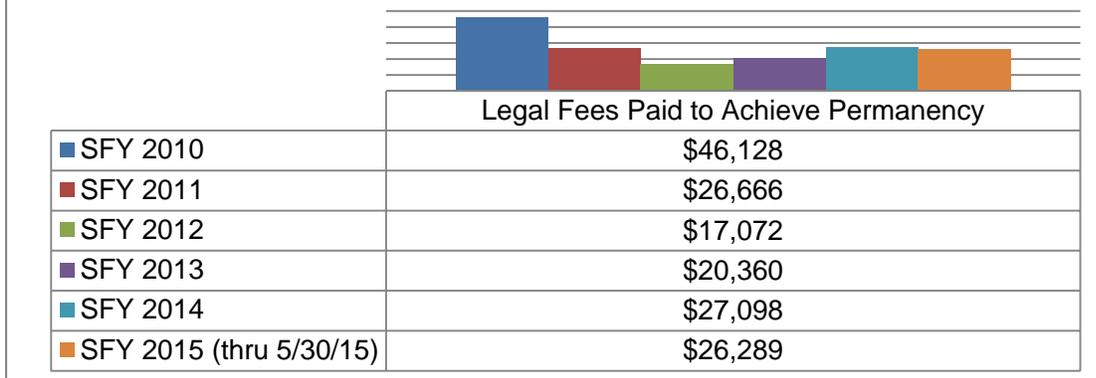
Source: DHS *Includes Access & Visitation Services provided through FSRP

Note: Parent Partners not available service beginning in SFY 2014 due to funding mechanism change.

Since FTDM Facilitation is included in a statewide contract beginning SFY 2016, Iowa's menu of services for Time-Limited Family Reunification Services will no longer include FTDM Facilitation. However, Iowa will utilize PSSF Time-Limited Family Reunification Services funding for FTDM Facilitation services through the new FSRP contracts.

Reimbursement of Legal Fees: If child(ren) cannot be reunified safely with the parent from whom he or she was removed, the child(ren) may experience permanency through guardianship or transfer of custody through district court. DHS continues to reimburse legal fees associated with achieving permanency for a child through guardianship or a modification of a prior custody order between parents in district court. As shown in Chart 10, payment of legal fees remained mostly constant with the exception of SFYs 2012 and 2013. Iowa believes usage of funds reflect efforts to avoid foster care placement by placing the child with the other parent, when appropriate, and increased usage of relative placements.

Chart 10: Legal Fees Paid to Achieve Permanency (SFY 2010-2015)



Source: DHS

Adoption Promotion and Supportive Services: The goal of adoption promotion and supportive services is to help strengthen families, prevent disruption and achieve permanency. Iowa utilizes a minimum of 20% of PSSF dollars for adoption promotion and supportive services.

Iowa KidsNet, DHS, and the Iowa Foster and Adoptive Parent Association (IFAPA) continue to collaborate on promoting adoption throughout the state. Iowa KidsNet selected an adoptive parent in each service area to become “Adoption Champions”. These parents attend local events, support groups and host events, as well as provide support, referral and resource information to adoptive families. Adoptive families or staff nominates other adoptive families to become a champion, with selection based on their experience and enthusiasm for adoption.

In collaboration with DHS and IFAPA, Iowa KidsNet sends a letter to each newly adoptive family that provides information on post-adoption services through Iowa KidsNet, continued training through IFAPA, and other supports and resources. Families can choose to remain on the IFAPA and Iowa KidsNet mailing lists to receive information on training, support groups, and resources.

Iowa KidsNet provides post-adoption services directly. Iowa KidsNet designates staff in each service area to provide post-adoption support to families with adopted children who receive or are eligible to receive adoption subsidy. The Navigator Program provides support services that include, but are not limited to:

- Home visits to assess a family and child’s needs
- Develop service goals to stabilize a child’s placement and meet the family’s needs
- Provide behavior management plans and assistance
- Respond to crisis situations and crisis planning
- Assist and support the family’s relationship with a birth family or kin
- Advocate with the schools, DHS and service providers for a child’s treatment or needs
- Coordination with licensing staff or providers

- Referral assistance to community based providers
- Support and information on grief and loss and how to effectively parent
- Adoption support groups
- Cultural issues within adoption and reinforcing culturally competent parenting
- Transition issues related to adoption

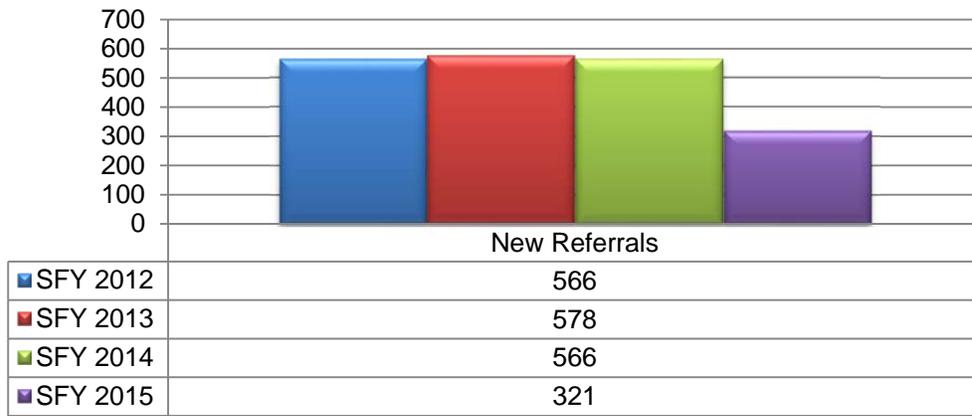
Families can self-refer or be referred by DHS or other provider staff for post-adoption services through Iowa KidsNet. DHS staff and post-adoption support staff strive to meet with families prior to finalization in order to provide information about services that are available.

Post-adoption support services may be provided to any family who adopted one or more special needs children who are eligible for Adoption Subsidy. These services are available statewide. Services through the Navigator Program are voluntary so DHS does not track which families are receiving any component of post-adoption services. Iowa KidsNet does track the number of referrals received in a month. Iowa KidsNet is required by contract to have contact with the family within 7 days of receiving a referral, and report these findings to DHS to determine contract compliance in meeting the time frame. Iowa KidsNet does track the total number of families served in a month but is not required to provide that data to DHS. This allows families to have supportive services without DHS involvement or feel they are being reported to DHS if post-adoption services are requested. Any information regarding disruptions or dissolutions would have to be provided by the family since Iowa KidsNet may not be involved at that time or know there has been a disruption or dissolution.

IFAPA maintains resources and information on its website that is easily accessible to adoptive families and provides a link to the Iowa KidsNet website. All adoptive families are able to attend any training or activity offered by IFAPA. There also are 52 support groups for adoptive families statewide that typically meet once a month. These groups are offered by IFAPA and Iowa KidsNet.

As shown in Chart 11, post-adoption support services continue to receive a steady number of referrals each year.

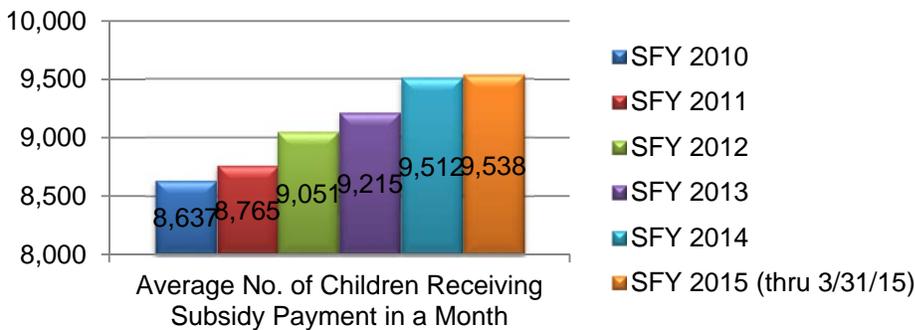
Chart 11: New Referrals for Post-Adoption Support Services (SFY 2012-2015 (thru March 31, 2015))



Source: DHS

Adoption Subsidy Program: When a child adopted from the child welfare system has a special need, DHS provides on-going support and services through the **adoption subsidy program**. As of March 31, 2015, an average of 9,538 children received an adoption subsidy payment in a month. Approximately 95% of all children adopted through DHS receive an adoption subsidy payment, and an additional 4% are eligible for an at risk agreement, which means the child is at risk of developing a qualifying condition or disability in the future based on the child and family history.

Chart 12: Average Number of Children Receiving Adoption Subsidy Payment in a Month (SFY 2010 - 2015)



Source: DHS

The **Transitioning Youth Initiative (TYI)** focuses on youth who are involved in or who have aged out of Iowa's foster care system. The TYI communities implement the collaborative efforts focused on four Community Partnerships for Protecting Children (CPPC) strategies: shared decision-making, individual courses of action, neighborhood networking, and policy and practice change. Through these efforts, the Youth Transition Decision-Making (*YTDM*) process was developed. This is a youth-centered planning

and practice model that empowers youth to take control of their lives and achieve their dreams. Supportive adults and peers create a team to help the youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships. Through these connections and relationships, young people are better able to access and take advantage of the resources, knowledge, and skills needed to support themselves and realize their dreams. TYI/YTDM coaches and trainers meet monthly via conference call to discuss progress of each site. Each new site is assigned a coach/trainer that helps communities prepare for aspects of TYI and dream team implementation.

TYI and YTDM to date:

- Thirty-three (33) facilitators trained and approved or in approval process.
- Twelve (12) YTDM Coaches developing skills and building expertise to formalize a coaching pool.
- Four (4) YTDM Trainers, Four (4) Youth Co-Trainers
- Four (4) DHS YTDM facilitator trainings held.
- One (1) JCS YTDM training held.
- Two-hundred-thirty-five (235) people attended YTDM trainings.

YTDM policy support and activities:

- Implemented YTDM standards with FTDM/YTDM Program Improvement Plan (PIP) committee.
- Revised trainer's guide.
- Developed Facilitator Toolkit.
- Developed and disseminated YTDM brochure.
- Information packet/marketing materials updated and disseminated.
- CPPC statewide and regional meeting presentations.
- Statewide facilitator meeting held in October.
- Statewide Advisory Committee meetings held every 2-3 months.
- FACS identifier enabled collection of meeting data.
- SharePoint for FTDM/YTDM facilitators, coaches and mentors
- Facilitators are now approved for statewide facilitation.
- Chafee dollars again secured and dispersed to three service areas.
- Research data collected and analyzed in partnership with Iowa State University, Child Welfare Research and Training Project and DHS on what youth experiences were for YTDM meetings.

Accomplishments on Five-Year Plan Goals:

- Expand YTDM Statewide; Equality of access to YTDM – Completed with issuance of statewide Safety Plan Services and Family Safety, Risk and Permanency (FSRP) Services contracts beginning July 2015. Family team decision-making (FTDM) and youth transition decision-making (YTDM) meetings facilitation included in the Safety Plan Services and FSRP Services contracts.
- Complete capacity building for YTDM Facilitators – Increased number of coaches from 3 to 33 within the last few years.

- Consistent fee structure for YTDM – Improved usage of consistent fee structure for YTDMs with service areas.
- Quality Assurance in place for YTDM – ISU research interviews with youth showed consistent satisfaction and DHS staff observed 3 facilitators.
- Tracking of YTDM utilization – Began to utilize FACS Code 414 in July 2014.

Independent Living and Other Permanent Living Arrangements: See Chafee Foster Care Independence Program (CFCIP)

Service Array and Resource Development - Assessment of Strengths and Areas Needing Improvement

Iowa's child welfare service array has a multitude of different services that are available statewide and meet the complex needs of the children and families we serve. Stakeholders have mentioned that services are flexible in order to individualize and tailor services to the unique needs of children and families. For example, a FSRP services provider may utilize an evidence based parent education intervention, such as The Incredible Years, if the parent needs parent skill development, or the provider may assist the parent in connecting with community resources for mental health or substance abuse treatment if needed. Iowa also implemented integrated health homes for children in the state, including those served by the child welfare system.

In July 2011, DHS aligned child welfare service array contracts around CFSR safety, permanency, and well-being outcomes, including contract performance measures around these outcomes. Within the last few years, child welfare services' contract providers increased their communication and coordination amongst themselves and with DHS staff, at the state and local levels, through quarterly meetings. During these discussions, individuals discuss strengths and areas needing improvement in the particular service, including problem solving to address issues raised, and discuss how different services can collaborate and coordinate with each other. Additionally, service providers continue to infuse "trauma informed care" within their practices. With re-procurement of services, beginning with Community Care, Safety Plan Services, and Family Safety, Risk and Permanency (FSRP) contracts to be issued by July 1, 2015, contract performance measures will be aligned with the CFSR Round 3 National Data Indicators. (Please see *Section I, Collaboration* and *Section III, Services Description Update* for information on service provider collaborations and service contract performance.)

Iowa continues to work on ensuring access to services in rural areas of the state, particularly for mental health, including day treatment, and substance abuse services, including substance abuse facilities that take children and parents, especially fathers and children. DHS and service providers' staffs strive to address client barriers to service participation, such as transportation, through available resources. Cultural Equity Alliance members are working on the availability of interpretation services. Currently, the state has a contract with Corporate Translation Services; local service areas have contracts; and court ordered supervision funds are used. Interpretation

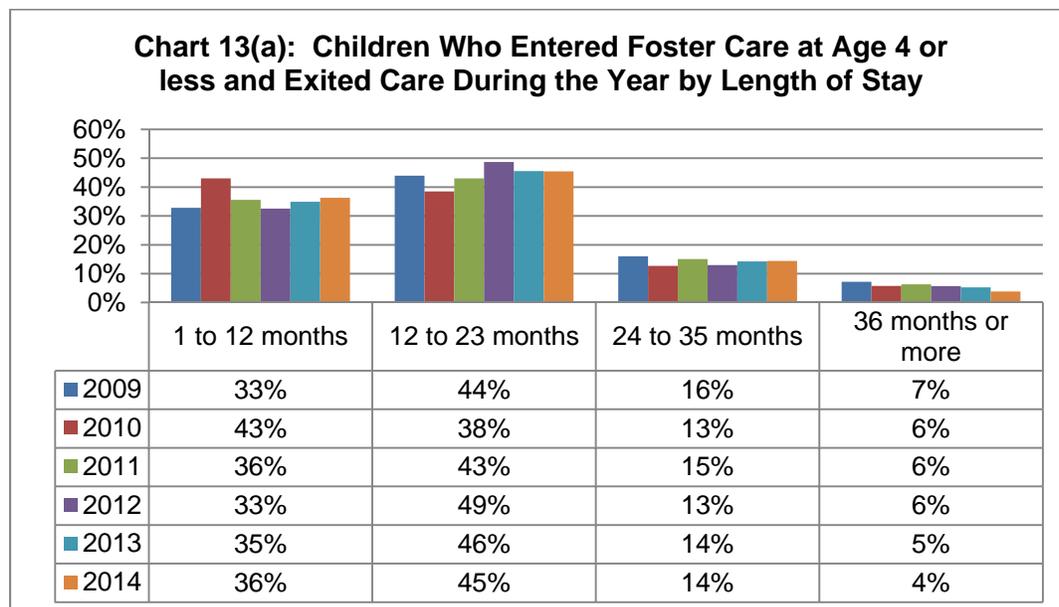
services also continue to be available for the education and training voucher (ETV) program through the Iowa College Student Aid Commission.

Staff turnover continues to be a challenge for some child welfare service contract providers. Different providers, such as Medicaid for Behavioral Health Intervention Services (BHIS), DHS vacancies, and other agencies, compete for the same workforce. These other agencies may have better pay and/or benefits, which lures workers away from provider agencies.

Services for Children under the Age of Five

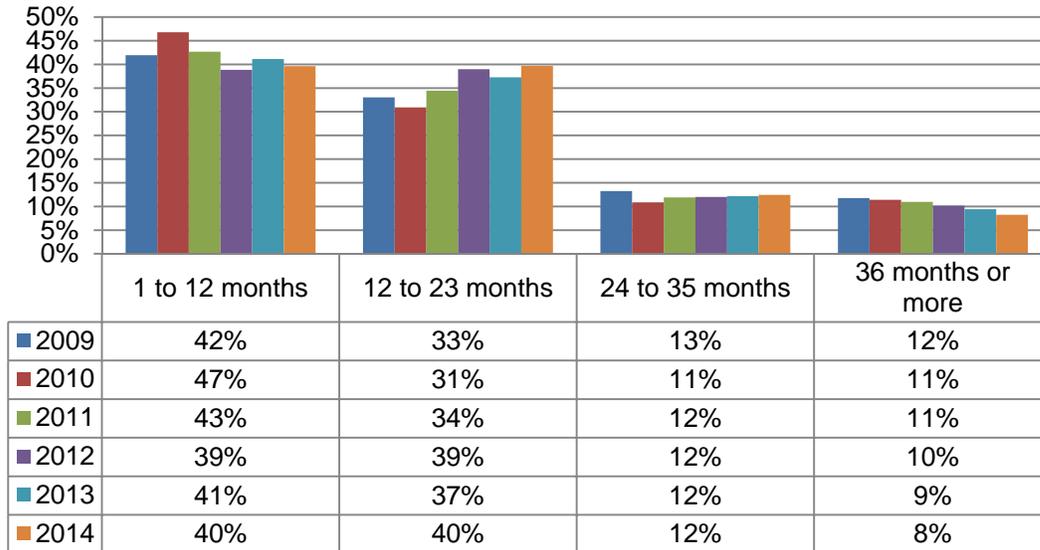
Activities to Reduce Length of Stay for Children under the Age of Five in Foster Care Iowa continues and will continue to analyze data regarding the length of time children under the age of five are in foster care without a permanent family in order to determine the need for specialized interventions. Chart 13(a) shows the percentage of children who exited care during each of the last six FFYs who were under the age of five when they entered foster care. While there has been some fluctuation over time, the data suggests that there also has been some consistency in system performance.

Approximately one third of the children under the age of five exit foster care within 12 months of entry and about half exit within 12 to 24 months while the remaining one-fifth experience longer stays. In comparison, Chart 13(b) shows that about 45% of all children exit foster care within 12 months and about 35% exit in 12 to 24 months while about 25% tend to stay longer.



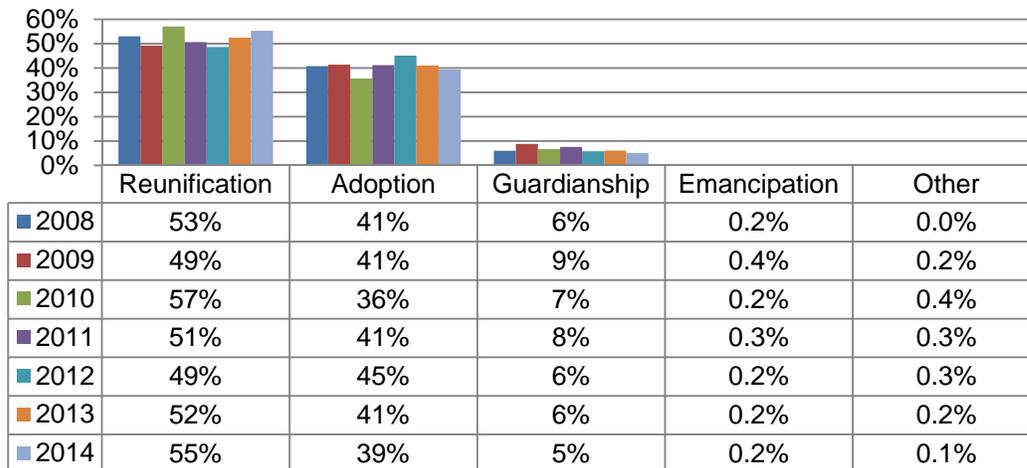
Source: Iowa SACWIS AFCARS Extracts

Chart 13(b): Children Who Exited Foster Care by Length of Stay (FFY2009 to 2014)



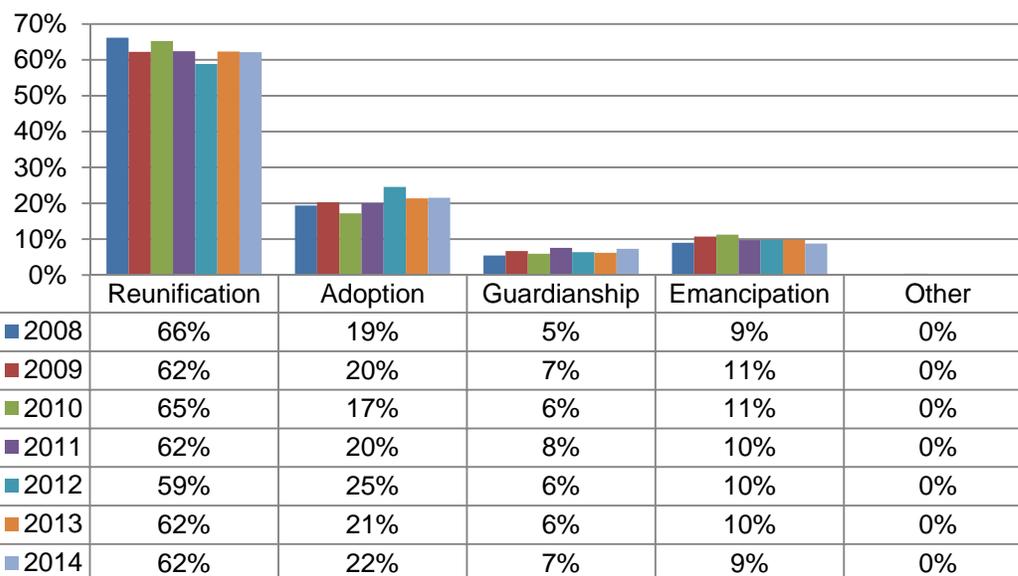
Source: Iowa SACWIS AFCARS Extracts

Chart 13(c): Children Who Entered Foster Care at Age 4 or less and Exited Care During the Year by Exit Reason



Source: Iowa SACWIS AFCARS Extracts

Chart 13(d): Exit Reasons of Children Exiting Foster Care (FFY 2009 to 2014)



Source: Iowa SACWIS AFCARS Extracts

Overall, outcomes for children under age 5 tend to be favorable with about half of them being reunified with their families while the rest are primarily adopted. A higher percentage of children under age 5 tend to exit to adoption (about 40% vs 20%) which would account for the longer lengths of stay among the under 5 population.

Provision of Developmentally Appropriate Services for Children under the Age of Five
Revisions to CAPTA in 2004 required the determination of eligibility for the Part C Services for abused and neglected children under the age of 3. In Iowa, the Early ACCESS (EA) (IDEA Part C) initiative provides for a partnership between State agencies (Iowa Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Iowa Department of Education (DE), and Child Health Specialty Clinics) to promote, support, and utilize the early intervention services of EA for children with or at risk of developmental delays.

At the conclusion of a protective assessment, child protective workers (CPWs) automatically refer all children under three years of age, including those placed in foster care, to EA, through the DHS' State Automated Child Welfare Information System (SACWIS). A referral letter goes out to the family by mail. Additionally, DHS' workers and service providers are encouraged to make referrals. It remains the parent(s) option to seek evaluation and services from EA.

Table 20(a) represents the number of children referred following a child protective assessment (CPA) on an Individualized Family Service Plan or IFSP (meaning receipt of EA services).

Table 20(a) – Children Receiving Early ACCESS Services Referred After Child Protective Assessment (CPA)		
State Fiscal Year (SFY)	Number of Children receiving services	Percent of children referred to EA through DHS/VNS on IFSP
2014	329	13.7%
2013	363	12.9%
2012	382	12.7%
2011	404	14.6%
2010	556	14.8%
2009	581	16.1%

Source: Iowa Department of Education and DHS
VNS=Visiting Nurse Services

During SFY 2014, the number of children, following a CPA, who were eligible for a referral and, as a result, received services declined to 329 (from 363 in SFY 2013). However, the percentage of children actually increased from 12.9% to 13.7%. This is due to a decrease in the total number of identified eligible child victims in SFY 2014. One reason for this is that, with the implementation of Differential Response, there are fewer children identified as substantiated “victims”, meaning the number of automated referrals has decreased.

Table 20(b) shows the number of children in foster care on an IFSP.

Table 20(b) - Foster Care Children who Receive Early ACCESS Services		
State Fiscal Year (SFY)	Number of Children receiving services	Percent of Children under age 3 in foster care on IFSP
2014	405	24.7%
2013	456	27.9%
2012	459	25.5%
2011	788	32.4%
2010	713	29.2%
2009	666	31.0%

Source: Iowa Department of Education and DHS

During SFY 2014, the number of children in foster care who received services declined to 405 (from 456 in SFY 2013).

Iowa will continue to look to expand the EA program. The DHS and the DE continue to work through the EA state team and with EA regions to build upon existing collaborations between local DHS offices and EA offices. Iowa also incorporated EA into the rollout of Differential Response, providing workers and contracted service

providers with the information needed to make meaningful referrals and to encourage families to participate in eligible services.

Iowa utilizes the child welfare service array to meet the unique needs of the children and families served, which includes children under the age of five in foster care. These services include but are not limited to Family Safety, Risk and Permanency (FSRP) services, child care, referrals to Early ACCESS, referral of parents to mental health, substance abuse, domestic violence, employment, disability services, etc. The DHS' CPWs, as part of their assessment of child abuse allegations, inclusive of safety and risk assessments, assess the strengths and needs of the children and the family. The DHS' case managers build upon the initial assessment by working with the family to continually assess the strengths and needs of the children and family, connect the children and family to the appropriate services, and monitor the effectiveness of those services to meet their needs with the goal of achieving safety, permanency for these children in accordance with the Adoption and Safe Families Act (ASFA, P.L. 105-89) guidelines, and child and family well-being. Through clinical case consultation with social work case managers, supervisors provide oversight of the social work case managers' assessment of and provision of age-appropriate services to children.

Iowa will continue to utilize its child welfare service array to provide developmentally appropriate services to this population. Please see *FFY 2015-2019 Updated Health Care Oversight and Coordination Plan* for more information on health care services provided to children in foster care.

Services for Children Adopted from Other Countries

Families who adopt children from other countries are able to access support groups through the IFAPA and Iowa KidsNet, and any training through IFAPA. Families may receive services through the child welfare system or through Medicaid based on eligibility criteria.

DHS recognizes the need for strong post-adoption supports and services in order to prevent disruptions and dissolutions of all adoptions, including children adopted from other countries. Limited resources and very diverse racial and cultural needs are significant barriers to expanding post-adoption services for families who adopt from other countries. Due to these barriers, significant expansion of post-adoption services will be difficult to predict. However, since the last report, DHS continues to do the following:

- Work collaboratively with private adoption agencies to identify gaps in services by engaging the Iowa Association of Adoption Agencies in gathering information from families who adopt from other countries and identifying gaps in services.
- Work collaboratively with private adoption agencies to creatively explore how services and supports can assist families who adopt from other countries within current funding and service provision constraints.
- Should additional funds become available, DHS will work collaboratively with private adoption agencies to prioritize, develop and implement services and supports to assist families who adopt from other countries.

SECTION IV: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Chafee Foster Care and Independence Program (CFCIP)

Service Description Update

The population that was served in FY 2015 includes all of the following: The child must be under the age of 21, must be or have been in foster care as defined by 441 Iowa Administrative Code (IAC) 202.1(234) or 45 Code of Federal Regulations 1355.20 as amended to October 1, 2008, and must meet at least one of the following eligibility requirements:

- 1) Is currently in foster care and is 16 years of age.
- 2) Was adopted from foster care on or after October 7, 2008 and was at least 16 years of age at the time of adoption.
- 3) Was placed in a subsidized guardianship arrangement from foster care on or after October 7, 2008, and was at least 16 years of age at the time of placement.
- 4) Was formerly in foster care and is eligible for and participating in Iowa's aftercare services program as described at 441 IAC 187.
- 5) Is participating in the Education and Training Voucher program.

Services are available on a statewide basis.

The population to be served in FY 2016 includes all of the above mentioned in numbers 2 through 5. Number 1 will be changed to meet P.L. 113-183 requirements of serving youth currently in foster care who are 14 years of age or older.

The estimated number of youth served in FY 2015 is a total of 1,936 based upon 1,237 youth served in foster care ages 16 and older in FY 2014 and 699 youth served in the aftercare services program in FY 2014. In FY 2014, 538 children entered care age 16 and older, whereas 1,142 exited foster care at age 16 and older during the same time period.

The estimated number of youth to be served in FY 2016 is a total of 2,805 based upon 2,106 youth in foster care ages 14 and older in FY 2014 and 699 youth served in the aftercare services program in FY 2014.

Collaboration and Program Support

See information below under *Specific Accomplishments Achieved to-date in FY 2015* and *Planned Activities for FY 2016*.

Specific Accomplishments Achieved to-date in FY 2015

Goal 1: Meet the transition needs of youth in foster care, age 16 and older, for successful transition into emerging adulthood.

Objective 1.1: Ensure all youth in foster care, age 16 and older, have an individualized transition plan that is considered a working document and is reviewed and updated for each permanency hearing by the court or other formal case permanency plan review, and according to state and federal law by end of year 4. The transition plan is to be developed and reviewed by the department in collaboration with a youth-centered transition team.

- **Benchmark 1.1.a:** Develop a comprehensive statewide transition planning protocol training, including training products and documents, by the end of year 1.

The Department of Human Services (DHS) transition planning specialists (TPS, one for each of the five DHS service areas) along with other staff, including DHS field staff and policy staff, participated in a transition planning statewide Lean Event during the last week of February 2014. From this, staff developed a process to ensure consistent transition planning on a statewide basis based upon best practice across the state; primarily TPS and field staff who attended the Lean Event developed standard training products and tools. The training materials developed to assist caseworkers and their supervisors in effective transition planning for youth in foster care, 16 years of age or older, were refined over a two-month period through follow-up meetings and email. Products developed included a powerful PowerPoint presentation on the basics of transition planning according to age, development, strengths and needs (based upon assessments, including the Casey Life Skills Assessment (CLSA)) for each youth in foster care age 16 or older, with videos of youth sharing their perspective of the difficulties they encountered transitioning out of care and insights for caseworkers as they work with teens. A video was created by youth and AMP mentors, which was included in the PowerPoint. The youth who participated were older youth who were near or who had already experienced the transition from foster care to adulthood.

All products and documents developed included the five primary components of transition planning including: housing; positive support system; education; employment and; health care and access to health care. Materials developed also included information on all state and federal laws regarding transition planning and what must be done, including: youth-centered planning; planning inclusive of the five primary components mentioned above; ensuring smooth access for youth that need services and supports from the adult disability system; a written transition plan for each youth in foster care age 16 or older, with review and update completed at each six month case review (or more often if needed) and within 90 days of a youth turning 18 years of age and within 90 days of departure for a youth who elects to stay in voluntary foster care past 18 years of age to complete high school or obtain their high school equivalency. Additionally, materials developed comprised samples of transition plans/guidelines that caseworkers can use to supplement the DHS transition plan within the case permanency plan; specifics for caseworkers on how to electronically (hard copy for those without the internet) send a CLSA to the care provider and youth and have the assessment completed and returned to the caseworker; monthly transition topic conversations to have with youth; information about what a Power of Attorney for Health Care is and why it is important for youth aging out of foster care to understand this

process (this particular subject was placed into training as many caseworkers still struggled with this concept and process to adequately explain to youth); resources available to youth aging out of care; transition eligibility scenarios; ways in which the TPS can assist the caseworker with difficult cases regarding transition; a thorough checklist broken down by ages 16, 17, 17 ½, and 18 and what specific transition processes must be done during each of these ages. The checklist is kept in each youth's case file as a measure to track progress during one-on-one meetings between the caseworker and their supervisor.

- **Benchmark 1.1.b:** Implement statewide training to DHS service area managers (SAMs), social worker administrators (SWAs), social work case managers (SWCMs) and SWCM supervisors by the end of year 2; training will be on-going (not a one and done). ***Note – above language is changed from "...social worker case managers (SWCMs) and SWCM supervisors..." to "social worker case managers (caseworkers) and juvenile court officers (caseworkers) and caseworker supervisors."*

TPSs kicked off the training by training the SWAs and SAMs for each of their service areas for awareness of what exactly was going to be trained to field caseworkers and their supervisors. Each TPS presented trainings for DHS caseworkers (SWCMs) and their supervisors within their DHS service area and for caseworkers (juvenile court officers) and their supervisors within the portions of judicial court districts that fell within the geography of the TPS covered DHS service area. All caseworkers received a resource folder that included all of the above-mentioned training documents. Training began with the PowerPoint that aligned with the training documents. Training documents specific to PowerPoint slides were discussed at each point during the PowerPoint demonstration. Trainings concluded with time for questions and answers. DHS caseworkers can access all training materials placed on a Share Point; juvenile court staff can contact the TPS in their area for training materials as needed, such as new worker training. Additionally, staff updates the training materials as needed with field staff notified. The training was very well received by caseworkers and caseworker supervisors based upon not only attendance and participation by caseworkers and supervisors but also the variety of questions received. This was the first comprehensive training regarding the specifics of transition planning completed on a consistent statewide basis. The TPSs will also go out and train caseworkers who were not at the multiple trainings held in each service area or new workers as requested.

TPSs will be at DHS county offices throughout their service area on a quarterly basis, and more if requested on an annual basis. The TPSs will also be available to juvenile court officers throughout their service area on a basis designed by DHS and JCS and as requested. TPSs plan on training at on-going in-service staff trainings and working with caseworkers throughout their area on an individual basis on difficult cases regarding transition needs.

- **Benchmark 1.1.c:** Develop a statewide care provider training specific to care providers regarding the transition planning process and the care provider's role throughout the process by the end of year 3.
- **Benchmark 1.1.d:** Implement care provider training on a statewide basis; training will be on-going.

TPSs trained some care providers on a case-by-case basis; specifically, when TPSs are requested to present to a group representing care providers. The training provided was adapted from training provided to caseworkers. However, a specific training to care providers has yet to be developed and training to care providers has not been implemented on a statewide consistent basis; training to care providers to date has been ad hoc.

Provider training, like caseworker training, will be delivered on a consistent statewide basis, with follow-up training scheduled by DHS. The training will include going to group care facilities, shelter facilities, training to supervised apartment living foster care staff, foster and relative care families. Training to reach foster and relative care families will need to take various approaches, including training through IFAPA, training conducted during foster family support group meetings, and training to the recruitment and retention contractor staff. Since this training, and as required by the Preventing Sex Trafficking Act, TPSs created and delivered a webinar that addresses changes to transition and reinforces existing practices, such as the youth centered transition process. The webinar is available for viewing by DHS/JCS, all providers, and to the public.

The TPSs updated one specific tool used to assist and train youth in foster care, age 16 and older, and care providers, the Transition Information Packet (TIP), with the 6th edition of the TIP scheduled to be printed late spring or early summer of 2015. The TIP is an Iowa developed comprehensive resource, which also may be utilized as a curriculum within group home settings and foster family placements. It is a three ring binder broken into various sections such as education; employment; money management; housing; health; transportation; and resources. The binder has pocket folders at the end of each section for the youth to keep important documentation related to the topic. Additionally, care providers also receive a bound copy in order to assist and review the information with the youth in their care.

- **Benchmark 1.1.e:** Continue implementation of Youth Transition Decision Making (YTDM) facilitator trainings and YTDM meetings. Implement YTDMs consistently statewide by the end of year 3.

The YTDM meetings are similar to the Family Team Decision-Making (FTDM) meeting concept but differ in approach. YTDM meetings are based upon a youth-centered planning and practice model that empowers youth to meet their goals (or establish goals if they have not done so) while in foster care and as they transition to adulthood. Goals typically focus on housing, education, employment, health care access once out of care, and ensuring a positive support system is in place. Supportive adults and peers (at the invitation of the youth) create a team to help the youth to meet action steps laid out in

the YTDM meeting to reach their goals. The youth’s caseworker is also at the YTDM meeting and typically the youth’s care provider so all are on the same page and working together. Through such a team effort, youth are able to make the necessary connections related to their goals and advocate and utilize community resources as needed. A collaborative plan between the youth and child welfare system is developed, with the plan stating the strategies and agreements made during the YTDM meeting.

To date, 33 facilitators have been trained. YTDM standards have been implemented. A request for proposal (RFP) for family-centered child welfare services was issued several months ago and contractors for each of the five DHS service areas have been selected. This particular RFP also rolled in facilitation not only for Family Team Decision-Making (FTDM) meetings but also YTDM meetings, effective July 1, 2015, which will promote statewide YTDM consistency.

For those youth transitioning into adulthood, the YTDM model will be used. The model has two key components: Engagement/Stabilization and the Dream Path process (a youth-friendly collaborative plan covering the five goals mentioned above and listed in the Fostering Connections Act) to promote self-sufficiency. YTDM applies the FTDM process, philosophy, and practice strategy for youth transitioning into adulthood. YTDMs build teams to support youth and young adults who are at risk of homelessness, unemployment, and poor health and are an effective means to address the factors that threaten a successful transition.

YTDM meetings are expected to be facilitated at a minimum of: within 30 days of a youth’s 17th birthday and within 90 days prior to a youth’s 18th birthday. Contractors will facilitate YTDM meetings in accordance with the established statewide YTDM meeting standards, which were developed in collaboration with DHS and external stakeholders.

Iowa requests approval to delete Goals 3 and 4 from the CFCIP section of the CFSP and replace Goal 3 with a new proposed Goal 3. As we began working on the goals, it became apparent quickly that the two goals were redundant and working on them independently would be less effective than working on the two as one goal. Table 21(a) shows existing Goals 3 and 4 and the new proposed Goal 3.

Table 21(a): Current CFCIP and Proposed CFCIP Goals, Objectives, and Benchmarks

Current Goals, Objectives, and Benchmarks	Proposed Goal, Objectives, and Benchmarks
<p>Goal 3: Utilize NYTD and other existing data to improve service delivery.</p> <p>Objective 3.1: Analyze the results of existing and on-going data.</p> <ul style="list-style-type: none"> • Benchmark 3.1.a: Develop a workgroup of key policy and data stakeholders by the end of year 1. • Benchmark 3.1.b.: Workgroup develops a data analysis plan, including a timeline and on-going activities, and receives leadership approval by end of year 2. • Benchmark 3.1.c: Per data analysis plan, complete initial data analysis report by end of year 2. 	<p>Goal 3: Utilize NYTD and other existing data to improve service delivery and outcomes.</p> <p>Objective 3.1: Analyze the results of existing and on-going data.</p> <ul style="list-style-type: none"> • Benchmark 3.1.a: Develop a workgroup of key policy and data stakeholders by the end of year 1. • Benchmark 3.1.b.: Identify, of existing data, that which is relevant and useful in year 1. • Benchmark 3.1.c: Establish necessary written agreements for activities required to analyze data by the end of year 1. • Benchmark 3.1.d: Workgroup develops a data

<ul style="list-style-type: none"> • Benchmark 3.1.d: Complete on-going data analysis report in years 4 and 5 as indicated in the data analysis plan. <p>Objective 3.2: Utilize data to inform stakeholders and improve programs.</p> <ul style="list-style-type: none"> • Benchmark 3.2.a: Share report with transition programs, tribes, and foster care providers by end of year 4. • Benchmark 3.2.b: Engage stakeholders to understand and utilize data within their respective programs and activities by end of year 4. • Benchmark 3.3.c: Monitor performance of foster care and transition program providers by including relevant performance measures in contracts by end of year 5. 	<p>analysis plan, including a timeline and on-going activities, and receives leadership approval by end of year 2.</p> <ul style="list-style-type: none"> • Benchmark 3.1.e: Per data analysis plan, complete initial data analysis report by end of year 2. • Benchmark 3.1.f: Complete on-going data analysis report in years 4 and 5 as indicated in the data analysis plan. <p>Objective 3.2: Utilize data to inform stakeholders and improve programs.</p> <ul style="list-style-type: none"> • Benchmark 3.2.a: Share report with transition programs, tribes, and foster care providers by end of year 4. • Benchmark 3.2.b: Engage stakeholders to understand and utilize data within their respective programs and activities by end of year 4. • Benchmark 3.3.c: Monitor performance of foster care and transition program providers by including relevant performance measures in contracts by end of year 5.
<p>Goal 4: Utilize data to improve transition programs.</p> <p>Objective 4.1: Analyze transition data.</p> <ul style="list-style-type: none"> • Benchmark 4.1.a: Identify, of existing data, that which is relevant and useful in year 1. • Benchmark 4.1.b: Select data experts to analyze data in year 1. • Benchmark 4.1.c: Establish a written agreement for activities required to analyze data in year 1. <p>Objective 4.2: Compile, format and distribute data.</p> <ul style="list-style-type: none"> • Benchmark 4.2.a: Identify a means for distributing data in year 2. • Benchmark 4.2.b: Deliver data to a wide range of child welfare providers and youth in year 2. 	

- **Benchmark 3.1.a:** Develop a workgroup of key policy and data stakeholders by the end of year 1.
- **Benchmark 3.1.b.:** Identify, of existing data, that which is relevant and useful in year 1.
- **Benchmark 3.1.c:** Establish necessary written agreements for activities required to analyze data by the end of year 1.

Through collaboration of the policy and field divisions, staff identified a workgroup of key policy and data stakeholders (JCS, Children’s Justice, NYTD contractor, Aftercare, Iowa College Aid, TPS, policy, etc.). The entire workgroup membership received their assignments and had their first meetings in May 2015. Policy staff hosted the meetings and will monitor the workgroup for performance and documentation. Prior to initiation of workgroup meetings, a data representative and a policy member worked together to organize the existing data in a manageable format. Data will be pulled from NYTD, AFCARS, aftercare, and other systems to ensure the workgroup has a sense of what is available. Iowa believes the workgroup will be most effective if they receive enough data that they have a “feel for” the available data and can see some gaps, without

having so much data they are overwhelmed. The intent of the group is to utilize existing data to improve programming as well as identify where we have gaps in data, all in the area of foster care transition. We will be examining services that youth receive in care and compare that information to the outcomes of youth at age 17, 19 and 21. Once we see if there is a correlation between the type and frequency of services and the youth's ability to gain stable housing, attain meaningful employment, or successfully complete educational goals. DHS plans to use this knowledge to drive best practice in any reshaping of the transition service array.

The DHS service business team (SBT), prior to approving this workgroup, required a detailed charter that explained the goals of a data workgroup. The charter also included the positions/persons required for the workgroup. Workgroup membership was chartered to include internal DHS, external providers from aftercare and NYTD, field operations staff, data experts, and others. Continuing to move DHS toward data driven programs, SBT approved the workgroup. Goals and expected results are as follows:

Goals:

- Accomplish Chafee plan goals/improve outcomes
- Utilize NYTD and other existing data to improve service delivery
- Utilize data to inform stakeholders

Results:

- Agreement for data sharing activities necessary to complete goals (9/30/15)
- Data analysis plan (9/30/16)
- Initial data analysis report for stakeholders, including NYTD and other useful transition data (9/30/16)
- Ongoing data analysis report (9/30/17, 9/30/18, 9/30/19)

Expected Time Frame of the Workgroup: 10/01/14-9/30/19

Goal 5: Update statewide adoption packets with information concerning CFCIP benefits to youth who are adopted (or placed in subsidized guardianship if Iowa has such a program in the future) from foster care at the age of 16 or older.

Objective 5.1: Produce a written product that succinctly conveys the CFCIP benefits (including Education and Training Voucher (ETV) benefits) to youth who are adopted from foster care at the age of 16 or older.

- **Benchmark 5.1.:** Develop a written document and send to the statewide adoption program manager to be placed in adoption packets on a consistent, statewide basis by the end of year 1.

DHS staff developed a written document explaining the CFCIP benefits available to youth who are adopted from foster care at the age of 16 or older (the same CFCIP benefits for youth in foster care ages 16 and older who age out of foster care). The DHS adoption program manager sent the document to all DHS adoption supervisors in

the field with the instructions to ensure that adoption caseworkers place the document in each adoption packet that adoptive parents receive upon adoption.

Goal 6: Improve understanding of and align efforts to address human trafficking, with expansion of access to services utilizing a victim-centered approach.

- **Objective 6.1:** Promote a strategic, coordinated approach to the provision of services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels.

We recognize that human trafficking happens in Iowa, as in every other state in the country. Human trafficking is a crime that often goes unreported because of the nature of the crime, the shame, and the sophisticated, coercive tactics utilized by the traffickers. Websites like “backpage.com” show that sex trade is happening in Iowa, even in the smallest communities and especially in places where large numbers of people come together, such as the state wrestling tournaments and the Iowa State Fair.

Guidance from the U.S. Department of Health and Human Services (DHHS) and the Sex Trafficking and Strengthening Families Act informed our efforts to explore ways to improve screening for victims of human trafficking, address possible trafficking involving runaway and homeless youth, and generally, ensure that any worker, state employee or contractor, receives the training to identify and report trafficking. Contractors and subcontractors will be expected to provide trauma informed services, meeting the unique needs of sex trafficking victims. Iowa DHS is on track for implementation of required policy, procedure and processes due September 29, 2015.

- **Benchmark 6.1:** Identify advocacy networks and public leaders in the effort to end human trafficking in year 1.

DHS connected with Mike Ferjak, of the Iowa Attorney General’s Office; Captain Curtis Henderson, of the Iowa State Patrol; and key child advocacy center leadership, who have been effective allies in the effort to inform, identify, and serve victims of human trafficking. DHS is increasing our efforts to connect to provider networks against trafficking, such as the Polaris Project and the recently formed Central Iowa Service Network Against Human Trafficking. Shared trainings, such as the Department of Justice Interdiction Trainings held in late 2013 and 2014, as well as DHS’ *All Roads Lead to Safety Training*, held in April 2015, bring different systems together to understand and respond to trafficking in collaboration.

Below are excerpts from language presented by Mike Ferjak to the Attorney General and made available to interested parties concerning the progress of the Human Trafficking Enforcement and Prosecution Initiative (HTEPI).

“The Iowa Department of Human Services (DHS) has an integral part of the response to Human Trafficking especially when minor victims are recovered in Iowa and bring highly specialized expertise...”

The Iowa Department of Human Services in conjunction with the HTEPI has planned a major multiple event training program for 2015 targeting both the DHS system and those who work with it to understand how human trafficking is encountered and to respond properly and deliver a coordinated and effective program of assistance and support for those victims who come into their care.

Evidence of support for improved efforts to identify and responds to trafficking can be seen in the following 2014 Iowa law change [SF2311 described in this section]

Additionally, child welfare leaders joined the Iowa Children's Justice Director (Iowa's Court Improvement Program), law enforcement and a judicial judge in Washington, D.C. the first week of June 2015. The team discussed potential cross-collaboration work on the issue of human trafficking.

- **Objective 6.2:** Increase victim identification through coordinated public outreach and awareness efforts.
- **Benchmark 6.2:** Provide training to staff and contractors in year 1.

The DHS Human Trafficking Team led the way for a cross system "kickoff training", which was held April 17, 2015. The April 17th training, *All Roads Lead to Safety: Strategies to End Trafficking In Iowa*, included an opening by DHS Director Palmer, DHS staff, closing words by Iowa Attorney General Tom Miller, and an action planning session for all involved. The action planning requires written reporting on progress and a report out to state "leads" in August 2015.

A clear challenge identified early in various trainings and elsewhere, was whether to charge the child prostitute with a crime. While this was not seen initially as an appropriate response to dealing with a traumatized child victim, doing so was determined to be the only way, as in the experience of Texas responders who trained in Iowa, law enforcement could get the child to cooperate. Iowa DHS is still working through this challenge, as we develop procedures, but are teaching providers and staff that the child involved in trafficking will be considered a victim and not to be treated like a criminal.

DHS organized a leadership team that involves members from child abuse intake and assessment, foster care programs, providers, law enforcement, and training staff. We believe work against trafficking must involve a cross system approach. In particular, DHS staff recruited law enforcement representation for this team. The group is referred to simply as the (ACFS) Anti-Trafficking Team. The team first came together at the Department of Justice's Human Trafficking Interdiction Training in early 2014, where Texas and Iowa law enforcement provided Human Trafficking 101 and a host of strategies to help victims, stop demand, and consequence the perpetrators.

DHS is a partner in the recently created Central Iowa Human Trafficking Task Force, which is a group who was initiated in 2014 in partnership with the Network Against Human Trafficking. Goals of the group include:

- To develop a Human Trafficking victim services network.
- To develop a “wrap-around care” model to facilitate intervention, rescue healing and restoration.
- To assess and build local capacity for victim services.

Regional Human Trafficking Networks exist in Eastern Iowa (known as Braking Traffik) and Western Iowa (known as the Innocence Lost Task Force). DHS has representation on both networks.

Through adding specific requirements under the DHS contract with Iowa State University (ISU), sex trafficking training increased. The ISU Child Welfare Research & Training Project is offering training to foster parents and other child welfare providers at least one time in each DHS service area each year.

The Iowa Foster and Adoptive Parents Association (IFAPA) began offering a series of trainings to foster parents and other caretakers in January through May 2015. This is funded by Chafee, as a complement to other transition trainings offered by IFAPA. The training, *Domestic Minor Sex Trafficking and Its Impact on Children in Foster Care*, is held in all of the five service areas. This training is interesting and beneficial to caretakers, and therefore, will continue in 2016.

DHS provides anti-trafficking information and guidance to all programs in the child welfare service array (child welfare emergency services (CWES), foster group care, supervised apartment living (SAL), aftercare, and family centered services). To date, DHS facilitated at least one discussion with each of the following providers about the ways to identify victims and how to respond: aftercare, SAL, foster group care, and CWES. Lessons learned to date from the provider trainings include:

- Providers were instructed about the common indicators of trafficking, the behaviors of victims, and the exploitive approach that can be expected from pimps.
- Discussed training opportunities. DHS found that most providers received training and are implementing periodic trafficking training.
- DHS provided information about trainers, information networks/resources, and challenged providers to host local discussions with law enforcement, child advocacy centers and others on the topic of human trafficking.
- The general feeling is that providers are becoming aware of the issue, but believe this needs to be taken seriously if they are going to help any potential victims that come into their program.

All child welfare contracts and request for proposal (RFP) development in SFY 2015 and SFY 2016 will consider the impact of Public Law 113-183 (09/29/2014) legislation on programs, e.g. prudent parent standard, identification and services for trafficking victims, transition supports, training, etc.

The DHS will continue to be an active participant in anti-trafficking activities. Anti-trafficking activities require ongoing collaborative approaches.

Timeline for completed and upcoming DHS trafficking training and activities:

- ACFS and Field Operations Support Unit (FOSU) leads assigned by February 28, 2015 —Complete
- Policy review by February 28, 2015 — Complete
- Rules final draft by May 31, 2015 — Complete
- All Roads Lead to Safety Training on April 17, 2015 – Complete
- Manual changes due by May 31, 2015 — In process
- Forms completed by May 31, 2015 – In process
- DHS service areas will host local discussions or trainings about human trafficking. Activities will involve law enforcement providers, and others. Funding is available for curricula, transportation, location rental, speaker costs, etc. – October 1, 2015,
- Anti-sex trafficking provisions primary implementation by October 1, 2015.

Additional training is planned as follows:

	Human Trafficking	Transition Planning for 14 +	APPLA for 16 +	Reasonable and Prudent Parent Standard
Venue	1 – 1.5 Hour Webinar	1 – 1.5 Hour Webinar, local Face to Face trainings by TPS staff	20-30 minutes on CIDS Call	1 – 1.5 Hour Webinar
# of Times to be Offered	1X state-wide webinar w/ possible local discussion afterward	1X state-wide webinar w/ possible local discussion afterward, 5 local trainings/SA for a total of 25	1X state-wide CIDS presentation	1X state-wide webinar w/ possible local discussion afterward
Audience	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, IKN, Meskwaki	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, IKN, Meskwaki	DHS staff, JCS staff, Meskwaki	DHS staff, JCS staff, Provider staff (Shelter, Group Care), IFAPA Liaisons, IKN, Meskwaki

Objective 6.3: Expand and coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in victim services.

Because of the way data is entered, DHS will need to track information differently to ensure we have reliable state level data to accomplish the provisions in Public Law 113-183 (09/29/2014) for identification of victims, at intake, when a child returns from run, or anytime in the life of a case. DHS is in the process of examining whether current data collection at intake and at transitions is sufficient. Definition of “at risk of being a victim”

will have a bearing on the process and reported numbers of victims. DHS is on track to start collecting information required by Public Law 113-183 (09/29/2014) on October 1, 2015.

- **Benchmark 6.3:** Evaluate state policies and forms and amend as necessary to ensure victims are identified and served.

Rule Changes: Noticed draft administrative rules to implement Public Law 113-183 (09/29/2014), Preventing Sex Trafficking and Strengthening Families Act. Amendments and new sections for DHS rule chapters 441 IAC-112, 113, 117, 175 and 202 are in the DHS' fiscal management for fiscal impact statements. Plans are to have rules in place for October 1, 2015 implementation, however, Iowa will implement regardless. Key changes align with law. The rules implement procedures for identification and appropriate child welfare response to sex trafficking, when the victim is a child and certain requirements around foster care transition to adulthood, and prudent parenting standards for caretakers of such youth. Identification of victims, appropriate child welfare response, and training to foster care providers and certain DHS employees is required, starting October 1, 2015.

Statutory Changes: Iowa Code changes are expected for parts of the Public Law 113-183 (09/29/2014), which may include definitions in Chapter 232 or elsewhere, in order to explain the role of the caretaker, custodian, guardian, parent, etc. as it relates to the "Prudent Parent Standard". In short, Iowa will create an atmosphere where the state child welfare agency or juvenile court can "permit" the caretaker of the child to act as a "prudent parent", without usurping the rights of the parent unnecessarily or placing unreasonable liability on an individual or entity. Iowa Code changes are not necessary to fully implement requirements to identify and report child sex trafficking.

Training: In March 2015, DHS staff utilized a supervisor CIDS conference call/training to release three guidance documents entitled "child trafficking assessment guidance", "child trafficking intake guidance", and "child trafficking indicators". The latter provided the 1-888-3737-888 hotline for reporting trafficking. This number is provided as a resource and staff has been informed that personally identifiable information is not to be shared. Caseworkers who identify a child victim of sex trafficking are to report to child abuse intake and to local law enforcement immediately. Staff also will report to the National Center for Missing and Exploited Children (NCMEC) within 24 hours. DHS policy staff facilitated discussions about reporting expectations and engaged experts in law enforcement, including the Iowa Attorney General's Office. Additional trainings described in this report will be used to inform DHS intake and assessment that screening is required and that there are provisions in Iowa Code to file a Child In Need of Assistance (CINA) petition to open services for a victim, even when there is not a clear caretaker perpetrator.

Additional accomplishments achieved to date in FY 2015 (beyond meeting specific CFSP 2015-2019 Goal Benchmarks):

Local DHS transition committees have been mandated by state law for over the past decade. Workers must present the transition plan (point in time) for any youth on their caseload prior to the youth turning 17 ½ years of age (or within 30 days of case planning if the youth comes into care at age 17 ½ or older) to a committee made up of a standing membership that includes a mix of stakeholders involved in youth specific systems, including DHS staff, JCS staff, adult service system staff, education staff, care provider representation, and others knowledgeable about community resources. Additionally non-standing membership may include those knowledgeable about the specific youth, including the youth's court appointed special advocate (CASA), guardian ad litem (GAL), and care providers. The primary goal of the transition committees is to ensure that the needs of each youth have been or are being addressed to assist the youth in successful transition from foster care to adulthood. In reviewing a youth's transition plan, the committees identify and act to address gaps existing in services or supports available that would assist the youth towards a successful transition. The transition committee can approve a plan or can choose not to approve and send back to the caseworker with concerns and any suggestions for a more evolved plan specific to the youth; if the plan is not approved, the caseworker must work on the issues pointed out by the transition committee with the youth and their team of support and then resubmit to the transition committee. The caseworker and their supervisor are emailed a copy of the committee's review notes for each case reviewed. Each of the five DHS service area have at least two or more local transition committees with a monthly convening of each.

Additionally, each DHS service area submits an annual report to the Division of Adult, Children and Family Services (ACFS), reporting geographical area covered by each committee, standing committee membership, number of cases reviewed, identification to barriers to successful transition and gaps in community services or supports, and suggestions for ways to improve the transition process. For SFY 2014, 691 youth had their transition plan reviewed by a local transition committee (typically youth between the ages of 17 and 17 ½).

Challenges identified by the local transition committee membership in 2014:

- Youth with mental illness often do not understand their illness and the need to continue treatment/medication once they leave foster care.
- A lack of community based placements for youth on the sex registry.
- Iowa continues to see a number of older youth in foster care resulting from disrupted adoptions.
- Youth in foster care are often behind in school due to credits not transferring during placement moves, which is often a cause of youth dropping out of school.
- A lack of supervised apartment living (SAL) foster care placements throughout the state.
- A lack of affordable housing for youth once they leave foster care.

- Youth are often in need of reliable informal supports/permanent connections/mentors who will be there when paid staff are no longer working with them once they leave foster care.
- Some transition committees need to strengthen their relationships with vocational rehabilitation (VR) services and have a VR representative on the membership.
- Delinquent youth have difficulty obtaining housing and housing assistance when they age out due to their criminal history. Juvenile Court has the authority to seal records for a child before they leave the juvenile justice system at age 18, so the charges they received as a child do not interfere with their ability to attain employment or otherwise adversely affect their transition to adulthood. Iowa Code states, in the case of an adjudication of delinquency, the court, upon its own motion or by request of the youth, shall schedule a hearing to be held two years after the date of the last official action or the date the child becomes eighteen years of age, whichever is later. The court is to order the official juvenile court records sealed if the court finds the child has not committed additional serious offenses.
- School Individual Education Plans (IEPs) and transition plans need to be coordinated in some areas of the state.
- Youth in foster care have a challenge in learning to drive and obtaining their driver's license.
- Communities need more foster parents that are trained and willing to take teenagers.
- Coordination between children's services and adult services continues to be a gap at times (especially if funding is not being made available for an adult placement while the youth is still a minor and once the youth turns 18, there is not a placement available and workers scramble to find best options).

Suggestions for Improvements as identified by local transition committees in 2014 (for caseworkers, TPSs, and DHS leadership, as applicable):

- Secure an adult mental health diagnosis in a timely manner and ensure the youth has a current evaluation.
- Begin work with mental health and disability region and a pediatric integrated health home (IHH) well before the youth is 18 years of age to ensure a smooth transition, including to the adult disability service system and an adult IHH if necessary.
- Work with school systems and care providers to ensure all youth who have an IEP are receiving transition services through the school and coordination is being done with DHS for transition.
- Work with school systems to assure credit transfer.
- DHS needs to invite and encourage VR staff to participate on all local transition committees as they have a wealth of information.
- Need more comprehensive post adoption services and supports and more training on adoptive issues (e.g., trauma and attachment).
- Require additional training specific to adolescent needs (e.g., brain development, positive and negative risks, life skills) for foster and adoptive parents to

encourage fostering or adopting adolescents and to better insure placement stability.

- Continue and expand the use of APPLA caseworkers who are specialized in working with older youth and understanding their transition needs (currently two of the five DHS service area have APPLA caseworkers).
- Educate and inform communities on the need for transitional housing for youth, which they can reside in prior to becoming 18 years of age (youth in the SAL foster care program) and after age 18.
- Make the SAL foster care program available statewide.
- Ensure youth have a YTDM meeting and that it includes establishing a support system or an identified (non-system) adult the youth can turn to especially once they leave care (for youth who do not have a positive support system or person in their life).
- Refer the youth to pre-Aftercare services several months before turning age 18.

Next Steps: Input from the local transition committees, summarized above, is particularly helpful for DHS policy and training staff to assess whether we are on track with our five year plan. We are confident reporting that the areas of concerns identified by the local transition committees are consistent with the goals on the Iowa Chafee five year plan. One example is the concerns for youth being referred to aftercare too late or not at all. Transition planning specialists (TPS) met in May 2015 for their one year follow up to review and revise any training conducted this past year as a result of the Lean Event (see Goal 1). The TPS trained DHS SWCMs, SWCM supervisors, JCOs, and JCO supervisors in their DHS covered service area on the process, protocols, and procedures necessary for transitioning youth on an individualized basis from foster care to successful adulthood in 2014. The one year follow up was utilized, in addition to reviewing progress and challenges over the past year, in adding the new elements of P.L 113-183 regarding transition process, protocols, and procedural requirements. TPS will train again in 2015 to ensure case managers of youth in foster care understand the process to connect youth to services and supports (e.g., vocational rehabilitation, workforce services, AMP, education services, aftercare services including Medicaid) are equipped with the latest practice guidance and tools, and follow Iowa's overall transition planning program for youth in foster care ages 14 and older.

Youth Opportunity Passport: Opportunity Passport™ is now available in Burlington, Cedar Rapids, Dubuque, Iowa City, Marshalltown, Ottumwa, and Waterloo as well as in the greater Des Moines area (this has been available in the Des Moines area for the past decade). Each of the Opportunity Passport™ communities can serve youth (who have experienced foster care after their 14th birthday) between the ages of 16 and 26. Each Opportunity Passport™ participant is eligible to match up to \$1,000 annually, with a maximum lifetime match amount of \$3,000; participants in the Des Moines area are eligible for a lifetime match of \$5,000 due to additional community investment into the program.

Prior to enrolling with Opportunity Passport™, participants complete an eight hour Financial Capability Training and are then afforded the opportunity to open an account with their local partnering financial institution. In Iowa, there are about 140 current Opportunity Passport™ participants, with total matches of nearly \$750,000. Funding for this program is from the Casey Foundation.

Credit Reports: Iowa signed agreements with all three Credit Reporting Agencies (CRA). Since August 2013, Iowa runs quarterly batch files with TransUnion and Equifax for youth in foster care age 16 and older. Iowa will begin working with Experian in FY 2016. DHS staff sends emails to all workers and their supervisors for youth who have a credit report history. The TPS are the main contact for caseworkers in their service area where a credit debt is on a youth's credit history and the debt is not the youth's. The TPSs send dispute letters to the appropriate CRA(s) explaining that the particular credit debt(s) is not of the youth's doing, ask for it to be removed from the youth's credit history, and ask for the youth's credit report to be suppressed (per TransUnion policy) or for the youth's credit report to be protected (per Equifax policy). Both CRAs ensure that suppression or protection does not allow for credit debt to show up on the youth's credit report as long as they are a minor.

TPSs continue to conduct training to caseworkers on how to interpret the credit report with the youth and assist the youth in clearing up any inaccuracies to ensure youth continue to have their credit reports accurate once they leave foster care. Per the CRAs, any inaccurate credit history is removed because the youth is a minor; the CRAs received permission from the federal Consumer Protection Bureau to not contact each creditor in this nationwide mandate. In meeting with the Iowa Attorney General's staff, the concern here is that creditors will still have this history on their books and may sell the "bad credit" to credit buyers (for pennies on the dollar). Once out of care, the youth's credit report could come up with a new company (the credit buyer) and vendor number related to the original creditor and inaccurate credit history. In response, the DHS staff developed a packet of materials that is given to youth who have an inaccurate credit report dealt with by the CRAs. The packet includes: all CRAs correspondence regarding resolving a credit report; a cover letter explaining the need to keep all CRA correspondence indicating inaccurate credit history resolved; the federal foster care credit report mandate; caseworker's contact information, and; a one-pager explaining credit rights and responsibilities.

Iowa Foster and Adoptive Parents Association (IFAPA): DHS staff incorporated a total of \$80,000 of Chafee funds into the DHS contract with the Iowa Foster and Adoptive Parents Association (IFAPA) in FY 2015. Of the \$80,000, \$30,000 went to supplement training for foster and adoptive parents and youth on: a sex trafficking curriculum promoting awareness, education, and understanding of sex trafficking and how this relates to vulnerable youth in foster care, how to discuss with the youth, signs to look for, and what to do if sex trafficking is suspected, and; one day trainings on how foster and adoptive parents, along with youth, can work together with caseworkers towards a successful transition from foster care to adulthood. Trainings for both topics were completed in each of the 5 DHS service areas. The remaining \$50,000 went towards

IFAPAs “Friends of Foster Children Foundation Grant.” Friends of Foster Children is a funding source for foster parents of children of any age to request up to \$200 per SFY for additional funding to assist the child in development and connections to their community, educational pursuits, athletic endeavors, appropriate peer relationships, etc. The \$50,000 of Chafee funds was earmarked specifically to youth in foster care ages 16 and older in not only foster family placement but also those in group, shelter and SAL foster care placements. The total request from the Chafee funds for youth 16 and older was upped to \$300 (foster parents complete an application for Friends funding and provide receipts prior to any payment from the Friends account; youth 16 and older can only claim from the Chafee funding, the remaining funding in the Friends account is for children in foster care under age 16). This was a very important and effective use of Chafee funding as Friends has typically only had about \$20,000 for each SFY for the last several years for all children in foster care (and once that was spent, then no more applications were taken for the remaining of the SFY), due to ending its’ LLC and primarily depending on gifts and fund raising and not on federal grant monies. Due to time marketing across various venues, only approximately \$40,000 of the \$50,000 of Chafee funding will be utilized in SFY 2015.

Iowa Aftercare Services: The DHS contracts with Youth and Shelter Services Inc. (YSS) to provide services for youth and young adults who exit foster care at or near the age of 18. YSS serves as the lead agency and fiscal agent for the Network since it was initiated in 2002. In addition to providing direct services through four of its central Iowa locations, YSS subcontracts with eight other youth-serving agencies to provide aftercare services to eligible youth throughout the state. Iowa’s aftercare program achieves consistency statewide through a sub-contracted coordinator for the program. The coordinator, the executive director of YSS, and DHS staff collaborate to ensure services are consistent across the state. Additionally, the quality improvement piece of the program includes staff from the DHS and the coordinator going to each agency at least once a year to conduct case readings and review that agency’s overall performance.

Funding for aftercare services in Iowa comes from federal and state sources. Since 2002, a portion of the state’s federal Chafee funding has been designated to serve 18 to 21 year olds who age out of foster care. Beginning in 2006, the Iowa Legislature authorized additional support for these youth and appropriated state funding to create the Preparation for Adult Living (PAL) program. The PAL program provides monthly financial support to qualifying youth who exit a state-paid foster care placement at age 18 or older as long as the young person is either enrolled in post-secondary education or training, is employed, or both.

The total number of unduplicated participants served by the Aftercare Network decreased this year, from 725 served in SFY 2013 to 699 served in SFY 2014. Participation in Aftercare has decreased by 11.3% since it peaked in SFY 2011 when 788 youth were served, paralleling a similar trend in the overall number of youth in foster care in the state over this time period. Of the 699 young people served this year, 244 entered the program for the first time. Young people participate in the voluntary program for an average of just over two years. The Network’s statewide coverage

afforded young people from 88 counties the opportunity to participate, with a majority of those participating in urban areas.

On average, 428 young people participated in Aftercare each month during SFY 2014. Among these youth, an average of 279 was receiving PAL and 149 were participating in Aftercare without PAL. Overall, there was a slight increase from the 420 average number served each month last year, but the increase came entirely among the general Aftercare population, while PAL participation decreased.

- **Demographics—Gender and Race:** Demographic data recorded from participants at the time of intake includes gender, age, race and ethnicity. Overall, in terms of breakdown of race and gender, there is little change from previous years. More women than men utilize aftercare services. The majority of participating youth are White (82%), reflecting Iowa's overall and foster care populations, but a sizeable percentage identify themselves as African American (18%), Multi-racial (11%), or American Indian (5%). Of all youth served in SFY 2014, 11.1% identified themselves as Hispanic and 2.2% recognized themselves as a member of a federally recognized tribe.
- **Positive Relationships:** Having positive social relationships and networks that support their healthy development is critical for young people during adolescence and early adulthood. Most young people in Aftercare report that they do have supportive adults who they will *always* be able to turn to for support and guidance at both intake and exit. In periodic surveys of all participants in Aftercare, many participants recognize that they could use more supportive adults in their lives.
- **Employment:** Aftercare participants showed significant gains in full-time employment again this year. Among the participants that exited services in SFY 2014, 23.8% were employed full-time when they first accessed services. At exit, 39.1% of these participants were employed full-time (at least 25 hours per week), and another 20.5% were employed less than 25 hours per week. The percentage of participants "unemployed" declined from 39.1% at intake to 15.2% at exit.
- **Housing:** Responses to interview questions related to housing demonstrate an increase in housing security from intake to exit. The proportion of participants who have their name on a lease more than doubled, from 21.2% at intake to 49.7% at exit. Participants are accumulating basic household items needed to live independently while in Aftercare (from 54.4% at intake to 82.8% at exit). Affordable housing, however, remains a challenge for many participants, with 32% reporting at exit that more than half of their income goes toward rent and utilities.
- **Education:** In SFY 2014, on exit, 93.4% of Aftercare participants had earned at least a high school diploma or its equivalent, compared to 74.8% of the same youth at intake. Many Aftercare participants also complete some college while receiving services, although college retention and success is challenging for this population.

- **Health Insurance Coverage:** Most young people in Aftercare rely on Medicaid for their health insurance coverage; 92.1% at intake and 90.7% at exit report having Medicaid. A small number of youth exiting Aftercare have insurance other than Medicaid, including 2.7% who have employer provided insurance, 3.3% who report that they are paying for their own insurance, and 2.0% who report other insurance coverage. Among exiting participants, 4.6% report that they do not have health insurance.
- **Children and Parenting:** Early childbearing and parenting are relatively common among youth who age-out of foster care. While only 6.0% of youth entered Aftercare as parents, by the time they exited, 27.2% were parenting. Of the exiting participants who were parents, 50% had their children living with them when first accessing Aftercare. At exit, 80% of the parenting participants had their children living with them.
- **Essential Documents:** While participating in Aftercare, young people show improvement in both their knowledge of how to obtain important documents, as well as actually having essential documents in their possession. Among exiting youth, 85% have both their birth certificate and social security card, compared to 75% at the time of their intake.
- **Banking:** Consistently, less than half of the youth exiting foster care and accessing Aftercare report having a checking or debit account. Similarly, less than half report having a savings account, suggesting that these youth have limited experience with mainstream banking. Being “unbanked” has been identified as a common problem for low-income people and a barrier to self-sufficiency.
- **Risk Factors:** Young people enter Aftercare services with a variety of self-reported behaviors or characteristics that place them at risk of poor outcomes as young adults. While these risks are not insurmountable, they do create challenges for these emerging adults. Because of the sensitive nature of many of these questions and the possibility of untruthful answers from youth, particularly at the beginning of services, results should be interpreted with caution.

Table 21(c): Risk Factors for Aftercare Participants

Percent responding “yes” they:	SFY 2012 (N=265)	SFY 2013 (N=238)	SFY 2014 (N=244)
Have been referred for or received a mental health assessment, counseling or therapy in the last year	61.51%	56.72%	59.43%
Have been referred for or received an alcohol or substance abuse assessment or counseling in the last year	23.4%	25.21%	22.95%
Have been homeless in the past two years	18.35%	17.99%	18.44%
Have been incarcerated or detained in	30.94%	35.71%	37.3%

Table 21(c): Risk Factors for Aftercare Participants			
Percent responding “yes” they:	SFY 2012 (N=265)	SFY 2013 (N=238)	SFY 2014 (N=244)
the past two years			

Source: Aftercare Services Network

- Reasons for Exit:** When young people leave Aftercare services, a Self-Sufficiency Advocate, who worked with the youth, documents the youth’s reason for exiting. Aftercare collects data on the circumstances for all youth, who exited Aftercare during each year and did not return prior to the end of the state fiscal year. Of the 295 youth served who exited, 166 completed an exit interview. The remaining 129 exiting youth discontinued services without an interview. In these cases, the reason for exit is based on the Self-Sufficiency Advocate’s knowledge of the youth’s last circumstances. Two-thirds of these youth were not yet 20 years old and have at least one year of eligibility remaining, an indication that they may potentially return for additional services as their circumstances change.

The most prevalent reason for discontinuing services in SFY 2014 was that the participant was turning 21 and was no longer eligible for services. This year 37.6% of all exits were the result of the young person turning 21, compared to 48.4% of the exits last year. “Aging out” of Aftercare was especially true among PAL participants (although they may not have been receiving PAL at the end of their participation).

The most common reason for non-PAL participants to be discharged from the program was for failing to meet self-responsibility requirements, which was true for 22.4% of exiting participants. The expectation to meet at least twice a month with their Advocate is typically the self-responsibility requirement that youth fail to meet, which may also be interpreted as voluntarily choosing to end services. These young people may return for services if they have not reached age 21.

- Legislature expands aftercare services:** In HR2463, DHS appropriation included \$858,187 (**new money**) to be used for follow-up services identified by a juvenile court officer in conjunction with the state training school to support children who were placed at a state training school and remain under the jurisdiction of the state court and for expansion of the preparation for adult living program (PAL). Of this funding, \$90,000 will be used to implement the youth council approach, achieving maximum potential (AMP), to provide a support network to males placed at the training school at Eldora.

Iowa Foster Care Youth Council Contract (AMP):

The Iowa Foster Care Youth Council, known as Achieving Maximum Potential (AMP), continued to grow in number of participants, in number of councils, and in terms of their participation and influence on the foster care system. DHS contracts with a child serving organization, Youth and Shelter services Inc. (YSS), to administer the program. YSS subcontracts with American Home Finding Association (Ottumwa Council), Children’s Square USA (Council Bluffs & Sioux City Councils), Foundation 2 (Cedar

Rapids & Iowa City Councils), Four Oaks (Waterloo Council), Francis Lauer Youth Services (Mason City Council), Youth Shelter Care of North Central Iowa (Fort Dodge Council), as well as Youth & Shelter Services (Ames & Davenport Councils) and its branch in Des Moines known as Iowa Homeless Youth Centers (Des Moines Council), Hillcrest Family Services (Dubuque Council), and Young House Family Services (Burlington Council).

Fourteen Councils are open and operating. Iowa created a “traveling AMP”, which has been effective in reaching youth restricted from being in the community and in raising awareness of the program in facilities that have not had AMP. The “traveling” facilitator is a well-educated and engaging facilitator, but the quality she uses most effectively in this role is adaptability. For example, she stumbled across several foster care youth in a Burger King. They started a regular AMP meeting at the restaurant. She is able to connect them to services and supports they would not have otherwise known. AMP also completed the groundwork to add a Council on the Northern Iowa Community College Campus. The primary reason a Council does not work is a lack of funding or lack of participation. No Councils closed in the past year.

In 2014, the Iowa legislature appropriated new money for children aging out of our most structured facility, the Iowa state training school for boys (STS). This funding (\$90,000) allowed AMP to place a full time staff person on that campus, who facilitates meetings there and is a liaison to our foster care AMP Councils. Most of the youth at the STS were formerly in foster care.

Attendance fluctuates in each council based on many different factors, including new councils opening, topic of the meeting, and the availability of transportation. However, even with fluctuations, AMP recruited 627 new attendees in the past year. AMP counted 3,877 youth attended meetings across 14 Council sites over the most recent one year period.

The AMP traveling facilitator is bilingual. Other Councils have access to community support people, who are bilingual and accessed as needed. AMP also access a sign-language interpreter on an as needed basis. To address diversity, AMP advocates for all youth in care without discrimination; having a diverse voice adds validity to the AMP message. Please see the AMP website, <http://www.ampiowa.org/>, for photographs, stories, and opportunities specifically selected to showcase AMP diversity. The AMP staff participates in a Diversity Task Force and also a newly formed LGBTQ Youth Best Practice Committee. Iowa’s AMP website added a page for Native American youth as well as LGBTQ youth.

To recruit more youth to the youth council, staff:

- Added the activities calendar to the website
- Post meeting agenda two weeks in advance
- Get information/advertisements into small towns through radio interviews and by posting fliers about AMP.
- Include AMP invitation in school newsletters

- Have AMP youth in school take flyers to the school guidance office
- Give ten brochures to every school guidance office for display and to educate the guidance counselor on the program
- Allow AMP alum to facilitate councils or make “guest appearances”

In order to engage youth at all levels of care, as well as to ensure cultural and ethnic diversity, AMP shifted the meeting locations to residential grounds, community grounds, and/or treatment sites in order to reach more youth. Past experience showed that transportation still remains one of the largest hurdles youth face in order to access AMP council meetings. Currently, the Council facilitators and their support staff take up to an hour before and after meetings to pick up and return youth to their homes. AMP will continue to pursue additional resources for transportation.

To reach adopted, guardianship, and kinship youth who are no longer connected to the system, AMP provides advertisements and articles in IFAPA’s Weekly Word and in their News and Views Quarterly Newsletter. Since the location of these youth falls under confidential information, this is the best way to reach out to their families. AMP staff also trains for IFAPA and shares information about AMP when they meet face-to-face with families in training.

In Iowa’s most recent Child and Family Service Review (CFSR) (2010), youth participated as members of workgroups. Since 2010, youth continue to deliver a strong message that the child welfare system needs to tackle issues such as human trafficking, education barriers, and disrupted adoptions.

Lessons from youth improved the CFCIP at the policy level and at the practice level, as follows:

- Focus on life-skill development and connecting youth to their community. The youth identify the skills they do not have and Iowa seeks out the people they need to meet to get the knowledge they are missing.
- CFCIP providers make referrals to other CFCIP services such as Aftercare, Opportunity Passport, and the Education and Training Voucher (ETV) Program.
- The Transition Information Packet (TIP) is used across programs for life skills and resource building.
- AMP included Aftercare youth as paid mentors for Variety AMP Camp, a new camp for youth in foster care, as they are the voice of success and have credibility.
- Demand for high quality presentations from youth and requests for youth for state level work groups and committees led to the development of the Youth Advocacy Team (YAT), which is a group affiliated through the DHS youth council contract. YAT youth are intentionally better trained and practiced in order to deliver a more mature and professional presentation/participation.
- **Survey:** Youth participating in local AMP Councils provide feedback on their experience as AMP members semi-annually, which is a requirement of the DHS’ Foster Care Youth Council contract with Youth and Shelter Services. Table 21(d)

reflects youth surveys completed during local AMP Council meetings in November and December 2014.

Table 21(d): Youth Voices on AMP Membership Experiences						
N=130 youth	Average Rating	5 Excellent	4 Very Good	3 Average	2 Fair	1 Poor
Location and time of meetings	4.32	80	48	25	0	2
Frequency and length of meetings	4.25	77	48	25	2	3
Amount of youth involvement in making decisions in AMP	4.25	72	53	28	0	2
AMP leader's understanding of the foster care system*	4.38	87	40	22	2	1
Relationship between AMP members and adult leaders	4.33	87	38	26	2	2
Opportunities to learn about supports and services available to you*	4.36	82	48	24	1	0
Topics discussed at AMP meetings	4.34	80	52	20	2	1
Activities during AMP meetings	4.30	79	52	18	4	2
Leadership opportunities for youth in AMP	4.29	79	50	22	4	1
Your overall experience as a member of AMP	4.37	95	33	19	5	3

Source: Youth and Shelter Services

Policy changes supported by youth voice:

- HF2388, Continuity of learning for children receiving foster care services, signed by the Governor on April 10, 2014. - The area education agency board is encouraged to employ a child welfare liaison to provide services and guidance to local school districts to facilitate the efficient and effective transfer and enrollment of a child adjudicated under chapter 232 or receiving foster care services to another school district. Record transfers will occur within five school days after receiving notification of enrollment. HF2388 provides for sharing information between educators, child welfare agencies, and juvenile court officers and for assistance in transition planning. The law also provides easier access for youth to extracurricular activities, summer programs and credit transfers when changing schools.
- SF2311, Human Trafficking, passed both chambers on April 8, 2014 and the Governor signed it on April 24, 2014.

- Allows the County Attorney to refer minor victims of human trafficking to DHS for Child In Need of Assistance (CINA) proceedings, which opens up a wide array of important services to victims.
- Adds a \$1,000 dollar surcharge, beginning January 1, 2015, for persons convicted of human trafficking, such as johns, pimps and panderers, and establishes a human trafficking victim fund, where the surcharge will be deposited and used for services for victims of human trafficking as well as public awareness.
- Requires the Iowa Law Enforcement Academy to report to the Legislature what resources are devoted to training relating to human trafficking.
- Further defines "enticement" of a minor to include enticement through mail, telephone, internet, or any social media.
- Allows for expunging (removal) of a record of prostitution committed when the person was under age 18 if there are no additional crimes for two years.
- Increases the penalties for "johns", who offer to purchase or who purchase services of a prostitute who is under the age of 18, to a class "D" felony (was a simple misdemeanor).
- Increases the penalties for pimps who solicit and enable prostitution for a prostitute who is under the age of 18 to a class "C" felony (was a class "D" felony).
- Adds an affirmative defense if the alleged "pimp" is under the age of 21 and was prostituted as a child because of coercion, force, etc. of an adult.
- Extends the criminal statute of limitations for various sex offenses committed against children from three (3) to ten (10) years.
- Allows the Attorney General to seek a warrant to intercept communications that relate to felony human trafficking
- HF2421, Guardianship (no funding attached), signed by the Governor on March 26, 2014. - The bill allows the transfer of guardianship of a child to a custodian after the dispositional hearing if the person receiving guardianship meets the statutory definition of a custodian; the person receiving guardianship assumed responsibility for the child prior to the filing of the child in need of assistance petition and has maintained responsibility for the child after the filing of the H.F. 2421 petition; and the parent of the child either does not appear at the dispositional hearing or the parent appears and does not object to the transfer of guardianship and agrees to waive the requirement for making reasonable efforts to prevent or eliminate the need for removal of the child from the child's home.
- SF383, Sealing of Juvenile Delinquency Records, signed by the Governor on May 23, 2014. - In a juvenile delinquent case, the court schedules a hearing to be held two years after the date of the last official action, or the date the child becomes eighteen years of age, whichever is later, to seal the juvenile's records if there have been no further offences.

Annual Youth Conference:

The Iowa Foster Care Youth Council (AMP) contractor, Youth and Shelter Services, Inc. (YSS), presented the 29th Annual Risky Business Conference on May 2, 2015 at the Iowa State Center in Ames, Iowa. Risky Business is AMP's annual youth development conference and is one event where youth and adults learn together side by side. The conference goals included promoting community youth development, informing communities about the value of increasing developmental assets of youth, increasing awareness of major problems facing America's families and youth, examining new ways to intervene earlier in the lives of at-risk families and promoting partnerships between youth and adult.

Videos: AMP youth developed an educational DVD on Disrupting Adoptions with a goal of halting the number of disrupted adoptions occurring. Eleven youth participated as well as four foster parents, three workers and artists aplenty. The DVD has not been released yet but hope to have it released soon. This DVD will join the others on the AMP website for free and easy distribution.

AMP youth developed a permanency DVD that was purchased by Iowa KidsNet and written into the PS-MAPP Curriculum. AMP staff heard that some trainers use the DVD. AMP continues to offer to personally attend a session of PS-MAPP, if invited and available, to expose incoming foster/adoptive parents to AMP and encourage them to consider accepting teens into their care. This DVD has been updated now in at least two formats for website sharing and is featured on the AMP website for free viewing and showing.

AMP worked with the Parent Partner (PP) program in Polk County to promote retaining ties to biological families whenever possible and gave voice to the benefits for youth who need this hope in their lives. It is well documented that many youth explore their roots after being in the system. AMP youth concurred with PP philosophy that healthy connections can be learned and developed no matter what the past has held for families.

AMP Website: Youth and Shelter Services (YSS) and AMP facilitators want to ensure that AMP foster care youth and facilitators have an integrated and exciting web presence. To that end, YSS and AMP personnel update and maintain the website, www.ampiowa.org, on a regular basis adding new content and keeping the search engine optimally improved by these activities. YSS designed, developed, and secured hosting for the AMP website using a premium content management system that allows AMP Council facilitators and youth to manage the website's content with no programming knowledge required. Finally, AMP has a Facebook page and an active website for youth to access who are not able to attend Council meetings. Alumni report this is a great addition to AMP.

Following is a sample of the 213 pages on the www.ampiowa.org site:

- Blog

- Who We Are
- Native Americans
- Legislation Passed
- What is AMP video
- LGBTQ Youth
- AMP Trainings
- Gingerbread Run/Walk for Adoption
- Taylor's Speech
- Story County Youth Volunteer Awards
- AMP Workshop at National Training in Orlando Florida
- AMP at Statewide DHS Engaging Father's training

The following data collected from December 31, 2013 through July 8, 2014, reflects the use of www.ampiowa.org.

- 34,126 visits to the site with an average of 179 visits a day.
- 68,938 page views with an average of 362 page views occurring every day.
- The Blog was the most visited page, followed by Our Journeys, the Who We Are page, the AMP Near You page, the Youth Advocacy Team, the Contact Us page, the Happenings page, and then the Des Moines page.
- The most common key words entered into various search engines that yielded hits on the AMP website were AMP, human trafficking poems, Achieving Maximum Potential, AMP Iowa, human trafficking poem, ampiowa.org, poems about human trafficking, poem about human trafficking, and poem on human trafficking.
- On the main website, there is an “Amplified Poets” poetry book, written works submitted by youth. Added to the site to feature AMP’s gifted writers. Thanks to the web design, the book has unlimited pages so youth will be able to submit poetry for this book for years to come.

Facebook also added to our youth list of connectors. At last count, there were 146 friends of the “Achieving Maximum Potential – AMP” Facebook page. One of the highly anticipated features of the Facebook page is the instant communications/feedback loop AMP has needed for some time. It is now possible for us to ask “friends” to answer questions on our blog, as well as post comments and answers on our wall.

AMP Contract Performance Measures (SFY 2014):

- Performance Measure: Youth will develop an improved support system.
 - At least 80% of participants report the council has informed them about supports and services, as indicated by survey response.
 - Data: Of 130 responses, 96.8% of youth surveyed rate AMP on informing them of supports and services available to them from average to excellent. Goal achieved.
 - At least 80% of participants report the youth council, when surveyed by the contractor, report the council staff understand the Foster Care System.
 - Data: Of 130 responses, 99.2% of the youth surveyed rated their facilitator from average to excellent on understanding the Foster Care system.

- Performance Measure: Youth will contribute to improvements in the Child Welfare System.
 - Youth participation in the council will increase during each contract year by at least five percent.
 - Data: During the negotiation process, the agreed upon baseline was: July 2011, 176 youth attending. In SFY 2014, 627 youth are new to AMP (16.1% increase from 2013). Sign in sheets show 3,877 youth signed at 270 total meetings held in fiscal year. A documented 14.4 youth attended each meeting.
- Performance Measure: Permanency
 - At least 80% of participants will identify a Significant Adult Relationship during the Contract year. Based on youth survey question “Do you have at least one significant, positive relationship with an adult through AMP?”
 - Data: For overall answers, only 50.0% of youth answered “yes” to the question, 13.5% said “no” and 36.5% were “undecided”. When the surveys were reanalyzed and took into count the length of time the youth had been in AMP, the percentage increased to 85% as an answer to this question.

Data source: AMP Semi-Annual Youth Survey Report June 2014

Planned Activities for FY 2016

Goal 1: Meet the transition needs of youth in foster care, age 16 and older, for successful transition into emerging adulthood.

Note: Goal 1 and Objective 1.1 changed for FY 2016 to the following:

Goal 1: Meet the transition needs of youth in foster care, age 14 and older, for successful transition into emerging adulthood.

Objective 1.1: Ensure all youth in foster care, age 14 and older, have an individualized transition plan that is considered a working document and is reviewed and updated for each permanency hearing by the court or other formal case permanency plan review, and according to state and federal law by end of year 4. The transition plan is to be developed and reviewed by the department in collaboration with a youth-centered transition team.

At the end of May 2015, DHS established a task team to begin work on developing a statewide transition planning protocol training, including products and documents, to be in compliance with P.L.113-183, “Preventing Sex Trafficking and Strengthening Families Act”. Training and training products and documents developed will complement what was developed last year for youth in foster care ages 16 and older. DHS staff expect training products and documents to be developed no later than the end of July 2015, with training of all caseworkers implemented during August and September 2015. Additionally, policy staff finished necessary administrative rule amendments to Iowa’s Transition Planning Program, with rules expected to be finalized in process and effective prior to September 2015. Policy staff will amend affected internal policy,

procedures, and best practice manuals regarding the new transition requirements for youth in foster care ages 14 and older.

During FY 2016, Iowa may begin a comprehensive transition planning training for care providers, depending upon the new training rollout and follow-up to caseworkers on a statewide basis regarding P.L 113-183 transition policy and planning requirements. If the training does not begin in FY 2016, it will be completed in FY 2017 and rolled out to care providers per Benchmarks 1.1.c and 1.1.d. As stated under Benchmark 1.1.c above in accomplishments, TPSs, over the past several years including this past FY, trained some care providers on a case-by-case provision. Training materials utilized from such trainings will be a stepping off point to development of the comprehensive training documents and materials to be presented on a consistent basis statewide (however, training materials and training per se may be dependent upon type of foster care placement).

As mentioned above under accomplishments, Benchmark 1.1.c, the 6th edition of the TIP will be printed FY 2016.

DHS staff is in the process of developing a document, which describes for youth in foster care, ages 14 and older, their rights with respect to: visitation; court participation, health; education; provision of documents, and; the right to stay safe and avoid exploitation. The caseworker will go over this document with the youth, explaining their rights, and the youth will sign the document acknowledging that their rights have been explained to them in a way that they can understand and that they have been given a copy of the signed document, with the original to be a part of the case plan.

DHS will work with Experian's technical team to begin running credit reports with all three CRAs during FY 2016. Experian was running only on a manual basis until 2014 and told DHS they would be able to do electronic batch filing in the near future; due to the considerable time that would have been required to submit each youth's identification requirements separately for a credit history check to Experian, DHS waited until Experian had the electronic capability to do batch filing.

Although YTDM meetings have been occurring in the past years, the last two SFYs have allocated Chafee funds to all five of the DHS service areas, however only three of the five service areas accepted the funding (along with the requirements that went with the funding). However, there were some YTDM meetings held in the two service areas that did not accept the Chafee funding; funding came from other service area funding streams. Effective July 2015, YTDM meetings will be available to youth on a consistent statewide basis.

Youth Opportunity Passport: The Opportunity Passport™ described above under accomplishments is expected to continue to expand to other areas of the state in FY 2016.

DHS initiated discussions with AMP facilitators about the Prudent Parent Standard and Normalcy. AMP plans to identify three things that their Councils will do to inform caretakers and influence policy around the topic of normalcy. One example is a facilitated discussion at all local Councils where youth will have a chance to discuss 1) What is something you believe you should be able to do, but can't? 2) What are the reasons the "adults" give you when they say "no"? and 3) What should be done about it?

Planned use of funds in support of the new eighth purpose relating to engagement in age or developmentally appropriate activities:

- A total of \$60,000 will be incorporated into IFAPAs "Friends of Foster Children Foundation Grant" for FY 2016 to be available to youth in foster care who are 14 years of age and older. The total request for such funding will remain at a maximum of \$300 per youth, 14 years and older. DHS expects this additional funding will be utilized for activities to support adolescents in foster care in engaging in age or developmentally appropriate activities.
- The title IV-E/IV-B training plan will include training to caseworkers and care providers regarding reasonable and prudent parent standards and expectations.

National Youth in Transition Database (NYTD)

Describe how the state, since the 2015-2019 CFSP submission, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Assessment Review.

Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

As described above, through collaboration of the policy and field divisions, DHS identified a workgroup of key policy and data stakeholders. The entire workgroup membership received their assignments and had their first meetings in May 2015. Policy staff hosts the meetings, monitor performance, and document work completed. Prior to initiation of the workgroup meetings, a representative data and policy member worked together to organize the existing data in a manageable format. Data was pulled from NYTD, AFCARS, aftercare, and other systems to ensure the workgroup has a sense of what is available. Iowa believes the workgroup will be most effective if they receive enough data that they have a "feel for" the available data and can see some gaps, without having so much data that they are overwhelmed. The intent of the group is to utilize existing data to improve programming as well as identify where gaps in data exist, all in the area of foster care transition.

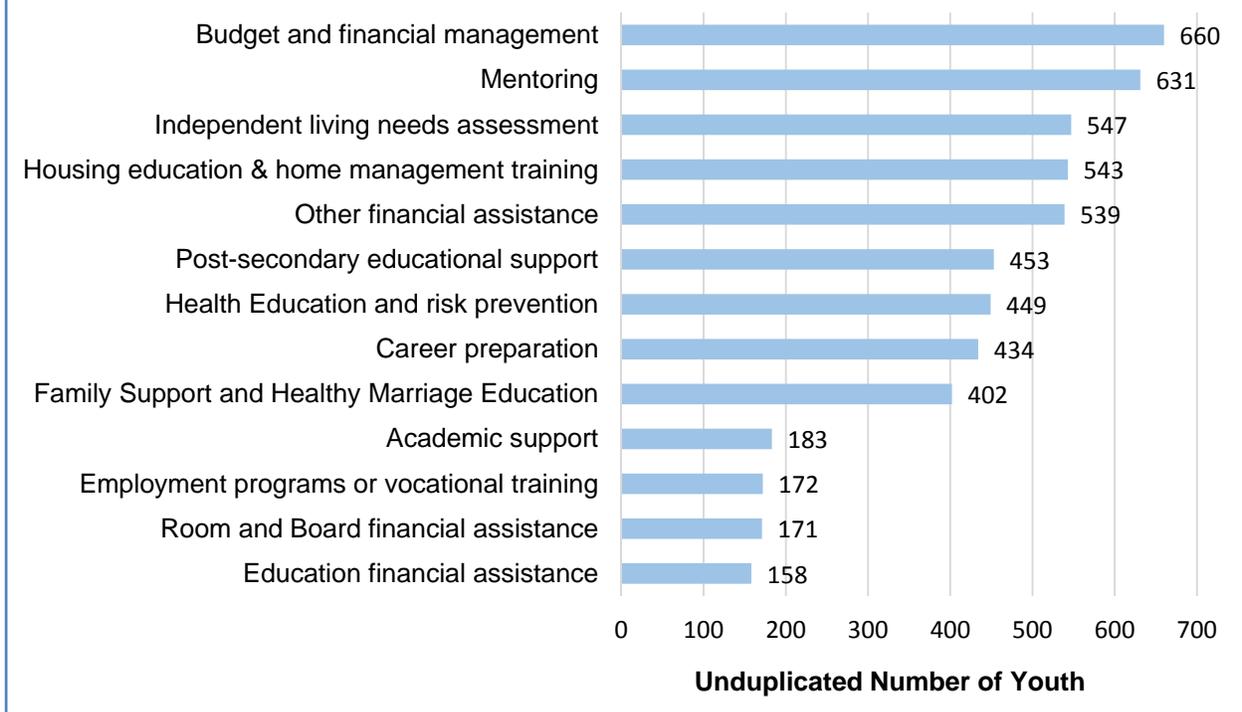
DHS provides NYTD data to the Youth Policy Institute of Iowa (YPII), for the purposes of analyzing the outcomes data and helping to improve aftercare and other programs with the findings. NYTD and program data on youth with a history of child welfare or juvenile justice involvement confirm the presence of known barriers to a successful transition to adulthood. These include high rates of trauma and mental health problems; high rates of unintended pregnancies and early parenting; inadequate preparation and skills for post-secondary education, training, or employment; and lack of positive family

and peer support and generally low levels of social capital. Due to their expertise and access to aftercare data, YPII is an invaluable partner to determine the relationships between services provided and outcomes of youth transitioning out of Iowa foster care. YPII will be involved throughout the NYTD and AFCARS data activities described in Goal 3 and 4. Not only is YPII an invaluable resource to provide/match aftercare data with the DHS data, but as trainers and coordinators of aftercare services, have great potential to use the data to influence practices for working with aftercare participants.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP or NYTD Assessment Review. States are reminded that information related to NYTD can be viewed in “snap shot” format on the NYTD portal. While the “snap shot” only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care.

Each young person participating in Aftercare works individually with a Self-Sufficiency Advocate. The Advocate meets with participating youth face-to-face a minimum of twice a month (often much more frequently), assessing needs and helping youth set goals, identifying action steps, and assisting youth in achieving those goals. DHS shares the NYTD data with the aftercare network of advocates. Advocates use this context to offer support, guidance, and provide a range of information and services to each youth. Beginning in SFY 2011, the Network began recording the types of services provided to individual youth to satisfy reporting requirements for the National Youth in Transition Database (NYTD). Iowa Aftercare Services Network (IASN) uses definitions established by NYTD to document services provided to individual youth, and transmits that data to DHS monthly. The Iowa Aftercare Services annual report, which is available to the public on the aftercare website, includes the NYTD data. For example, Chart 22 shows the total number of youth during the year who received each NYTD service at least once.

Chart 22 NYTD Defined Services Provided by IASN - SFY 2014



Source: Youth Policy Institute of Iowa (YPII)

Report activities performed since the 2015-2019 CFSP submission and planned for FY 2016 to:

- Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).
 - **Housing:** DHS contracted with the Iowa Finance Authority (IFA), a state agency, for the past ten years to implement and administer the Aftercare Rent Subsidy Program for youth in Iowa’s aftercare program. Rent subsidies (100% Chafee funded) can go as high as \$350 per month. Aftercare self-sufficiency advocates assist youth in completing the IFA aftercare rent subsidy application. IFA staff review applications submitted for eligibility (and requests any additional information needed) based upon standards in IFA administrative rules that were written in partnership with DHS. IFA pays all rent subsidies for the month and then invoices DHS. This has been an innovative partnership since IFA also partners with local housing authorities and Section 8 housing. Additionally, IFA does this work for DHS’s aftercare program and youth at no charge. Since IFA is basically the “state’s mortgager”, this partnership also has raised awareness for low rent housing; IFA is the state entity that awards tax credits to low-income housing projects on a statewide basis.
 - **Education Grants:** Since 2004, DHS contracts with the Iowa College Student Aid Commission (ICSAC) to implement and administer the Chafee ETV program,

which is an invaluable partnership. The only Chafee ETV expense for ICSAC to administer the ETV program is the cost of one FTE and any costs to the National Clearinghouse regarding student data. The FTE staff has two offices, one at DHS and one at ICASA. However, staff is primarily at DHS due to the need to review the DHS Family and Children Services (FACS) screen to verify eligibility. With this partnership, the ETV application is on the ICSAC website along with other grant applications for which the student may be eligible. Additionally, the ICSAC began in earnest this past FY to begin running data in-house and through the National Clearinghouse, which includes Chafee data on students receiving the ETV award, includes data on retention and degree obtainment. More information about ETV is below in the “coordinate” section.

- **Youth engagement:** Two young people representing the two primary foster care councils, AMP and Insight, were members and attended CFSP planning workgroup meetings. AMP is DHS’ contracted Iowa Foster Care Youth Council. InSight is the Jim Casey Youth Opportunities Initiative youth council. InSight and AMP youth interact frequently and share certain objectives. InSight youth tend to be the college aged youth and typically reside in central Iowa, and therefore, bring those perspectives. Also, a number of foster parents and adult advocates for teens in care spoke on their behalf. There is a fair amount of alignment in the workgroup recommendations, the CFSP, the AMP legislative agenda, and the guidance that youth presents in “New Worker” trainings. Caseworker visits, transition planning, and use of youth centered meetings are all areas needing improvements, according to youth, and reflected in the CFSP. Youth voice is increasingly impactful, as youth are involved in numerous planning activities at the policy and practice levels.

Ongoing approaches to engage youth are through two key services of Iowa’s CFCIP, Iowa Aftercare Services Program and AMP. AMP’s motto is “Nothing about us, without us.” DHS embraced that sentiment through the contract and made a sincere effort to include youth voice, in every youth serving program and every new initiative. When supported through productive partnerships with adults, youth are authoritative advocates for making foster care more responsive and effective.

Youth surveys and youth voice are key strategies of the larger Iowa CFCIP continuous quality improvement effort. Youth engage at the statewide level in collaboration with, primarily, the child welfare system, the court system, and the education system. These systems are where AMP’s voice is strongest and where the most change to the system can be seen. On a more local level, youth complete surveys in all the CFCIP funded programs so that their voice can shape programs for those young persons who will follow.

AMP shared educational materials with aftercare providers and asked them to share it with participants. Six AMP alumni participated in the annual Variety AMP Camp. AMP applied for and received a Variety Grant for a transitioning camp

held in July 2014. The grant was extended to 2015. The Y-Camp in Boone hosted AMP and contributed a lot of the skill building programming, which was the first of its kind in Iowa.

DHS established a protocol where requests for youth participation come through the DHS central office, in order to ensure a consistent response across the service areas. AMP leadership then engages and prepares youth to participate. Sometimes, staff attends alone or youth attends without staff. Frequently, one youth and one staff partner to attend the committee, training or workgroup. A sampling of the numerous activities in 2014-2015 follows. It is worth noting that AMP reports meeting attendance is less time consuming for the youth, because the meetings became more targeted and tend to have a shorter duration.

- Adoption Saturday Committee
- CFSR
- Child Welfare Advisory Committee
- Child Welfare Permanency Committee
- DHS Human Services Council
- Governor's Council on Education
- Governor's Council on Permanency Planning
- Iowa Youth Dream Team Facilitator in Training
- Juvenile Justice - Service Area Five
- LGBTQ Summit
- Attorney General's Workgroup (HTEPI) on Human Trafficking
- LGBTQ Best Practice Committee
- Benchmark Hearings Workgroup

In 2014, DHS worked with the Youth Policy Institute of Iowa (YPII), with support from Casey Family programs, to establish the Youth Advisory Team (YAT), where older youth who have more experience presenting and participating on boards can show their abilities. YAT continues, though they have been less active in 2015. An example of their work follows:

The president of InSight, who is a youth having experience in juvenile justice programs, has been an active member of the Iowa Juvenile Reentry Task Force, offering the perspective of a young adult to this important policy discussion. The Task Force, convened by the Division of Criminal and Juvenile Justice Planning in the Iowa Department of Human Rights, has met regularly since January 2015 to explore barriers and make recommendations to improve young people's transition from a juvenile justice facility to their home communities and adulthood.

Young people re-entering their communities from a court-ordered placement in a juvenile justice facility face a number of obstacles to make that transition successfully and avoid recidivism and potential incarceration as an adult. The Iowa Juvenile Reentry Task Force has been working to identify and make recommendations to address those barriers.

“Having the opportunity to be on the Task Force has been a great experience. As a group, we have been able to have an impact on policies that will help youth aging out of the Juvenile Justice system have a better experience. As this work continues, I hope that I can still help and advocate for the needs of these young people,” shared Miller. Among the recommendations the Juvenile Reentry Task has made to reduce recidivism and improve the transition for youth are:

- Increase utilization of evidence-based practices which have been demonstrated to reduce recidivism,
- Implement a coordinated approach across multiple systems (juvenile justice, child welfare, education, substance abuse, mental health, etc...), and
- Adopt policies and practices that recognize the distinct development needs of adolescents.

YPH offered advanced youth development trainings in FY 2014 to selected youth. The training included: identifying strengths in yourself and others, how to tell pieces of your story with a purpose, how to give an effective “elevator speech,” teambuilding, appropriate attire for state-level meetings, and translating your strengths into a professional biography. Additionally, youth learned how to effectively facilitate a discussion using the ORID technique from master facilitator Jim Swaim of Iowa City.

- **The Performance Partnership Pilots (P3) program** is a federal initiative involving the U.S. Departments of Labor, Education, Health and Human Services, and Corporation for National and Community Service. It is a unique opportunity to have significant flexibility to blend federal funding streams, receive waivers from existing federal requirements, and test innovative ways to engage and improve results for disconnected youth. Start-up grants of up to \$700,000 over three years are available through this competitive RFP, with an estimated ten awards to be made. Iowa DHS partnered with workforce, department of education, department of public health and others to apply for DoL’s Performance Partnerships Pilots (P3) project. Iowa proposed to blend a small portion of three federal funding streams (WIA, Chafee, Americorps) to create a specific pool of funds for a local service provider to proactively recruit the target population (emerging Adults (ages 16 – 23) who are low-income AND have either a history of child welfare/juvenile justice system involvement, are homeless, or who are not in school and not working or underemployed and face significant barriers to continued education or employment) and implement a unique and coordinated set of services and supports to engage them and achieve improved results. Blending would establish a small, but sufficient, dedicated pool of resources to serve the target population in one pilot site in the first year of the P3 project and to encourage providers to serve the hardest to locate and hardest to serve without fear of trying to achieve high measures of performance outcomes. In the summer of 2015, Iowa expects to find out if the proposal receives funding, with a fall implementation.

- **Education Activities:** While public education data in Iowa is not typically disaggregated by child welfare or juvenile justice involved students, other sources and analysis show that this subgroup has much poorer education outcomes than their peers. Children and youth in foster care or juvenile justice placements represent about 1 percent of the overall K-12 student population in Iowa, but are significantly more likely to drop out. The special Iowa Department of Education study referenced above found that in 2011, 34% of the students who dropped out were in foster care or a foster care facility prior to dropping out (Iowa Department of Education). Iowa's NYTD data reveals that less than 75% of youth who are in foster care at age 17 earn their high school diploma or equivalent by the time they are 19, well below the 92% five-year fixed cohort graduation rate for the class of 2012 in Iowa public schools reported by the Iowa Department of Education in the 2014 Condition of Education.

Education for children in foster care continues to be a key area of focus. Frankly, Iowa does not have a good source of data, and despite sporadic efforts going back to the Fostering Connections to Success and Increasing Adoptions Act of 2008, Iowa has not had good data to establish the baseline of educational attainment for children in foster care. The availability of NYTD data, Iowa Aftercare Services annual reporting, and the partnership with the Iowa Department of Education has helped move data sharing and problem solving efforts forward. The potential for improvements in the education delivery, and especially the coordination of education supports, is more promising with the following accomplishments in the past year:

- Developed and finalized a data sharing MOU, which provides authorization to share data between DHS, Department of Education (DE), and the courts to study academic performance of children in foster care. A "snapshot" that analyzes performance, transitions, and education outcomes expected in latter part of 2015.
- Created and identified workgroup charters, which detail the responsibilities of the workgroups:
 - Data sharing, analysis, and reporting (data)
 - Student behaviors and school interventions (suspensions and expulsions)
 - Academic performance/successful completion (successful completion)
 - Leadership group (education collaborative)
- Researched other state "snapshots" and reports, which allowed the collaborative to develop common understanding of the breadth and intent of the initial report.
- Determined a plan for local data sharing agreements, through consultation with AG office, which involves a district signature from each, but only a single DHS signature.
- DE and DHS revised the notice to schools form and instructions, which is intended to facilitate communication between local CW and education.

- DE assisted with development of materials for a supervisor training, held in January of 2015, which processes around special education and data sharing extensively.
- **Transition Planning Specialists (TPSs):** DHS maintains one FTE for each of the five service areas, who are responsible for understanding the programs, policies, and processes for foster care transition. TPSs are the go-to people for case managers and juvenile court officers who are trying to ensure youth under their responsibility have all of the supports they need to be successful. Because of the variety of eligibility criterion in the different programs, their working knowledge of the system is invaluable. Despite an already heavy load making sure all the transition requirements are met (plans completed, etc), the TPSs have managed many local activities and connections, such as the following:
 - Connect youth with mental health and behavioral issues to the services they need through Integrated Health Homes (IHH), which as of July 1, 2014, are available for Medicaid enrollees in all of Iowa's 99 counties.
 - Utilize Permanency Round Tables to engage professional child welfare staff and partners to examine closely the placement situations of youth in care 14-18 with a goal of ensuring appropriate placements and reducing usage of the permanency goal, another planned permanent living arrangement (APPLA).
 - Maintain local transition committees, per Iowa Code 235.7, to review transition plans of youth in care prior to age 17 ½ .
 - Coordinate with Job Corps to remove barriers so this option remains for youth exiting foster care.
 - Engage Iowa Legal Aid Office to provide free legal assessments to youth as well as training on purchasing a car, insurance, landlord rights, and citizenship. AMP hosts group discussions for youth with Legal Aid.
- Coordinate services with “other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.
- **Multi Agency Collaboration:** The Iowa Collaboration for Youth Development Council (ICYD) is a state-led interagency initiative designed to better align policies and programs and to encourage collaboration among multiple state and community agencies on youth-related issues. Leaders of ten state agencies participate. The vision is that “All Iowa youth will be safe, healthy, successful, and prepared for adulthood”. Policy staff from the various systems formed a “results team”. The ICYD oversees a youth council, SIYAC, which partnered with AMP on legislative agenda items around education and bullying. In 2010, the ICYD Council identified the goal: By 2020, Iowa will increase the graduation rate from 89% to 95%. To achieve this shared goal, the ICYD Council agencies work to address these issues as individual agencies and together as a team to

maximize efficiency in state government, make the best use of existing resources, and create substantial and lasting positive changes for Iowa's youth.

DHS is a key partner with ICYD in the one-year, \$100,000 Office of Juvenile Justice and Delinquency Planning grant to develop a reentry plan/aftercare services for Foster Group Care and State Training School Youth returning to their community. The planning is underway to find the best ways to address job skills, education, and other needs to affect recidivism. The planning grant qualifies Iowa to apply for an implementation grant of up to \$2 million. A newly formed task team is currently developing process maps and a proposal, submitted to the Iowa Legislature as part of the implementation phase. We are uncertain if funding will be realized through the legislative request; however, DHS is committed to improving transition with or without funding.

- **Iowa College Aid Partnership:** Since 2004, DHS contracted with the Iowa College Student Aid Commission (ICSAC) to implement and administer the Chafee ETV program, which is an invaluable partnership. The only Chafee ETV expense for ICSAC to administer the ETV program is the cost of one FTE and any costs to the National Clearinghouse regarding student data. The FTE staff, ETV Coordinator, has two offices, one at DHS and one at ICASA. The ETV Coordinator is primarily at DHS due to the need to review the DHS Family and Children Services (FACS) screen to verify eligibility. The ETV coordinator has become an invaluable member of Iowa's transition team by attending meetings and corresponding regularly with the DHS TPSs and policy staff, attending foster care program events, and providing training side by side with transition policy staff of foster care transition program requirements and services to every new DHS caseworker.

Students must complete the Free Application for Federal Student Aid (FAFSA) and the Iowa Financial Aid online application annually, and ETV awards are made until funding is depleted. Students renewing their awards prior to March 1st receive priority consideration. More information about Chafee ETV is in a separate section of this report.

- **Iowa Children's Justice Partnership for Education Outcomes:** The Education Collaborative was organized by Iowa Children's Justice through a partnership with state agencies back in 2009. Since that time, the Collaborative continues to meet every 3-6 months. Up until about a year ago, the Collaborative was chaired by one DE representative and one DHS representative with meetings attended by child welfare providers and a varying number of educators, judges and other advocates. The Collaborative was a networking opportunity for folks facing the challenges of serving this population, children in foster care. Collaborative members worked together to address forms, manuals, and day to day issues, but did not get to data sharing.

Iowa Children's Justice State Council volunteered to coordinate the collaborative early in 2014. Staff dedicated their time and held a summit May 2nd of last year to address education and foster care. Attendance was very good at the event and set a course for education data sharing and practice changes. Leadership included directors from DHS and DE, as well as the Iowa chief justice and the top court administration official.

Key accomplishments of the Collaborative in 2014/2015 are as follows:

- Developed and finalized a MOU, which provides authorization to share data between DHS/DE/Courts to study academic performance of children in foster care.
 - Identified necessary work groups, though the collaborative decided not to convene them, because of MOU delays.
 - Created workgroup charters, which detail the responsibilities of workgroups, as well as the collaborative:
 - Data sharing, analysis, and reporting (data)
 - Student behaviors and school interventions (suspensions and expulsions)
 - Academic performance/successful completion (successful completion)
 - Leadership group (education collaborative)
 - Researched other state "snapshots" and reports, which assisted the Collaborative to develop common understanding of the breadth and intent of the initial report.
 - Determined a plan for local data sharing agreements, through consultation with the Attorney General's office, which involves a district signature from each district, but only a single DHS signature.
 - DE and DHS revised the notice to schools form and instructions, which is intended to facilitate communication between local child welfare and education.
 - DE assisted with development of materials for a CIDS, which covered Special Education and data sharing extensively.
- **Workforce Partnership for P3:** The disconnected youth population that will be targeted for the Iowa P3 project are emerging adults (ages 16 through 23) who are low-income AND have either a history of child welfare/juvenile justice system involvement, are homeless, or who are not in school and not working (or are underemployed) and face significant barriers to continued education or employment. Specific outreach strategies will focus on identifying and engaging system-involved youth and minority males who are under-represented in many existing voluntary services.
- Geographically, the initial pilot will be located in the Greater Des Moines metropolitan area, the largest city in Iowa with the highest concentration of the target population and significant racial diversity. Located within the geographic center of the Central Iowa Workforce Region, Des Moines draws employees from the entire nine-county region and youth from the surrounding counties may be included in the project. The Region accounted for nearly a quarter of all economically disadvantaged youth ages 16 -24 in Iowa based

on a monthly average from July 2013 through June 2014. (Bureau of Labor Statistics).

- The foster care system in Iowa serves youth adjudicated children in need of assistance as well as those who came to the system due to delinquency. It is for this reason, DHS and JCS continually work together to ensure there is alignment in systems and supports. There are similarities and differences in the Child In Need of Assistance (CINA) versus delinquent youth, creating natural consistencies and challenges for the DHS and juvenile court services staff at local and state levels. DHS membership on groups such as the Juvenile Justice Advisory Council (JJAC), is one way DHS and JCS come together to address system issues together. The JJAC is appointed by the Governor pursuant to federal law. The Iowa JJAC is established pursuant to the Juvenile Justice & Delinquency Prevention Act of 1974, as amended (42 U.S.C. 5601 et seq.)
- **Iowa Finance Authority Partnership for Housing:** DHS provides access to a Rent Subsidy program for youth participating in the Iowa Aftercare Services Program. The Iowa Finance Authority (IFA) administers the program. There is no cost to DHS for Iowa Finance Authority to administer the program and the appropriate connections are made via the contract with aftercare. Funding to the youth, for rent or deposits, is available through Chafee. In SFY 2014, Aftercare participants in 16 different counties utilized almost \$53,000 from this program to help cover their housing costs. On average, 18 youth each month received an IFA rent subsidy. The amount of the subsidy is calculated individually for each participating youth and is the difference between the lesser of the actual rent or fair market rent and 30% of the youth's monthly gross income, not to exceed \$350. In SFY 2014, the rent subsidy averaged \$242.94 per month.

Aftercare self-sufficiency advocates assist youth in completing the IFA aftercare rent subsidy application. IFA staff reviews applications submitted for eligibility (and requests any additional information needed) based upon standards in IFA administrative rules written in partnership with DHS. IFA pays all rent subsidies for the month and then invoices DHS, which is an innovative partnership since IFA also partners with local housing authorities and Section 8 housing. Since IFA is basically the "state's mortgager", this partnership raises awareness for low rent housing. IFA is the state entity that awards tax credits to low-income housing projects on a statewide basis.

- **Medical Connections for Children in Foster Care and Young Adults:** For children with a serious emotional disturbance who receive Medicaid, care coordination is available through an integrated health home (IHH). The IHH initiative is a partnership of the Iowa Department of Human Services and Magellan Behavioral Care of Iowa. Initially launched in five counties in July 2013, IHH provides integrated, whole-person care to Medicaid-eligible individuals living with a serious mental illness and to children with serious emotional disturbances. In April 2014, implementation of Phase II began in an additional 28 counties. On

July 1, with the addition of the Phase III providers to the initiative, IHH will be established in all 99 counties.

The interdisciplinary team involved in developing the person-centered service plan may include the child, family, DHS social worker, the managed behavioral health contractor, integrated health home or targeted case management providers, service providers, education or employment providers, and mental health and disability service (MHDS) regional representatives. The team is tasked with determining the strengths, needs, and preference of the individual and their parent/guardian, and developing an appropriate service plan which also addresses transition needs as appropriate.

For children with intellectual disabilities, developmental disabilities, brain injuries, or other disabilities, the same process would apply. However, children in those disability groups receiving HCBS waiver services have targeted case management or service coordination in place of an IHH. For individuals ages 18 and older who are not eligible for Medicaid-funded services, the MHDS region may provide service coordination as well as funding for services. An individual receiving publicly funded children's services may be eligible for MHDS regional services three months prior to their 18 birthday to allow for a transition from children's services to adult services.

- **Social Security for Children with Disabilities:** DHS contracts with Maximus Inc. to assist with Social Security applications, and DHS elected to contribute CFCIP funds to focus on the case management for older youth, which contributes to additional understanding of the Social Security Administration (SSA) and disability services. Transition Planning Specialists guide case managers for older children in foster care to contact Maximus and apply for SSI, if there is any indication the child may qualify. Maximus, and as appropriate SSA, is systematically notified of placement changes, entry to foster care, and exits, in order to maximize SSI services and financial supports for individuals with disabilities. Maximus helps with the application of SSI benefits, when appropriate, handles appeals, is involved in staff training efforts, and has in general, been a good partner to help the child welfare system connect youth in care to SSA benefits, when needed.
- **Medical Coverage for Youth Aging Out of Care:** Youth who are under the age of 26, were in foster care under the responsibility of DHS at age 18 and were enrolled in federal Medicaid are eligible for Iowa's E-MIYA program. The aptly named E-MIYA (Expanded Medicaid for Independent Young Adults) extended Iowa's existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care. E-MIYA expanded effective January 2014. Iowa is seeing more youth participating in the E-MIYA program, as evidenced by an increase of 164 from July 2014 (354 participating) to our highest ever in April

2015 (518 participating). Iowa Aftercare Services, Iowa Foster and Adoptive Parents Association (IFAPA), and other advocates for youth help get the word out about this important medical coverage through team discussions, website links, and newsletters. DHS staff manually compares the youth in aftercare to the annual recertification list so staff can remind the aftercare provider to help ensure recertification occurs timely and correctly. Efforts over the next year will be ongoing training about Medicaid to 26, as it seems some still are unaware Iowa expanded MIYA. Also, DHS staff will provide guidance to aftercare and others about changes to the application process that might help youth apply and enroll more quickly.

- Collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.

The DHS' engagement with governmental and non-governmental organizations was provided in our responses to CFSP accomplishments earlier in this report. However, below are highlighted results of these partnerships.

- Iowa DHS created a central Iowa leadership team against trafficking, which leads the way for cross system training and raising awareness. Staff on that team includes policy, intake, field support, and program managers who oversee statewide foster care programs and advocacy groups. The team successfully engages organizations, child advocacy centers, state level law enforcement, providers, and other state agencies.

A huge first step was the April 17, 2015 Training: *All Roads Lead to Safety: Strategies to End Trafficking In Iowa*, which included an opening by DHS Director Palmer, DHS staff, closing words by Iowa Attorney General Tom Miller, and an action planning session for all involved. The action planning requires written reporting on progress and a report out to state "leads" in August 2015.

- Iowa's youth in foster care were active in advocating for law change to protect survivors and to hold perpetrators accountable. Law enforcement, child welfare advocates, and concerned citizens joined foster care youth in their efforts. SF2311 was one result. Naturally, the real world impact of this law, in terms of getting victims connected to services, is intentionally infused in every training.
- SF2311, Human Trafficking, passed both chambers April 8, 2014 and the Governor signed it on April 24, 2014.
 - Allows the County Attorney to refer minor victims of human trafficking to DHS for Child In Need of Assistance (CINA) proceedings, which would open up a wide array of important services to victims.
 - Adds a \$1,000 dollar surcharge, beginning January 1, 2015, for persons convicted of human trafficking, such as johns, pimps and panderers, and establishes a human trafficking victim fund (where the surcharge will be

deposited) to be used for services for victims of human trafficking as well as public awareness.

- Allows for expunging (removal) a record of prostitution committed when the person was under age 18 if there are no additional crimes for two years.
 - Increases the penalties for "johns" and "pimps". Etc.
- Provide specific training in support of the goals and objectives of the states' CFCIP and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, consistent with section 477(b)(3)(D) of the Act. Such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to CFCIP, with costs allocated appropriately.

For training activities accomplished since submission of Iowa's 2015-2019 CFSP, please see *Specific Accomplishments achieved to-date in FY 2015*, Benchmarks 1.1.a, b, c, and d and training activities listed under Iowa Foster and Adoptive Parents Association (IFAPA).

Training for FY 2016, as outlined above under *Provide information on the planned activities for FY 2016*, will center primarily on P.L. 113-183 as it affects youth in foster care ages 14 and older, particularly on transition planning protocols for youth in foster care, sex trafficking, and reasonable and prudent parent standards and expectations. Training via webinars are planned for human trafficking; transition planning for youth 14 and older (plus trainings in person by the TPS); permanency goal of APPLA limited to youth 16 and older, and; reasonable and prudent parent standards. The targeted audience of this training will be DHS/JCS staff and provider staff (Community Care, Family Safety, Risk & Permanency (FSRP), CWES, Foster Group Care, Supervised Apartment Living (SAL) staffs, and foster families).

YTDM facilitator trainings will continue to occur during FY 2016. Additionally, trainings focused on specific adolescent populations (e.g., LGBTQ, minorities) and adolescent populations with specific needs (e.g., learning disabilities, mental health issues, gang involvement, substance abuse) will be provided throughout the state through a variety of venues, including: DHS, IFAPA, Iowa KidsNet, Provider Training Academy, and AMP.

- Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.
 - **Aftercare and NYTD Benefit from Youth Insights:** In 2009, DHS released the request for proposals (RFP) for NYTD data collection and the RFP for Iowa Aftercare Services as a single procurement. DHS allowed bidders to submit proposals for the programs separately or as one, and the selected bidders were ultimately separate agencies. However, the message was clear; Iowa Aftercare Services and NYTD needed to work well together. Since the July 1, 2010

implementation, Aftercare has played a key role in supplying service data and helping to connect youth in the outcomes survey with the NYTD contractor, Hornby Zeller Associates (HZA). NYTD is a running agenda item on the Aftercare quarterly meeting, where case level aftercare staff, known as self-sufficiency advocates, meets to discuss contract performance, coordination, and capacity to serve transitioning youth.

Aftercare is a rich source of data regarding the services and outcomes for youth aging out of foster care. However, aftercare data is limited to information on those youth who voluntarily choose to participate. A number of eligible youth never access these services or do not stay engaged for sufficient time to benefit. To more clearly demonstrate and understand the impact of the Aftercare program, additional research is needed to compare the outcomes of participating youth with those who do not receive these services.

While an extensive research study involving new data collection may not be feasible given current resources, it should be possible to review existing foster care data to compare demographic and placement characteristics of young people who do and do not participate in Aftercare. Further, an examination of youth survey results from the National Youth in Transition Database (NYTD) could reveal potential differences in outcomes between youth who do receive Aftercare services and similar youth who do not. Both efforts would provide valuable information to inform policy and practice decisions related to serving this vulnerable population.

DHS reaches young people and adult supports through the Iowa Foster Care Youth Council Contract. AMP periodically discusses with youth data collection efforts, and in particular, the importance of youth age 17, 19, and 21 cooperating with the NYTD contractor for survey data to inform the NYTD Iowa and national data summaries supplied by the Children's Bureau NYTD data snapshot. Now that Iowa is reaching the first full set of data (the first cohort will reach age 21 in 2015), DHS will be including data analysis and information sharing across child welfare and with our partner systems.

The DHS, through quarterly contractor meetings, is able to affect system wide changes. Iowa Aftercare, Supervised Apartment Living (SAL), Child Welfare Emergency Services (shelter care), and Foster Group Care providers are eager to learn about the needs and performance of youth transitioning from foster care to adulthood, with an eye to how they can improve their outcomes. For example, since 2010, SAL contractors are increasingly open to allowing a child to rent a room out of a home, keeping the youth closer to other adults and to more often simulate a family like environment even while the youth is living "independently". Iowa Aftercare Services, with DHS approval, work with youth in relative and other approved DHS placements even before they exit the foster care system. Pre-PAL is a six month introductory period of services for youth who are expected to age out of state paid foster care at 18 or older. Previously,

this service was limited to the youth expected to age out of state paid foster care at 18 or older. In 2014, Aftercare expanded Pre-services to any youth (not just state paid placements) expected to be eligible for aftercare services. This creates a “bridge” in services for all youth aging out, so youth do not exit the system without a connection to services. We are not necessarily seeing an increase in number of youth who participate in Aftercare services at age 18, because of the expansion of pre-services, but youth are being connected to Aftercare earlier. This allows the youth to build a relationship with the Aftercare advocate prior to exit and it allows the DHS/JCS caseworker to share expectations and transition plans with Aftercare.

In 2014, DHS amended its contract with Youth and Shelter Services Inc, for the Iowa Foster Care Youth Council Contract (AMP) to include expectations that AMP work with DHS and our partners to address trafficking. AMP brings a confident and change making voice to this issue and makes a difference in the awareness to the issue and the acceptance of the child welfare community that trafficking is real, it is hurting our Iowa youth, and we all have a stake in stopping this problem. It is particularly impactful that survivor Brittany Buckels is telling her story to youth and caretakers. Brittany was taken from a grocery store by a pimp, with promises she would become a model, only it was a lie. She was trafficked in Chicago, IL. Thankfully, she was rescued and returned to Iowa, where she was adopted by a loving mother, who has been an excellent connection for Brittany, but also for child welfare, as mom speaks on the subject of trafficking and other youth issues as well. Brittany’s story is a call to action for law enforcement and child welfare, now in a DVD documentary entitled, *Any Kid Anywhere: Sex Trafficking Survival Stories*. Iowa based Braking Traffik created the DVD. Braking Traffik hosted several official public viewings around the state, along with community conversations about trafficking. The DVD was shown, also, at the April 17, 2015, *All Roads Lead to Safety* training, hosted by DHS. By request, DHS is purchasing the video for all of the DHS service areas.

The DHS policy division (ACFS) and AMP discuss the annual AMP legislative agenda prior to and during efforts to engage legislators. In January 2015, ACFS invited and hosted a discussion with AMP leadership about the wishes and concerns of the youth who participate in the one dozen plus local foster care youth councils. To support youth through this process, AMP partnered with the Child and Family Policy Center (CFPC), a nonprofit research and advocacy organization promoting outcome-based policies that improve child well-being. CFPC helped AMP to organize ideas and dig into the fiscal implications so the AMP group articulates not only their needs, but how to address them within the limitations of the current system. ACFS hosts discussion with AMP to gain insights from those currently served and from advocates, with the aim to improve programs. AMP youth meet legislators at the annual AMP Day on the Hill. Through this process, youth become more familiar with committee meetings, emails, and calls to the capitol. AMP youth receive a standing ovation from the Legislators (both House and Senate) after being introduced and given credit for

their work. 2014 was one of the most successful years On the Hill for AMP. The following describes legislation that was supported by youth members of AMP:

- SF2311 was passed in 2014, which allows the County Attorney to refer minor victims of human trafficking to DHS for CINA (child in need of assistance) proceedings, which would open up a wide array of important services to victims.
- Funding was approved for Aftercare-type follow-up support children who were placed at a state training school at age 18. Services were implemented for this population of youth from age 18 to 21, just as is available for youth who age out of foster care placements.
- Funding was approved to implement the youth council approach, achieving maximum potential (AMP), to provide a support network to males placed at the training school at Eldora.

DHS intends to continue the successful NYTD contract with HZA until June 30, 2016. HZA established a good working rapport with DHS regional transition planning specialists, Iowa Aftercare Services providers, and the Iowa Foster Care Youth Council, which helped DHS remain in 100% compliance with NYTD requirements since NYTD's launch.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Provide results of the Indian tribe consultation (section 477(b)(3)(G) of the Act), specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:

- Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.

The only federally recognized tribe in Iowa, the Sac and Fox Nation, has a settlement in Tama County, Iowa (northeast part of Iowa). Additionally, there is a concentration of Indian families in northwest Iowa (primarily Woodbury County). All child welfare agencies, including tribal ones, are continuously in the loop concerning the CFCIP purposes and programs funded under CFCIP (including the ETV program). Tribal children in Iowa foster care have a state caseworker (either through DHS or JCS) due to no tribe having requested to develop an agreement to administer, supervise, or oversee the CFCIP program with respect to Indian children. The DHS' TPSs train caseworker, providers, and tribal child welfare agencies on the CFCIP purposes, Iowa's transition planning program eligibility and protocol, and programs funded under the CFCIP, including aftercare programs and the ETV program.

In Woodbury County, DHS has four caseworkers dedicated to work with self-identified Indian families and children. The majority of the Indian population in Woodbury County identify themselves with the Winnebago, Omaha, Ponca, Santee Sioux, or Rosebud Tribes. Woodbury County also has two DHS Indian native liaisons whose primary role is to exchange cultural and case information between the tribes, DHS, and the Indian families and children. Additionally, Woodbury

County has the following in place: native unit meets with the tribes on a yearly basis to work on systemic issues; an Advocacy Advising group which includes DHS management staff, the native unit, and community members meet three times a year to address Native issues; the Community Initiative for Native Children and Families (CINCF) is a community collaboration to address Native issues; Four Directions-Native Community Resource Center provides parenting classes and advocacy to Native families; support groups for Native teens facilitated by the Sioux City school system provides programming for Native youth, and; Native Youth Standing Strong (NYSS) is a group that encourages Native youth to participate in cultural and recreational activities (NYSS is a collaboration between the Native community, Sioux City school district, Four Directions Community Center, JCS, DHS, Goodwill Industries, Big Brothers and Big Sisters), and counseling and support services. According to the NYSS website, "With more than 10,000 Native Americans within two hours of Sioux City, they're a real part of the population and just like any population; some kids need direction which NYSS hopes to help them achieve. Native youth need to know who they are in order to be happy and to do the right thing." NYSS is a way for youth to learn about their culture and spirituality in a positive setting. NYSS meets every Tuesday in Sioux City and youth from all tribal affiliations are welcome to participate. Along with a number of local activities, youth also travel to Native sites for educational and recreational purposes. DHS and JCS are aware of this resource and encourage youth attendance.

The Sac and Fox Nation has the Meskwaki Family Services located within the settlement in Tama County. The TPS for the DHS service area in which Tama County is located meets with the Meskwaki Family Services staff to train on the new transition planning protocol and provide all transition materials developed as outlined in Goal #1, benchmarks 1.1.a and 1.1.b. The Meskwaki Family Services staff is continuously in the loop concerning Iowa's transition planning protocol and practices and resources for youth still in care and aftercare resources, including the ETV program, for youth who age out of care.

- Describe the efforts to coordinate the programs with such tribes.
As described above, all CFCIP related programs and resources are trained on, coordinated and shared with all caseworkers to ensure youth on their caseload, including Indian children, 16 years and older (and 14 years and older no later than September 29, 2015 per federal and state requirements), are not only receiving services, activities, referrals to programs, and resources related to successful transition to adulthood but are also at the center of their transition planning.

To ensure contractors make efforts to demonstrate and celebrate the diversity of youth in foster care, DHS contracts require the program to validate the racial and ethnic diversity of youth in the system and to engage youth from all the various foster care placement types. AMP staff participates in a diversity task force and also a newly formed Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) Youth Best Practice Committee. The AMP website also has a page for Native American youth as well as LGBTQ youth.

- Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

The State of Iowa ensures that benefits and services under the CFCIP programs are available to all youth in foster care who are 16 years of age and older (this will change to 14 years of age and older no later than September 29, 2015 per federal and state requirements), which includes Indian youth in the state's foster care system. All services, benefits, activities, and referrals to programs under the CFCIP programs are for eligible youth (currently youth in foster care who are 16 years and older), regardless of race or ethnicity, and individualized according to each youth's strengths and needs per the youth's transition plan and overall case permanency plan.

- Report the CFCIP benefits and services currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.

As stated above, all CFCIP benefits and services available under Iowa's Transition Planning Program are available to all youth in foster care who are 16 years of age and older. This includes a life skills assessment (Iowa uses the Casey Life Skills Assessment - CLSA) to start the transition planning; but much more goes into transition planning than just the results of the CLSA. The CLSA is a good way to view strengths and needs of a youth regarding life skills and is a good way to open conversations between the caseworker, the youth and their support system, and the care provider. All caseworkers receive notification from the TPS in their service area, when a youth turns 16 years of age, that the youth and ideally the care provider, need to complete the CLSA and begin to address the transition plan that is part of the overall case permanency plan. The transition plan sets out goals and action steps for youth advancement to a successful adulthood; the transition plan is reviewed and updated with the overall case plan at a minimum of every 6 months. TPSs are available to assist in specific transition planning for youth who will most likely have a difficult transition (this could include youth who will need adult disability services; youth who experienced a number of placement disruptions, youth who have substance abuse issues, etc).

The YTDM meetings are available for youth in foster care, particularly as they approach 17 years of age. Likewise, youth eligible for CFCIP benefits and supports have their transition plan reviewed beyond court and agency review by a local transition committee prior to turning 17 ½ years of age (or if entering foster care after the age of 17 ½, within 30 days of completion of the transition plan).

Currently, all youth in foster care 16 years and older (this will change to 14 years and older in FY 2016) have credit reports ran for them on a quarterly basis and if a credit report comes back for a youth, the caseworker goes over the credit report and any credit debt listed that is not the youth is disputed with the credit reporting agencies to take the inaccurate debt off the credit report; Iowa implemented a number of steps into the credit reporting requirement to ensure youth have a clean

credit report when they leave foster care and that it remains clean from credit debt not belonging to the youth.

Caseworkers currently complete NYTD life skill services surveys on a quarterly basis for all youth on their caseload who are 16 years of age and older (this will change to 14 years and older no later than September 29, 2015).

DHS staff refers youth aging out of foster care to Iowa's aftercare program and ETV program according to the youth's decisions.

- Describe whether and how the state has negotiated, in good faith, with any tribe that requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation.
No tribe has requested to develop an agreement to administer, supervise, or oversee the CFCIP or ETV program with respect to Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision.
- Describe any concerns raised by the tribes during consultation on accessing Chafee services and how the state plans to address these concerns.
Based upon the communication with the TPSs, who are in the field and work with the tribes and caseworkers working with tribal youth eligible for Chafee services, there have been no concerns raised by tribes concerning accessing Chafee services.

Education and Training Voucher (ETV) Program

Program Service Description:

Iowa College Aid partners with the Iowa Department of Human Services (DHS) to administer the Education and Training Voucher (ETV) program through a single coordinator. Each year Iowa's ETV application is available online beginning in January. Students also must complete the Free Application for Federal Student Aid (FAFSA) and the Iowa Financial Aid online application annually, and awards are made until funding is depleted. Returning students, who apply prior to March 1st, receive priority consideration. Once all funds for a particular academic year are committed, a waiting list is started and students are added to the waiting list in date-received order (regardless of renewal status). However, within the last three years, all students who applied received awards. Students enrolled less than full-time receive a prorated amount. Awards are disbursed directly to the college or university by term, in most cases by Electronic Funds Transfer. Once tuition, fees, and room and board charges (if applicable, many youth go to a community college where there is no dorm availability) have been paid, the student receives any remaining funds to assist in paying for the costs of attendance, including housing.

The ETV Coordinator maintains a database in order to track the number of ETV applicants, determine and document eligibility, track the number of awards, including the award amount, etc. The ETV Coordinator also reviews and updates ETV promotional materials, website, brochures and pamphlets and distributes materials to Iowa College Aid, Iowa's high school guidance counselors, DHS caseworkers, Transition Planning Specialists at DHS, Juvenile Court Services, colleges and universities, foster parents through IFAPA, Iowa KidsNet, Iowa's Aftercare Services Network, ASK Resource Center (disability services), and AMP. Students in Iowa are informed about the existence of the ETV in a variety of ways (including through their DHS caseworkers, DHS Transition Planning Specialists, care providers, printed materials, and many partnering agency's websites such as DHS, ICSAC, After Care, AMP, and IFAPA) and have learned to apply early in the calendar year. When the student's receive their ETV award notification, the students also receive a reminder checklist of the various tasks they need to complete, in addition to being awarded the ETV grant, in order to actually attend college.

In July 2007, the Iowa legislature recognized the need to further financially assist the post-secondary education of former foster youth and created the All Iowa Opportunity Foster Care Grant (AIOFCG). The application for the ETV program has been combined with the application for the state-funded AIOFCG; the AIOFCG serves an almost identical population as the ETV program does. Students have a very streamlined process of completing one application for multiple grants which also helps identify more potential student aid for each student. With the combination of student aid from the ETV, AIOFCG and the Pell grant, most students can attend a community college or regent university without incurring debt.

Collaboration:

The ETV program continues to collaborate with: AMP; college and university financial aid staff; other state scholarship and grant program administrators; Iowa Aftercare Network; DHS Transition Planning Specialists and program administrators; iJAG; and Gear Up. The ETV program also continues to collaborate with the Des Moines Area Community Colleges (DMACC) and Connecting Youth Aging out of Foster Care (CYA), a grant received from the Annie E. Casey Foundation. The CYA program at DMACC assists students exiting foster care with affordable housing, emergency funding situations, planning for payments for school, helping fill out the FAFSA, looking for employment, tutoring, financial aid, and transportation. DMACC is Iowa's largest (most students enrolled) community college, with several satellite campuses; Iowa has more youth receiving the ETV enrolled at DMACC than any other college. The focus of this grant is on enhancing support and success for students attending DMACC. One of the Casey project goals is to do outreach to former foster youth who are currently enrolled at DMACC. Although the grant is ending this year, we learned that youth may need additional resources so we created additional statewide funding through IFAPA and After Services Network. Furthermore, we continue to explore opportunities for future collaborations and financial support.

Program support:

ETV coordinator provides technical assistance upon request to college/university staff, Iowa Aftercare Network staff, as well as the TPS and DHS policy staff. ETV coordinator receives daily e-mail and phone requests and at least monthly trains child welfare staff.

Accomplishments:

Goal 1: Provide an effective comprehensive outreach program on a statewide basis.

Objective 1.1: Ensure all youth in foster care likely to be eligible for the ETV program are given information about the program, including clear instructions on how to apply (i.e. steps to be taken, such as completing the FAFSA).

Benchmark 1.1.a: Review Iowa's current outreach program to gauge the consistency of outreach to youth, who likely will be eligible for the ETV program across the state (in each DHS service area and each JCS district), by end of year 1.

In conducting a review of Iowa's current outreach program, the ETV Program Coordinator identified a need to develop a targeted outreach program for minority males, specifically African-American and Hispanic males, who are graduating from high school and attending college at a lower rate.

Chart 23(a): IA Public School Graduates Intending to Pursue Post-Secondary Education/Training by Race/Ethnicity for Graduating Classes of 2013 and 2014

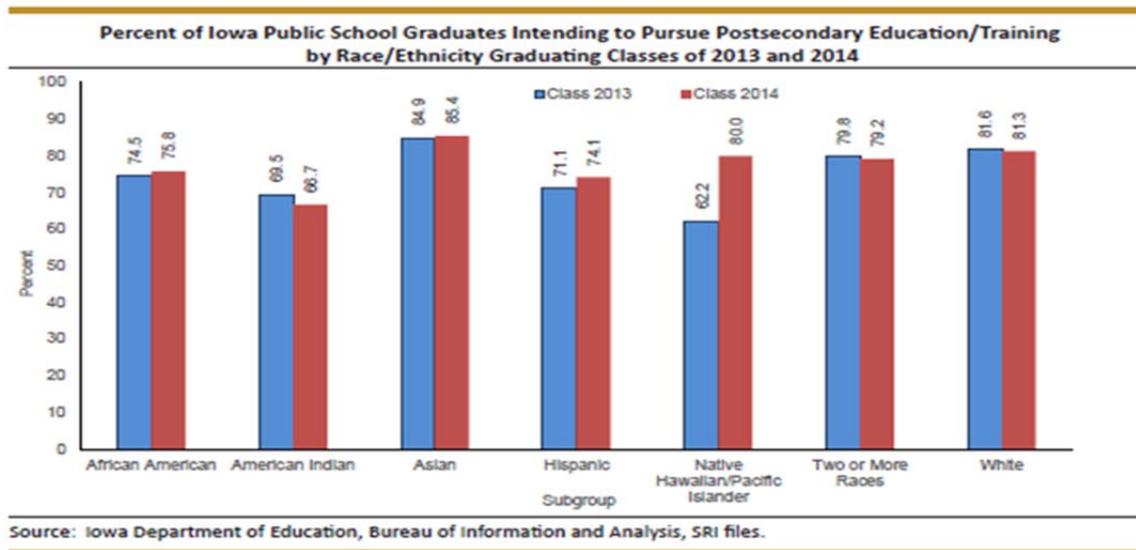


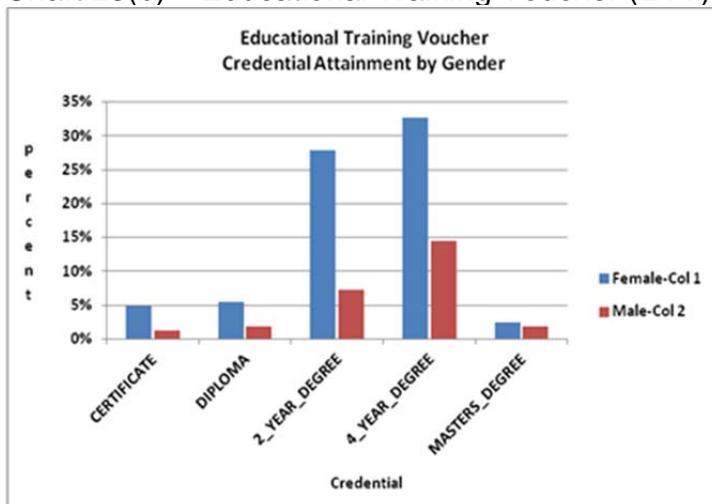
Table 22: IA Public School Graduates Intending to Pursue Post-Secondary Education/Training by Gender for Graduating Classes of 2013 and 2014

Percent of Iowa Public High School Graduates/Seniors Intending to Pursue Postsecondary Education/Training by Gender, 2001 and 2010 to 2014						
Gender	Graduating Class					
	2001	2010	2011	2012	2013	2014
Male	77.8	77.5	75.3	75.0	74.5	74.6
Female	87.5	86.5	85.6	86.4	86.7	86.6
Total	82.7	82.1	80.5	80.7	80.5	80.6

Source: Iowa Department of Education, Bureau of Information and Analysis, BEDS and SRI files.

Note: Data for the 2010 to 2014 graduating classes includes students who received a regular diploma. Other completers, such as students who received a certified attendance, are not included.

Chart 23(b) – Educational Training Voucher (ETV) Credential Attainment by Gender



The ETV coordinator improved outreach to minority youth by ensuring outreach materials were received by State Training School staff, JCOs, minority community outreach advocates, Youth Build program, summer youth programs, Risky Business Conference, iJAG, etc. There is a specific link on Iowa College Aid website for Latino youth. The ETV coordinator also collaborated with DMACC Urban Campus that has a high percentage of minority youth attending.

The ETV coordinator also recognized the need to send information regarding ETV to JCOs and group care providers. The information was sent to all of the Chief JCO's in Iowa to distribute to their JCO staff and was distributed to Eldora State Training School and the following group homes and shelters: American Home Finding Association (Ottumwa), Children's Square USA (Council Bluffs), Family Resources, Inc. (Davenport), Francis Lauer Youth Services, Inc. (Mason City), Foundation 2 (Cedar Rapids), Four Oaks (Cedar Rapids), Young House Family Services (Burlington), Youth Homes of Mid-America (Des Moines), Hillcrest, Lutheran Services of Iowa, Y.E.S.S., Y.S.S., Clarinda, Father Flanagan's Boys Home, Quakerdale, Rabiner Treatment Facility, House of Mercy and Sequel, which had not previously been done as outreach

in the past. ETV information and college planning resources were presented and distributed at the Juvenile Court Officers Annual Conference for the last couple years.

Additionally, because of outreach from disability advocates, the ETV coordinator collaborated with ASK Resource Center in Council Bluffs and Davenport to ensure children with disabilities knew about the resources available to them to attend college. As part of Iowa's work with children with disabilities, the ETV coordinator also collaborated with Vocational Rehabilitation.

Benchmark 1.1.b: The ETV coordinator will work with the DHS TPSs and the aftercare program to target any underserved areas and populations with greater emphasis on program outreach during years 1 and 2.

See Benchmark 1.1.a above.

Benchmark 1.1.c: Review and update promotional materials, website, brochures and pamphlets and continue to update as needed with any changes; promotional information will be reviewed annually and updated as needed.

The ETV Coordinator updated the DHS website with clear instructions and a direct link to the FAFSA and Iowa Financial Aid Application. The Coordinator also continues to annually review and update ETV promotional materials, brochures and pamphlets.

Benchmark 1.1.d: Continue to distribute promotional information on the Iowa College Aid website, to Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network and AMP.

The ETV Coordinator continues to distribute materials to Iowa College Aid, Iowa's high school guidance counselors, DHS caseworkers, Transition Planning Specialists at DHS, Juvenile Court Services, colleges and universities, foster parents through IFAPA, Iowa KidsNet, Iowa's Aftercare Services Network, ASK Resource Center, Vocational Rehabilitation, Iowa Workforce Development (IWD) Workforce Investment Act (WIA) and Workforce Investment Opportunity Act (WIOA), Job Corps, and AMP.

Benchmark 1.1.e: Continue to send reminder emails to students, Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network and AMP reminding them to apply for their FAFSA and complete the Iowa Financial Aid Applications.

The ETV Coordinator emailed all Iowa high school guidance counselors, AMP, TPS, JCO, Aftercare and the following group homes and shelters: American Home Finding Association (Ottumwa), Children's Square USA (Council Bluffs), Family Resources, Inc. (Davenport), Francis Lauer Youth Services, Inc. (Mason City), Foundation 2 (Cedar Rapids), Four Oaks (Cedar Rapids), Young House Family Services (Burlington), Youth

Homes of Mid-America (Des Moines), Hillcrest, Lutheran Services of Iowa, Y.E.S.S, Y.S.S, Clarinda, Father Flanagan's Boys Home, Quakerdale, Rabiner Treatment Facility, House of Mercy and Sequel and all previously awarded students reminders to complete the FAFSA and the Iowa Financial Aid Application.

The ETV coordinator started a new texting service this year. As part of this service, weekly texts are sent to students regarding various aspects of college preparation and enrollment.

Goal 2: Increase students' retention rate and obtainment of certification (includes post-secondary degree).

Objective 2.1: Student retention rates and obtainment of certifications will increase for Iowa students receiving ETV benefits.

Benchmark 2.1.a: Enlist technical assistance from the National Resource Center for Youth Development (NRCYD) by end of year 1.

To accomplish Iowa's Child and Family Service Plan (CFSP) goals, Iowa submitted a request for technical assistance to the Children's Bureau Regional Office (CBRO) for consideration:

- Iowa requested TA assistance to assist in the development of 1 or 2 targeted interventions that will maximize limited resources to achieve better outcomes for our ETV population through the following TA activities:
 - Complete a literature review of other states that have been successful in having their ETV participants remaining in college and completing their degree, to include but not be limited to ETV structures/models in other states, best practices, utilization of various resources, such as the National Student Clearinghouse, fc2success.org, etc.
 - Assist Iowa in identifying 1 or 2 targeted interventions for implementation
 - Assist Iowa in forming and focusing a retention committee, which is representative of appropriate disciplines, to implement the targeted interventions
- Iowa experienced low retention and degree attainment among our ETV population. Therefore, the focus of the request was to increase retention of youth in college and their attainment of certification (post-secondary degree).

To address this issue over the past 3-5 years, the ETV Coordinator has:

- Read and studied college retention models and plans
- Engaged Aftercare Services Network staff and other collaborative partners
- Increased funding to iJAG contractor to expand services to ETV participants attending Des Moines Area Community College (DMACC) where a majority of ETV participants are attending. However, we have not received good results as of yet.

CBRO staff provided a PDF document entitled, *Improving Higher Education Outcomes for Young Adults in Foster Care, Readings, Resources, Program Links, Spring 2015*, by Casey Family Programs, to central office child welfare staff, including the ETV Coordinator. Staff plans to utilize the document in working on ETV retention and degree

completion and plans to explore technical assistance regarding this issue with Jim Casey.

Benchmark 2.1.b: The ETV coordinator along with other CFCIP policy staff will form a retention committee by end of year 1.

The committee has not been formed yet, but the ETV coordinator identified representatives to be on the committee:

- Achieving Maximum Potential (AMP) staff;
- Department of Human Services' child welfare staff;
- Juvenile Court Officers;
- Department of Education;
- Aftercare Advocates;
- DHS' Transition Planning Specialists;
- Des Moines Area Community College (DMACC) staff;
- Kirkwood and other schools with highest ETV enrollment;
- Trio staff;
- Job Corps staff ;
- Iowa Workforce Development (IWD) Workforce Investment Act (WIA) staff;
- State Training School staff;
- shelter and group home case managers, etc.
- Youth, including those successful and not successful with post-secondary education goals.

The ETV Coordinator anticipates that the committee will be formed prior to the end of FFY 2015.

SECTION V: PROGRAM SUPPORT

Training

The training plan referenced in *Section IX: Targeted Plans, Training Plan* describes training available through the DHS for staff development. Training courses described in the training plan provide information related to the knowledge, skills and abilities needed by staff for successful goal and objective obtainment. For example, the training course, SP 542 Motivational Interviewing, prepares staff for understanding change, learning the spirit and principles of motivational interviewing, and identifying how staff might apply what they learn to engagement of families and case management. The course, SP 202: Quality Case Documentation & Worker Visits, enhances staff knowledge around quality case documentation and worker visits and increases staff ability to develop case plans and discuss with the family case plan goals around safety, permanency, and well-being. These and other training courses described in the training plan address practice areas, such as assessment, family engagement, provision of services, etc., which support the goals and objectives in Iowa's five year plan. See *Section II, Performance Assessment*

Update, Systemic Factor, Staff and Provider Training for more information on how training supported achievement of the CFSP/APSR goals and objectives.

Specific training accomplishments and progress made during April 2014 – March 2015 that support meeting goals and objectives listed in the FFY 2015-2019 CFSP.

Goal: **Children abused or neglected will be safe from re-abuse in their own homes.**

Objective: **Reduce the reoccurrence of child maltreatment through Differential Response and services provided.**

Course: *SP 308 Differential Response Training*

This training was for DHS Social Worker 3's and Supervisors. The 254 staff members who participated in this training explored Differential Response from where we started, what we learned during implementation and where we go next with Differential Response. During the training, learners walked through specific case examples using the *Intake Screening Tool - Determining the Assessment type* to determine if services were needed and what type of services were required.

The training builds upon the foundation of Differential Response by digging deeper into the underlying trauma factors with the resource document, *10 item checklist about the intersection of domestic violence, substance abuse and mental health issues.*

Course: *Differential Response Conversation Webinar*

The purpose of this webinar was to update a select group of stakeholders invested in the child protection system in regards to what we have learned since the implementation of Differential Response in January 2014.

The presentation included the statistic that 96% of children do not experience substantiated abuse within six months of a family assessment. This data indicates that the correct families are receiving the appropriate response, which in turn reduces the reoccurrence of child maltreatment.

Course: *CP 200 Basic Training for Child Protective Workers*

This course was updated in the spring of 2014 to incorporate Iowa's transition to Differential Response. Family Assessments and all of the related policies and procedures were added into the materials and discussed throughout the course. The Six Principles of Partnership also were incorporated to reinforce best practices when working with families as well as service providers.

Course: *SP 535 Assessing Throughout the Life of the Case*

This continues to be a mandatory course for SW 2s, SW 3s and Supervisors new to DHS. During this course, learners explore the

functional assessment of children and families, including identifying underlying needs for which change is required to provide for the safety, permanency, and well-being of the child.

The case example used in the course was updated between April 2014 and March 2015 to include the child abuse assessment and ongoing worker assessment in the case management phase. Fifty-eight (58) participants completed the course and were asked to evaluate the training. The following comment was elicited from the evaluation, "It was very important to slow down our thought processes to examine the aspects of assessment which further enables us to think beyond common goal to planning strategies used in the field for child safety."

Goal: **Children experience permanence in their living situations.**
Objective: **Increase placement stability for children in foster care through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.**

Course: *SP 539 Facilitating FTDM with Domestic Violence*
This training helps FTDM facilitators practice more effectively by: laying a foundation for safe meetings in domestic violence (DV) situations (Safety Standards and Strategies), suggesting topics for exploration in the meeting itself, and providing concrete suggestions for interacting with both the non-offending parent and perpetrator of violence.

Trainees who completed the pre-training baseline survey at one of eight in-person trainings delivered throughout Iowa (March–June 2014) were invited to complete an electronic follow-up survey sent approximately seven months post-training (October 2014–January 2015). Both surveys assessed knowledge, available resources, and needed resources (evaluated on a scale from 1 = *never* to 5 = *always*). A total of 57 (46.7% of 122 original) participants responded to the follow-up survey.

Based on group-level comparisons between responses at baseline (N = 122) and follow-up (N = 57), results showed significant increases in self-reported knowledge (3.29 vs. 4.99) and availability of resources (3.30 vs. 4.32). Also, an unexpected significant increase in needed resources (3.09 vs. 3.55) may be related to the composition of the follow-up respondents and/or their increased recognition of complexities of handling FTDMs that involve DV. Retrospective vs. current confidence about making decisions in cases involving DV increased from 3.49 to 3.78.

The follow-up survey included items on the usefulness of two new tools, Decision Tree and Levels Questions, assessed (on a scale from 1 = *strongly disagree* to 5 = *strongly agree*). For the Decision Tree, the items and their associated average responses were: use tool in day-to-day work

with families (3.11); use when handling cases where DV is involved (3.38); find tool helpful (3.58); more confident in handling cases involving DV (3.50); and my primary resource (3.21). For the Levels Questions tool, the items and their associated average responses were: use tool in day-to-day work with families (3.23); use when handling cases where DV is involved (3.33); find tool helpful (3.45); more confident in handling cases involving DV (3.33); and my primary resource (3.26). Overall, the average score for Decision Tree items was 3.36 and for Levels Question tool was 3.32, both between “*neither agree/disagree*” and “*agree*”. It is important to point out that these analyses did not examine the data for differences in responses based on role; some respondents may not have an active case load.

Course: *SW 358 Permanency Roundtable Skills training*
This curriculum is for training selected participants to become designated trainers in their Service Area on permanency values and skills. The purpose of this training is for participants to understand the importance of permanency and how it is possible for all youth to achieve.

The main goal of the roundtables is to achieve legal permanency for children and teenagers in foster care. A permanency roundtable brings together case workers, case supervisors and experts from inside and outside the department to deeply scrutinize a case and brainstorm ideas for achieving permanency for a child. The intensive, and sometimes intense, process brings fresh perspectives to the table, ushering in new possibilities.

Goal: **Children experience optimal well-being through their family’s enhanced capacity to provide for their needs**
Objective: **Improve the frequency and quality of DHS staff visits with children and parents.**
Improve parents’ and children’s involvement in case planning through caseworker visits and Family Team Decision-Making (FTDM) meetings.

Course: *SP 542 Motivational Interviewing*
One-hundred-eighteen (118) learners participated in SP 542 Motivational Interviewing. Participants were asked to rate if they have a better understanding of this subject than they did before they attended this training. Responses to this question averaged 3.5 on a 4 point scale, with 1=strongly disagree to 4 = strongly agree.

This course was updated to include a Smart Phone segment that illustrates how difficult it is for change to occur, and in particular how difficult it is for clients to make a change in their lives even when offered compelling reasons to make the change. Another addition to the course was a summary segment on successful motivational interviewing, which

supports how to successfully implement motivational interviewing into practice.

Course: *SP 642 Advanced Motivational Interviewing*
 During this course, learners enhanced their communication skills required to work with children and families by eliciting behavior change through helping the client explore and resolve ambivalence. Participants apply what they learned to case management with activities designed to preserve and strengthen family relationships.

During the past year, the Rounder video was added to illustrate resistance and how staff can work with it. The video provides an illustration of how doing the same thing over and over gets the same resistance; change will not happen until you do something different. Additionally the "Keep the Quarter" activity was added to the training with the purpose of encouraging workers to be reflective and provide affirmations when working with families. The new activity "Keep the Quarter" encourages learners to use reflection and affirmation communication strategies when working with clients.

In pairs, one learner will act as the client and the other the social worker. The social worker has to slow down and really listen to what their client is saying to see if another question is really necessary, or if the information can be drawn out from what the client is already providing during the conversation.

Table 23(a) – “Keeping the Quarter” Activity				
Communication strategy	Communication strategy benefit	Analogous value	Penny: Quarter ratio 5:1	Potential risk during the conversation
Reflection or affirmation	These strategies allow the client to come to their own conclusions, which promotes change.	1 Penny	The social worker is given more pennies than quarters to encourage them to practice these types of communication strategies.	Pennies are easier to spend, which is equated to less potential risk that the client will shut down during the conversation.
Question	Questioning is a less effective strategy for encouraging a client to come to their own conclusions, which promotes change.	1 Quarter	The social worker is given fewer quarters to pennies to ensure that they have engaged the client with reflection or affirmation as much as possible before asking another question.	The single quarter is relatively more costly, which is equated to a higher potential risk that the client will shut down during the conversation.

Source: DHS

Course: *CC 350 Family Team and Youth Transition Decision-Making Refresher Training*

The training delivered included newly released DHS forms and new DHS standards for FTDM & YTDM. Contract and subcontract trainers facilitated the 45-minute training in webinar format, first offered live, and then the recorded webinar was posted on the Learning Management System. All attendees who registered for the course were asked to complete a 20-item online “pre-survey” and a 12-month “post-survey” administered in May 2014 with each item measured on a 5-point scale. This investigation examined the success of the training in increasing participants’ confidence level and enhancing their attitudes toward FTDM/YTDM from pre- to post-test. Responses were received from 302 participants at pre-test and 260 participants at post-test. Of these, a subset of 132 participants responded to both the pre- and post-test assessments.

From pre- to post-test, as a group, the subset of respondents who completed both surveys (N = 132) showed an increase in positive attitudes (3.27 vs. 3.44) and decrease in negative attitudes (2.77 vs. 2.64). Across nine items, they also increased in overall general confidence (3.3 vs. 3.9).

Using data from all respondents, the general confidence items were factored (combined) into four sub-categories (confidence, knowledge, attitude, and skills). Another set of items assessed overall favorable feelings about the new approach. Using pre- and post-test responses of the total group (N = 302 pre, 260 post) the results showed increases in knowledge (3.34 vs. 4.02), confidence (4.26 vs. 4.37), skills (3.87 vs. 4.13), attitudes (3.32 vs. 3.67), and overall favorable feelings (3.24 vs. 3.48).

Using their paired responses, from pre- to post-test the 132 participants significantly increased self-reported knowledge (3.92 vs. 4.02), confidence (3.38 vs. 3.81), and attitudes 2.93 vs. 3.06), but not in skills (3.92 vs. 4.02). They significantly increased in positive feelings (3.23 vs. 3.44) and decreased in negative feelings (2.77 vs. 2.63).

Although the group and the paired results differ slightly, in general the results indicate the training was successful in developing participants’ confidence level and enhancing their positive feelings toward FTDM/YTDM.

Course: *SP 434 Dream Team/Youth Transition Decision Making*

Trainers collected data in regards to the 47 youth names obtained from YTDM facilitators, with a total of 33 youth interviewed by telephone. The 21 closed-ended items were used to form six summary scales: three scales focused on youth experiences with their dream team (meetings;

plan; people) and three assessed youth feelings about their transition from foster care (optimistic; supportive; productive). The one open-ended item asked for other comments about the Dream Team experience.

In general, the results show that these youth had a positive perception of their YTDM experiences and a favorable outlook regarding their transition from foster care. The vast majority reported that they chose to have the meeting (94%), knew what to expect (73%), felt involved in the conversation (91%), and were treated with respect (100%). They reported that their transition plan was a good one for them (91%), they know next steps (76%), and know how to find help to reach their goals (100%). Most reported they had enough caring people in their lives (91%), the people on their team will help them reach their goals (100%), and they know where to find help to reach their goals (94%).

Most youth felt the meetings were mostly helpful (85%), on-track (85%), and encouraging (88%). The majority reported that the meetings were enjoyable (85%) and useful (91%). Regarding their transition from foster care, the youth mostly felt supported (94%), hopeful (67%), respected (73%), confident (73%), and ready (85%) for their transition from foster care. Most youth (97%) said they would recommend a Dream Team to others in foster care.

Technical Assistance/Capacity Building

Technical assistance is provided to Iowa Department of Human Services (DHS) front line staff and supervisors to help with the day-to-day management of their child welfare caseload and to keep them informed of the CFSR outcome measures. The Child Welfare Information System (CWIS) Help Desk, The SPIRS Help Desk and The Service Help Desk are available to assist staff with questions regarding policy, practice and data systems usage. For example, over the last year, Service Help Desk staff has provided clarifications regarding reasonable accommodations when providing services, when services should be initiated, and clarifications regarding the new Preventing Sex Trafficking and Strengthening Families Act. Policy and technical staff are available to assist the help desk staff in answering questions of a more complex nature.

The Bureau of Quality Improvement conducts case reviews and provides statewide trend feedback to staff and supervisors. In addition, they provide support for custom reports from the administrative data systems (State Automated Child Welfare Information System (SACWIS)) to assist staff in managing their workflow and caseloads. The Bureau of Quality Improvement also facilitates program and process improvement sessions to assist staff in identifying problems and developing specific solutions, which may be implemented and monitored. The Division of Field Operations reports monthly on a key set of performance measures that track the CFSR outcome measures as well as caseworker visits and a set of state specific outcomes. The Division of Adult, Children and Family Services (ACFS) provides answers to policy questions that field staff have. DHS holds a bi-monthly meeting with policy staff and

front line supervisors to advise, inform and gather feedback regarding policy changes and their impacts on practice in Iowa.

Iowa conducted these activities over the past year and will do so in the future as well as look for other opportunities to assist our front line staff in accomplishing the goals of safety, permanency and well-being for children and families of Iowa.

With implementation of the new Capacity Building structure, Iowa met on May 14, 2015 with its' Capacity Building Center for States liaison, Christopher Sieck, along with Children's Bureau representatives to conduct an initial evaluation of Iowa's child welfare system and discuss capacity building needs. On June 23, 2015, Iowa staff will again meet with Capacity Building Center staff and Children's Bureau staff to discuss and develop a work plan for FFY 2015. Information regarding this meeting and the subsequent developed work products will be provided in next year's APSR.

Evaluation and Research

Parent Partners

The DHS first implemented the Parent Partner mentoring program in four pilot sites in 2007. The pilot project was designed to provide better outcomes regarding re-abuse, length of placement, and reunification. The Parent Partner Program has since expanded to all 99 counties in Iowa. Researchers from the University of Nebraska-Lincoln's Center on Children, Families and the Law are providing quarterly reports on families involved with the Parent Partner Program. The data in these reports are retrieved from the Online Parent Partner Database. The Online Parent Partner Database stores data from seven forms: intake, contact log, client registration form, family self-assessment (entry), family self-assessment (exit), family feedback, and fidelity checklist. The quarterly reports provide analyses of the number families entering and exiting the Parent Partner Program, family self-assessments, and fidelity to the Parent Partner model. *Please see Attachment F – Iowa Parent Partner Quarterly Report (January 2015 to June 2015) for the latest information on this program.*

Disproportionality and Disparity Work

The DHS within the last few years contracted with the University of Northern Iowa (UNI) to evaluate Iowa's child welfare system efforts to address disproportionality and disparity through conducting a baseline assessment (completed in June 2012 and available at http://dhs.iowa.gov/sites/default/files/Annual_Report.pdf) and provide ongoing technical assistance. Since the CFSP, UNI completed a general assessment of the impact of key activities undertaken within the following four areas:

- The development and implementation of PDSA (Plan, Do, Study, and Act) projects in a variety of service areas throughout the state by teams of DHS and CWS partners to reduce disproportionality in their local communities;
- The development and ongoing support of the Cultural Equity Alliance, a statewide steering committee comprised of DHS and CWS partners, that is charged with overseeing disproportionality efforts in the state;
- The provision of training in cultural responsiveness in the child welfare system through statewide support of Race: Power of an Illusion presentations; and

- The development and provision of Learning Session conferences each spring and fall for key staff and advocates in the child welfare system that are involved in reducing disproportionality in their service areas.

Please see Attachment G – Impact Assessment for details and results of assessment.

PUSH Project

Partners United for Supportive Housing in Cedar Rapids (PUSH-CR) is a collaborative to implement Iowa's first supportive housing designed specifically for families who are at risk of or already involved with the child welfare system due to homelessness/housing crisis in combination with other risk factors (such as mental health and substance abuse treatment issues). The PUSH-CR grant began September 2012 and will continue through September 2017. PUSH-CR is managed by Four Oaks, a nationally accredited non-profit child welfare and behavioral health agency, on behalf of key partners that include:

- the Affordable Housing Network, Inc. (AHNI), a subsidiary of Four Oaks and the largest affordable housing provider in Cedar Rapids;
- the Department of Human Services, the public child welfare agency;
- Waypoint, a domestic violence/homeless shelter; Foundation 2, a youth shelter; the National Center on Family Homelessness (our training and TA partner); and the University of Iowa (our local evaluator).

The interagency Advisory Board includes key partners and over a dozen other collaborating organizations such as mental health and substance abuse agencies, a community foundation and the United Way, research and advocacy groups (such as Casey), a diversity organization, and workforce development/training organization, and elected city officials.

Consistent with CAPTA goals, PUSH-CR partners believe that through a coordinated community-wide triage system, housing in safe and affordable environments, intensive service coordination, and a full array of trauma informed, culturally competent, and evidence-based home and community-based services families will be able to provide a stable, healthy environment for their children—reducing their involvement with child welfare. The gap in empirical evidence demonstrating the effectiveness of supports and services for subsets of families with severe housing and other needs in addition to access to affordable housing is what PUSH-CR intends to demonstrate through careful planning in Phase 1, and implementation and evaluation in Phase 2.

PUSH-CR will serve 125 families over the 5-year demonstration. Our approach incorporates ten key strategies that have been found to be critical in other successful supportive housing initiatives. We will utilize part of AHNI's affordable housing capacity as a springboard to provide multiple-site subsidized housing that is linked to supports and services tailored to the needs of each family. PUSH-CR will achieve both short term and long term results and benefits. Eligible families will:

- Rapidly access safe, stable, and appropriate housing;
- Retain custody of their children and receive in-home services to avoid child welfare involvement;
- Maintain child safety and family stability following a CPS investigation;

- Achieve more timely reunification when children are placed temporarily in foster care;
- Achieve higher levels of employment, financial stability, and improved family functioning; and
- Achieve higher levels of family and child-well-being.

The infusion of collaborative strategies at the systems- level throughout the child welfare system and community partners will result in improved safety, permanency and well-being outcomes for children. Long-term cost savings will be realized as a result of providing supportive housing to families in or at-risk of child welfare involvement. The lessons learned will benefit policy, practice and theory development in addressing the needs of all children and families in Iowa who come to the attention of the child welfare system due to housing issues and other complex service needs.

For more information on the project, please visit Four Oaks website page for the PUSH-CR, <http://fouroaks.org/Content/What-We-Do/Programs/Community-and-School-Based-Programs/Partners-United-for-Supportive-Housing-in-Cedar-Rapids-PUSH-CR.aspx>.

Evaluation activities conducted through the QA system will continue to support the achievement of the goals and objectives contained in this plan.

SECTION VI: MONTHLY CASEWORKER VISIT FORMULA GRANT

Description regarding usage of Monthly Caseworker Visit Grant:

Iowa utilized the Monthly Caseworker Visit Grant to purchase digital recorders, encryption software for the recorders, replacement headsets, the Dragon Naturally Speaking™ software, and an “extended software warranty” for field staff. The goal of utilizing the recorders and software was to free up caseworker time in documenting visits in order that the frequency and quality of visits could be increased.

Action steps to ensure statutory performance standards are met:

While Iowa’s performance does not meet the statutory performance standard of 95% monthly caseworker visits for children in foster care, Iowa increased performance on conducting visits but decreased the number of visits in the child’s residence (but still meets statutory performance standard of 51% or more).

Table 23 (b): Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)				
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
The aggregate number of children served in foster care for at least	9,543	9,579	9,177	7,063

Table 23 (b): Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)				
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
one full calendar month				
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	56,573	27,941
The total number of complete calendar months children spent in foster care	69,844	70,310	69,428	32,695
The total number of monthly caseworker visits with children in foster care in which at least one child visit occurred in the child's residence	37,829	37,288	40,368	19,976
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	82%	85%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%	61%

Source: SACWIS

Iowa plans to continue to:

- stress the importance of quality caseworker visits with children;
- utilize social work supervisors to oversee caseworkers' performance;
- utilize digital recorders and Dragon Naturally Speaking™ to assist workers with casework documentation, including visit narratives; and
- monitor performance through use of administrative data and case reviews.

Iowa also is working with the Capacity Building Center for States to determine underlying factors behind our monthly caseworker visit performance and to obtain information from states which are similar to Iowa who have been successful in meeting the federal performance criteria. Information gleaned will be utilized to explore development of additional strategies to assist Iowa in improving performance.

SECTION VII: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Describe the process used to gather input from tribes since the development and submission of the 2015-2019 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a))

The Sac and Fox Tribe of the Mississippi (Meskwaki) is the only federally recognized tribe located in Iowa. Meskwaki Family Services provides services and supports to tribal families located on and off the settlement. DHS and Meskwaki Family Services have developed a strong working relationship for Meskwaki families who are involved in state court proceedings and tribal court proceedings. Mylene Wanatee, Director of Meskwaki Family Services and DHS leadership for Linn and Tama Counties have ongoing case specific discussions as well as more systemic issues. They have discussions as needed.

Meskwaki Family Services is the contractor for the ICWA Training and Technical Assistance contract. DHS and Meskwaki partner to develop strategies for monitoring and improving ICWA compliance. Jolene Holden, Meskwaki ICWA specialist, does the majority of the activities related to the contract. Ms. Holden and DHS contract manager meet as needed to consult on cases, discuss policy issues, and ICWA concerns.

DHS actively participates in monthly meetings in Sioux City involving tribes who are domiciled in other states but have a significant presence in the area. The Community Initiative for Native Children and Families (CINCF) includes representation from the five tribes in the area – Ho-Chunk, Omaha, Ponca, Santee Nation, and Winnebago. CINCF also includes representatives from area service providers, the judiciary, housing, law enforcement, Iowa KidsNet, health, and education. The group collaboratively works to find resources and support for Native families. The Service Area Manager for the Western Service Area and the supervisor of the Native unit regularly attend the meeting and update representatives on new DHS initiatives, data regarding Native children, and concerns related to practice or ICWA compliance. The concerns are discussed with the DHS ICWA program manager and policy or practice changes are made as needed.

According to Iowa SACWIS data, as of March 31, 2015, 158 or 2.7% of all children placed in out of home care identified themselves as multi-racial with one identified race as Native American. Of these children, 84 identified themselves as only Native American.

Of the 84 children identified as Native American only:

- 82.14% were placed in family like settings including family foster care, relative care, pre-adoptive care, or in a trial home visit period.

- 57 children were case managed by DHS under state court jurisdiction.
- 5 of these children were adjudicated delinquent and case managed by Juvenile Court Services.
- 22 children were case managed by Meskwaki Family Services under tribal court jurisdiction.

Half of the children who identify themselves as Native American, or multi-racial including Native American, reside in Woodbury County in northwest Iowa. Children who are identified as Meskwaki and are under tribal court jurisdiction account for 16% of all American Indian children.

As seen in the Table 23(c), the number of children placed in relative care has remained steady, but continues to be much higher than the number of children placed in family foster care. More children are placed in relative care or are on a trial home visit than all other placement types combined. DHS staff continue to use a form developed to help identify relatives and tribal supports, as well as early engagement of relatives as placement resources.

Year	Statewide Total	Woodbury County	Percentage of total	Woodbury County Children Only			
				In Foster family care	Percentage	In Relative Care	Percentage
April 2012	198	75	38%	38	50%	6	8%
March 2013	169	62	37%	25	40%	8	13%
March 2014	181	83	46%	16	19%	30	36%
March 2015	158	81	51%	18	22%	30	37%

Source: State Automated Child Welfare Information System (SACWIS)

Provide an update to the state’s plan for on-going coordination and collaboration with tribes in the implementation and assessment of the CFSP. Describe any barriers to this coordination and the state’s plans to address these barriers.

The ICWA Training and Technical Assistance Contract focuses on case reading as a means of determining ICWA compliance, and developing training based on the case reading results. All children who are identified as American Indian/Alaska Native were pulled from AFCARS. Cases under tribal court jurisdiction, delinquent, and in-home cases were excluded from the sample. It was agreed that Meskwaki Family Services would do a random sample of cases from Woodbury County, and a 100% case read of all other cases across the state. Woodbury County was the high level of oversight provided to the Native Unit by the tribal liaisons and Native Community. The sample

was pulled prior to the revised BIA guidelines so delinquent and in-home cases were excluded. The timeline for completion of the case reading and a report of findings is June 30, 2015. Case readings will be completed annually.

ICWA training is scheduled for June 11, 2015. Selected DHS staff from across the state will attend with the goal of having these staff be the experts in their areas on ICWA cases.

Provide an update, since the development of the 2015-2019 CFSP, on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

The Sac and Fox Tribe of the Mississippi (Meskwaki) is the only federally recognized tribe domiciled in Iowa. The Sac and Fox Tribe established tribal court in 2005. A State/Tribal Agreement was finalized in 2006 outlining Tribal and DHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. A protocol between Meskwaki Family Services and the DHS was finalized in June 2011. The protocol further defines the roles and responsibilities of DHS staff and Meskwaki Family Services staff in child abuse assessments for Meskwaki families who reside on and off the settlement, and case management of cases in state court.

The Tribal/State Agreement states DHS will be responsible for payment for foster care or other child welfare services accessed by Meskwaki children under tribal court jurisdiction. Meskwaki Family Services has all case management responsibilities. Children under tribal court jurisdiction may access any service available to a child under state court jurisdiction as long as the child is eligible for DHS services.

The agreement also states that children under tribal court jurisdiction but whose services are paid by DHS may be subject to federal review for IV-E compliance or through a Child and Family Service Case Review. Meskwaki Family Services provides all required IV-E documentation including court orders and family household composition, income and resources, to DHS in order to determine eligibility for IV-E claiming. Meskwaki also provides ongoing documentation to DHS to determine continued eligibility.

Meskwaki Family Services is responsible for the management of cases under tribal court jurisdiction, and meeting the law of their nation regarding case requirements and a case review system. Tribal law lays out case planning requirements including required federal language in case plans. Tribal law also has periodic review and reporting

requirements by Meskwaki Family Services. Tribal law addresses case requirements to prevent children from being removed from the home, reunification, and achieving permanency.

Meskwaki Family Services staff will be provided access to training and any written documents related to P.L. 113-183. The training plan in Section VIII describes the training content areas and the intended audience, which includes Meskwaki Family Services staff. Trainings will cover all components of the Act and DHS will provide any technical assistance requested by Meskwaki Family Services.

DHS will continue to engage Meskwaki tribal representatives in the CFSR process on-going as well as provide training and technical assistance to assist Meskwaki in their case review process.

DHS performs all case review requirements for Meskwaki children under state court jurisdiction. This would include providing credit reports to children age 16 or older and in foster care.

There are several tribes that are domiciled in Nebraska and South Dakota who have a presence in the northwest part of Iowa. DHS and the state of Iowa do not have agreements to pay for services if children are under the jurisdiction of the tribal court of these tribes. Children who are under state court jurisdiction are eligible for all child welfare services which are paid by DHS, and the case is managed by DHS in collaboration with the child's tribe. Children under the jurisdiction of a tribal court in another state would have services provided by that tribe or state.

Describe how the state monitors its compliance with ICWA. Citing available data and the sources of that data, including input obtained through tribal consultation, assess the state's level of compliance with the ICWA. If data are not available, provide other information to support the assessment of the state's level of compliance with ICWA and describe how the state intends to obtain any relevant data that may be needed to assess compliance. (See section 422(b)(9) of the Act.) Components of ICWA that states must address in consultation with tribes include, but are not limited to:

- o Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;*
- o Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;*
- o Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and*
- o Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.*

The DHS does not have an automated mechanism to collect data about ICWA compliance. Compliance has been determined through periodic case readings, case consultation with tribal representatives, and annual training. The ability to track ICWA

cases and compliance with ICWA requirements is an enhancement that will be included in any planning for a new SACWIS.

Meskwaki Family Services is currently in the process of doing a more comprehensive statewide case review for ICWA compliance. Findings from the review will be included in the 2016 APSR.

Provide an update to the specific steps outlined in the 2015-2019 CFSP to improve or maintain compliance with ICWA that includes tribal input. Describe the activities completed and accomplishments achieved since submission of the 2015-2019 CFSP. Provide an update on any planned changes to laws, policies, procedures, communications, strategies, trainings or other activities to improve ICWA that the state has developed in partnership with tribes.

DHS and Meskwaki Family Services completed the strategies for FFY2015, which were:

- Negotiate and execute a contract between Iowa and Meskwaki that delineates case reading responsibilities to include:
 - An agreed upon case reading tool.
 - Finalize an agreed upon methodology to determine sample size
 - Finalize an agreed upon schedule and allocation of staff resources to complete the review, disseminate the results and develop training.

The cases for review were identified and the review is in process. The steps for the remaining four years will remain unchanged.

Provide an update regarding discussions with Indian tribes in the state specifically as it relates to the CFCIP. This instruction is further delineated in Section E of this PI. See Chafee Foster Care Independence Program (CFCIP) section.

The transition living specialist for the Cedar Rapids Region met with Meskwaki Family Service staff in September 2014 to discuss Chafee funded services available for children under tribal court jurisdiction. Local DHS staff and Meskwaki Family Services staff work closely together to ensure children under tribal court jurisdiction have access to the same services as children under state court jurisdiction.

DHS provides case management services to Native American children under state court jurisdiction. All children have access to Chafee funded services.

State agencies and tribes must also exchange copies of their 2016 APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2016 APSR.

The DHS will provide the 2016 APSR directly to the director of Meskwaki Family Services and to the director of Four Directions in Sioux City.

SECTION VIII: IMPROVEMENT PLAN UPDATE

Improvement Plan Update

Revisions to Goals, Objectives, and Interventions

Iowa revised Goal 1 to indicate that children will be safe from re-abuse in their own homes and in their foster care placements. Iowa revised the goal to address baseline performance (15.89) on the Child and Family Service Review (CFSR) Round 3 national data indicator, Maltreatment in Foster Care, which does not meet the national standard of 8.50 or less victimizations per 100,000 days in foster care. While Iowa's performance on the CFSR Round 2 measure, Absence of Maltreatment in Foster Care, meets the federal Round 2 measure, the measure was revised for CFSR Round 3 to be inclusive of maltreatment by any perpetrator who is a caretaker, not just the foster care provider. At this time, Iowa decided no further revisions to the objectives and interventions will occur.

Implementation Supports

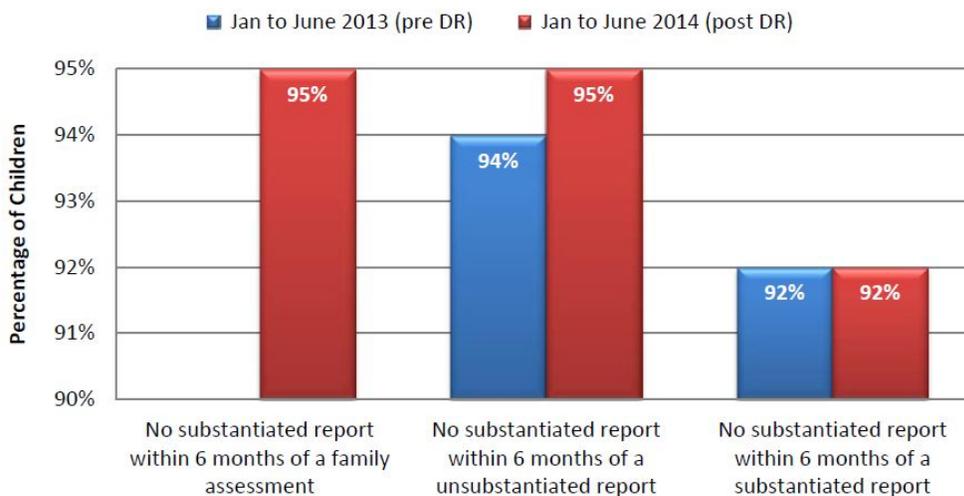
Iowa does not identify any additional supports needed for the Revised Goal 1.

Progress Made to Improve Outcomes

Revised Goal 1: Children abused or neglected will be safe from re-abuse in their own homes or in their foster care placements.

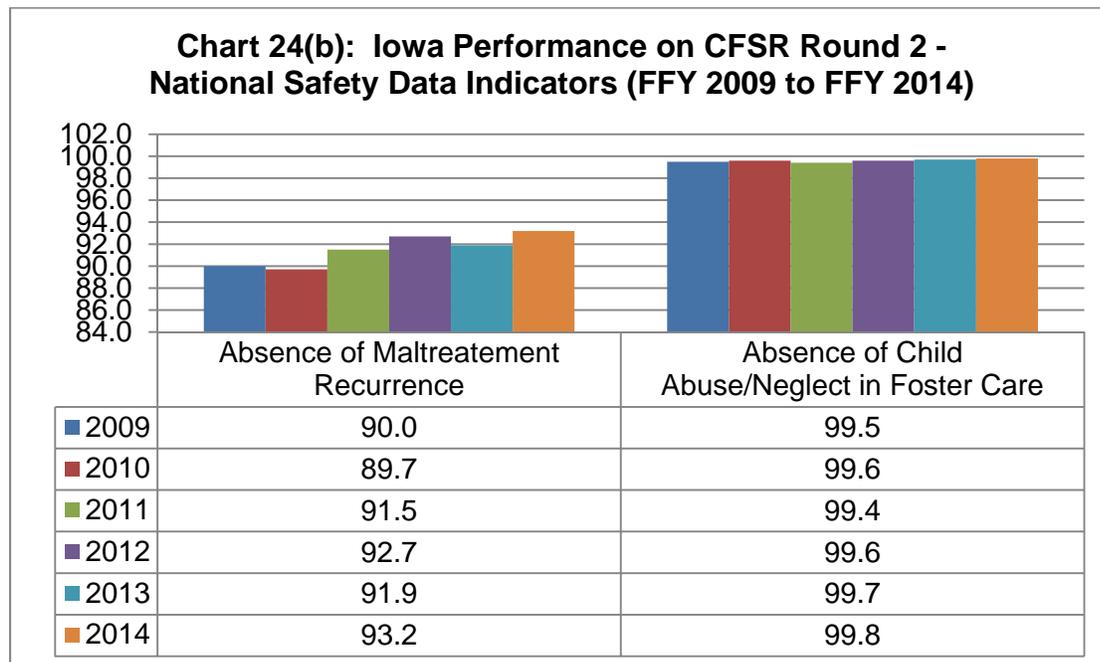
Objective 1: Reduce the reoccurrence of child maltreatment through Differential Response and services provided.

Chart 24(a): Differential Response and Recurrence of Maltreatment
Safe from Abuse or Neglect



Source: Differential Response System Overview, Calendar Year 2014, available at https://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2014.pdf.

The data confirmed that children who received a family assessment were as safe as those who received a child abuse assessment. Ninety-five percent (95%) of children who received a family assessment did not experience a substantiated report within six months; 95% of children who had an unsubstantiated child abuse assessment did not experience a substantiated report within six months; and 92% of children who had a substantiated child abuse assessment did not experience another substantiated report within six months.



Source: Iowa ROM

Table 24(a): CFSR Round 3 - National Safety Data Indicators

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance
Recurrence of Maltreatment	Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?	9.1% or less	11.3%*
Maltreatment in Foster Care	Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	8.50 or less victimizations per 100,000 days in foster care	15.89**

Source: a) Description - Executive Summary: Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews. b) Performance - CFSR Round 3 Statewide Data Indicators – Workbook. Both documents are available at <https://training.cfsrportal.org/resources/3105>.
 *FFY 2012 (NCANDS) **FFY 2013 (NCANDS & AFCARS)

On the CFSR Round 2 National Data Indicators for safety, Iowa experienced over time an increase in the percentage of children who did not experience a recurrence of abuse or neglect (90.0% in FFY 2009 to 93.2% in FFY 2014) and an increase in the percentage of children who did not experience an occurrence of maltreatment in foster care (99.5% in FFY 2009 to 99.8% in FFY 2014). While the improved performance reflects positive forward momentum to ensuring child safety, the National Data Indicators were revised for CFSR Round 3. The Round 3 indicators related to safety increased the timeframe to 12 months as noted in Table 24(a). For the maltreatment in foster care indicator, another change to this measure was including abuse perpetrated by any caretaker not just the foster care provider. Iowa does not meet the CFSR Round 3 indicators for Recurrence of Maltreatment and Maltreatment in Foster Care. Iowa anticipates providing CFSR Round 3 data in next year's APSR as the University of Kansas anticipates changing Results Oriented Management (ROM) to reflect the CFSR Round 3 National Data Indicators.

Benchmark 1.1.1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.

The established baseline performance for the Recurrence of Maltreatment measure is 11.3% (observed performance)⁹. Iowa's performance goal at the end of the CFSP period is 10.1% (observed performance), which is slightly below the Program Improvement Plan (PIP) Improvement Goal of 10.2% established by the Children's Bureau.¹⁰ The Improvement Plan matrix reflects the following interim benchmarks:

- By end of year 2, 10.9%
- By end of year 3, 10.5%
- By end of year 4, 10.2%
- By end of year 5, 10.1%

Benchmark 2.4.1 (New): By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.

The established baseline performance for the Maltreatment in Foster Care measure is 15.89 (observed performance)¹¹. Iowa's performance goal at the end of the CFSP period is 13.86 (observed performance), which is slightly below the Program Improvement Plan (PIP) Improvement Goal of 14.36 established by the Children's Bureau.¹² The Improvement Plan matrix reflects the following interim benchmarks:

- By end of year 2, 15.39
- By end of year 3, 14.89
- By end of year 4, 14.36
- By end of year 5, 13.86

⁹ Source: Performance - CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

**Table 24(b): Safety Plan Services' Contract –
Safety Performance Measurement**

Measure	FY	# Cases	Percentage of Cases with No Maltreatment
Children are safe in their homes and communities. Children do not suffer maltreatment during Safety Plan Services.	2014 – Q4*	114	100%
	2015 – Q1-2**	253	99.60%
	2015 – Q3***	68	98.53%

Source: DHS * Numbers are based on cases that closed April through June 2014 (Statewide); ** July through December 2014 (Statewide); *** January through March 2015 (Statewide)

Table 24(c): Community Care Contract – Safety Performance Measurement

Measure	Calendar Year	Referral Count	Count	Percentage
The percent of families referred to Community Care who have a confirmed or founded report of child neglect or abuse within 180 days with the timeframe to commence the 15th day after the referral to Community Care where the actual incident occurred fourteen days after the date of referral to Community Care will be five percent or less to receive full payment, and no more than ten percent of families for fifty percent of payment.	2014	4,338	236	5.44%
	2015 (1/1/15 – 3/31/15)	990	63	6.36%

Source: DHS

Table 24(d): Family Safety, Risk & Permanency (FSRP) – Safety Performance Measurement

Measure	Time Period	Number of eligible cases	Safe from Abuse Incentive Earned	Percentage
Children in cases receiving Family Safety, Risk, and Permanency Services will be safe from abuse for the entire Episode** of Services and for at least six (6) consecutive months following the service end date of their Family Safety, Risk, and Permanency Services, regardless of contractor***. ¹³	Jan – June 2014	2502	2105	84.13%
	July 2014 - March 2015	4008	3422	85.38%

Source: DHS * Incentives are earned six (6) months following the end of services. (Statewide)

Service data provided shows that Iowa’s service array contributed to the safety of children. Children were safe during the provision of Safety Plan Services (98%+) and families who received Community Care services did not experience a confirmed or founded child abuse or neglect report within 6 months of service conclusion (approximately 93%). For Family Safety, Risk and Permanency (FSRP) services, 84-85% of families did not experience abuse or neglect during services and six months past service completion. Both Safety Plan Services’ and Community Care Services’ families experience short duration of services compared to FSRP services which last several months to a year or more.

Benchmark 2.1.1: By end of year 1, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.

In November 2014, DHS issued a new Request for Proposal (RFP) for Community Care Services for an effective date of July 1, 2015. The RFP for Community Care incorporated the CFSR safety data indicators by increasing the look back period from six (6) months to twelve (12) months so the applicable Community Care measure aligned with CFSR Round 3. DHS negotiated a contract with the successful bidder, with services to begin under the new contract effective July 1, 2015. Performance benchmarks for years 2 through 5 are to achieve/maintain performance of 9% or lower.

¹³ *For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child’s placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

**Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same contract.

*** For purposes of this measure, cases must be closed from receiving Family Safety, Risk, and Permanency Services for at least six (6) consecutive months, without any confirmed or founded abuse reports to be eligible for incentive payments. It is possible that more than one contractor would be eligible for an incentive payment on the same case in situations where the case was transferred to another contractor, without a break in services, and no abuse occurred while either contractor delivered services and within six (6) consecutive months of final service closure.

Benchmark 2.2.1: By end of year 1, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.

Benchmark 2.3.1: By end of year 1, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.

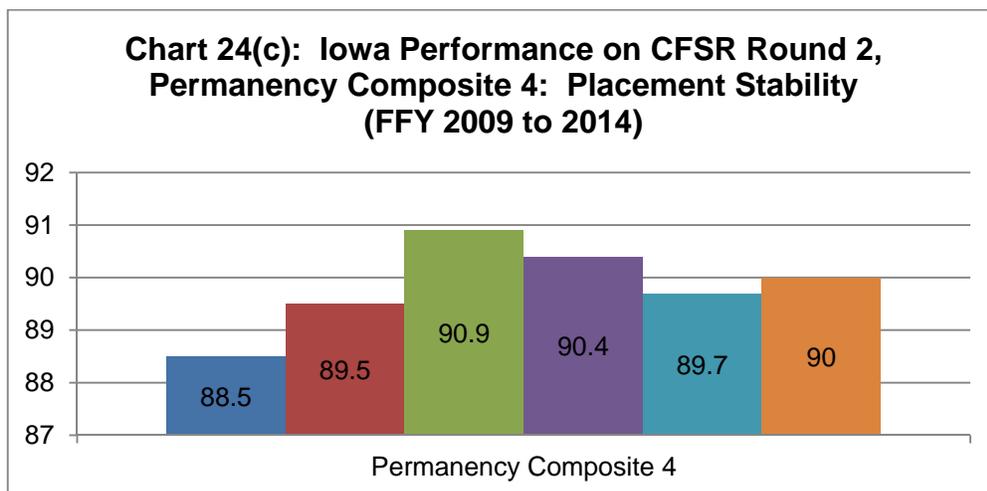
In January 2015, DHS issued a new Request for Proposal (RFP) for Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services for an effective date of June 1, 2015 with service delivery effective July 1, 2015. The RFP incorporated the CFSR safety data indicators by increasing the look back period from six (6) months to twelve (12) months so the applicable FSRP measures aligned with CFSR Round 3. Due to an active appeal in one service area, DHS awarded new contracts in four out of the five service areas. The service area with an active appeal will have its current contract renewed pending resolution of the appeal.

There is no specific performance goal percentages included in the Safety Plan Services and FSRP Services contracts. Contracts indicate performance expectations, which are the measures in the Improvement Plan Matrix below, and contractors receive incentive payments when a case meets the identified expectations. Nevertheless, Iowa's ultimate goal is that 91% or more of cases do not experience a recurrence of maltreatment. Since DHS revised the measures to align with the CFSR Round 3 measures, there are no baseline data. Therefore, Iowa revised the benchmarks for years 2 through 5 for both Safety Plan Services and FSRP Services to reflect establishing the baseline performance in year 2 and the performance benchmarks for years 3 through 5.

Goal 2: Children experience permanence in their living situations.

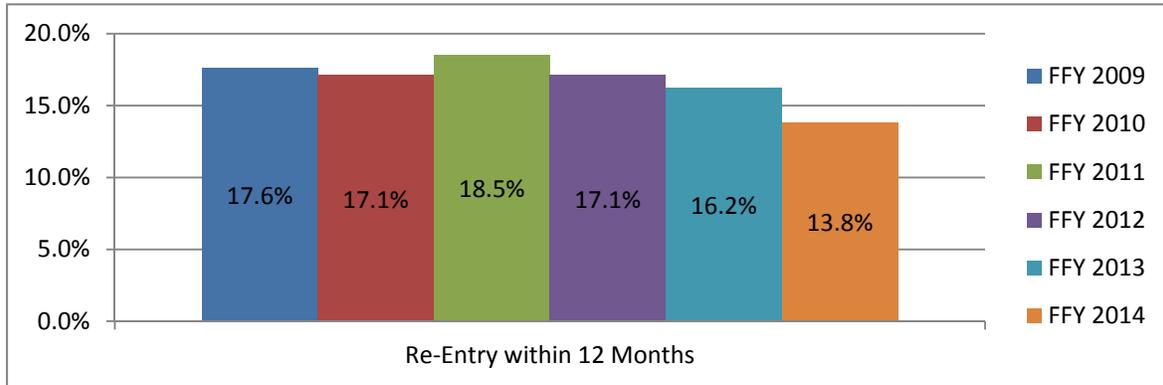
Objective 1: Increase placement stability for children in foster care through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.

Objective 2: Decrease the percentage of children re-entering foster care within 12 months of discharge through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.



Source: Iowa ROM

Chart 24(d): CFSR Round 2, Permanency Composite 1: Timeliness and Permanency of Reunification – Sub-Measure: Re-entries to foster care in less than 12 months



Source: Iowa ROM

Table 24(e): CFSR Round 3 - National Permanency Data Indicators

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance
Placement stability	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	4.12 or less moves per 1,000 days in foster care	3.25*
Re-entry to foster care in 12 months	Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	8.3% or less	10.3%**

Source: a) Description - Executive Summary: Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews. b) Performance - CFSR Round 3 Statewide Data Indicators – Workbook. Both documents are available at <https://training.cfsrportal.org/resources/3105>.

*12 month period = FFY 2013B & 2014A (AFCARS)

**12 month period = FFY 2011B & 2012A (AFCARS)

On the CFSR Round 2 National Data Indicators for permanency, Iowa experienced over time a slight increase in Permanency Composite 4: Placement Stability from 88.5 in FFY 2009 to 90 in FFY 2014. This performance does not reflect substantial conformity with the CFSR Round 2 requirement of 101.5 or higher. However, the measure changed for CFSR Round 3 and Iowa’s performance of 3.25 moves per 1,000 days of foster care meets the new federal requirement of 4.12 or lower moves per 1,000 days of foster care. In regards to Iowa’s performance on the sub-measure, Re-entry into foster care within 12 months, Iowa experienced improvement through a reduction of the measure from 17.6% in FFY 2009 to 13.8% in FFY 2014. Even with improvement in this measure, Iowa’s performance of 10.3% does not meet the CFSR Round 3 measure, Re-entry into foster care in 12 months, requirement of 8.3% or lower. Similar

to the national indicators related to safety, Iowa anticipates providing CFSR Round 3 data for the placement stability and re-entry measures in next year's APSR.

Benchmark 2.5.1 (Revised-Previously 2.4.1): By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.

The established baseline performance for the Re-Entry Rate measure is 10.3% (observed performance)¹⁴. Iowa's performance goal at the end of the CFSP period is 9.1% (observed performance), which is slightly below the Program Improvement Plan (PIP) Improvement Goal of 9.2% established by the Children's Bureau.¹⁵ The Improvement Plan matrix reflects the following interim benchmarks:

- By end of year 2, 10.0%
- By end of year 3, 9.7%
- By end of year 4, 9.4%
- By end of year 5, 9.1%

Benchmark 3.5.1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.

The established baseline performance for the Placement Stability (rate of placement change) measure is 3.25 moves per 1,000 days in foster care (observed performance)¹⁶. Iowa's performance goal at the end of the CFSP period is 4.12 or lower moves per 1,000 days in foster care (observed performance), which is the federal requirement established by the Children's Bureau.¹⁷ The Improvement Plan matrix reflects by end of years 2 through 5, maintained performance benchmark of 4.12 or lower.

Table 24(f): Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)				
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	9,177	7,063
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	56,573	27,941
The total number of complete calendar months children spent in foster care	69,844	70,310	69,428	32,695

¹⁴ Source: Performance - CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

¹⁵ Ibid.

¹⁶ Source: Performance - CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

¹⁷ Ibid.

Table 24(f): Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2015)				
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015 (10/1/14 – 3/31/15)
The total number of monthly caseworker visits with children in foster care in which at least one child visit occurred in the child's residence	37,829	37,288	40,368	19,976
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	82%	85%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%	61%

Source: DHS, Child Welfare Information System (CWIS)

While Iowa experienced an increase in the percentage of children in foster care seen monthly (79% in FFY 2012 to 82% in FFY 2014 and 85% thus far in FFY 2015), performance does not meet the Title IV-B requirement 95% of children seen monthly. Furthermore, Iowa does not have updated case review data to assess frequency and quality of caseworker visits with all children, those in foster care and those remaining in the home. Please see *Section V, Monthly Caseworker Visit Formula Grants* for information on efforts to increase monthly caseworker visits with children.

Benchmark 3.1.1a: By end of year 1, 36% of cases demonstrate monthly, quality caseworker visits with children.

Benchmark 3.2a.2a1: By end of year 1, 40% of cases demonstrate monthly, quality caseworker visits with mother.

Benchmark 3.2b.2b1: By end of year 1, 26% of cases demonstrate monthly, quality caseworker visits with father.

Benchmark 3.3.1: By end of year 1, 60% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.

Benchmark 3.4.1: By end of year 1, 60% of cases demonstrate concerted efforts to involve parents and children in case planning.

As noted in *Section II, Performance Assessment Update*, Iowa suspended its case review process to develop a new case review model incorporating CFSR Round 3. The new case review model includes paired review teams made up of one supervisor from each service area and the Quality Improvement Coordinator from that service area. There is one exception to this as one team consists of a supervisor and a policy representative. The goal of these pairs is to generate rich discussion and observation based on diverse backgrounds.

Due to the restructuring of Iowa's case review process, there are no case review data available for caseworker visits with children and parents; assessment and provision of services for children, parents, and foster parents, including relative caregivers; and involvement of parents and children in case planning. First year benchmarks related to these case review items are revised to reflect year 1 to year 2 completion and percentages for subsequent benchmarks are changed as well to reflect a shortened timeframe. Iowa utilized CFSR Round 2 PIP Negotiated Improvement Goals in establishing year 1 benchmarks. Since the new review process goes into production July 1, 2015, Iowa anticipates that we will have case review data for next year's APSR.

Benchmark 4.1: By end of year 1, statewide contract(s) will be awarded.

In January 2015, DHS issued a new Request for Proposal (RFP) for Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services. The RFP incorporated the facilitation of Family Team Decision-Making (FTDM) meetings and Youth Transition Decision-Making (YTDM) meetings on all open DHS child welfare service cases as part of the FSRP scope of work during specific junctures in the life of a case, including the provision of a FTDM within 30 days of the child's removal from the home. The RFP also incorporated the Child and Family Services Review (CFSR) measures increasing the look back period from six (6) months to twelve (12) months so the applicable FSRP measures aligned with CFSR Round 3. Due to an active appeal in one service area, DHS awarded new contracts in 4 out of the 5 service areas. The service area with an active appeal will have its current contract renewed pending resolution of the appeal.

Goal 3: Children experience optimal well-being through their family's enhanced capacity to provide for their needs.

Objective 1: Improve the frequency and quality of DHS staff visits with children and parents.

Objective 2: Improve parents' and children's involvement in case planning through caseworker visits and Family Team Decision-Making (FTDM) meetings.

See Goal 2 above.

Revisions to Improvement Plan Matrix

DHS staff revised the matrix below to reflect changes mentioned above.

Table 24(g): Improvement Plan Matrix								
Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
1: Differential Response	<p>1: Recurrence of Maltreatment =</p> <p>Number of children in the denominator who had another substantiated or indicated report of maltreatment within 12 months of their initial report</p> <hr/> <p>Number of children with at least one substantiated or indicated report of maltreatment in a 12-month period</p>	<p>1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.</p>	NCANDS	X				
		<p>2: By end of year 2, achieved interim performance benchmark of 10.9%.</p>	NCANDS	X				
		<p>3: By end of year 3, achieved interim performance benchmark of 10.5%.</p>	NCANDS	X				
		<p>4: By end of year 4, achieved interim performance benchmark of 10.2%.</p>	NCANDS	X				
		<p>5: By end of year 5, achieved interim performance benchmark of 10.1%.</p>	NCANDS	X				
2. Child Welfare Services	1: Community Care Services: Percentage of families referred to	1: By end of year 1, defined performance goal and measurement within	Service Contracts	X				

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)					
				Goal 1/ Obj 1	Goal 2		Goal 3		
					Obj 1	Obj 2	Obj 1	Obj 2	
	Community Care who have a confirmed or founded report of child neglect or abuse within twelve (12) months where the actual incident occurred fourteen (14) days after the date of the referral to Community Care will be nine percent (9%) or less.	statewide contract and established performance benchmarks for years 2 through 5. 2: By end of years 2 through 5, achieved/maintained performance benchmark of 9% or lower.	Service Contracts	X					
	2: Safety Plan Services: Children will not suffer maltreatment during Safety Plan Services.	1: By end of year 1, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5. 2: By end of year 2, established baseline performance and performance benchmarks for years 3 through 5. 3: By end of year 3, achieved interim performance benchmark. 4: By end of year 4, achieved interim performance benchmark. 5: By end of year 5, achieved interim performance benchmark.	Service Contracts	X					
Service Contracts			X						
Service Contracts			X						
Service Contracts			X						
	3: Family Safety, Risk &	1: By end of year 1,	Service	X		X			X

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
	Permanency (FSRP) Services: (a): Children in cases receiving FSRP Services will be safe from abuse* for the entire Episode** of Services and for at least twelve (12) consecutive months following the service end date of their FSRP Services, regardless of contractor***. ¹⁸ (b) Children who are in placement in the beginning of, or enter placement during, their case's episode of FSRP Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within twelve (12) consecutive months of their reunification date.	defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.	Contracts					
		2: By end of year 2, established baseline performances a) & b) and performance benchmarks for years 3 through 5, a) & b).	Service Contracts	X		X		X
		3: By end of year 3, achieved interim performance benchmark.	Service Contracts	X		X		X
		4: By end of year 4, achieved interim performance benchmark.	Service Contracts	X		X		X
		5: By end of year 5, achieved interim performance benchmark.	Service Contracts	X		X		X

¹⁸ *For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child's placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

**Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same contract.

*** For purposes of this measure, cases must be closed from receiving Family Safety, Risk, and Permanency Services for at least six (6) consecutive months, without any confirmed or founded abuse reports to be eligible for incentive payments. It is possible that more than one contractor would be eligible for an incentive payment on the same case in situations where the case was transferred to another contractor, without a break in services, and no abuse occurred while either contractor delivered services and within six (6) consecutive months of final service closure.

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
	<p>4: Children’s Bureau – Maltreatment in Foster Care =</p> <p>Of children in the denominator, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12-month period</p> <hr/> <p>Of children in foster care during a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period</p>	<p>1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.</p> <p>2: By end of year 2, achieved interim performance benchmark of 15.39.</p> <p>3: By end of year 3, achieved interim performance benchmark of 14.89.</p> <p>4: By end of year 4, achieved interim performance benchmark of 14.36.</p> <p>5: By end of year 5, achieved interim performance benchmark of 13.86.</p>	NCANDS & AFCARS	X		X	X	X
			NCANDS & AFCARS	X		X	X	X
			NCANDS & AFCARS	X		X	X	X
			NCANDS & AFCARS	X		X	X	X
			NCANDS & AFCARS	X		X	X	X
	<p>5: Children’s Bureau – Re-Entry to Foster Care in 12 Months=</p> <p>Number of children in the denominator who re-entered foster care within 12 months of their discharge from foster care</p>	<p>1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.</p> <p>2: By end of year 2, achieved interim performance benchmark of 9.9%.</p>	AFCARS	X		X	X	X
			AFCARS	X		X	X	X

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
	Number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship	3: By end of year 3, achieved interim performance benchmark of 9.5%.	AFCARS	X		X	X	X
		4: By end of year 4, achieved interim performance benchmark of 9.2%.	AFCARS	X		X	X	X
		5: By end of year 5, achieved interim performance benchmark of 8.9%.	AFCARS	X		X	X	X
3: Caseworker Visits	1: Cases will demonstrate monthly, quality caseworker visits with children. 2a: Cases will demonstrate monthly, quality caseworker visits with mother. 2b: Cases will demonstrate monthly, quality caseworker visits with father.	1a: By end of year 2, 36% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
		1b: By end of year 3, 37% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
		1c: By end of year 5, 39% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
		2a1: By end of year 2, 40% of cases demonstrate monthly, quality caseworker visits with mother.	Case Reviews - Item 15		X	X	X	X
		2a2: By end of year 3, 41% of cases demonstrate monthly, quality caseworker visits with mother.	Case Reviews - Item 15		X	X	X	X

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
		<p>2a3: By end of year 5, 43% of cases demonstrate monthly, quality caseworker visits with mother.</p> <p>2b1: By end of year 2, 26% of cases demonstrate monthly, quality caseworker visits with father.</p> <p>2b2: By end of year 3, 27% of cases demonstrate monthly, quality caseworker visits with father.</p> <p>2b3: By end of year 5, 29% of cases demonstrate monthly, quality caseworker visits with father.</p>	<p>Case Reviews – Item 15</p>		X	X	X	X
					X	X	X	X
	<p>3: Cases will demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</p>	<p>1: By end of year 2, 60% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</p>	<p>Case Reviews – Item 12</p>		X	X	X	X
		<p>2: By end of year 3, 61% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</p>	<p>Case Reviews – Item 12</p>		X	X	X	X
		<p>3: By end of year 5, 63% of cases demonstrate</p>	<p>Case Reviews</p>		X	X	X	X

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)					
				Goal 1/ Obj 1	Goal 2		Goal 3		
					Obj 1	Obj 2	Obj 1	Obj 2	
		appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.	– Item 12						
	4: Cases will demonstrate concerted efforts to involve parents and children in case planning.	1: By end of year 2 , 60% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X	
		2: By end of year 3 , 61% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X	
		3: By end of year 5 , 63% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X	
	5: Rate of Placement Change = Of children in the denominator, the total number of placement moves during the 12-month period <hr/> Of children who enter foster care in a 12-month period, the total number of days	1: By end of year 1 , established baseline, performance goal, and interim performance benchmarks for years 2 through 5.	AFCARS		X	X			
		2: Years 2 through 5 , maintain performance of 4.12 or lower.	AFCARS		X	X			

Table 24(g): Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
	these children were in care as of the end of the 12-month period							
4. Family Team Decision-Making (FTDM) meetings	DHS service cases with a child in foster care will have a FTDM within 30 days of the child's removal from the home.	1: By end of year 1, statewide contract(s) will be awarded. 2: By end of year 3, evaluate FTDM performance and its impact to improving CFSR outcomes.	Service Contracts			X		X
			Service Contracts			X		X

SECTION IX: TARGETED PLANS

Foster and Adoptive Parent Diligent Recruitment Plan

See FFY 2015-2019 Updated Foster and Adoptive Parent Diligent Recruitment Plan

Health Care Oversight and Coordination Plan

See FFY 2015-2019 Updated Health Care Oversight and Coordination Plan

Disaster Plan

See FFY 2015-2019 Updated Disaster Plan

Training Plan

See FFY 2015-2019 Updated Training Plan

SECTION X: STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See FFY 2015 CAPTA Report

Sources of Data on Child Maltreatment Deaths

Table 25(a) : Child Maltreatment Deaths – FFY 2009-2013

Federal Fiscal Year (FFY)	Number of Fatalities
2014	8
2013	5
2012	6
2011	10
2010	7
2009	10

Data Source: SACWIS (child deaths that were listed as being the result of abuse)

During the course of the Department of Human Services (DHS) child abuse assessment that involves a child death, the child protective worker (CPW) collaborates with the

following sources and documents any information that assists in making a child abuse finding within the child protective services assessment.

- On all child death cases, local law enforcement and/or the Department of Criminal Investigation (DCI) work with the DHS. While law enforcement's role is to determine if a crime occurred and the DHS' role is to determine whether abuse occurred, both agencies collaborate on crime scene investigation/assessment, observations, interviews, etc.
- The CPW also works with the medical examiner's office while they conduct an autopsy on the child victim. The CPW and medical examiner's office consult (many times through or in conjunction with law enforcement) to exchange information learned in the investigation/assessment that may assist the medical examiner in determining cause of death and manner of death. The ultimate findings of the autopsy assist in the determinations made in both criminal and child abuse findings.
- Although not every county throughout Iowa has their own Child Death Review Team per se, many counties utilize a variation of multi-disciplinary teams to consult with on child death cases. These consultations assist the CPW in exploring options to barriers and processing the case thoroughly.
- In 1995, Iowa Code section 135.43 and Iowa Administrative Code section 641-90 established Iowa's statewide Child Death Review Team. The purpose of this team is to "aid in the reduction of preventable deaths of children under the age of eighteen years through the identification of unsafe consumer products; identification of unsafe environments; identification of factors that play a role in accidents, homicides and suicides which may be eliminated or counteracted; and promotion of communication, discussion, cooperation, and exchange of ideas and information among agencies investigating child deaths".
- Additionally, the Iowa Child Death Review Team developed protocols for Child Fatality Review Committees (Iowa Administrative Code section 641-92) to be appointed by the state medical examiner on an ad hoc basis, to immediately review the child abuse assessments which involve the fatality of a child under age eighteen. The purpose of the Child Fatality Review Committee is system improvement that may aide in reducing the likelihood of child death.
- Iowa Department of Public Health (IDPH's) Bureau of Vital Statistics also is involved in every child death case that the DHS assesses for child abuse. All child deaths, and at times births with a death occurring shortly after birth, are recorded with Vital Statistics. Because law enforcement generally takes the lead on these death investigations, they generally provide the documentation to Vital Statistics.

However, not all child deaths are reported to DHS. The majority of Iowa children die by natural means, which include prematurity, congenital anomalies, infections, cancers, and other illnesses. In 2011, 199 natural deaths comprised 58% of all Iowa child deaths.¹⁹ Natural manners of death are not considered child abuse and would not meet standards for reporting.

¹⁹ Iowa's Child Death Review Team, Report to the Governor and General Assembly, 2011 Annual Report, available at <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=741D8303-3A77-4320-822F-5D57B216BB63>.

Other manners of death, however, such as accidents, suicides, homicides, and undetermined deaths, are considered by the Iowa Child Death Review Team as preventable. In accordance with Iowa Code section 232.70, mandatory reporters are required to report such suspected child abuse to DHS. When a child fatality is reported, a one hour response time is assigned for the CPW to assure the safety of siblings or any other children involved. Throughout the course of the assessment, the CPW makes a determination of whether abuse occurred and makes the appropriate recommendations and/or referrals to address the family's needs.

Education and Training Vouchers

Table 25(b): Annual Reporting of Education and Training Vouchers Awarded		
	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2013-2014 School Year (July 1, 2013 to June 30, 2014)	204	116
2014-2015 School Year* (July 1, 2014 to June 30, 2015)	207	120

*Estimated

Inter-Country Adoptions

Iowa's automated information system can track:

- The number of children who were adopted from other countries or who enter into State custody because of the disruption of a placement for adoption or the dissolution of an adoption;
- The agencies that handled the placement or the adoption;
- The plans for the child; and
- The reasons for the disruption or dissolution.

Since last year's report, two children entered foster care.

Child A entered shelter on March 25, 2014. The child went to group foster care, to inpatient hospitalization and is now in a PMIC facility. The child is male, age 15, and was adopted from China at age 3. The adoption agency is not known. He is in care due to serious mental health and behavioral concerns which include physical aggression, extreme defiance, destruction of property, threatening to burn down the house and threatening to kill his parents.

Child B first entered care in November 2014 and was placed in a PMIC facility. She then went to foster family care, shelter and is now in a group care facility. This child is female, age 16 and was adopted from Nigeria at age 3. The adoption agency is not known. She is in care due to serious mental health and behavioral concerns which

include physical aggression against her mother and siblings, lying, destroying property, shoplifting, running away, truancy, and substance abuse.

SECTION XI: FINANCIAL INFORMATION

Payment Limitations: Title IV-B, Subpart 1

The amount of federal expenditures for foster care maintenance that Iowa expended under title IV-B, subpart 1, in FFY 2005 was \$724,000. The same amount is allocated for foster care maintenance in FFY 2016. Iowa did not and does not use title IV-B, subpart 1, funds for child care or adoption assistance payments.

The amount of state expenditures of non-federal funds for foster care maintenance payments applied as state match for title IV-B, subpart 1, in FFY 2005 was \$241,334. The same amount of non-federal funds expended for foster care maintenance payments will be applied as state match in FFY 2016.

Payment Limitations: Title IV-B, Subpart 2

Iowa does not utilize 20% of the PSSF funds for family preservation because Iowa's main family preservation service, Family Safety, Risk and Permanency (FSRP) Services, is funded through the Temporary Assistance for Needy Families (TANF) and state appropriations. Iowa secured authorization from the Children's Bureau Region VII office in 2007 to utilize less than 20% of PSSF funds for family preservation. Iowa utilizes 31% of PSSF funds for the family support category to provide services to prevent child abuse or neglect.

Financial information comparing FY 2013 state and local share spending for subpart 2 programs against the 1992 base year amount as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

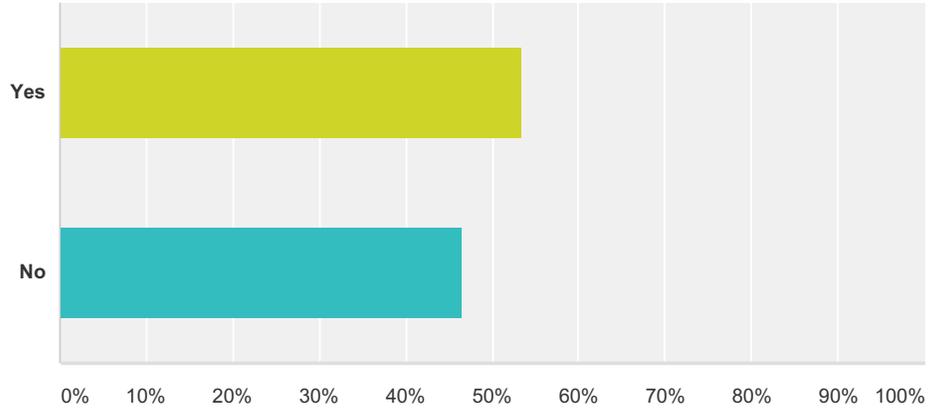
Table 26: Comparison of FY 2013 State/Local Spending and 1992 Base Year Spending		
Category	FY 2013	FY 1992
Family Preservation	15,564	-
Family Support	600,602	581,841
Family Reunification	295,359	-
Adoption Promotion	173,043	-
Other Service Related Activities	188,802	-
Total Administration	30,959	-
Total	1,304,329	581,841

In FY 2007, Iowa began targeting the adoption promotion portion of PSSF funds to provide adoption support services to adoptive families via the statewide Resource and Recruitment contract. The FY 1992 baseline was updated to reflect that change in the use of these funds.

Foster Caregivers Survey of Notices

Q1 Do you receive notice of foster care review board meetings with respect to the child in your care?

Answered: 243 Skipped: 3

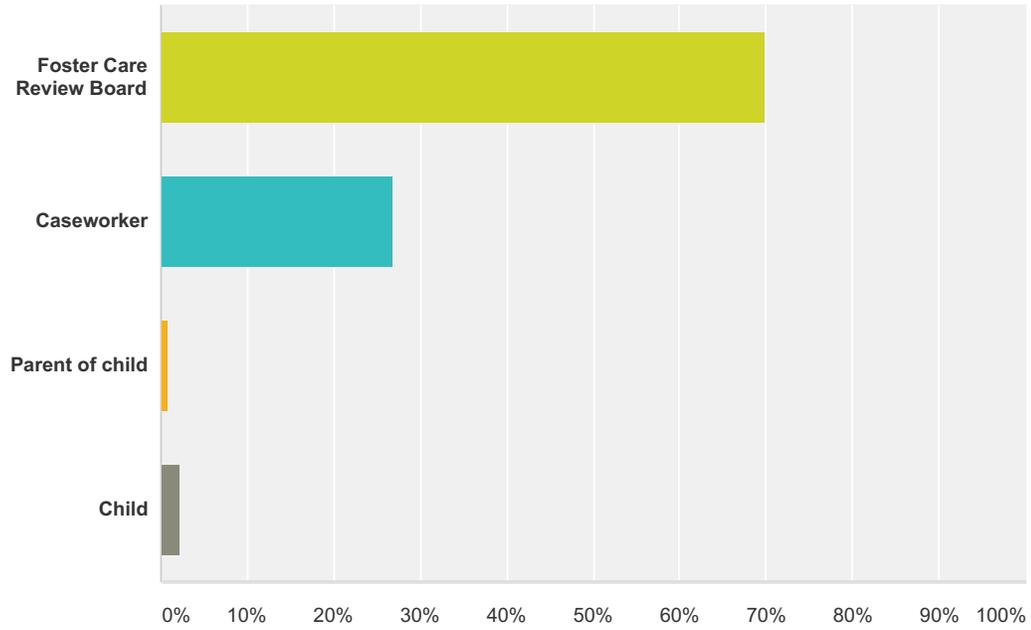


Answer Choices	Responses	
Yes	53.50%	130
No	46.50%	113
Total		243

Foster Caregivers Survey of Notices

Q2 How were you notified of the meeting?

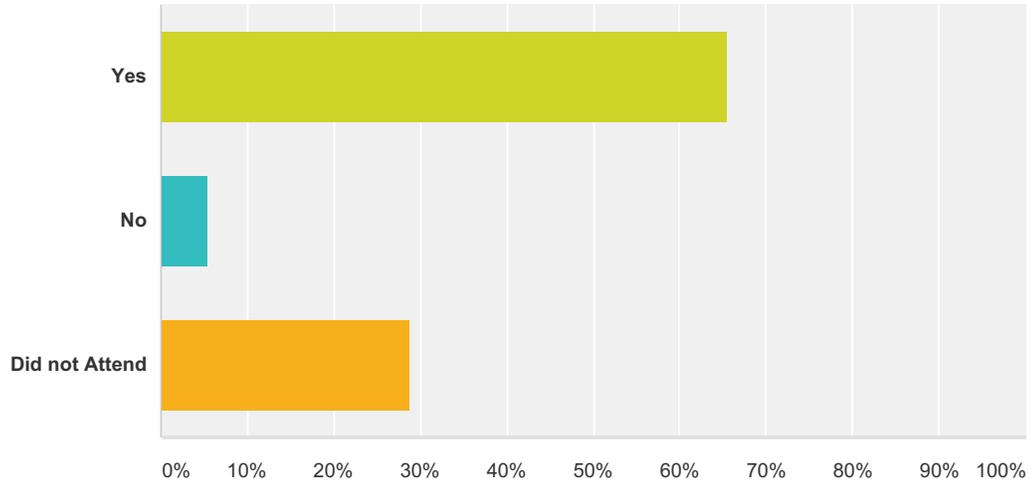
Answered: 126 Skipped: 120



Answer Choices	Responses	Count
Foster Care Review Board	69.84%	88
Caseworker	26.98%	34
Parent of child	0.79%	1
Child	2.38%	3
Total		126

Q3 Were you given an opportunity to speak during the foster care review board meeting?

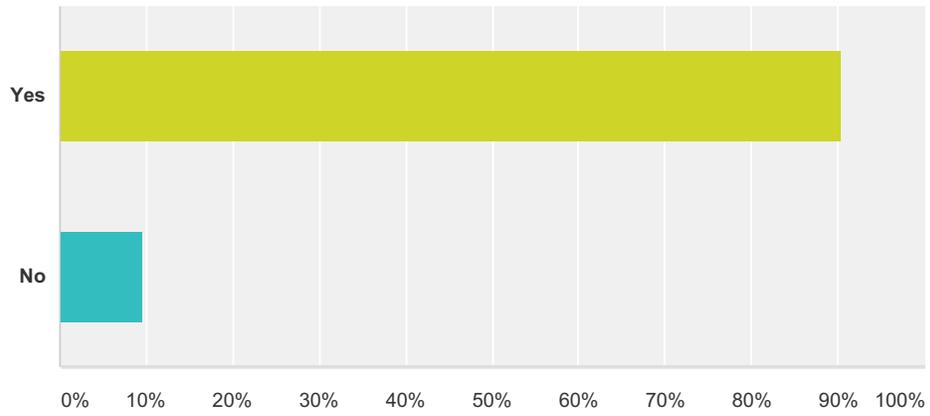
Answered: 128 Skipped: 118



Answer Choices	Responses	Count
Yes	65.63%	84
No	5.47%	7
Did not Attend	28.91%	37
Total		128

Q4 Do you believe your views were reflected in the board's recommendations?

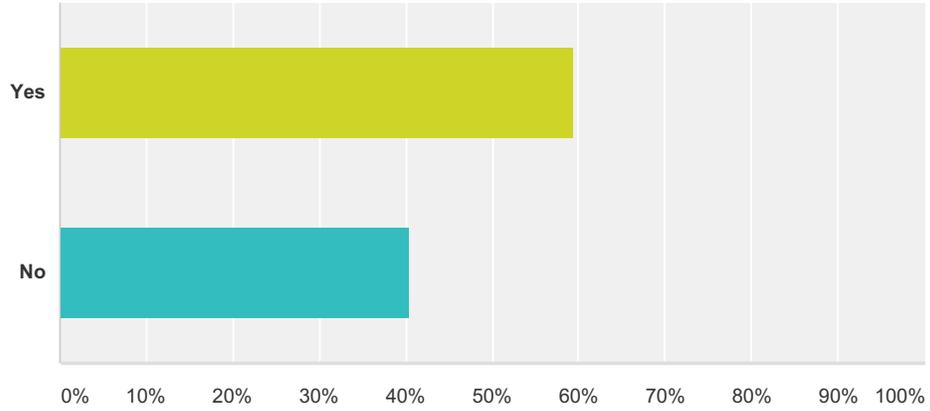
Answered: 83 Skipped: 163



Answer Choices	Responses
Yes	90.36% 75
No	9.64% 8
Total	83

Q5 Since you were unable to attend the meeting were you encouraged to write a letter to the foster care review board?

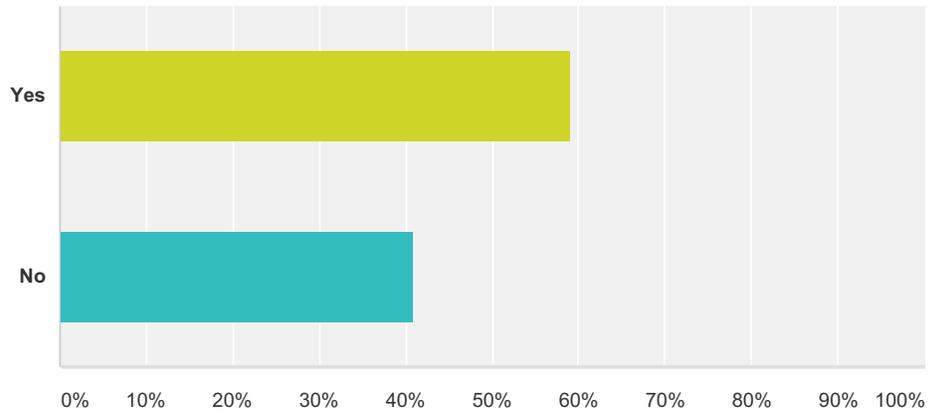
Answered: 37 Skipped: 209



Answer Choices	Responses	
Yes	59.46%	22
No	40.54%	15
Total		37

Q6 Did you write a letter to the foster care review board?

Answered: 22 Skipped: 224



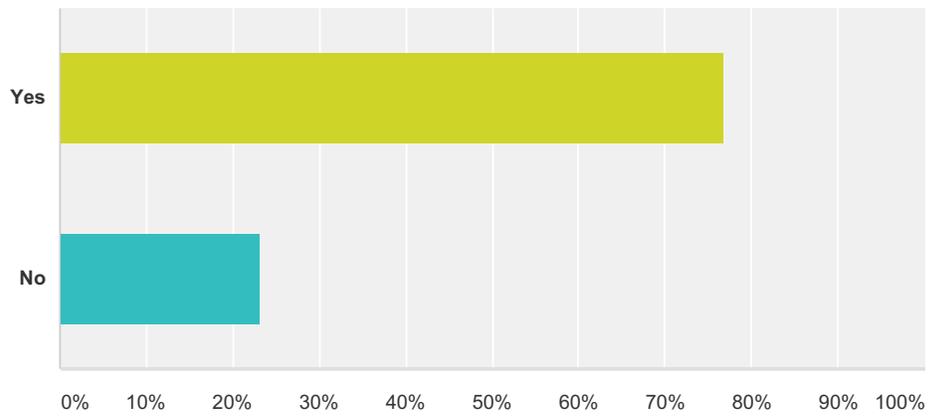
Answer Choices	Responses
Yes	59.09% 13
No	40.91% 9
Total	22

Q7 What kept you from writing the foster care review board?

Answered: 5 Skipped: 241

Q8 Do you receive notices of court hearings with respect to the child in your care?

Answered: 233 Skipped: 13

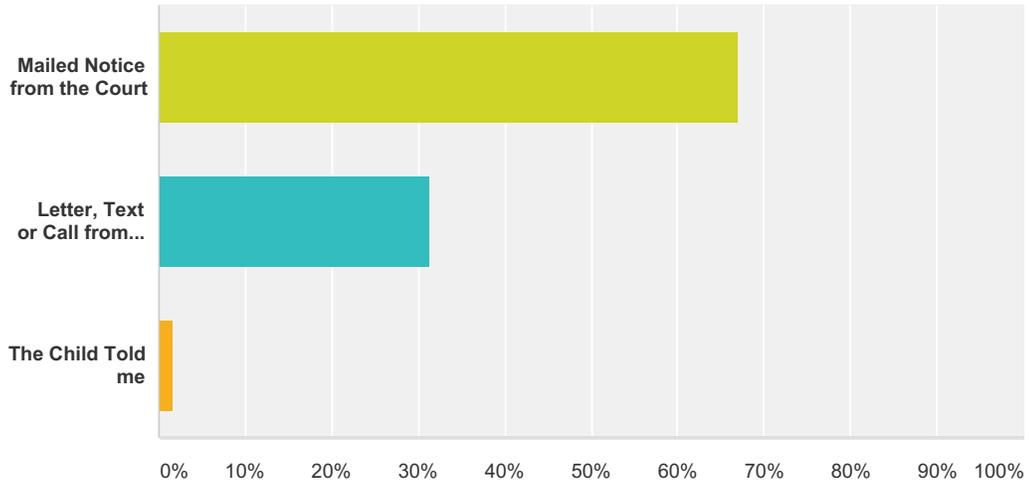


Answer Choices	Responses
Yes	76.82% 179
No	23.18% 54
Total	233

Foster Caregivers Survey of Notices

Q9 How were you notified of the hearing?

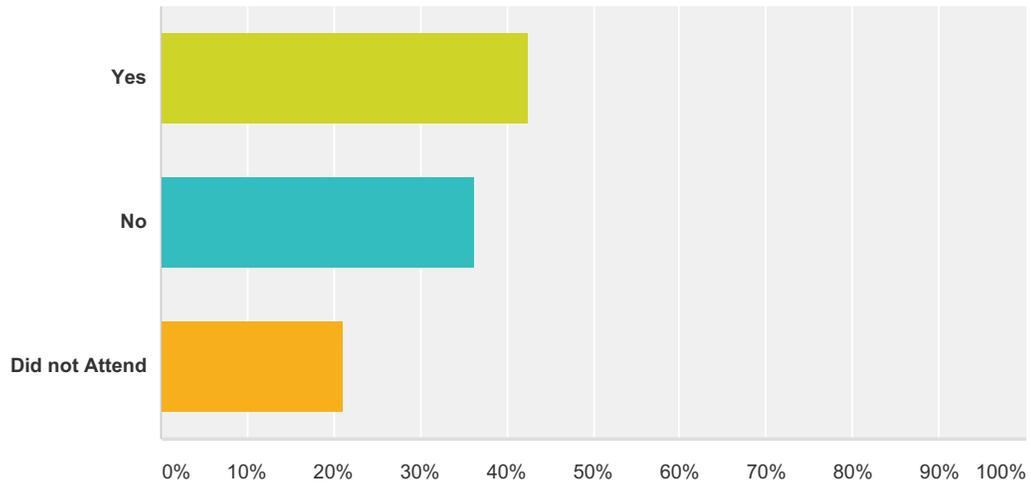
Answered: 173 Skipped: 73



Answer Choices	Responses	
Mailed Notice from the Court	67.05%	116
Letter, Text or Call from DHS Caseworker	31.21%	54
The Child Told me	1.73%	3
Total		173

Q10 Were you given an opportunity to speak during the hearing?

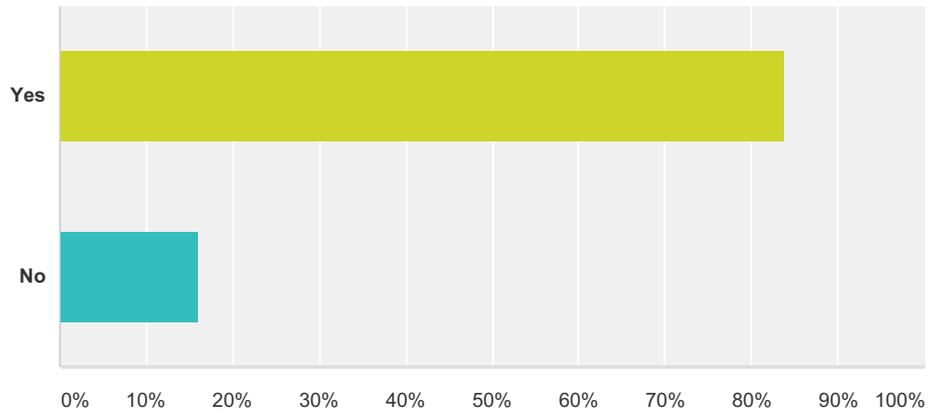
Answered: 176 Skipped: 70



Answer Choices	Responses	
Yes	42.61%	75
No	36.36%	64
Did not Attend	21.02%	37
Total		176

Q11 Do you feel your views were reflected in the judge's recommendations?

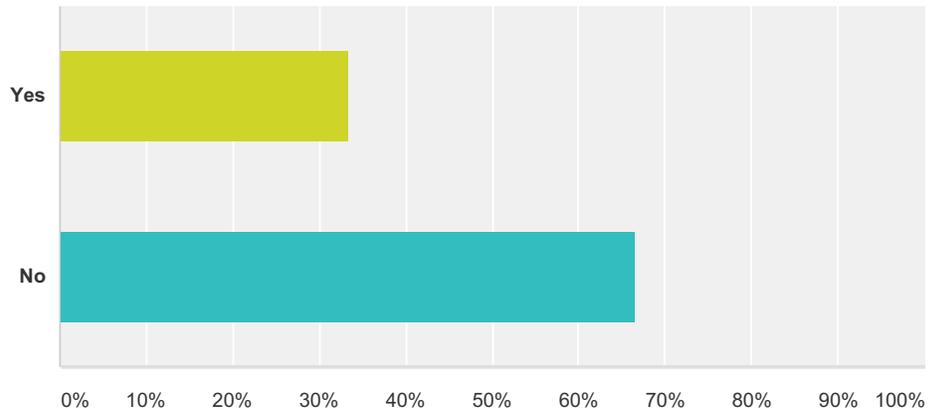
Answered: 75 Skipped: 171



Answer Choices	Responses	
Yes	84.00%	63
No	16.00%	12
Total		75

Q12 Since you did not attend, were you encouraged to write a letter to the court?

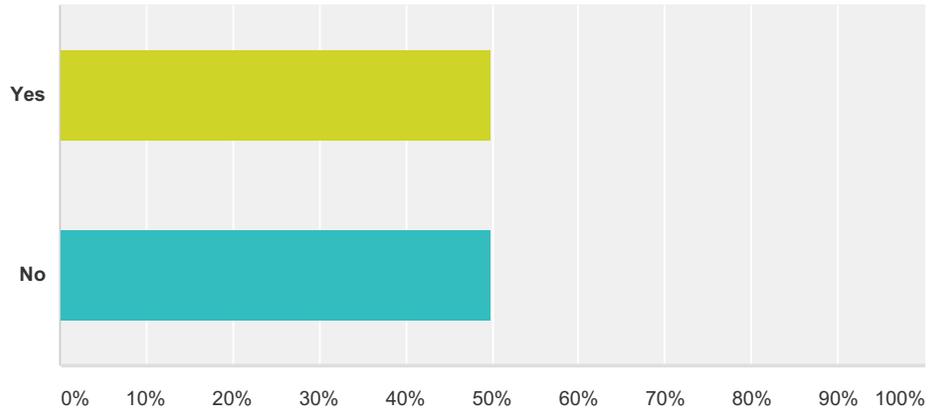
Answered: 39 Skipped: 207



Answer Choices	Responses	
Yes	33.33%	13
No	66.67%	26
Total		39

Q13 Did you write a letter to the court?

Answered: 12 Skipped: 234



Answer Choices	Responses	
Yes	50.00%	6
No	50.00%	6
Total		12

Q14 What kept you from writing a letter?

Answered: 6 Skipped: 240

FY 2015 CHILD WELFARE PROVIDER TRAINING ACADEMY PLAN

(Submitted due date: September 12, 2014)

- FL—Front-line child welfare providers
- FLS—Front-line child welfare supervisors
- LP—Live Presentation
- WC—Web Course and/or webinar
- B—Basic/New Worker
- I—Intermediate/More Experienced Worker
- A—Advanced/Supervisory Level Worker

Course # And Title	Brief Course Syllabus	Audience	Style	Times Offered	# of Days
CW 1001 Ethical Responsibilities and Understanding Boundaries for Child Welfare Providers- Bruce Buchanan	Increases awareness and raises understanding and knowledge about the risks children, families and providers face due to professional power and client vulnerability. Provides an understanding of our ethical duties, power, and confidentiality, and develops steps to ethical thinking and problem solving. Explains boundaries and how issues arise due to the providers “basis of power” and the client’s vulnerability.	FL & FLS: B & I	LP	2 service areas	2
CW 1002-Foundation Attachment Issues Bruce Buchanan	Increases awareness of the common causes of attachment problems, symptoms and behaviors associated with problematic attachment, and basic assessment skills. Provides an understanding in order to better refer to services, support permanency planning, and work toward the goals in the client’s case plan.	FL & FLS: B & I	LP	2 service areas	2
CW 1002 – Practical Application Attachment Issues Bruce Buchanan	This training is an enhanced opportunity to view the process when interviewing, assessing or supervision and the causes of attachment problems, symptoms and behaviors associated with problematic attachment, and basic assessment skills.	FL & FLS: I & A	LP	2 service areas	1
CW 1003 - Foundation Basic Understanding of Mental Health Diagnoses and Behaviors Bruce Buchanan	Increases awareness of diagnoses made by mental health professionals concerning child welfare provider’s clients and/or their caregivers. Presents a basic overview to aid child welfare providers to better understand child and family interaction, common behaviors and feelings, and areas for skill building. Includes new updates to DSM-V.	FL & FLS: B & I	LP	2 service areas	2
CW 1003 – Practical Application Basic Understanding of Mental Health Diagnoses and Behaviors Bruce Buchanan	Will review a diagnosis made by mental health professionals and presents a basic overview to aid child welfare providers to better understand child and family interaction, common behaviors and feelings, and areas for skill building. Will focus on the practical application when responding to behaviors that youth with various diagnosis exhibits. Includes new updates to DSM-V.	FL & FLS: I & A	LP	2 service areas	2

CW 1004 Basic Engaging Youth and Families Bruce Buchanan	This training focuses on creative ways to engage youth and families in a positive change process through the use of collaborative practices and a strengths perspective. Learn how to use empathy, respect and genuine listening skills as practice tools to alleviate mistrust. Know which factors may interfere with establishing working relationships.	FL & FLS: B & I	LP	2 service areas	2
CW1005 - Foundation De-Escalation Skills Training Bruce Buchanan	This training will discuss the physiological process of the brain relative to anger. We will focus in on skills of active listening, non-violent communication and verbal de-escalation. Discussion will also focus in on issues such as personal space, body posture and emotion. Participants will understand the levels of crisis development and the conflict cycle will also be emphasized.	FL & FLS: B & I	LP	2 service areas	2
CW1005 – Practical Application De-Escalation Skills Training Bruce Buchanan	Will review the physiological process of the brain relative to anger. Will review the skills of active listening, non-violent communication, verbal de-escalation and the issues of personal space, body posture and emotion. This workshop will focus on the practical application when interviewing or responding to behaviors that youth with anger issues exhibit.	FL & FLS: I & A	LP	2 service areas	2
CW1006- Confidentiality, Subpoenas, Courtrooms, Attorneys Bruce Buchanan	This training focuses on understanding confidentiality of children, what to do with subpoenas. Proper court room etiquette will be discussed. Understanding attorneys in juvenile court matters versus attorneys involved in Child in need of assistance cases.	FL & FLS: B & I	LP	2 Service area	2
CW1007 - Foundation Autism Spectrum Disorder Monica Ryan-Rausch	Provides an overview of the pervasive developmental disorders referred to as autism spectrum disorders. The course discusses communication skills required to work with children and families on the spectrum. Activities are designed to preserve and strengthen interactions between youth and families and between youth and their peers.	FL & FLS: B & I	LP	2 service areas	2
CW1007 – Practice Application Autism Spectrum Disorder Monica Ryan-Rausch	Will review an overview the autism spectrum disorders. Will discuss communication skills required to work with children and families on the spectrum. Provides an understanding in order to better refer to services and work toward the goals in the client’s case plan. This workshop will focus on the practical application when responding to youth on the spectrum.	FL & FLS: I & A	LP	2 service areas	2

<p>CW 1008 Generations Next Surviving and Parenting through the Teen Toxic Culture</p> <p>Mike McGuire</p>	<p>This training will help educate social workers who are working with teens preparing for independent living, on the often complicated, technical and frightening world of the teen toxic culture. We will look at the history, evolution and changes that make up the world that teens live in and are exposed to every day. This training will explore the impact of all types of media (internet, social, screen, gaming and music) on pre-adolescents and adolescents and the often risky and sometimes tragic results. The training will attempt to “de-mystify” the toxic culture thereby helping social workers to be better equipped to face issues such as bullying, cyber-bullying, violence, human trafficking and risky relationships that can result in today’s pre-adolescents and adolescents world.</p>	<p>FL & FLS: B & I WC</p>	<p>LP</p>	<p>3 Service areas</p>	<p>3</p>
<p>CW 1009 Dangerous Playgrounds Drug Awareness and Trends</p>	<p>This training will help educate social workers on what kids are doing to day to get high. This training reflects the dramatic changes that have taken place the past few years. This training features up-to-date “real” photos and videos to help participants gain essential knowledge about different substances of abuse, what they look like, how they are used and their effects</p>	<p>FL & FSL; B & I WC</p>	<p>LP</p>	<p>3 Service areas</p>	<p>3</p>
<p>CW 1010 – Level 1 Trauma Informed Care</p> <p>Frank Grijalva and Others</p>	<p>This training will discuss the broad spectrum of major contributors to a child’s behavior, what needs to be addressed first and what short/long term reasonable outcomes are. The lifespan consequences of trauma on an individual/community and staff’s role as protectors and educators. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.</p>	<p>FL & FLS: B & I & A</p>	<p>LP</p>	<p>3 Service areas</p>	<p>3</p>
<p>CW 1011 – Level 2 Trauma Informed Care Level 2</p> <p>Frank Grijalva and Others</p>	<p>An expansion of Level 1. Will review lifespan consequences of trauma on an individual/community and staff’s role as protectors and educators. Participants will learn what can happen to them as they operate in highly stressful environments and how to take care of themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.</p>	<p>FL & FLS: B & I & A</p>	<p>LP</p>	<p>At least once in each service areas</p>	<p>8</p>
<p>CW 1012 LGBTQ Basics and Best Practice</p> <p>Julia McGinley, MSW The Lavender Umbrella Project</p>	<p>This course will help participants to understand the language, needs, and barriers involved when working with sexual and gender minority clients. Grounded in best practices, the training allows participants to build a foundation of knowledge about the specific identities of people within the LGBTQ community, the unique needs of this population in terms of social services, and the particular barriers faced by LGBTQ clients. This training also educates human-services staff in many areas including how to apply the theories and principles to their specific practice and programming and by doing so help to create a safe and supportive environment for their LGBTQ clients.</p>	<p>FL & FLS: B & I WC</p>	<p>LP</p>	<p>3 service areas</p>	<p>3</p>

<p>CW 1013 Bleeding Heart or Purple Heart: Learning Parenting Styles & Basic Parenting Education</p> <p>Brian Lowery</p>	<p>Explores models of effective parenting including STEP, PET & Behavior Modification. Special emphasis will be given to identifying parenting styles and parenting techniques appropriate to the child's developmental level and individual needs. Helps identify strategies to support your client's parents with activities designed to preserve and strengthen the family.</p>	<p>FL & FLS: B & I WC</p>	<p>LP</p>	<p>1 service area</p>	<p>1</p>
<p>CW 1014 Don't Talk... Don't Trust... Don't Feel: Growing Up in an Addicted Family</p> <p>Brian Lowery</p>	<p>Explores the dynamics of growing up in a home where one of the primary caregivers is abusing substances or is addicted. Looks at roles children take on to meet their needs and bring balance to their family. Examines ways to engage families in case planning that will contribute to preserving and strengthening the family unit, and may include referral for substance abuse treatment</p>	<p>FL & FLS: B & I</p>	<p>LP</p>	<p>1 service area</p>	<p>1</p>
<p>CW 1015 - Foundation Motivational Interviewing</p> <p>Brian Lowery</p>	<p>This training will educate social workers that Motivational Interviewing is an evidence based interviewing style which adopts a brief intervention format, using critical elements that serve as catalysts for motivation and change. Motivational Interviewing addresses how to strengthen client intrinsic motivation to change and reduce ambivalence. This training serves as an introduction to Motivational Interviewing and gives trainees the basic tools necessary to incorporate this intervention into their practice.</p>	<p>FL & FLS: B & I</p>	<p>LP</p>	<p>2 service areas</p>	<p>2</p>
<p>CW 1015 – Practical Application Motivational Interviewing</p> <p>Brian Lowery</p>	<p>Will review and explore concepts and ideas on the nature of Motivational Interviewing. How to put into practice the evidence based interviewing style which adopts a brief intervention format, using critical elements that serve as catalysts for motivation and change. Motivational Interviewing addresses how to strengthen client intrinsic motivation to change and reduce ambivalence. This training provides an enhanced opportunity to implement the tools necessary to incorporate this intervention into their practice.</p>	<p>FL & FLS: B & I</p>	<p>LP</p>	<p>2 service areas</p>	<p>2</p>
<p>CW 1016 Engaging Youth and Permanency</p> <p>Sue Tew-Warming</p>	<p>Focuses on strength based approach to engage youth and become active participants in their treatment plans. Learn tools and techniques to implement a change process through the use of collaborative practices and a strengths perspective. Focus on Blueprint for Forever Families and to include in practice.</p>	<p>FL & FLS: B & I</p>	<p>LP</p>	<p>2 service areas</p>	<p>2</p>
<p>CW 1017 Interventions with Reactive Attachment Disorder (RAD)</p> <p>David Zidar</p>	<p>Increases awareness of the behavioral struggles of children in foster care and adoption. Explains how much of this behavior is rooted in poor early attachments. Briefly touches on the diagnostic criteria used by mental health professionals to diagnose RAD. Looks at issues as they relate to child welfare services, referrals for interventions, and support for client's case plans.</p>	<p>FL & FLS: B, I & A</p>	<p>LP</p>	<p>1 service area</p>	<p>1</p>

CW 1018 Working with Children with Emotional and Behavioral Problems David Zidar	Provides a basic understanding of what is “going on” with clients with emotional and behavioral issues. Looks at each stage of child development in order to help providers assess if referral to services may be needed. Provides a good overview of client issues in order to better support the goals in the client’s case plan.	FL & FLS: B & I	LP	1 service area	1
CW 1019 The Behavior Clinic David Zidar	Allows child welfare providers an opportunity to discuss difficult issues that their clients present. It is an open forum for developing case management strategies plans to improve the lives and relationships of their clients and families.	FL & FLS: B & I	LP	2 service areas	2
RL 001 ADHD: Diagnosis and Treatment Sarah Clavell Storer, Ph.D.	This course will help participants understand the symptoms associated with ADHD and the possible causes of the disorder. Discussion will also include other disorders that sometimes accompany ADHD and a basic understanding of treatment and how that impacts case management.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 002 Adolescent Suicide Maggie Tapp, LCSW	This course will provide a foundation on how widespread adolescent suicide is and the prevailing theories about what impels individuals to commit suicide. The course will describe suicide behaviors and warning signs to watch for and ways to effectively work with adolescents in order to better refer to services and work toward the goals in the client’s case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 003 Alcohol and the Family Carl Fornoff, LCPC	The goal of this course is to give participants in-depth knowledge about research concerning the impact of alcohol use and the effects on the family and child development.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 004 Anxiety Disorders: Diagnosis and Treatment Kevin Fawcett, Ph.D.	This course will provide a basic understanding of the different types of anxiety disorders that are common today and will learn about current research on anxiety disorders. Participants will go through exercises to better understand how to implement and case management, for those who suffer from anxiety.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 005 Attachment Disorders: Theoretical and Treatment Issues Joseph Solomita, LCSW	This course offers a basic understanding of attachment disorders and addresses the concept of attachment theory. The participants will learn about some common treatments and other related disorders and how they potentially interact.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 006 Best Practices: Behavior Support and Intervention Donna Petras Ph.D., MSW	This course provides a basic understanding and reviews the facts and myths associated with the use of seclusion and restraining, discusses the danger of physical injury and death associated with the use. Participants will see demonstrations of other approaches as a way to reduce the use of seclusion and restraint as part of case management.	FL & FLS	RL	Access to Relias Learning Users	Daily

RL 007 Bipolar Disorder in Children and Adolescents Michelle Angulo Crafton, LMSW	This course offers a basic understanding of bipolar disorder as there has been a surge in the diagnosis in the past decade. Participants will gain information on how to support youth with this diagnosis and how case management will be different in children as compared to adolescents.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 008 Calming Children in Crisis Donna Petras PhD., MSW	This course presents a basic understanding of the effects on children who have experienced trauma including feelings of emotional pain as a result of maltreatment or loss. Provides an understanding in order to better refer to services and work toward the goals in the client’s case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 009 Child Abuse for Mandatory Reporters – Iowa Steve Jenkins, Ph.D.	This course was developed based on Iowa state laws on child abuse and neglect and meets the Iowa requirements for mandatory reporters. Participants will become familiar with types of child abuse, how to identify them, and what to do if they suspect child abuse. Participants will also learn what a mandatory reporter must do, how to report suspected abuse and the process after a report is made.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 010 Co-Occurring Disorders Kathryn Lawson, Ph.D.	This course offers a basic understanding of the relationship between co-occurring substance use and mental health disorders. Discussion will include some of the most common substance use and mental health disorders in the United States. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client’s case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 011 Cultural Diversity Hank Balderrama, MSW	This course gives participants a clear overview of the various components of cultural competence along with concrete examples of how they apply to providing human services. Participants will also explore the importance of understanding a persons culture when providing mental health and other human services	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 012 Depressive Disorders in Children and Adolescents Sarah Clavell Storer, Ph.D.	This course offers a basic understanding of the different types of depressive disorders and how they affect children and adolescents. What are the signs and symptoms and how they manifest differently in children of different ages. Discussion will include various causes and specific attention to risk factors for suicide and suicidal behavior. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client’s case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 013 Introduction to Trauma-Informed Care Cheryl Sharp, MSW, IMWT, CPSST	Asking a trauma-survivor “What happened to you?” instead of, “What’s wrong with you?” helps them begin to understand the impact that trauma has had on their life. Over 90% of people receiving behavioral healthcare have a history of trauma. In this course, you will learn the meaning of trauma, its impact, and what it means to look through a trauma-informed lens. You will learn your role and responsibilities when someone comes into your agency. You will also have an opportunity to reflect on how your personal history may impact your work and relationships.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 014	In this course, participants will learn about the motivational interviewing	FL &	RL	Access to	Daily

<p>Motivational Interviewing Mark Witte, LMSW, MLFT</p>	<p>approach to helping people by establishing rapport, eliciting change talk and establishing commitment language. Discussion will include the importance of matching interventions to individuals' stages of change in order to improve the likelihood of success. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.</p>	<p>FLS</p>		<p>Relias Learning Users</p>	
<p>RL 015 Overview of Bipolar Disorder in Youth for Children's Services Paraprofessionals Suzanne Gaetjens-Oleson, MACP, LCMHC</p>	<p>The moods and behaviors of a child with bipolar disorder affect everyone involved. Drawing upon information from Gellar and Luby's "Child and Adolescent Bipolar Disorder: A Review of the Past 10 years," this course covers the most common signs and symptoms of bipolar disorder in youth. From extreme behavior changes that affect how the child acts at school or at home, to the highs and lows of manic and depressive episodes. The information in this training is designed for service providers of all levels who are interested in learning more about children with bipolar disorder, the impact that bipolar disorder can have on the family, and the most beneficial ways to help.</p>	<p>FL & FLS</p>	<p>RL</p>	<p>Access to Relias Learning Users</p>	<p>Daily</p>
<p>RL 016 Overview of Substance Abuse for Paraprofessionals in Behavioral Health and Social Service Agencies Michelle Reeder</p>	<p>Substance abuse is a widespread problem that you are likely to have encountered in your work. Individuals who live with substance abuse problems often need specialized treatment, so it is very important for you to be familiar with the language and best practices commonly used in substance abuse work. This course you clear, concrete information about substance abuse work best practices for paraprofessionals in behavioral health or social service agencies. In addition to learning about different levels of use (abuse vs. dependence), the knowledge you will gain in this training, you will be well-prepared to work more effectively with consumers that have substance abuse concerns.</p>	<p>FL & FLS</p>	<p>RL</p>	<p>Access to Relias Learning Users</p>	<p>Daily</p>
<p>RL 017 Trauma Informed Treatment for Children with Challenging Behaviors Julie Collins, MSW, LCSW</p>	<p>This course offers a foundation of trauma informed care and how to work with children who have been traumatized. Discussion includes defining complex trauma and understanding its impact on the behavior of children and the development challenges that affect children as a result of trauma. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.</p>	<p>FL & FLS</p>	<p>RL</p>	<p>Access to Relias Learning Users</p>	<p>Daily</p>
<p>RL 018 Provider Resiliency and Self-Care: An Ethical Issue Jenna Ermold, Ph.D.</p>	<p>This course describes protective and risk factors associated with burnout and compassion fatigue/secondary traumatic stress, as well as variables associated with provider satisfaction and growth. Discussion includes potential ethical issues faced by providers experiencing burnout or compassion fatigue/secondary traumatic stress and strategies to assess provider functioning and increase resilience.</p>	<p>FL & FLS</p>	<p>RL</p>	<p>Access to Relias Learning Users</p>	<p>Daily</p>
<p>RL 019 Work-Life Balance</p>	<p>This course gives participants information on the factors that can contribute to difficulty maintaining a balance between in work and personal lives. Discussion will include factors that can cause a lack of balance in work and</p>	<p>FL & FLS</p>	<p>RL</p>	<p>Access to Relias Learning</p>	<p>Daily</p>

Daniel B. Singley, PhD	personal life domains and concrete techniques of ways to have more work-life balance			Users	
RL 020 Working with Youth: A Strength-Based Perspective Charles Applestein, MSW	This course describes the strength-based approach for working with troubled children and teenagers. It covers the key concepts and how to use messages and self-esteem building activities when working with youth. The course also explains how to use messages to help youth make more effective decision. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
WC 001 The Amazing Human Brain and Human Development	This training offers an overview of the human brain's structure and function. This overview is helpful in understanding the impact of trauma, abuse and neglect on the brain's development. Increases awareness of physical, cognitive, social and emotional development of clients from conception through adolescence.	FL & FLS	WC	Unlimited Access	Daily
WC 002 Surviving Childhood: An Introduction to the Impact of Trauma	Learn how traumatic events can affect children differently both physically and psychologically. The training also offers general advice on how caregivers and others who work with traumatized children can more effectively support and guide them. Know when referral for services is necessary.	FL & FLS	WC	Unlimited Access	Daily
WC 003 The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families	This training discusses how a child's own traumatic experience can negatively impact caregivers and those who work with traumatized, abused, and neglected children. This training also offers strategies for learning how to protect yourself from traumatic stress. The training includes four brief lessons with assignments and a quiz. There is also a message board available to participate in discussion groups about the various lessons.	FL & FLS	WC	Unlimited Access	Daily
WC 004 Child Development 101	This workshop reviews child development from 18 months to 18 years, providing benchmarks for normal physical, cognitive, linguistic, social, emotional, and sexual functioning at every stage. This information is discussed in terms of its impact on assessment and interviewing techniques used with abused children.	FL & FLS	WC	Unlimited Access	Daily
WC 005 Bonding and Attachment in Maltreated Children	This training explores the ways in which childhood abuse and neglect impacts the ability to form healthy relationships. It also offers insight into the attachment issues their clients face due to the abuse and neglect. Looks at ways to strengthen the family unit and work toward permanency for clients.	FL & FLS	WC	Unlimited Access	Daily

<p>WC 006 Child Sexual Abuse: A Judicial Perspective</p>	<p>Judge Charles B. Schudson discusses the history of children in America's courts and the potential for making courts safe for children and others. Exploring the law of competency and hearsay, he addresses whether children may testify, and whether professionals may testify about what children told them. He also considers puppets, support persons, video depositions, closed-circuit TV, and other techniques that can help children participate in court proceedings. Finally, Judge Schudson addresses the special challenges to professionals as they attempt to cope with the impact of their work on their own friends and families.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 007 Collaboration, Consistency & Cultural Competency</p>	<p>This workshop is organized into three thematic topics: Collaboration, Consistency, and Cultural Competency. All of these build on effective ways for assisting child victims and families, starting with law enforcement, the gateway to the criminal justice system. Important perspectives related to the natures of crimes against children and meaningful/appropriate responses will be discussed to include strategies for effectively and ethically providing help.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 008 Developmental Perspectives on Child Sexual Behavior in Children and Adolescents</p>	<p>This course discusses sexual behavior in children ages 2-12 and helps the student understand that a number of child sexual behaviors can be normal. In addition, the course presents information about sexual behavior that may be related to sexual abuse, or to other variables in the child's life. These include family sexuality, life stress, such as physical abuse and domestic violence, and other behavior problems the child may have. Sexual behavior in children is also diverse and can include sexual interest and knowledge as well as self-stimulating behavior, personal boundary problems, and sexually intrusive behavior with children and adult caregivers. Finally, the course presents information on why children might develop sexual behavior problems along with guidelines for treatment of these children.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 009 The Emotional Effects of Domestic Violence on Children</p>	<p>Domestic violence creates a dangerous and traumatic environment for children as they attempt to grow and develop in their chaotic homes. This presentation explores the effects on both children and the family. Included in this presentation are attachment issues, the impact of trauma, and how mental, emotional, and intellectual development can be affected.</p>	<p>FI & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 010 Working with the Non-Offending Caregiver</p>	<p>This presentation is designed to gain a greater awareness of the experiences and needs of non-offending caregivers whose children have made allegations of sexual abuse in order to assist in preserving the family unit.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>

<p>WC 011 Effects of Abuse & Neglect – A Focus on Typical Development</p>	<p>This on-line course from the Wisconsin Child Welfare Training System focuses on developmental issues and how they may contribute to child maltreatment. Understanding what milestones should be accomplished within specific developmental stages and the tasks within a developmental stage that may cause stress will greatly contribute to understanding a child and family's situation. Better assessment leads to better case plans and ultimately, improved outcomes. This training contains three sections that (1) provide an overview and printable list of developmental stages, (2) review and test of knowledge of developmental milestones, (3) provide a selection of printable and online references.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 012 When It Is In the Family: How to Handle Sibling Sex Abuse</p>	<p>This workshop will look at what we know about sibling abuse and discuss decisions that need to be made in regard to the offender, victim, and family. There will be a focus on how to address issues such as what should be done with the sibling who has abused; are our decisions different if it is a child versus an adolescent; how do we implement a plan that is in the victim's best interest; and how should we approach families that are resistant to help.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 013 The Intersection of Domestic Violence and Child Victimization</p>	<p>This on-line tutorial contains a basic curriculum on the link between DV and Child Abuse, and on the effects of DV on children. The tutorial consists of 4 Units which discuss general information on DV and Child Abuse; short and long term consequences of exposure to DV; community response to DV; and the Professional's response to DV, including examples of questions for a victim and information on Safety Planning. The tutorial includes a pre and post-test, quizzes following each section, and a video titled 'The Children Are Watching'.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 014 Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Workers</p>	<p>Child welfare workers are on the front line, making decisions about the best course of action for families in their caseloads. Without a solid understanding of alcohol and drug addiction, and how to identify families involved in the child welfare system as a result of parental addiction, child welfare workers will not be able to address a significant portion of the needs of the families in their caseloads. This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>
<p>WC 015 The Medical & Developmental Effects of Domestic Violence on Children</p>	<p>This presentation reviews what is known about the involvement of children with domestic violence, as direct and indirect victims. Using research from the fields of sociology, psychology, neurobiology and development pediatrics, Dr. Stirling explains the effects of chaotic and violent environments on the developing brain, and suggest reasons why the cycle of violence is so hard for some victims to break. Concepts of resilience will be considered. This presentation discusses some of the many impediments to dealing with the child victims of domestic violence in the real world from the perspective of an experienced pediatrician.</p>	<p>FL & FLS</p>	<p>WC</p>	<p>Unlimited Access</p>	<p>Daily</p>

Protocol for Round 3 CFSR Case Review Process

Purpose of Case Reviews:

- Assess statewide practice utilizing the Federal lens, for Federal monitoring and reporting.
- Establish methodology for a case review system that meets the Federal criteria for use prior to and following the on-site review.
- Proactively gather data that will be used in the CFSR on-site review in order to make positive changes in practice and state performance.

The data will be used to:

- Identify statewide trends in performance;
- Provide Service Business Team analysis of state performance;
- Assist decision-makers to identify focus areas for improvement; and
- Provide our Federal partners with reliable and valid baseline data for CFSR sample cases prior to the on-site review and following the on-site review if a PIP is needed.

Case Sampling:

- 150 cases will be read annually.
- Random sampling methodology will be used to draw the sample which will be stratified and weighted proportionately by service area.
- Foster care and in-home cases are historically pretty evenly split so a random selection of this element will be representative of the actual proportion of placement/in-home cases in the sample universe.
- Federal selection criteria of cases to review will continue to be utilized.

Preparing the Random Sample:

1. Quarterly, the designated Quality Improvement Bureau staff will generate the random sample of cases.
2. Cases will be stratified and weighted by service area then drawn randomly.
3. Sample criteria is built into the draw as much as possible; additional validation will take place prior to the sample being made available to the reviewers or by the reviewers upon receipt to assure criteria are met and the assigned supervisor/worker is not overrepresented.
4. If a case does not meet the Federal/State guidelines for eligibility, see "Case Elimination Procedure" below.
5. Quality Improvement Bureau staff will identify any cases for which a reviewer is the direct supervisor and follow the Conflict of Interest protocol below.
6. Once validation has occurred, the sample will be saved to the SharePoint and reviewers notified.

Protocol for Round 3 CFSR Case Review Process

7. Reviewers will determine the order and grouping of case reviews per month based on the random sample demographics.
8. The validated sample will be available a minimum of two weeks prior to the start of the next calendar quarter (ie 3/15, 6/15, 9/15, 12/15).

Case Review Overview

1. Each case will be read by a team consisting of one Supervisor and one Quality Improvement Coordinator or Policy Program Manager.
2. One Supervisor from each service area is designated as a reviewer.
3. The Quality Improvement Coordinator from each of five service areas is designated as a reviewer as well as a Policy Program Manager to make up the six teams.
4. Substitute reviewers will be available through the Quality Improvement Bureau to cover for absences of Supervisor or QI Coordinator, as needed.
5. Reviewers will be assigned cases over which they do not have direct supervision (see Conflict of Interest Protocol below).
6. Reviewers will utilize the Federal On-Site Review Instrument and OMS to document the reviews.
7. Case-specific interviews of key informants on every case will be conducted.
 - a. Interviewees include:
 - i. Child, if age and developmentally appropriate;
 - ii. Child's parent(s);
 - iii. Child's foster parent(s), pre-adoptive parent(s), or other caregiver(s) such as a relative caregiver or group home houseparent if the child is in foster care;
 - iv. Child and/or family's caseworker or caseworker's supervisor if the caseworker is unavailable; and
 - v. Additional interviews may be conducted as needed to gather relevant information to inform the rating
 - b. Exceptions to conducting an interview include:
 - i. Only school-age children are interviewed, unless other arrangements are made. Cases involving children younger than school age, or children who are developmentally younger than school age may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth or foster parent(s).
 - ii. The parents cannot be located or are outside of the United States.
 - iii. There is a safety or risk concern in contacting any party for interview.
 - iv. Any party is unable to consent to an interview due to physical or mental health incapacity.

Protocol for Round 3 CFSR Case Review Process

- v. Any party refuses to participate and the agency can document attempts to engage them.
 - vi. Any party is advised by an attorney not to participate due to a pending criminal or civil matter.
9. The location of case reviews will be a combination of a centralized setting and in the service area/local community responsible for the case.
- a. Service Area/Local:
 - i. Promotes ready access to many key participants in the case.
 - ii. Enables conducting the review and interviews within the same day while information and questions are fresh.
 - iii. Promotes efficiency in the review process.
 - b. Centralized setting:
 - i. Promotes networking with other reviewers.
 - ii. Enables discussion of case issues impacting consistent tool application as they arise.
 - iii. Promotes assessment/assurance of inter-rater reliability through periodically completing one case across all teams and debriefing.
10. Reviewers will finalize data entry into the OMS after they have integrated interview information into the rating process and the tool is complete.
11. Staff designated to complete quality assurance will review the documentation to assure the guidelines in the OSRI are consistently utilized.
- a. Each item in the OSRI will be reviewed, including narrative provided by the case reviewers.
 - b. Quality assurance staff will assess the responses to determine accuracy of ratings.
 - c. Quality assurance staff will assess the responses to determine inter-rater reliability on issues that arise across cases.
 - d. All questions/comments will be returned to the reviewers through the OMS for follow up and response.
 - e. Quality assurance and reviewers will resolve identified issues and resolution will be shared with all reviewers as appropriate to aid in consistency.
12. Cases reviewed will be finalized within _____ days and information resulting will be shared with case reviewers.
13. At the end of each calendar quarter, case reviewers will analyze the data, identify trends, and determine the content of information shared across the state.
14. Quarterly information compiled by state and service area views will be distributed to
15. Reviewers in each service area will attend routine staff meetings to discuss the results and implications.
16. Quarterly information will be discussed by Service Business Team to determine focus areas and assign follow up.

Protocol for Round 3 CFSR Case Review Process

Case Elimination Procedure

Prior to the sample being made available, an initial validation has occurred; however, there may be some situations where information becomes available only after the notification of the random sample has been distributed and it will be necessary to eliminate and replace a case in the sample.

Cases will not be substituted due to worker-specific issues such as caseload or schedule. In order for a case to be eliminated from the random sample, it must meet one of the criteria listed below:

1. The sampling methodology and/or validation will exclude the following case situations:
 - a. In-home services case open for fewer than 45 consecutive days during the PUR.
 - b. In-home services case in which any child in the family was in foster care for more than 24 hours during the PUR.
 - c. A foster care case in which the child is in foster care for fewer than 24 hours during the PUR.
 - d. A foster care case in which a child was on a THV during the entire PUR.
 - e. A foster care case that was discharged or closed according to agency policy before the sample period.
 - f. A case open for subsidized adoption payment only and not open to other services.
 - g. A case in which the target child reached the age of 18 before the PUR.
 - h. A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
 - i. A case appearing multiples times in the sample such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period.
 - j. A foster care case in which the child's adoption or guardianship was finalized before the PUR and the child is no longer under the care of the state child welfare agency.
 - k. A case in which the child was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition for foster care.
2. If a case does not meet the Federal or State sampling criteria:
 - a. The reviewer will contact the Quality Improvement Bureau Chief or designee.
 - b. Together they will determine the applicability of the elimination criteria.
 - c. If a case is eliminated from the sample, the reviewer will select a replacement case from the random sample.
 - d. The reason for elimination from the sample will be noted in the random sample spreadsheet.

Protocol for Round 3 CFSR Case Review Process

3. If an issue beyond the agency's control (ie file destroyed in fire, not able to locate the file, miscellaneous extraordinary circumstances, etc.) prevents review of the physical file:
 - a. The reviewer will discuss the case file circumstances with the supervisor responsible for the case.
 - b. The reviewer will notify the Quality Improvement Bureau Chief or designee of the request and reasoning for eliminating a file from the sample.
 - c. Quality Improvement Bureau Chief and the Social Work Administrator for the service area will discuss the situation and make a final determination as to inclusion/exclusion from the sample.
 - d. Quality Improvement Bureau Chief will notify the reviewer of the outcome so any necessary follow up and documentation can be completed.

Conflict of Interest

A conflict of interest is deemed to exist if a reviewer is directly supervising a case, is directly involved in a case, has consulted on a case, or has otherwise participated in a case prior to the review. Cases in which a reviewer is directly or indirectly involved will be reassigned to assure objectivity in conducting the review.

1. If a conflict of interest is identified by the Quality Improvement Bureau staff when completing the random sample, jump to item #4 and continue.
2. Each reviewer will review the list of sample files upon receipt.
3. Reviewer is responsible for identifying cases that meet the conflict of interest definition.
4. When a conflict of interest is identified, the Quality Improvement Bureau Chief or designee will be contacted.
5. The Quality Improvement Bureau Chief or designee will coordinate and reassign the case to another review team.
6. The Quality Improvement Bureau Chief or designee will assure the review caseload is distributed proportionately, making additional case reassignments as necessary.

Safety Issues Identified During Review

1. If Safety concerns are noted during the review, the review team will contact the Quality Improvement Bureau Chief.
2. The review team and Quality Improvement Bureau Chief will discuss the specifics of the identified issue.
3. The Quality Improvement Bureau Chief will consult with the appropriate Social Work Administrator for the service area or designee.
4. The Social Work Administrator or designee will assure appropriate follow up to mitigate the safety issue.

Protocol for Round 3 CFSR Case Review Process

5. If the issue is an emergency, appropriate community services will be utilized to assure safety of the child(ren)

Training – New Reviewers

As new reviewers are identified, they will actively participate in training prior to taking on full responsibility of teamed reviews.

1. Each new reviewer will be assigned a mentor; this will generally be the reviewer with which they are paired but will be based on individual circumstances
2. Each new reviewer will be provided with the following resource information:
 - a. the OSRI;
 - b. the Reviewer Brief;
 - c. the link to the CFSR portal to access the tool training and mock case; and
 - d. state-specific clarification document of reviewer questions.
3. Each new reviewer will complete the module training on the CFSR portal, which includes passing the competency-based test following the training.
4. Until the new reviewer is prepared to fully participate in the case review, the “team” will additionally include a substitute reviewer allowing for:
 - a. Observation of the process;
 - b. Becoming knowledgeable of the OSRI criteria;
 - c. Practice application of the tool to cases; and
 - d. Comparison and discussion across reviewers of ratings assigned independently and reasoning for those ratings.

Training –QA Reviewers

1. Reviewers completing quality assurance on completed reviews will meet all criteria established for new reviewers.
2. Reviewers completing quality assurance on completed reviews will be experienced in conducting CFSR case reviews and applying the OSRI criteria.
3. Reviewers completing quality assurance on completed reviews will routinely discuss questions that arise and resolve any discrepancies in application of OSRI criteria.
4. Findings of quality assurance reviews will be routinely communicated to case reviewers in order to inform future reviews.



Differential Response System Overview

Calendar Year 2014

Executive Summary

The Iowa Department of Human Services began its Differential Response (DR) System in January 2014. The new system consists of two pathways, Family Assessment (FA) and Child Abuse Assessment (CA), to respond to allegations of neglect and abuse. The new FA, pathway responds to less serious allegations of child neglect.

Differential Response did not impact the criteria for accepting a report for assessment. Code changes did impact worker response times, the labeling of perpetrators and victims, and report conclusion categories for less serious neglect cases following the acceptance of a report for assessment. In addition, Code changes established a firm path for cases to be re-assigned from the FA pathway to CA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CA.

The Department and stakeholders developed process and outcome measures to monitor implementation. Process measures were developed to indicate how the system is working and outcome measures were developed to measure a families' increased ability to protect and parent their children.

DR findings following one year of implementation are promising. Process and outcome measures indicate that the system is working as designed and the outcomes for children and families are positive.

Highlights of report findings include:

- Children who receive a FA are as safe as children who receive a CA
- 97.8% of families who engage in Community Care services do not experience a CINA within six months of service
- 94.3% of families who engage in Community Care services do not experience a substantiated abuse report within six months of service.
- The Community Care performance measure related to child safety improved with the implementation of the differential response model.
- The Community Care performance measure related to entry into the formal child welfare system improved with the implementation of the differential response model.
- A significantly higher number of families than projected have voluntarily accepted services since the implementation of the differential response model.

- Re-assignment from the FA pathway to the CA pathway is within the projected parameters.
- Founding rates on the CA pathway have increased as projected.

Introduction

The Iowa Department of Human Services (DHS) began its (DR) System in January 2014. The new system consists of two pathways, FA and CA, to respond to allegations of neglect and abuse. The following information is a year review of how the system is functioning.

Data included in this report represents historical information for purposes of comparison.

The Department and stakeholders developed process and outcome measures to monitor implementation. Process measures were developed to indicate how the system is working and outcome measures were developed to measure a families' increased ability to protect and parent their children.

I. Intake Decisions (Figure 1.1)

A. Background

Differential Response did not impact the criteria for accepting a report for assessment. Code changes did impact worker response times, the labeling of perpetrators and victims, and report conclusion categories for less serious neglect cases following the acceptance of a report for assessment. In addition, Code changes established a firm path for cases to be re-assigned from the FA pathway to CA pathway. These decisions were based on the premise that safety of a child is first and foremost in a FA and CA.

B. Analysis of Intake Decisions

The total number of intakes has not varied substantially when comparing calendar year 2013 (CY13) to calendar year 2014 (CY14). There is a difference of 393 total intakes received. In CY13 the acceptance percentage was 52% and in CY14 it was 48%. The number of intakes and the percent of accepted intakes vary year to year. The change is believed to be a normal variation.

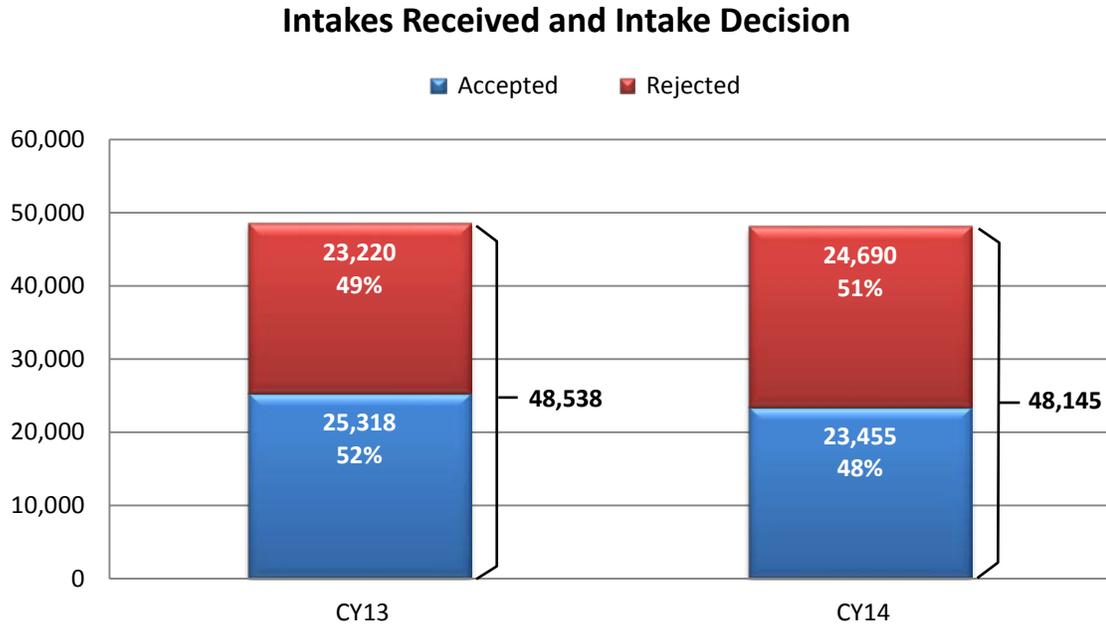
Iowa's rate of screened out (rejected) intakes has increased from CY13 to CY14. In fact, the rate has been slowly increasing since 2011 however the implementation of DR did not affect this trend.

The Department implemented the Centralized Statewide Intake Unit (CSIU) in 2010 and facilitated a more consistent structured intake process and use of standardized tools for uniform decision making. In addition, continued quality assurance activities monitor process, performance, and outcomes. Consequently, the changes identified in the data are expected and considered an appropriate positive change in practice.

Iowa will continue to monitor the number and quality of intakes, as well as accept/reject rates, as part of the on-going intake process analysis to improve decision-making and narrow practice

variation around clinical judgments applied to intake criteria.

Figure 1.1



II. Initial Pathway Assignment (Figure 2.1)

A. Background

There was no change in criteria to accept or reject a report of suspected abuse. However since January 1, 2014 accepted intakes are assigned to one of two possible assessment pathways, the traditional CA and the new FA pathway.

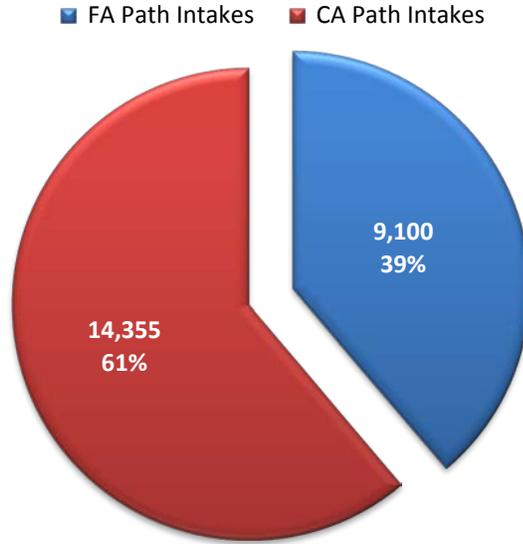
B. Analysis of Pathway Assignment

During the DR planning process, the Department of Human Services and stakeholders discussed various models and recommended the model which eventually became law. At the time, the Department forecast that 37% of accepted intakes would be assigned to the FA pathway. This projection included cases assigned to FA at intake as well as cases re-assigned from the FA pathway to the CA pathway (refer to section IV-Pathway re-assignment). During the first year of DR implementation, the FA pathway assignment rate is 39%. Thus far, the data indicates that the actual assignment of cases is in line with the projected assumptions.

Figure 2.1

Intakes Received by Initial Pathway Assignment

Calendar Year 2014



III. Initial Pathway Assignment Criteria (Table 3.1)

A. Background

Iowa law defines a set of criteria for pathway assignment. Each report may have met one or more criteria for assignment to the CA pathway. Consequently, the total reason count exceeds the total unique assessments (14,355) for the period.

B. Analysis of Initial Pathway Assignment Criteria

The data confirms that assignments to the CA pathway are for the more serious cases.

Table 3.1

CA Initial Pathway Assignment Criteria	Count by Reason
The alleged abuse type includes a category other than Denial of Critical Care	8329
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	3859
There is an open DHS service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the non-custodial parent if they are the alleged person responsible.	2089
The allegation is meth and at least one child victim is under six years old.	1832
The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.	1768

<p>Combined - categories less than 5% individually</p> <ul style="list-style-type: none"> • It is alleged that illegal drugs are being manufactured or sold from the family home. • There is a separate incident open on the household that requires a child abuse assessment. • There has been prior Confirmed or Founded abuse within the past 6 months which lists any caretaker who resides in the home as the person responsible. • The child has been taken into protective custody as a result of the allegation • There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home. • The allegation involves an incident for which the caretaker has been charged with a felony under chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury, or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care facility resulting in serious injury). • The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition. 	<p>3202</p>
---	-------------

IV. Pathway Re-assignment (Figure 4.1)

A. Background

In the design of the Differential Response system it has been critically important to ensure the safety of the alleged victim(s) through the entire assessment process. Consequently, Iowa law established a firm path for cases to be reassigned from the FA pathway to the CA pathway at any point in the family assessment if the case was determined to fit one of several criteria. There are times when assessors make home visit(s) and new information is uncovered and DHS wanted to ensure that when this information came to light, there was a clear path back to the CA pathway. It should be noted that Iowa law does not allow the ability for cases to move from the CA to the FA pathway.

B. Analysis of Pathway Re-assignment

As stated earlier, the Department forecast the total percentage of FA pathway assignment which was inclusive of re-assignment. The forecast for re-assignment of pathways was based on National trends ranging from 2-5%. Iowa's 5% re-assignment rate is directly in line with National rates and within DHS projected parameters. Estimated projections identified that 37% of the assessments would be family assessments. The projection of 37% included cases initially assigned as FA and cases re- assigned as CA after a family assessment had begun.

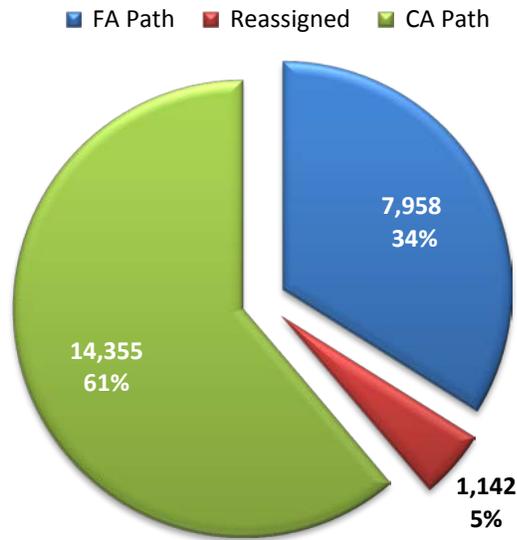
During the first year of Differential Response implementation, 9,100 cases (39%) were originally assigned to the FA pathway. After initiating a family assessment, 1,142 (5%) were then re-

assigned to the CA pathway. Factoring in both elements 7,958 (34%) of cases were assessed on the FA pathway. This is 3% below the projection which demonstrates our continued thoughtful and cautious approach.

Figure 4.1

Completed Assessments by Pathway

Calendar Year 2014



V. Pathway Re-assignment Criteria (Table 5.1)

A. Background

As stated earlier, Iowa law established a firm path for cases to be re-assigned from the FA pathway to the CA pathway at any point in the family assessment if the case was determined to fit one of several criteria. Each case may involve one or more reasons for being re-assigned to the CA pathway; therefore the total reason count exceeds the total unique re-assignments (1,142) for the period.

B. Analysis of Pathway Re-assignment Criteria

The data confirms that re-assignment to the CA pathway is for the more serious cases and is a cautious approach used by the department to assist in assessing high risk or safety concerns. There are a variety of reasons why a child protection worker, in consultation with their supervisor would reassign pathways due to a child safety concern. Case readings indicates that reassignment due to a child safety concern includes situations in which the child protective worker is unable to locate a family and/or there is a need for additional time to perform a comprehensive assessment, inclusive of contacting all individuals who may have information regarding the family and situation. Of the 9,100 family assessments 511 cases were reassigned

from January-June 2014 for a child safety concern. Of the 511 cases reassigned for a safety concern a total of 315 (62%) cases resulted in a substantiated finding which indicates pathway reassignment is being utilized as designed; specifically a reassignment pathway to be utilized for cases in which the child protection worker discovers additional information while performing a comprehensive assessment. Safety of children continues to be first and foremost.

Table 5.1

Pathway Re-Assignment Criteria	Reason Count
Child Safety Concern	511
The alleged abuse type includes a category other than Denial of Critical Care	137
Family chose CAA	128
The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.	90
The allegation is meth and at least one child victim is under six years old.	66
Combined - categories less than 5% individually <ul style="list-style-type: none"> • There is an open DHS service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the non-custodial parent if they are the alleged person responsible. • The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household. • The child has been taken into protective custody as a result of the allegation • There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home. • There is a separate incident open on the household that requires a child abuse assessment. • It is alleged that illegal drugs are being manufactured or sold from the family home. • The allegation involves an incident for which the caretaker has been charged with a felony under chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury, or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care facility resulting in serious injury). • There has been prior Confirmed or Founded abuse within the past 6 months which lists any caretaker who resides in the home as the person responsible. • The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition. 	322

VI. Founding Rates (Figure 6.1)

A. Background

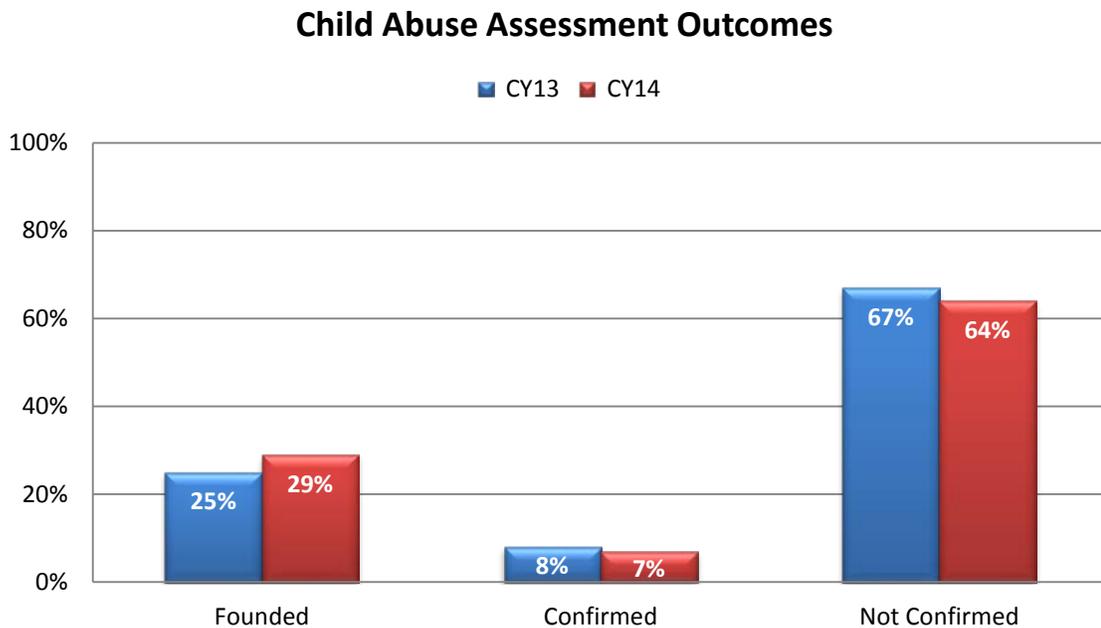
Throughout the design of the new system it was anticipated that the “founding rate”, the percentage of accepted CA pathway intakes that result in a founded case, would increase. This projection was based on the notion that, as lower risk cases were assigned to the family assessment pathway, the remaining cases on the CA pathway would be more serious cases.

B. Analysis of Founding Rates

Based on the first year of Differential Response, the child abuse founding rate demonstrates that the more serious cases are being assigned to the CA pathway. The smaller total number of cases on the child abuse pathway and the fact that they are, by design, the more serious cases combine leading to a higher percentage of those cases being founded. So, while the founding rate increased, the smaller total number of cases on the child abuse side resulting in a founded assessment means fewer names being placed on the Central Abuse Registry.

Iowa’s focus on a comprehensive assessment, use of research and evidence based tools to assess risk and safety, ongoing training, and clinical oversight will continue to evolve and it is anticipated fewer children and families over time will enter the formal child welfare system.

Figure 6.1



VII. Ongoing Service Provision (Figure 7.1)

A. Background

By design, it was anticipated that the Differential Response System would increase the number of families voluntarily engaging in protective services. Iowa law defines what type of state purchased services a family may receive.

- Community Care services are available to families at the conclusion of a child abuse assessment when the assessment is not confirmed (moderate and high risk) and confirmed (moderate risk) and at the conclusion of a family assessment when there is moderate or high risk.
- FSRP services are available to families when a child is adjudicated child in need of assistance and/or when there is a founded abuse assessment (low, moderate and high risk) and confirmed (high risk). The service can be opened at any point during the life of a case.

The data is organized based on the service referral date and may or may not be related to the presence or date of a child protective intake. Because of the time needed to conduct an assessment and to complete initial case management activities that result in a service referral and service case opening some of the November and December intakes (CY13) that eventually were opened for FSRP would be counted in CY14 and November and December intakes (CY14) would be potentially opened in January or February 2015.

B. Analysis of Ongoing Service Provision

The data indicates that almost 2,353 more families are being referred to state purchased services when comparing CY13 to CY14. The increase in these services was a goal of the Differential Response design. Families who previously did not accept services are now taking advantage of the opportunity to engage in activities designed to enhance the safety and stability of their families.

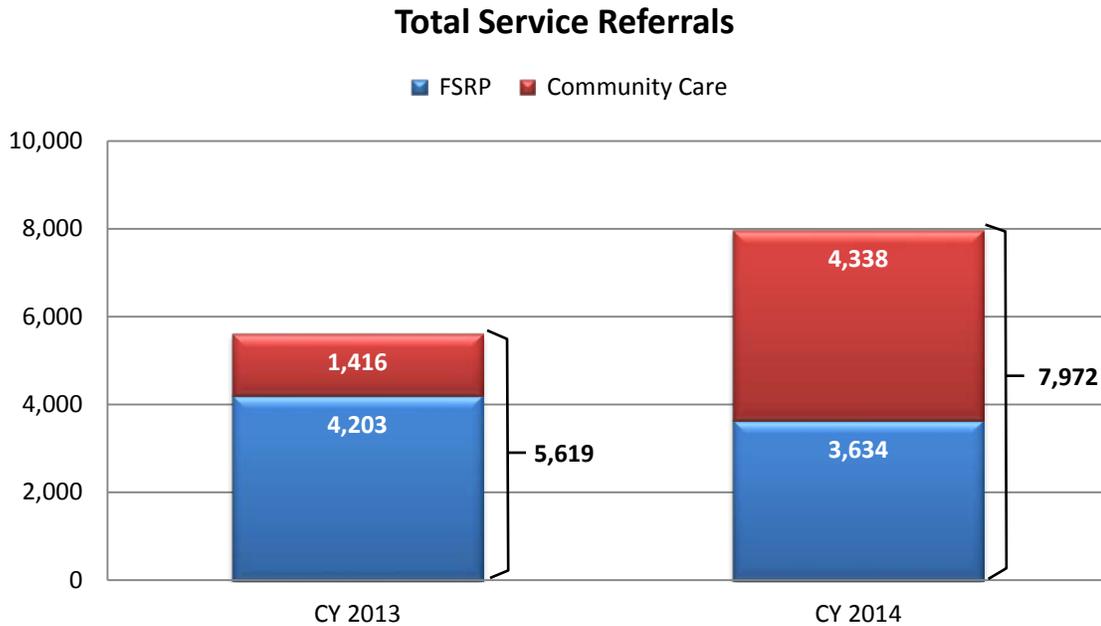
There has been an increase in Community Care referrals in the periods shown. The projected assumption, an increased number of referrals resulting in Community Care, was based on National data which indicates families are more willing to accept services when the child protection agency is less non-adversarial in their approach. The family assessment cases are less adversarial by design as they do not result in a “finding” of abuse. As the data reflects there has been an increase in Community Care referrals.

There has been a decrease in the number of Family Safety Risk Permanency (FSRP) referrals when comparing CY13 to CY14. A gradual decrease in referrals to FSRP was projected. Projections built on the premise that families would voluntarily agree to protective services and build a families ability to protect and parent their children therefore reducing the likelihood they would enter more deeply into the formal child welfare system. DHS and the providers

contracted to provide the service are continuing to assess the impact of the decrease on individual agencies as well as on the system as a whole.

Currently, analysis suggests the service provision system is strong with no wait times and a reliably quick response to engage families appropriately.

Figure 7.1



VIII. Community Care Outcomes (Figure 8.1)

A. Background

Community Care is provided through a single statewide performance-based contract. Community Care was available pre DR (CY13) and post DR (CY14). Referrals to Community Care are made at the completion of both child abuse assessments and family assessments. The intent of this service is for families to learn new skills or establish supportive relationships in order to better protect their children. The outcome measures below were established to measure the service success.

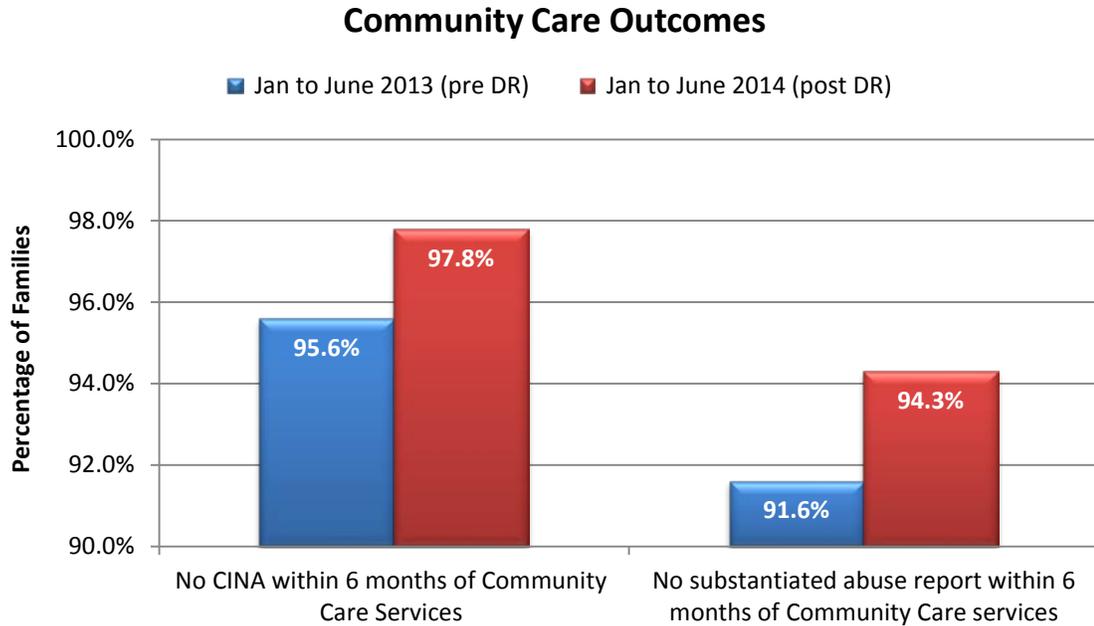
B. Analysis of Community Care Outcomes

The percent of families who do not experience a CINA within six months of Community Care service increased from CY13 (96.5%) to CY14 (97.8%)

The percent of families who do not experience a substantiated abuse report within six months of Community Care service increased from CY13 (91.6%) to CY14 (94.3%)

Community Care performance has increased for both measurements despite an increase of referrals (1,576) from CY13 to CY14.

Figure 8.1



IV. Safe from Abuse or Neglect (Figure 9.1)

A. Background

The child protection system places the safety and well-being of children at the forefront of all decision making. Traditionally, child safety is measured by some common sense thinking. Specifically, once the child protection system intervenes in the life of a family, their ability to protect their children should improve and they should not re-enter the system through a substantiated child abuse report or the adjudication of a petition in Juvenile Court to protect the child (CINA).

Differential Response established a new family assessment pathway to respond to less serious allegations of child neglect. The traditional child abuse pathway remained unchanged in the new model. This new system was built on the premise that children would be as safe or safer under the new model because the response to allegations of neglect would be tailored (differentiated) to the seriousness of the situation and to the families' particular needs.

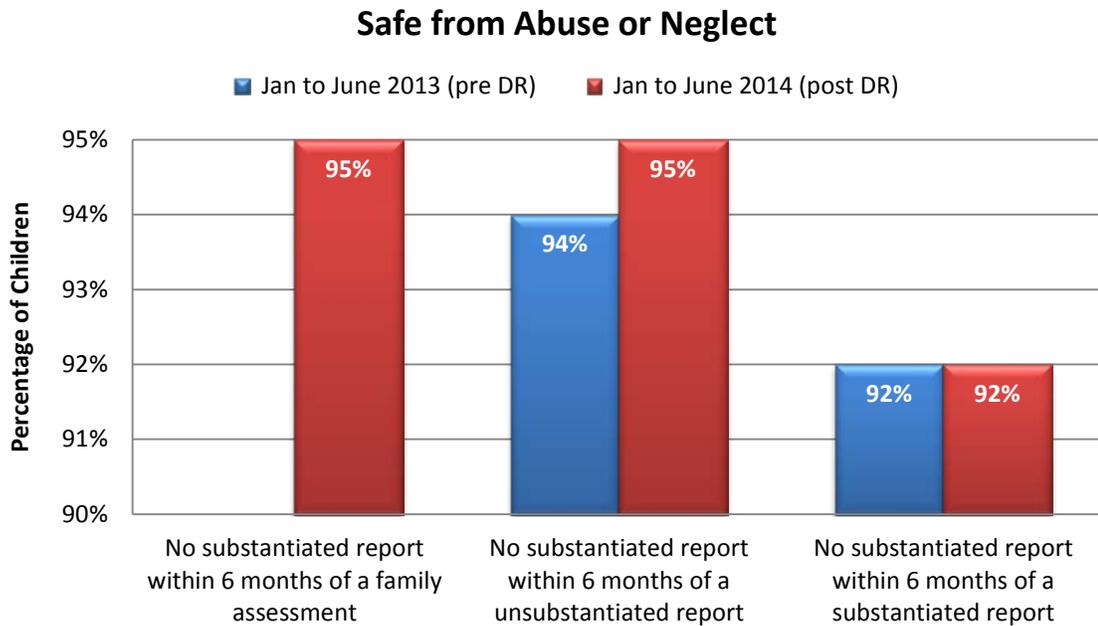
B. Analysis of Safe from Abuse or Neglect

The data confirms that children who receive a family assessment are as safe as those who receive a child abuse assessment. 95% of children who receive a family assessment did not

experience a substantiated report within six months, 95% of children who had an unsubstantiated child abuse assessment did not experience a substantiated report within six months and 92% of children who had a substantiated abuse child abuse assessment did not experience a substantiated report within six months.

The data confirms that the most serious cases are receiving a child abuse assessment.

Figure 9.1



Conclusion

Child safety remains the primary goal of the State child protection system. The Differential Response initiative, by design, supports child protection by assessing safety at intake, during both child abuse assessments and family assessments, and by increasing the numbers of families who voluntarily access protective services. The ultimate goal of a child welfare agency is to build on a family’s resources and develop supports with the family in their community while reducing the need for higher service intervention. National research indicates that families who engage with services are more apt to sustain change and reduce the potential risk of abuse or neglect.

Differential Response results across the country have demonstrated that children are no less safe in a Differential Response system and engagement/shared partnership with families increases their interest and involvement in services. Following a year of implementation the data confirms that children are no less safe in Iowa’s Differential Response system.

The first step in assessing DR implementation was to compare the projected forecast of process measures with actual performance. Iowa's DR system was designed so low risk cases receive a family assessment. Criteria for pathway assignment were carefully chosen with the assistance of national experts, representatives from diverse disciplines and lawmakers. The projected forecast for FA pathway assignment was 37% and during the first year of implementation 34 % of cases are receiving a family assessment. Forecast projections for percentage of founded cases were also expected to increase and during the year it did increase by 4%.

The projected forecast for total service referrals was less than the CY14 results. During the first year of DR service referrals increased more than expected. Initially, we had anticipated a slower, more gradual, shift in family's trust of Department service provision and are pleased that families are engaging in services.

The second step in assessing DR implementation will be to continue to measure outcomes for the families the system comes in contact with. Outcome measures focus on child safety and future involvement with the formal child welfare system. Performance after one year indicates that children are as safe in a DR system and are not experiencing re-entry into the formal child welfare system at a deeper level.

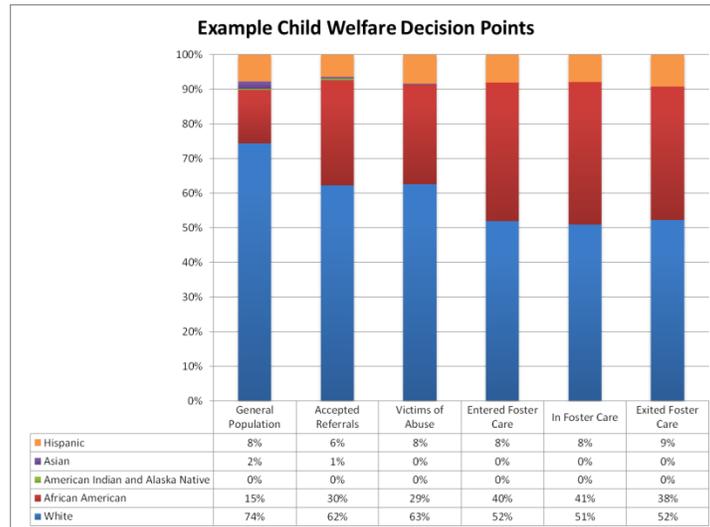
In addition to assessing process and outcome measures the Department has and will continue quality assurance activities to monitor implementation. Quality assurance activities include:

- Case reading
- Structured state and local community meetings
- External and Internal Communication feedback structure
- Local implementation teams

It is by using these valuable tools that the system will continue to evolve and become even stronger in its protection of the children of Iowa and DHS very much looks forward to the work ahead.

Measuring Disproportionality

Decision Point Analysis: Comparison of the percentage of a race group represented at key child welfare decision points. The simplest method is to compare the proportion of each race in the population of children who are included in the decision point as in the example below.



Disproportionality Index:: The percentage of a race group at a decision point divided by the percentage of the same race group in the general population.

$$DI = \frac{\% \text{ of Race group @ decision point}}{\% \text{ of same race group in the general population}}$$

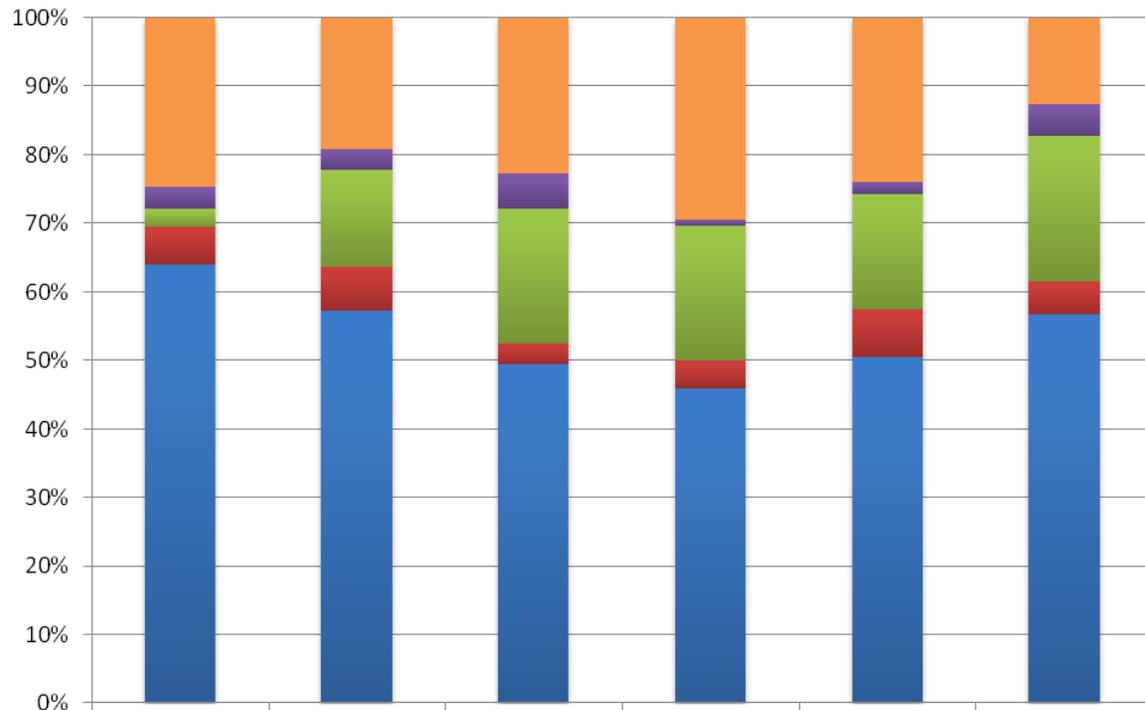
Disparity Ratio: The Disproportionality Index of one race group divided by the disproportionality index of a base race group. Typically the White racial group is used as a base group.

$$DR = \frac{\text{Disproportionality Index of one Race group}}{\text{Disproportionality Index of the Base Race group}}$$

Note: Starting in January of 2014 the department implemented a differential response system for Child abuse and neglect reports. The data for the January to June 2014 time period may not be directly comparable to prior time periods. Caution should be exercised when interpreting the new results.

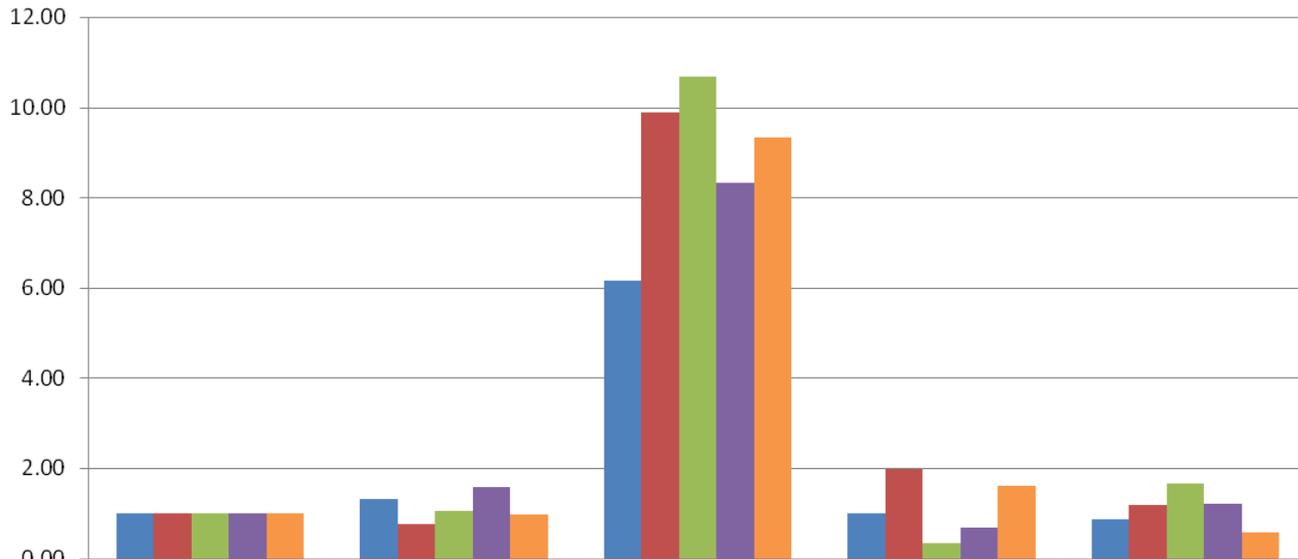
Total Number of Children included in Decision Point Populations for Woodbury County						
	General Population	Accepted Referrals	Victims of Abuse	Entered Foster Care	In Foster Care	Exited Foster Care
SFY11 Q1 & Q2	27,471	504	206	148	650	205
SFY11 Q3 & Q4	27,471	742	238	146	576	156
SFY12 Q1 & Q2	27,292	712	186	132	565	164
SFY12 Q3 & Q4	27,292	680	205	106	520	147
SFY13 Q1 & Q2	27,292	741	185	111	499	141
SFY13 Q3 & Q4	27,292	741	246	127	474	122
SFY14 Q1 & Q2	27,292	687	218	148	514	120
SFY14 Q3 & Q4	26,783	548	140	110	490	138
SFY15 Q1 & Q2	26,783	734	170	128	479	137

Woodbury County Child Welfare Decision Points for July to December 2014



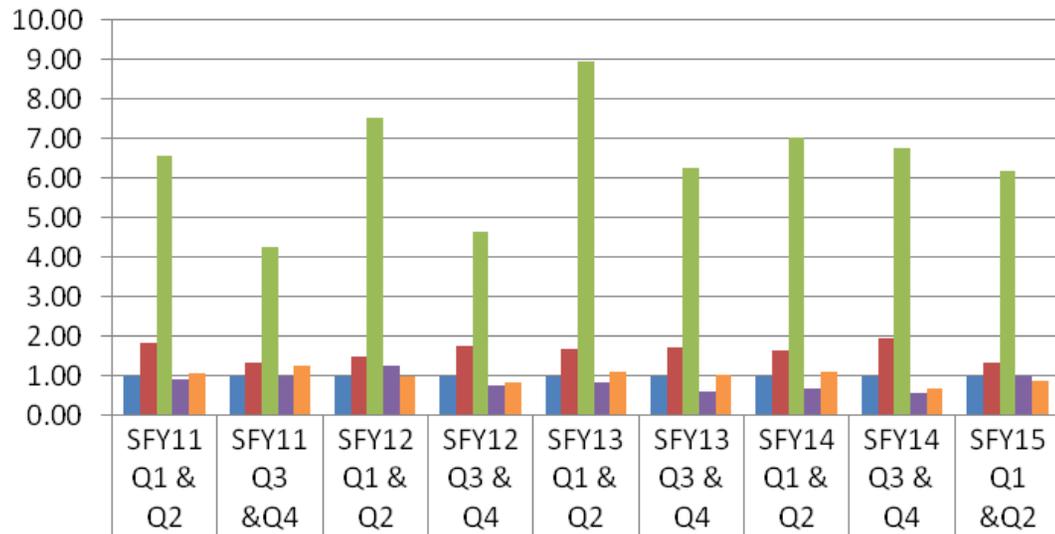
	General Population	Accepted Referrals	Victims of Abuse	Entered Foster Care	In Foster Care	Exited Foster Care
Hispanic	25%	19%	23%	30%	24%	13%
Asian	3%	3%	5%	1%	2%	5%
American Indian and Alaska Native	3%	14%	20%	20%	17%	21%
African American	5%	6%	3%	4%	7%	5%
White	64%	57%	49%	46%	51%	57%

Woodbury County Child Welfare Disparity Ratio for July to December 2014



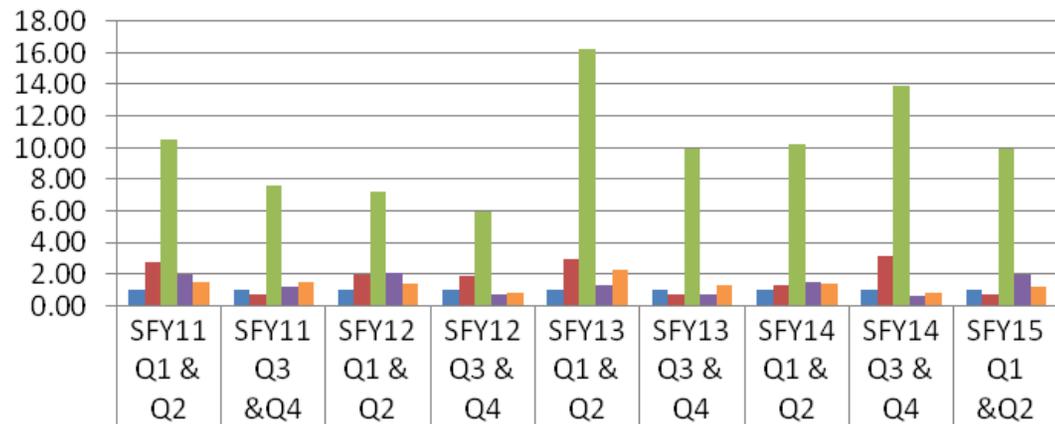
	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	1.31	6.17	1.00	0.87
Victims of Abuse	1.00	0.76	9.91	1.98	1.20
Entered Foster Care	1.00	1.05	10.68	0.34	1.67
In Foster Care	1.00	1.58	8.35	0.69	1.23
Exited Foster Care	1.00	0.98	9.35	1.61	0.58

Woodbury County Accepted Referrals Disparity Ratio



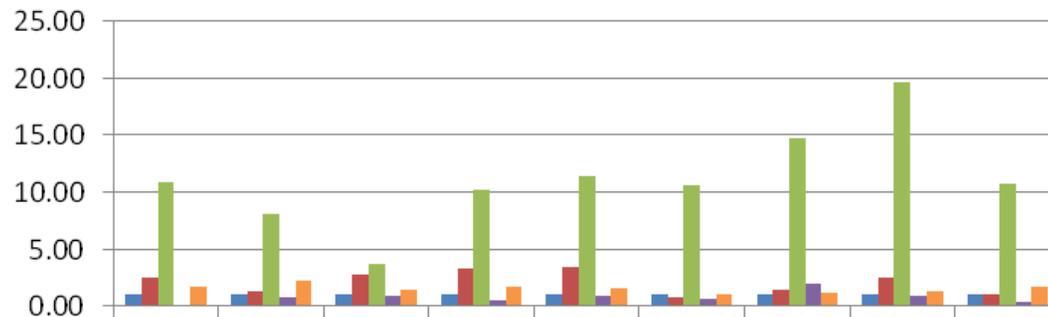
■ White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
■ African American	1.83	1.35	1.50	1.73	1.69	1.72	1.64	1.93	1.31
■ American Indian and Alaska Native	6.57	4.26	7.50	4.65	8.94	6.26	7.02	6.73	6.17
■ Asian	0.89	0.99	1.27	0.74	0.85	0.62	0.69	0.56	1.00
■ Hispanic	1.08	1.26	0.97	0.85	1.11	1.03	1.10	0.69	0.87

Woodbury County Abuse Victim Disparity Ratio



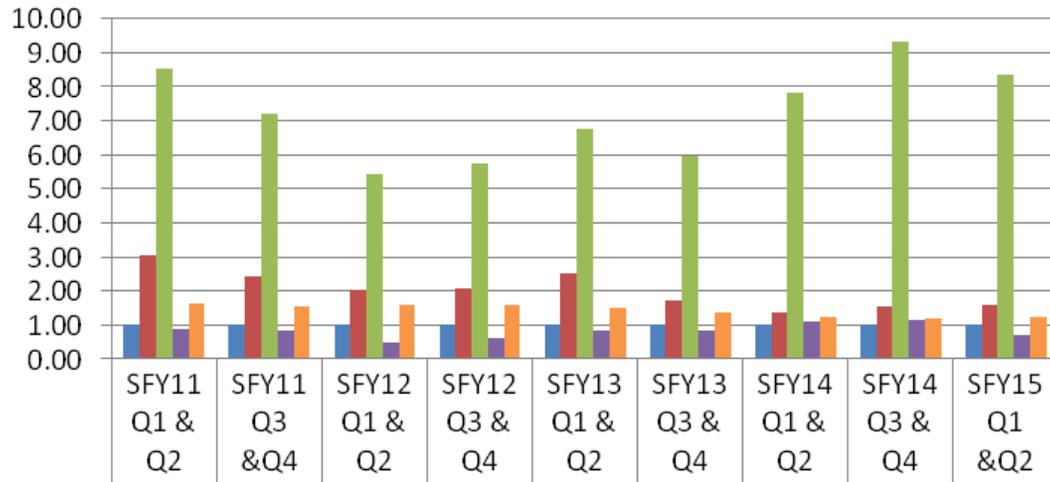
	SFY11 Q1 & Q2	SFY11 Q3 &Q4	SFY12 Q1 & Q2	SFY12 Q3 & Q4	SFY13 Q1 & Q2	SFY13 Q3 & Q4	SFY14 Q1 & Q2	SFY14 Q3 & Q4	SFY15 Q1 &Q2
■ White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
■ African American	2.76	0.73	1.99	1.91	2.94	0.75	1.31	3.18	0.76
■ American Indian and Alaska Native	10.47	7.63	7.23	5.96	16.19	9.97	10.24	13.85	9.91
■ Asian	1.95	1.16	2.07	0.73	1.27	0.69	1.48	0.61	1.98
■ Hispanic	1.51	1.53	1.34	0.77	2.24	1.27	1.44	0.82	1.20

Woodbury County Foster Care Entry Disparity Ratio



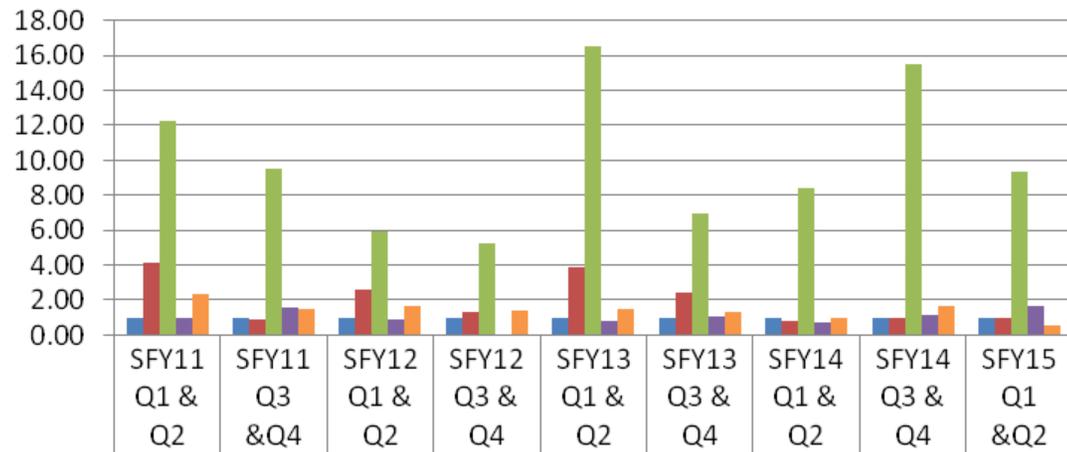
	SFY11 Q1 & Q2	SFY11 Q3 &Q4	SFY12 Q1 & Q2	SFY12 Q3 & Q4	SFY13 Q1 & Q2	SFY13 Q3 & Q4	SFY14 Q1 & Q2	SFY14 Q3 & Q4	SFY15 Q1 &Q2
■ White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
■ African American	2.55	1.34	2.74	3.31	3.37	0.80	1.39	2.53	1.05
■ American Indian and Alaska Native	10.90	8.03	3.74	10.20	11.32	10.54	14.76	19.59	10.68
■ Asian	0.00	0.71	0.95	0.49	0.91	0.65	1.94	0.92	0.34
■ Hispanic	1.75	2.20	1.42	1.72	1.54	0.96	1.18	1.24	1.67

Woodbury County Foster Care Disparity Ratio



	SFY11 Q1 & Q2	SFY11 Q3 &Q4	SFY12 Q1 & Q2	SFY12 Q3 & Q4	SFY13 Q1 & Q2	SFY13 Q3 & Q4	SFY14 Q1 & Q2	SFY14 Q3 & Q4	SFY15 Q1 &Q2
■ White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
■ African American	3.04	2.42	2.03	2.07	2.51	1.74	1.37	1.56	1.58
■ American Indian and Alaska Native	8.52	7.21	5.44	5.73	6.76	5.96	7.83	9.33	8.35
■ Asian	0.86	0.83	0.47	0.60	0.83	0.82	1.11	1.15	0.69
■ Hispanic	1.61	1.54	1.59	1.57	1.50	1.38	1.25	1.21	1.23

Woodbury County Foster Care Exit Disparity Ratio



White	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
African American	4.10	0.87	2.62	1.33	3.90	2.41	0.83	0.94	0.98
American Indian and Alaska Native	12.23	9.51	5.93	5.27	16.55	6.97	8.40	15.45	9.35
Asian	0.93	1.53	0.85	0.00	0.79	1.07	0.68	1.16	1.61
Hispanic	2.33	1.46	1.65	1.38	1.45	1.35	1.01	1.66	0.58

Iowa Parent Partner Quarterly Report

January 2015 through June 2015



Iowa Parent Partner Quarterly Report

Quarters 1 and 2

January 2015 through June 2015

Introduction

The Iowa Department of Human Services first implemented the Parent Partner mentoring program in four pilot sites in 2007. The pilot project was designed to provide better outcomes regarding re-abuse, length of placement, and reunification. The Parent Partner Program has since expanded to all 99 counties in Iowa. Researchers from the University of Nebraska-Lincoln's Center on Children, Families and the Law are providing quarterly reports on families involved with the Parent Partner Program. The data in these reports are retrieved from the Online Parent Partner Database. The Online Parent Partner Database stores data from seven forms: intake, contact log, client registration form, family self-assessment (entry), family self-assessment (exit), family feedback, and fidelity checklist. The quarterly reports provide analyses of the number families entering and exiting the Parent Partner Program, family self-assessments, and fidelity to the Parent Partner model.

Intakes and Case Closures

Parent Partners entered intakes for **621** parents between January 1st, 2015 and June 30th, 2015. Of these, 558 (89.9%) parents speak English as their primary language. 480 (77.3%) identify as Caucasian, 53 (8.%) identify as African American, 10 (1.6%) identify as American Indian or Alaskan Native, and 3 (.5%) identify as Asian. The remaining parents identify as multiracial or other. Of the 621 new intakes in Quarters 1 and 2 of 2015, 17 (2.7%) clients declined services and 4 (.6%) clients were not accepted for services. **598** (96.3%) parents with intakes during this time period completed a family self-assessment. As of June 30th, 2015, **2,709** intakes are open in the Online Parent Partner Database.

New Intakes by Service Area: January 1st, 2015 – June 30th, 2015

Service Area	Number of New Intakes
Des Moines	256
Cedar Rapids	154
Western	89
Northern	72
Eastern	50

512 cases closed between January 1st, 2015 and June 30th, 2015. 167 (32.6%) families completed a feedback form and the Parent Partner completed a fidelity checklist for 424 (82.8%) parents. 307 (60.0%) speak English as their primary language. 284 (55.5%) identify as Caucasian, 24 (4.9%) identify as African American, 9 (1.8%) identify as American Indian or Alaskan Native, and 1 (.2%) identify as Asian. The remaining parents identify as multiracial or other. Of these parents exiting the program, 478 (93.4%) completed an entry self-assessment and 165 (32.3%) completed an exit self-assessment.

Closed Cases by Service Area: January 1st, 2015 – June 30th, 2015

Service Area	Number of Closed Cases
Des Moines	183
Cedar Rapids	117
Western	76
Northern	61
Eastern	75

Time to Case Closure

Statewide, the average time between the date an intake was created and the date the case was closed in the Online Parent Partner Database was **264.35 days**. The median time between the date the intake was created and the date the case was closed was **239.5 days**.

Number of Days From Intake Date and Case Closure Date by Service Area

Service Area	Average days from intake created date and case closure date	Median days from intake created date and case closure date
Des Moines	261.77	253.00
Cedar Rapids	239.10	260.00
Western	240.24	209.00
Northern	259.38	233.00
Eastern	338.53	343.00
Statewide	264.35	239.50

Family Self-Assessments

Entry Self-Assessments

618 family entry self-assessments were entered in the Online Parent Partner Database between January 1, 2015 and June 30th, 2015. The average and median self-assessment for entry assessments is shown in the table below. Parents rated themselves the highest at entry on “I am able to effectively manage my situation to keep my child(ren) safe when times are stressful” and “I talk reasonably and honestly with others about my situation and problems.” Parents rated themselves the lowest at entry on “I feel comfortable when talking with my DHS worker or other service providers”.

Family Self-Assessment				
Statement		Entry Assessment		
Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Average	Median	N
1	I am able to find community resources to keep children safe.	4.32	5	618
2	I am able to complete the steps necessary to get the community resources I need.	4.29	5	618
3	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	4.48	5	616
4	I am able to make the appropriate decisions for myself and family.	4.36	5	618
5	I have others who will listen when I need to talk about my problems.	4.24	5	618
6	I have others who will support positive choices and changes I make.	4.40	5	618
7	I talk reasonably and honestly with others about my situation and problems.	4.38	5	618
8	If there is a crisis in my life I have someone I can talk to.	4.31	5	617
9	I am able to effectively speak up for myself and family to DHS and other service providers.	4.27	5	617
10	I am able to listen to DHS and other service providers and understand their concerns with my situation.	4.24	5	618
11	I feel comfortable when talking with my DHS worker or other service providers.	3.83	4	618

Retrospective and Exit Self-Assessments

165 parents completed a family self-assessment upon exiting the Parent Partner program between January 1st, 2015 and June 30th, 2015. The average self-assessment for entry, retrospective, and exit ratings for each measure is depicted below. Parents with missing data or who responded “I do not know” were removed from analyses. Parents rated themselves highest at exit on “If there is a crisis in my life I have someone I can talk to” and lowest on “I feel comfortable when talking with my DHS worker or other service provider”. Parents rated themselves the highest retrospectively on “I am able to effectively manage my situation to keep my child(ren) safe when times are stressful” and lowest on “I feel comfortable when talking with my DHS worker or other service provider”.

Family Self-Assessment							
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Entry		Retro		Exit	
		Avg.	N	Avg.	N	Avg.	N
1	I am able to find community resources to keep children safe.	4.4	156	3.38	129	4.67	149
2	I am able to complete the steps necessary to get the community resources I need.	4.26	155	3.36	129	4.66	149
3	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	4.42	156	3.42	128	4.70	148
4	I am able to make the appropriate decisions for myself and family.	4.31	156	3.36	129	4.72	149
5	I have others who will listen when I need to talk about my problems.	4.19	156	3.38	127	4.70	149
6	I have others who will support positive choices and changes I make.	4.40	156	3.40	129	4.75	149
7	I talk reasonably and honestly with others about my situation and problems.	4.31	156	3.20	128	4.62	149
8	If there is a crisis in my life I have someone I can talk to.	4.38	156	3.39	129	4.76	149
9	I am able to effectively speak up for myself and family to DHS and other service providers.	4.04	156	3.17	128	4.62	149
10	I am able to listen to DHS and other service providers and understand their concerns with my situation.	4.21	156	3.09	129	4.55	149
11	I feel comfortable when talking with my DHS worker or other service providers.	3.69	156	2.84	128	4.50	149

Retro and Exit Comparisons

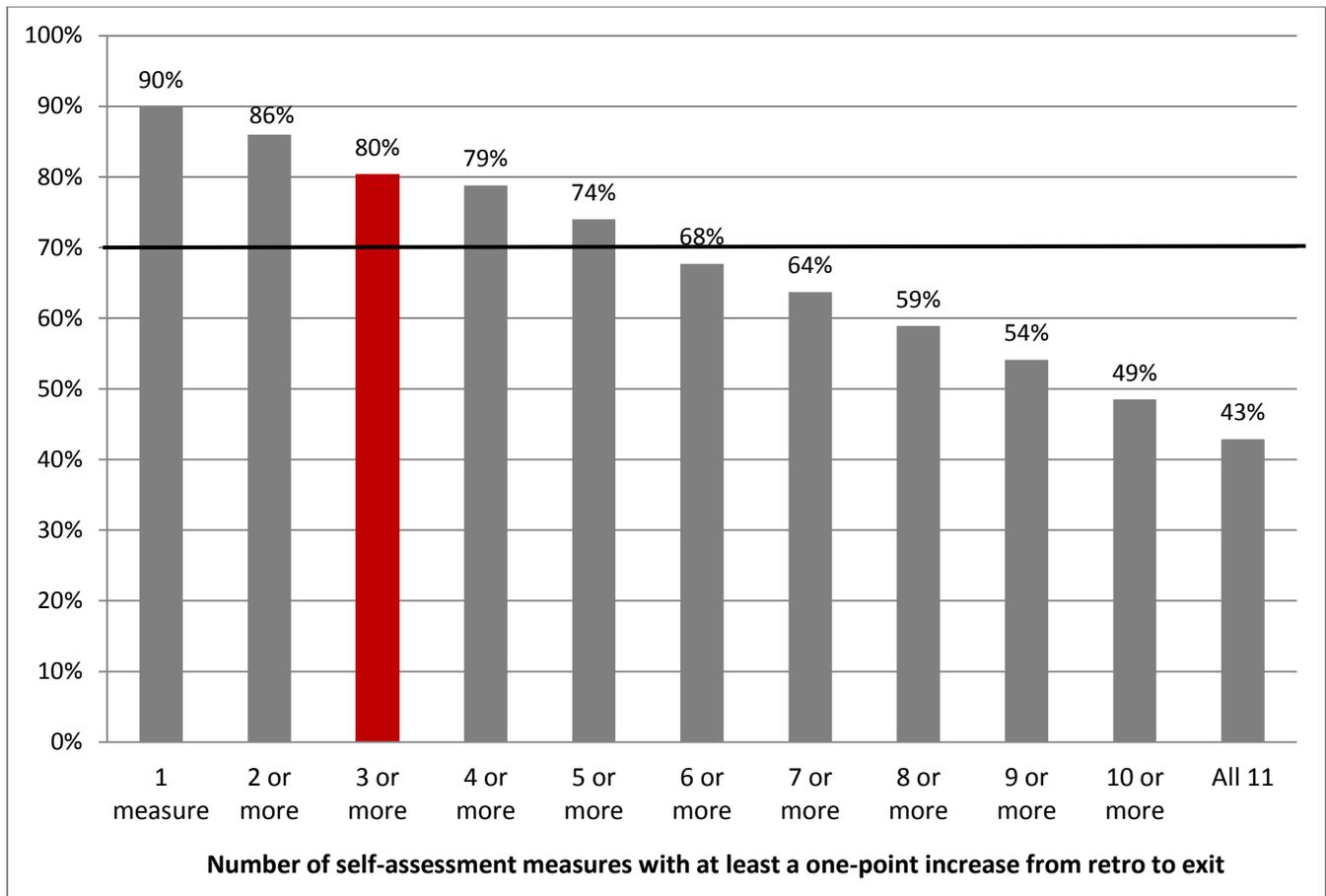
Family self-assessment scores from retrospective to exit are compared in the table below. Only self-assessments that had data for both a retrospective and an exit rating for the measure are included in each analysis; if the data is missing or the parent selected “I don’t know,” the data is not included. For each of the 11 self-assessment items, parents rated themselves as significantly higher on the exit self-assessment than on the retrospective self-assessment. This means that parents are rating themselves higher at completion of the Parent Partner program than they rate themselves when they think back to how they were at the beginning of the program.

	Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)	Retro Average	Exit Average	Number
1*	I am able to find community resources to keep children safe.	3.37	4.67	126
2*	I am able to complete the steps necessary to get the community resources I need.	3.35	4.67	126
3*	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	3.41	4.72	125
4*	I am able to make the appropriate decisions for myself and family.	3.35	4.73	126
5*	I have others who will listen when I need to talk about my problems.	3.35	4.72	124
6*	I have others who will support positive choices and changes I make.	3.37	4.77	126
7*	I talk reasonably and honestly with others about my situation and problems.	3.18	4.65	125
8*	If there is a crisis in my life I have someone I can talk to.	3.36	4.75	126
9*	I am able to effectively speak up for myself and family to DHS and other service providers.	3.17	4.62	125
10*	I am able to listen to DHS and other service providers and understand their concerns with my situation.	3.06	4.56	126
11*	I feel comfortable when talking with my DHS worker or other service providers.	2.83	4.50	125

Percentage of Families with At Least 1-point Increase from Retro to Exit on At Least Three Measures

126 parents completed both an exit self-assessment and a retrospective self-assessment between January 1st, 2015 and June 30th, 2015. The current performance standard is 70% of parents must have at least a one-point increase from retro to exit self-assessment on at least three measures. **101** (80.4%) parents met this performance measure.

Percent of Families With At Least a One-Point Increase on Self-Assessment Measures



Family Feedback: Fidelity and Family Outcomes

Parent Partners entered data for 171 Family Feedback forms for families exiting the Parent Partner program between January 1st, 2015 and June 30th, 2015. Parents with missing data or who responded “I don’t know” are excluded from the following analyses. Parents are reporting that their Parent Partner always encouraged them to fulfill their case plan activities (80.8%), always supported them at FTM, court, treatment, and other gatherings (80.7%), and always was encouraging to them and their family (80.1%).

Family Feedback: Fidelity Checklist								
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Never	Rarely	Sometimes	Often	Always	Avg.	Number
1	My parent partner encouraged me to fulfill my case plan activities.	0 (0%)	1 (.7%)	5 (3.3%)	23 (15.2%)	122 (80.8%)	4.76	151
2	My parent partner had regular face to face visits with me.	0 (0%)	2 (1.3%)	6 (4.0%)	43 (28.5%)	100 (66.2%)	4.60	151
3	My parent partner had other communication and contact with me.	0 (0%)	2 (1.3%)	12 (7.9%)	39 (25.8%)	98 (64.9%)	4.54	151
4	My parent partner advocated for me for needed resources.	0 (0%)	1 (.7%)	11 (7.3%)	31 (20.7%)	107 (71.3%)	4.63	150
5	My parent partner was encouraging to me and my family.	0 (0%)	0 (0%)	6 (4.0%)	24 (15.9%)	121 (80.1%)	4.76	151
6	My parent partner connected me with Community Resources.	1 (.7%)	2 (1.3%)	11 (7.4%)	35 (23.5%)	100 (67.1%)	4.55	149
7	My parent partner helped me connect with the community.	1 (.7%)	3 (2.0%)	15 (10.2%)	30 (20.4%)	98 (66.7%)	4.50	147
8	My parent partner coached me on communication strategies.	0 (0%)	1 (.7%)	7 (4.7%)	32 (21.3%)	110 (73.3%)	4.67	150
9	My parent partner supported me at FTM, court, treatment, and other gatherings.	0 (0%)	0 (0%)	5 (3.3%)	24 (16.0%)	121 (80.7%)	4.77	150
10	My parent partner coached me on what to expect throughout this process.	1 (.7%)	1 (.7%)	7 (4.6%)	26 (17.2%)	116 (76.8%)	4.69	151
Total (out of a possible score of 50)							46.57	146

Parents rated their level of improvement highest for their willingness to make changes (66.4% significant improvement), their level of personal responsibility and accountability (65% significant improvement), and their ability to advocate appropriately for themselves and their family (60.6% significant improvement).

Family Feedback: Family Outcomes							
Statement Rated on a scale of 1 (<i>decreased</i>) to 4 (<i>significant improvement</i>)		Decreased	Remained the Same	Some Improvement	Significant improvement	Average	Number
1	Please rate your level of communication with your DHS worker.	8 (5.9%)	34 (25.2%)	43 (31.9%)	50 (37.0%)	3.00	135
2	Please rate your level of communication with your attorney(s).	2 (1.5%)	35 (26.1%)	43 (32.1%)	54 (40.3%)	3.11	134
3	Please rate your relationship with people who are able to connect you with resources.	1 (.7%)	26 (19.1%)	45 (33.1%)	64 (47.1%)	3.26	136
4	Please rate your relationship with people who support your positive changes.	0 (0%)	25 (18.4%)	39 (28.7%)	72 (52.9%)	3.35	136
5	Please rate your ability to advocate appropriately for yourself and your family.	0 (0%)	14 (10.2%)	40 (29.2%)	83 (60.6%)	3.50	137
6	Please rate your knowledge of what needs to be done for custody of your children.	1 (.7%)	16 (11.9%)	35 (25.9%)	83 (61.5%)	3.48	135
7	Please rate your ability to get to appointments on time.	1 (.7%)	21 (15.3%)	34 (24.8%)	81 (59.1%)	3.42	137
8	Please rate your ability to find community resources for your family.	0 (0%)	18 (13.1%)	43 (31.4%)	76 (55.5%)	3.42	137
9	Please rate your knowledge of who to contact with needs or concerns regarding your case.	2 (1.5%)	16 (11.7%)	40 (29.2%)	79 (57.7%)	3.43	137
10	Please rate your level of personal responsibility and accountability for your actions.	0 (0%)	16 (11.7%)	32 (23.4%)	89 (65.0%)	3.53	137
11	Please rate your willingness to make changes.	0 (0%)	13 (9.5%)	33 (24.1%)	91 (66.4%)	3.57	137
Total (out of a possible score of 44)						37.24	130

Parent Partner: Fidelity and Family Outcomes

Parent Partners completed 435 fidelity checklists between January 1st, 2015 and June 30th, 2015. If the Parent Partner did not respond or responded “I don’t know,” the data is not included in the analyses. Parent Partners reported they always encouraged the family (74.9%), always encouraged the family to fulfill their case plan activities (74.8%), and always supported the family at FTM, court, treatment, and other gatherings (70.5%).

Parent Partner: Fidelity Checklist								
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Never	Rarely	Sometimes	Often	Always	Average	N
1	I encouraged the family to fulfill their case plan activities.	3 (.9%)	6 (1.7%)	23 (6.6%)	56 (16.0%)	261 (74.8%)	4.62	349
2	I had regular face to face visits with the family.	4 (1.2%)	23 (6.8%)	48 (14.2%)	88 (26.0%)	175 (51.8%)	4.20	338
3	I had other communication and contact with the family.	2 (.6%)	20 (5.7%)	76 (21.6%)	104 (29.5%)	150 (42.6%)	4.08	352
4	I advocated for the family for needed resources.	4 (1.2%)	12 (3.5%)	64 (18.6%)	85 (24.6%)	180 (52.2%)	4.23	345
5	I was encouraging to the family.	3 (.9%)	2 (.6%)	23 (6.6%)	60 (17.1%)	262 (74.9%)	4.65	350
6	I connected the family with Community Resources.	7 (2.1%)	15 (4.5%)	75 (22.7%)	81 (24.5%)	153 (46.2%)	4.08	331
7	I helped the family connect with the community.	7 (2.1%)	21 (6.4%)	72 (22.0%)	78 (23.8%)	150 (45.7%)	4.05	328
8	I coached the family on communication strategies.	6 (1.8%)	17 (5.0%)	55 (16.2%)	80 (23.6%)	181 (53.4%)	4.22	339
9	I supported the family at FTM, court, treatment, and other gatherings.	15 (4.4%)	9 (2.7%)	26 (7.7%)	50 (14.7%)	239 (70.5%)	4.44	339
10	I coached the family on what to expect throughout this process.	5 (1.5%)	4 (1.2%)	36 (10.6%)	68 (19.9%)	228 (66.9%)	4.50	341
Total (out of a possible score of 50)							43.28	314

Parent Partners perceived the greatest improvement in their parents on their level of personal responsibility and accountability for actions (38.3% significant improvement), knowledge of what needs to be done for custody (37.9% significant improvement), and knowledge of who to contact with needs or concerns regarding their case (37.3% significant improvement).

Parent Partner: Family Outcomes							
Statement Rated on a scale of 1 (<i>decreased</i>) to 4 (<i>significant improvement</i>)		Decreased	Remained the Same	Some Improvement	Significant Improvement	Average	Number
1	Level of communication with their DHS worker.	19 (6.8%)	70 (24.9%)	112 (39.9%)	80 (28.5%)	2.90	281
2	Level of communication with their attorney(s).	15 (5.5%)	77 (28.4%)	105 (38.7%)	74 (27.3%)	2.88	271
3	Relationship with people who are able to connect them with resources.	26 (9.1%)	67 (23.4%)	125 (43.7%)	68 (23.8%)	2.82	286
4	Relationship with people who support their positive changes.	23 (8.2%)	60 (21.4%)	112 (39.9%)	86 (30.6%)	2.93	281
5	Ability to advocate appropriately for themselves and family.	16 (5.5%)	59 (20.2%)	117 (40.1%)	100 (34.2%)	3.03	292
6	Knowledge of what needs to be done for custody of their children.	15 (5.1%)	75 (25.6%)	92 (31.4%)	111 (37.9%)	3.02	293
7	Ability to get to appointments on time.	20 (6.9%)	87 (30.2%)	93 (32.3%)	88 (30.6%)	2.86	288
8	Ability to find community resources for their family.	11 (3.9%)	64 (22.7%)	111 (39.4%)	96 (34%)	3.04	282
9	Knowledge of who to contact with needs or concerns regarding their case.	12 (4.1%)	66 (22.4%)	107 (36.3%)	110 (37.3%)	3.07	295
10	Level of personal responsibility and accountability for their actions.	30 (10.1%)	71 (23.8%)	83 (27.9%)	114 (38.3%)	2.94	298
11	Willingness to make changes.	37 (12.4%)	57 (19.1%)	81 (27.2%)	123 (41.3%)	2.97	298
Total (out of a possible score of 44)						33.09	254

Parent Partner and Family Feedback Comparisons

Pairwise comparisons were used to compare parents' responses on the fidelity checklist and family outcomes measures to Parent Partners' responses. Only parents with responses for both the family feedback and the fidelity checklist are included in the following analyses. Parents reported more fidelity behaviors than did Parent Partners on 9 out of the 10 checklist items. The only item that parents and Parent Partners reported the same level of behaviors was "encouraging." This indicates that parents perceive more fidelity to the Parent Partner model than do Parent Partners. Items with an asterisk (*) after the t-value had significantly different ratings between the family and Parent Partner responses.

Fidelity Checklist				
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Family Average	Parent Partner Average	Number of responses
1*	Encouraged the family to fulfill case plan activities.	4.74	4.62	145
2*	Regular face to face visits.	4.60	4.47	144
3*	Other communication and contact.	4.52	4.32	145
4*	Advocated for needed resources.	4.65	4.23	142
5	Encouraging	4.75	4.70	145
6*	Connected with Community Resources.	4.58	4.31	144
7*	Helped connect with the community.	4.53	4.01	138
8*	Coached on communication strategies.	4.69	4.31	144
9*	Supported at FTM, court, treatment, and other gatherings.	4.75	4.54	140
10*	Coached on what to expect throughout this process.	4.69	4.52	140
Total (out of a possible score of 50)*		46.76	43.86	132

Parents reported greater improvement than did Parent Partners on all Family Outcomes items except for “level of communication with DHS worker” and “level of communication with attorney(s)”; for these, the Parent Partner and the Family agreed on the level of improvement. In general, families perceive more improvement on the family outcome measures than do Parent Partners.

Family Outcomes: Level of Improvement				
Statement Rated on a scale of 1 (<i>decreased</i>) to 4 (<i>significant improvement</i>)		Family Average	Parent Partner Average	Number of responses
1	Level of communication with DHS worker.	3.03	3.05	124
2	Level of communication with attorney(s).	3.17	3.02	124
3*	Relationship with people who are able to connect with resources.	3.28	2.99	126
4*	Relationship with people who support positive changes.	3.36	3.13	128
5*	Ability to advocate appropriately.	3.50	3.20	131
6*	Knowledge of what needs to be done for custody of children.	3.47	3.21	126
7*	Ability to get to appointments on time.	3.43	3.09	128
8*	Ability to find community resources.	3.44	3.17	128
9*	Knowledge of who to contact with needs or concerns regarding the case.	3.44	3.24	129
10*	Level of personal responsibility and accountability.	3.54	3.21	131
11*	Willingness to make changes.	3.58	3.27	131
Total (out of a possible score of 44)*		37.47	34.60	114

Relationship Between Fidelity Checklist and Family Outcomes

For each parent, the Parent Partner completed a Fidelity Checklist and a Family Outcomes measure. The parent also completed a Fidelity Checklist and a Family Outcomes measure. There are six correlations to examine:

Measure 1	Measure 2	What the relationship tells us
Parent Partner report of fidelity checklist	Parent Partner report of Family Outcomes	Whether Parent Partners' reports of fidelity to the model relate to Parent Partners' reports to improvement on the family outcomes
	Parent report of Fidelity Checklist	Whether Parent Partners and parents agree on fidelity to the model
	Parent report of Family Outcomes	How Parent Partners' reports of fidelity to the model relate to parents' reports of improvement on the family outcomes
Parent Partner report of Family Outcomes	Parent report of Fidelity Checklist	How Parent Partners' reports of improvement on family outcomes relate to parents' reports of fidelity to the model
	Parent report of Family Outcomes	Whether Parent Partners and parents agree on parents' improvement on family outcomes
Parent report of Fidelity Checklist	Parent report of Family Outcomes	How parents' reports of fidelity to the model relate to parents' reports of improvement on the family outcomes

The highlighted box above (relationship between parents' reports of fidelity and Parent Partners' reports of family outcomes) provides the most important information. This shows how parents' reports of the fidelity to the Parent Partner approach change as Parent Partners' reports of the improvement on the family outcomes measure also change. The table below includes the relationships between each measure. Values with an asterisk (*) are statistically significant.

Measure 1	Measure 2	Relationship
Parent Partner report of fidelity checklist	Parent Partner report of Family Outcomes	.45*
	Parent report of Fidelity Checklist	.12
	Parent report of Family Outcomes	.16
Parent Partner report of Family Outcomes	Parent report of Fidelity Checklist	.31*
	Parent report of Family Outcomes	.48*
Parent report of Fidelity Checklist	Parent report of Family Outcomes	.45*

From this table, we found that:

- With increasing Parent Partner perceptions of fidelity to the Parent Partner model, there is more improvement on the family outcomes from the Parent Partners' perspective.
- Parent Partners' reports of fidelity to the model are not related to parents' reports of fidelity to the model. Parent Partners and parents may be interpreting behaviors differently.
- Parent Partners' reports of fidelity to the model are not related to parents' reports of improvement on the family outcomes.
- With increasing parents' report of fidelity to the model, there is more improvement on the family outcomes from the Parent Partners' perspective. This is an important finding as these measures do not involve any self-evaluation.
- Parent Partners' reports of improvement on the family outcomes are positively related to parents' reports of improvement on the family outcomes. This means Parent Partners and parents perceive similar levels of improvement.
- With increasing parents' report of fidelity to the model, there is more improvement on the family outcomes from the parents' perspective.

**AN IMPACT ASSESSMENT
OF SELECTED DISPROPORTIONALITY EFFORTS IN THE
CHILD WELFARE SYSTEM IN IOWA:**

*A Report to the Cultural Equity Alliance,
Iowa Department of Human Services*

Drs. Michele Devlin and Mark Grey
Data Subcommittee
Cultural Equity Alliance

with Data Graphics Provided by Jeff Regula, DHS

May 2015

CONTENTS

Introduction	3
Methods	4
Local Results:	
<i>Webster County</i>	8
<i>Wapello County</i>	13
<i>Des Moines County</i>	17
<i>Dubuque County</i>	21
<i>Woodbury County</i>	25
<i>Polk County</i>	29
<i>Linn County</i>	33
<i>Black Hawk County</i>	37
<i>Johnson County</i>	41
<i>Total PDSA Results for the State of Iowa</i>	45
State Results:	
<i>Cultural Equity Alliance Initiatives</i>	47
<i>Race, Power of an Illusion Learning Exchanges</i>	50
<i>Learning Session Conferences</i>	56
Conclusion	59
Recommendations	62

INTRODUCTION

One of the most important functions of state government is safeguarding the welfare of children. In Iowa, leadership of this responsibility rests with the Department of Human Services (DHS) through the coordination of a state-wide child welfare system (CWS). Although the Iowa CWS is composed of a complex array of services and personnel, everything is done within context. In Iowa, the context is changing rapidly and in ways that this system cannot always anticipate. Global and national events may have local consequences. Most importantly, issues that used to be secondary or tertiary considerations, such as the culture, religion, language, and ethnicity of clients, have now become primary. That is because Iowa is rapidly diversifying from a cultural and linguistic standpoint. Currently, nearly 200 languages are spoken in the state, according to the Iowa Center on Immigrant Leadership and Integration at the University of Northern Iowa, and the only real population growth in the state is among minority populations. Iowa is also more urbanized and economically diverse than ever before.

In order to better serve a culturally diverse population and ensure equity in the wellbeing of all young people in the state, the Iowa Department of Human Services has actively enhanced and expanded its efforts over the past four years to reduce disproportionality and inequity in the child welfare system. Many of these initial efforts were supported through startup funding by the Casey Foundation, and have since been sustained in part through funding by the Iowa Department of Human Services. These efforts to reduce disproportionality initially focused primarily on improving CWS outcomes for African American and Native American children, but are now expanding also for Hispanic American, immigrant, and refugee youth as well.

METHODS

As discussed in the introduction, Iowa's population is changing dramatically. In order to address the growing cultural and linguistic challenges facing the child welfare system, particularly those that can contribute to overrepresentation of minorities within the system, the Iowa Department of Human Services has supported a number of progressive efforts to reduce disproportionality and improve its ability to serve families in a culturally responsive manner. Some of the most important disproportionality efforts have involved the following:

1. The development and implementation of PDSA (Plan, Do, Study, and Act) projects in a variety of service areas throughout the state by teams of DHS and CWS partners to reduce disproportionality in their local communities;
2. The development and ongoing support of the Cultural Equity Alliance, a statewide steering committee comprised of DHS and CWS partners, that is charged with overseeing disproportionality efforts in the state;
3. The provision of training in cultural responsiveness in the child welfare system through statewide support of Race: Power of an Illusion presentations; and

4. The development and provision of Learning Session conferences each spring and fall for key staff and advocates in the child welfare system that are involved in reducing disproportionality in their service areas.

This report therefore represents a general assessment of the impact of key activities undertaken within each of these four areas. It is important to note that this is not an evaluation of outcomes of these activities. Outcome evaluation requires significant funding, resources, sample sizes, and time, which is beyond the scope of this report and the contract for its authors. Instead, this current report explores the reach and impact of activities in the four areas above, as measured by attendance, participation, service area, target populations, frequency, and related process indicators.

These results were compiled through a review of existing data and records on activities that are maintained by the Iowa Department of Human Services on each of these four areas being reviewed. Process indicators are also reviewed for their alignment with the 15 culturally and Linguistically Appropriate Service (CLAS) Standards or Guiding Principles that were adopted by the Cultural Equity Alliance in 2012 as the guiding framework for its operations in the state related to addressing disproportionality.

The results of this review of existing data are presented through charts, tables, and graphs in the next section for ease of viewing. Graphs depicting disparity ratios at key decision points in 2010 and 2014 are provided to visually display the context in which these programs are operating. Please note that no causal relationships can or should be drawn between the DHS-sponsored activities featured in this report and changes in outcomes depicted in the provided disparity ratio graphs. Determining a direct

relationship between activities and outcomes would require major outcome evaluation efforts, which is beyond the scope and resources of this work.

PDSA activities must also be placed within the context of disparity ratios at key decision points in BSC/MYFI counties prior to and after the initiation of PDSAs. The following graphs that are included for each BSC team show disparity ratios at key decision points for each group from July-December 2010 and July-December 2014. Disparity ratios are calculated with the Disproportionality Index of one race group divided by the disproportionality index of a base race group. Typically the White racial group is used as a base group.

$$\text{DR} = \frac{\text{Disproportionality Index of one Race group}}{\text{Disproportionality Index of the Base Race group}}$$

It is important to note that starting in January of 2014, the Iowa Department of Human Services implemented a differential response system for child abuse and neglect reports. The data for the July through December 2014 time period may not be directly comparable to prior time periods. Caution should be exercised when interpreting the post-2013 results. Caution should also be exercised when viewing disparity ratios for race groups with relatively small populations in the service county. This is illustrated, for example, in the Webster County graphics with a high disparity ratio for Native Americans, which reflect the very small number of people from this ethnic group living in that area. Also, in some cases, the county of removal may be different from the county in which the case is administered.

The report was prepared by Drs. Michele Devlin and Mark Grey, professors at the University of Northern Iowa who specialize in assisting agencies address cultural responsiveness issues. Drs. Grey and Devlin are contracted external consultants with the Iowa Department of Human Services, and have been providing assistance on these issues since 2012. They are also members of the Cultural Equity Alliance statewide steering committee on disproportionality, and chair the Data Subcommittee for this organization. This report is a product and deliverable of the Data Subcommittee. Jeff Regula with the Iowa Department of Human Services, also contributed to this report by producing the disparity ratio graphs for 2010 and 2014. The purpose of this document is to provide guidance to the Cultural Equity Alliance so that it can better understand the scope of the efforts and better guide disproportionality strategies in the state of Iowa.

LOCAL RESULTS: PDSA ACTIVITIES

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

FORT DODGE/WEBSTER COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X		
#2: Provide leadership support for diversity			
#3: Recruit and retain diverse staff			
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services Available in Multiple Languages			
#7: Train and ensure quality in Interpretation and Translation			
#8: Provide information that is easy to understand			
#9: Revise and develop policies to make them culturally responsive		X	X
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for programming			
#14: Provide culturally responsive grievance protocols			
#15: Communicate progress on diversity initiatives to the public			

**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

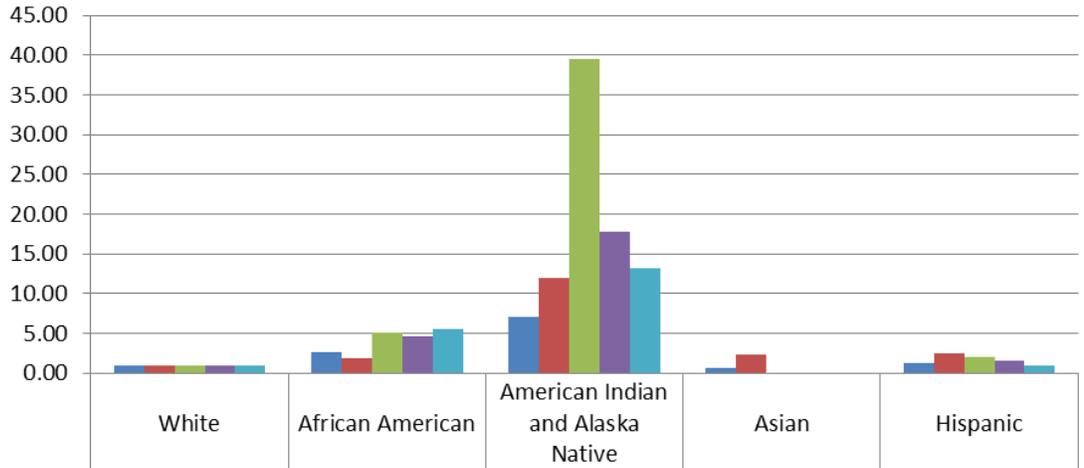
FORT DODGE/WEBSTER COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	1	1	1	3
Approximate Number of Clients Served through PDSAs	100	205	205	510
Ethnic Populations Served by PDSAs	African Americans	African Americans	African Americans	African Americans
Categories of Clients Served by PDSAs	Fathers	Children Birth Families	Children Birth Families	Children Birth Families Fathers
Categories of Staff Involved in PDSAs	Community Members	Community Partners Community Members DHS Staff	Community Partners Community Members DHS Staff	Community Partners Community Members DHS Staff

Disparity Ratios at Key Decision Points:

**Webster County
July-December 2010**

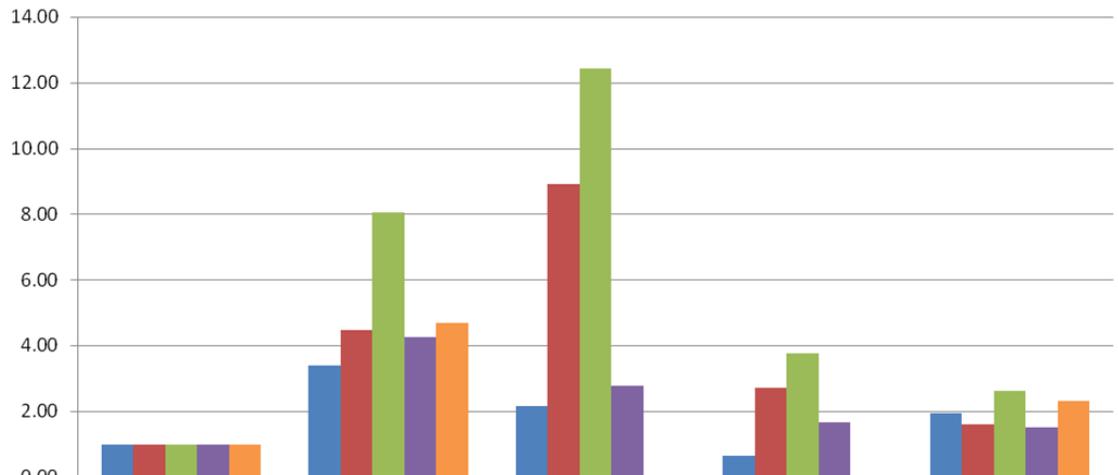
Webster County Child Welfare Disparity Ratio for July to December 2010



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	2.56	6.99	0.67	1.17
Victims of Abuse	1.00	1.91	11.98	2.31	2.52
Entered Foster Care	1.00	5.03	39.48	0.00	2.08
In Foster Care	1.00	4.68	17.78	0.00	1.56
Exited Foster Care	1.00	5.45	13.16	0.00	0.92

**Disparity Ratios at Key Decision Points:
Webster County
July-December 2014**

Webster County Child Welfare Disparity Ratio July to December 2014



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	3.40	2.15	0.65	1.95
Victims of Abuse	1.00	4.49	8.93	2.71	1.62
Entered Foster Care	1.00	8.04	12.44	3.77	2.63
In Foster Care	1.00	4.27	2.77	1.68	1.50
Exited Foster Care	1.00	4.69	0.00	0.00	2.30

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

OTTUMWA/WAPELLO COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X	X	X
#2: Provide leadership support for diversity			X
#3: Recruit and retain diverse staff			
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to Understand			
#9: Revision and development of policies to make them culturally responsive		X	X
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for Programming		X	X
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public			

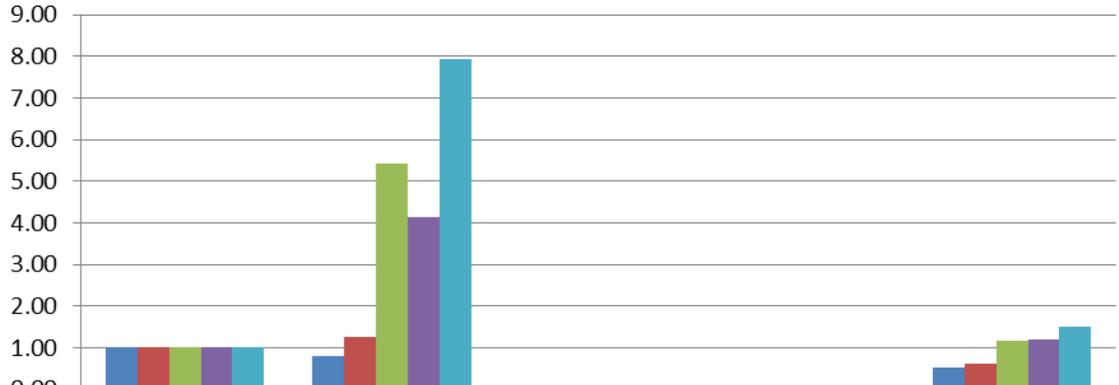
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

OTTUMWA/WAPELLO COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	1	2	1	4
Approximate Number of Clients Served through PDSAs	75	127	149	351
Ethnic Populations Served by PDSAs	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families	Whites African Americans Hispanics/Latinos	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs	Foster Families Birth Families Children	Children Birth Families	Children Birth Families Foster Families	Foster Families Birth Families Children
Categories of Staff Involved in PDSAs	DHS Staff Information Mgt Staff Court Staff Community Partners Foster Families FSRP Staff	Community Partners Community Members DHS Staff Foster Families Crisis Center Staff	DHS Staff	DHS Staff Court Staff Information Mgt Staff Community Partners Foster Families FSRP Staff Community Members Crisis Center Staff

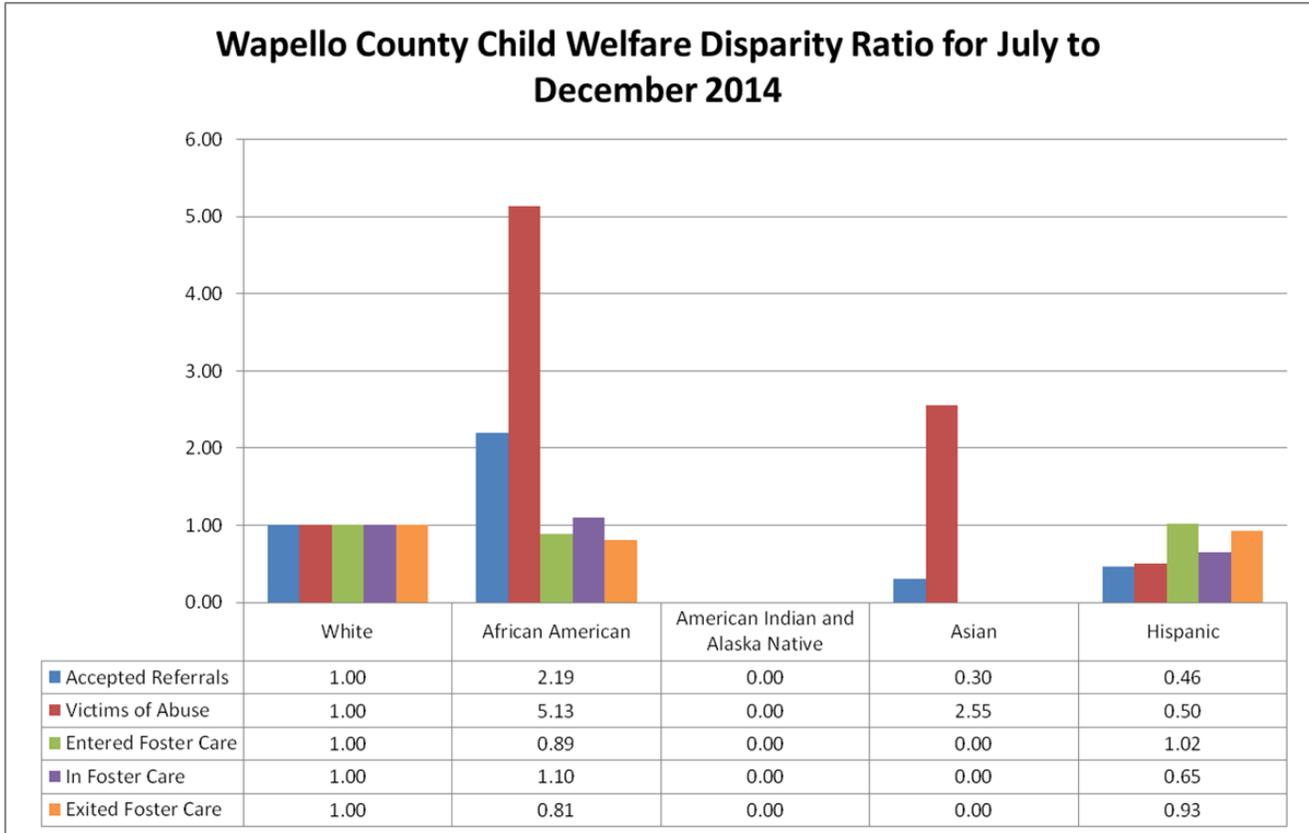
**Disparity Ratios at Key Decision Points:
Wapello County
July-December 2010**

Wapello County Child Welfare Disparity Ratio for July to December 2010



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	0.80	0.00	0.00	0.53
Victims of Abuse	1.00	1.27	0.00	0.00	0.60
Entered Foster Care	1.00	5.41	0.00	0.00	1.16
In Foster Care	1.00	4.14	0.00	0.00	1.21
Exited Foster Care	1.00	7.95	0.00	0.00	1.51

**Disparity Ratios at Key Decision Points:
Wapello County
July-December 2014**



**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

DES MOINES COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X		
#2: Provide leadership support for diversity			
#3: Recruit and retain diverse staff			
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services Available in Multiple Languages			
#7: Train and ensure quality in Interpretation and Translation			
#8: Provide information that is easy to understand			
#9: Revise and develop of policies to make them culturally responsive			
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for programming			
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public			

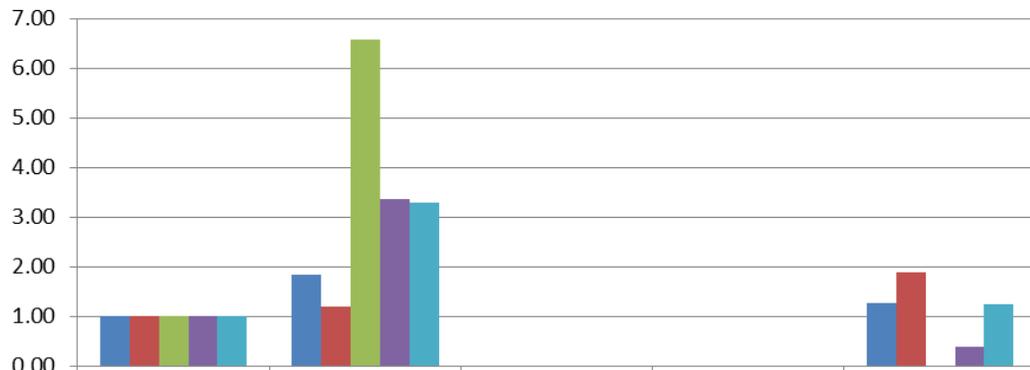
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

DES MOINES COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	1			1
Approximate Number of Clients Served through PDSAs	241			241
Ethnic Populations Served by PDSAs	Whites African Americans Hispanics/Latinos Native Americans Low-Income Families			Whites African Americans Hispanics/Latinos Native Americans Low-Income Families
Categories of Clients Served by PDSAs	Birth Families			Children Birth Parents Foster Parents
Categories of Staff Involved in PDSAs	DHS Staff Community Partners Parents			DHS Staff Community Partners Parents

**Disparity Ratios at Key Decision Points:
Des Moines County
July-December 2010**

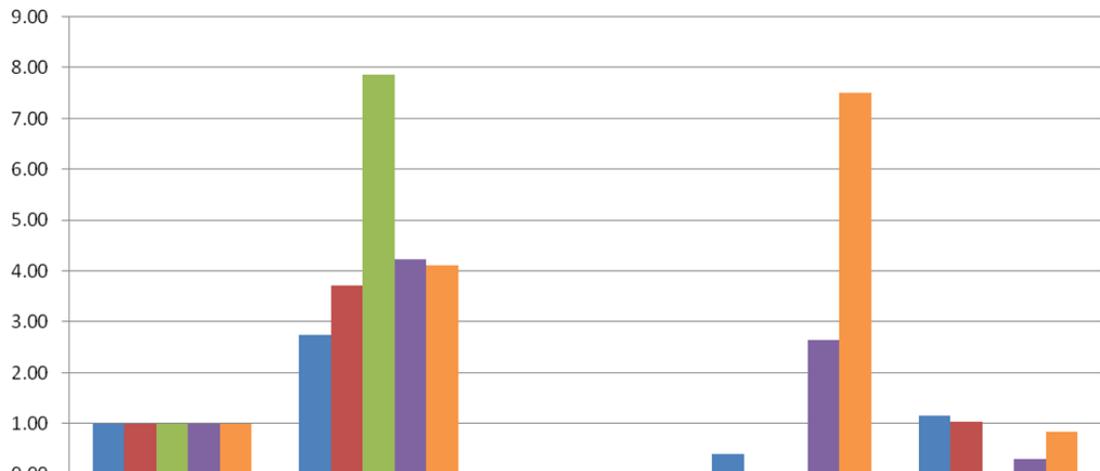
**Des Moines County Child Welfare Disparity Ratio for
July to December 2010**



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	1.83	0.00	0.00	1.26
Victims of Abuse	1.00	1.20	0.00	0.00	1.88
Entered Foster Care	1.00	6.58	0.00	0.00	0.00
In Foster Care	1.00	3.35	0.00	0.00	0.39
Exited Foster Care	1.00	3.29	0.00	0.00	1.24

**Disparity Ratios at Key Decision Points:
Des Moines County
July-December 2014**

Des Moines County Child Welfare Disparity for July to December 2014



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	2.73	0.00	0.40	1.15
Victims of Abuse	1.00	3.72	0.00	0.00	1.04
Entered Foster Care	1.00	7.86	0.00	0.00	0.00
In Foster Care	1.00	4.23	0.00	2.65	0.30
Exited Foster Care	1.00	4.12	0.00	7.50	0.84

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

DUBUQUE COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X	X	
#2: Provide leadership support for diversity			
#3: Recruit and retain diverse staff		X	
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to Understand			
#9: Revise and develop policies to make them culturally responsive		X	
#10: Follow community data trends		X	
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments		X	
#13: Partner with the community for Programming		X	
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public			

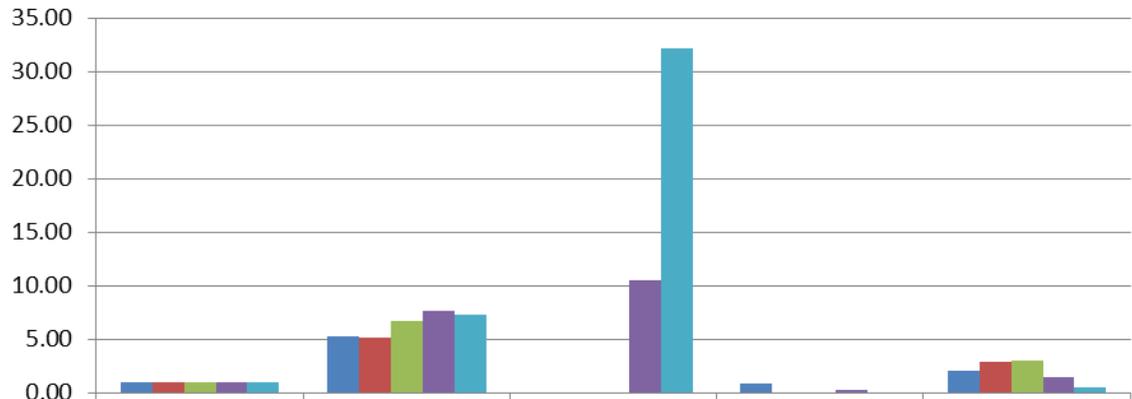
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

DUBUQUE COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	1	10		11
Approximate Number of Clients Served through PDSAs	60	290		350
Ethnic Populations Served by PDSAs	Whites African Americans New Immigrants Low Income Families	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families		Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs	Children Birth Parents Foster Parents	Children Birth Parents Foster Parents		Children Birth Parents Foster Parents
Categories of Staff Involved in PDSAs	DHS Staff JV Court Staff	DHS Staff		DHS Staff JV Court Staff

**Disparity Ratios at Key Decision Points:
Dubuque County
July-December 2010**

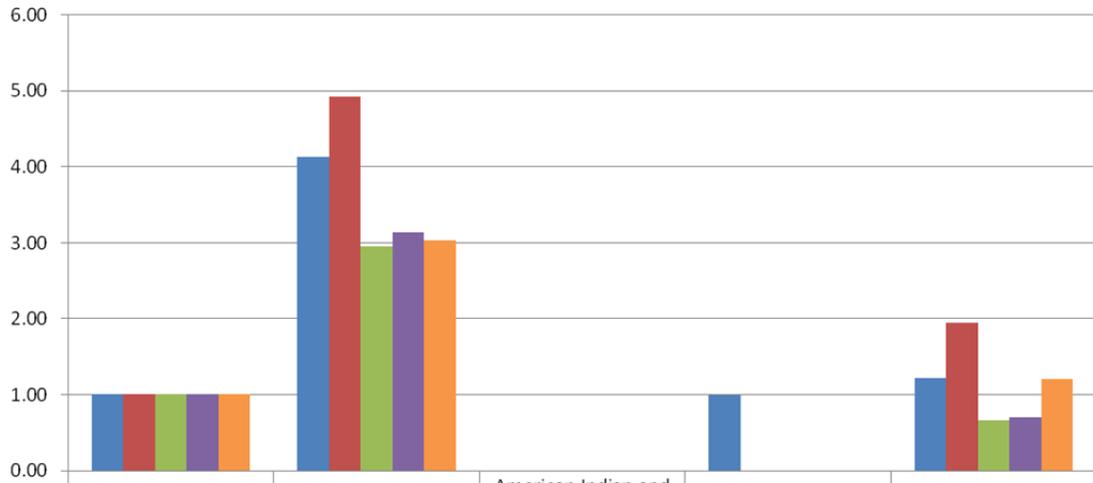
Dubuque County Child Welfare Disparity Ratio for July to December 2010



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	5.21	0.00	0.83	2.02
Victims of Abuse	1.00	5.08	0.00	0.00	2.92
Entered Foster Care	1.00	6.74	0.00	0.00	2.93
In Foster Care	1.00	7.69	10.48	0.30	1.45
Exited Foster Care	1.00	7.23	32.12	0.00	0.44

**Disparity Ratios at Key Decision Points:
Dubuque County
July-December 2014**

Dubuque County Child Welfare Disparity Ratio July to December 2014



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	4.12	0.00	0.99	1.21
Victims of Abuse	1.00	4.92	0.00	0.00	1.95
Entered Foster Care	1.00	2.95	0.00	0.00	0.67
In Foster Care	1.00	3.13	0.00	0.00	0.71
Exited Foster Care	1.00	3.03	0.00	0.00	1.20

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

WOODBURY COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X	X	X
#2: Provide leadership support for diversity			X
#3: Recruit and retain diverse staff			
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to understand			
#9: Revision and development of policies to make them culturally responsive	X		X
#10: Follow community data trends		X	
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for programming	X		
#14: Provide culturally responsive grievance protocols		X	
#15: Communicate progress on diversity initiatives to the public			

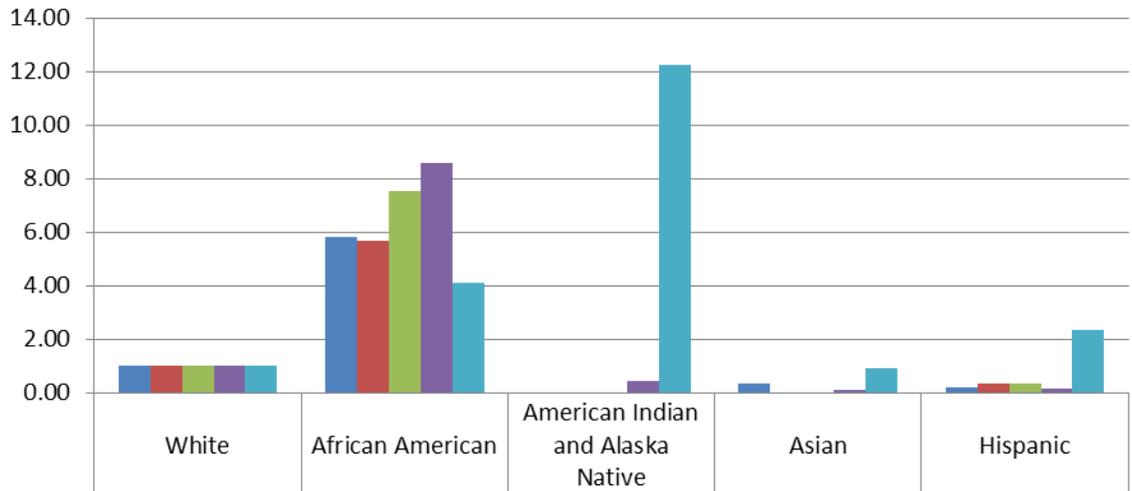
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

WOODBURY COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	1	1	1	3
Approximate Number of Clients Served through PDSAs	150	25	300	475
Ethnic Populations Served by PDSAs	Whites Native Americans	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs	Children Birth Parents Foster Parents	Children Youth	Children Birth Parents Foster Parents CWS Staff	Children Birth Parents Foster Parents CWS Staff
Categories of Staff Involved in PDSAs	DHS Staff Court Staff JV Court Staff Community Partners Community Members Foster Families Law Enforcement Educators and Schools Public Health Staff	Court Staff Judges	DHS Staff Community Members Foster Families	DHS Staff Court Staff Judges JV Court Staff Community Partners Community Members Foster Families Law Enforcement Educators and Schools Public Health Staff

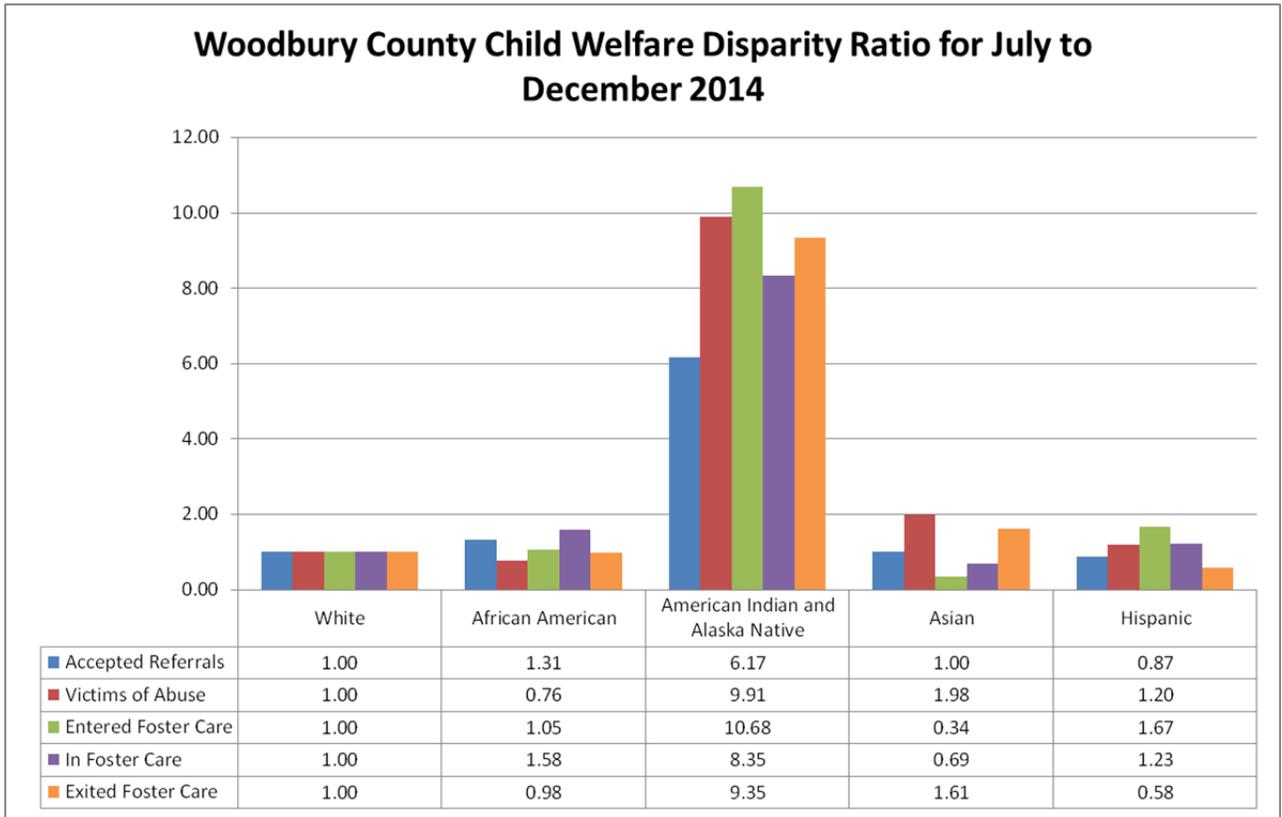
**Disparity Ratios at Key Decision Points:
Woodbury County
July-December 2010**

**Woodbury County Child Welfare Disparity Ratio for
July to December 2010**



Accepted Referrals	1.00	5.81	0.00	0.34	0.22
Victims of Abuse	1.00	5.66	0.00	0.00	0.32
Entered Foster Care	1.00	7.52	0.00	0.00	0.32
In Foster Care	1.00	8.58	0.43	0.12	0.16
Exited Foster Care	1.00	4.10	12.23	0.93	2.33

**Disparity Ratios at Key Decision Points:
Woodbury County
July-December 2014**



**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

POLK COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X		
#2: Provide leadership support for diversity		X	
#3: Recruit and retain diverse staff		X	
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to understand			
#9: Revision and development of policies to make them culturally responsive			X
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments		X	
#13: Partner with the community for programming			
#14: Provide culturally responsive grievance protocols			
#15: Communicate progress on diversity initiatives			

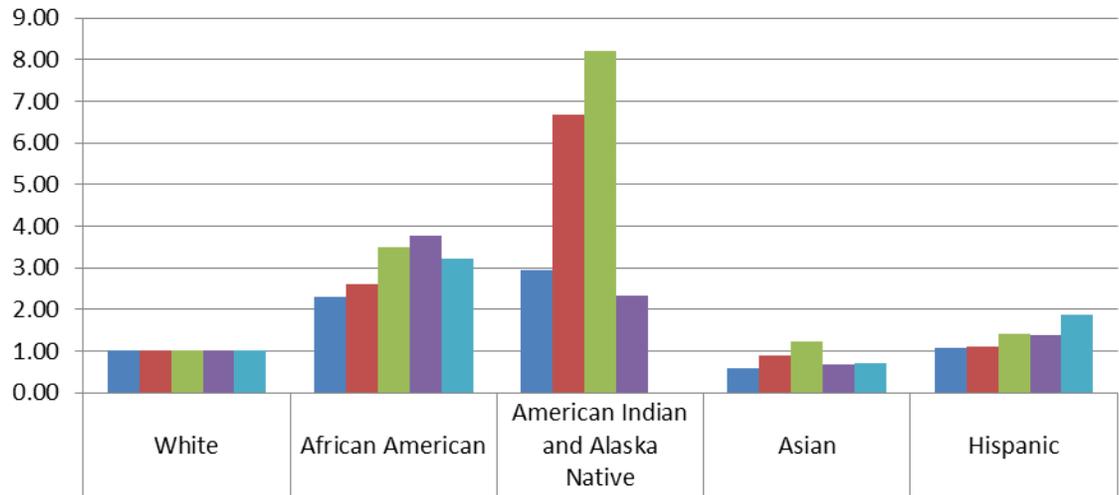
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

POLK COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	5	15	2	22
Approximate Number of Clients Served through PDSAs	419	3720	3720	7,859
Ethnic Populations Served by PDSAs	Whites African Americans Hispanics/Latinos Asian Americans New Immigrants Low-Income Families	African Americans	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families	Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs	Faith Groups Parents of JCS Clients Children Birth Families	Children Youth Birth Families Parents	Children Birth Families Foster Families CWS Staff Relatives	Children Birth Families Foster Families CWS Staff Relatives
Categories of Staff Involved in PDSAs	DHS Staff Community Partners Educators and Schools Public Health Staff Community Members Faith Groups Parents of JCS Clients	DHS Staff Community Partners JV Court Services Foster Families Faith Groups Refugee Staff Public Health Staff	DHS Staff Court Staff JV Court Staff Community Partners	DHS Staff Community Partners Juvenile Court Services Community Members Foster Families

**Disparity Ratios at Key Decision Points:
Polk County
July-December 2010**

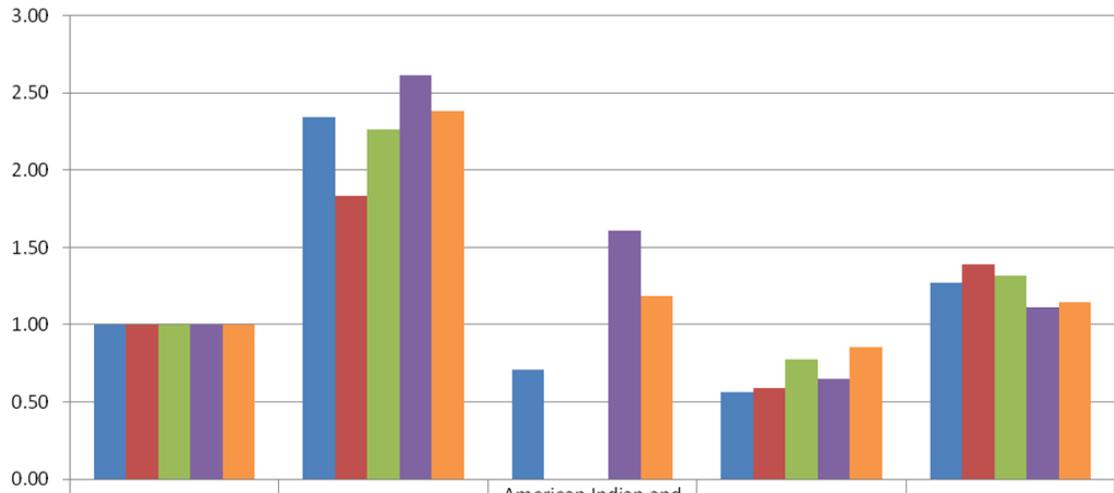
Polk County Child Welfare Disparity Ratio for July to December 2010



Accepted Referrals	1.00	2.29	2.96	0.58	1.06
Victims of Abuse	1.00	2.61	6.69	0.90	1.11
Entered Foster Care	1.00	3.50	8.23	1.22	1.40
In Foster Care	1.00	3.76	2.32	0.69	1.39
Exited Foster Care	1.00	3.23	0.00	0.72	1.86

**Disparity Ratios at Key Decision Points:
Polk County
July-December 2014**

Polk County Child Welfare Disparity Ratio for July to December 2014



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	2.34	0.71	0.56	1.27
Victims of Abuse	1.00	1.83	0.00	0.59	1.39
Entered Foster Care	1.00	2.26	0.00	0.78	1.32
In Foster Care	1.00	2.61	1.61	0.65	1.11
Exited Foster Care	1.00	2.38	1.19	0.85	1.14

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

LINN COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming		X	
#2: Provide leadership support for diversity			
#3: Recruit and retain diverse staff		X	
#4: Train staff and partners			
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to Understand			
#9: Revision and development of policies to Make them culturally responsive		X	
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for Programming		X	
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public			

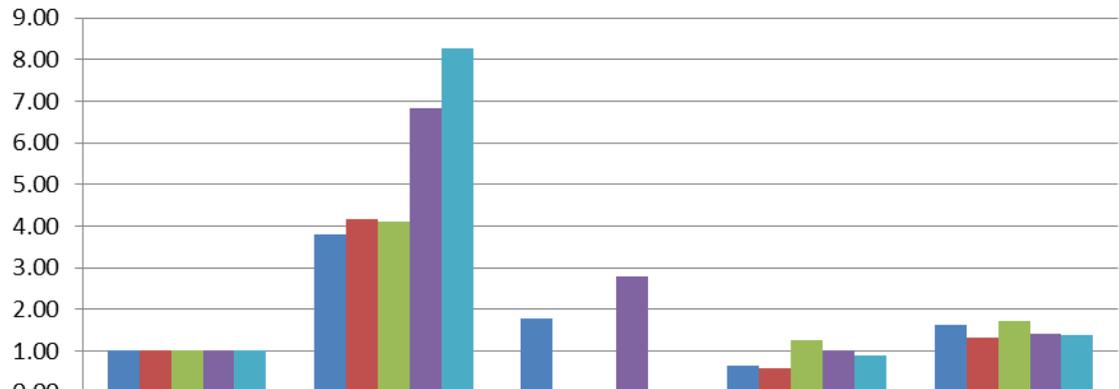
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

LINN COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs		4		4
Approximate Number of Clients Served through PDSAs		631		631
Ethnic Populations Served by PDSAs		Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families		Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs		Children Birth Parents Foster Families		Children Birth Parents Foster Families
Categories of Staff Involved in PDSAs		DHS Staff Community Partners JV Court Services Community Members Foster Families		DHS Staff Community Partners JV Court Services Community Members Foster Families

**Disparity Ratios at Key Decision Points:
Linn County
July-December 2010**

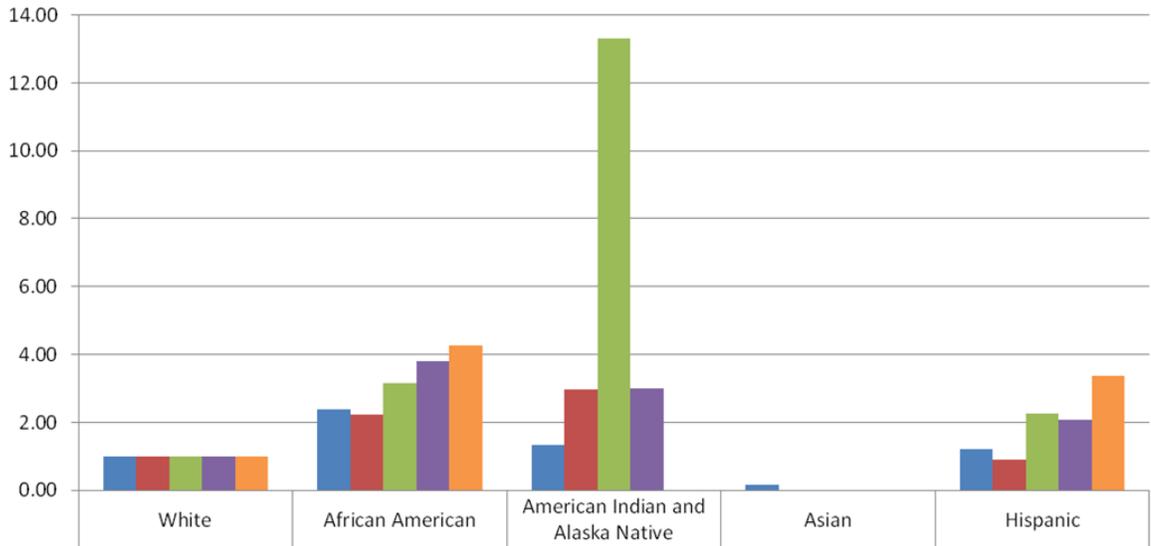
Linn County Child Welfare Disparity Ratio for July to December 2010



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	3.81	1.79	0.65	1.61
Victims of Abuse	1.00	4.17	0.00	0.60	1.32
Entered Foster Care	1.00	4.10	0.00	1.26	1.72
In Foster Care	1.00	6.84	2.80	1.01	1.42
Exited Foster Care	1.00	8.29	0.00	0.90	1.38

**Disparity Ratios at Key Decision Points:
Linn County
July-December 2014**

Linn County Child Welfare Disparity Ratio for July to December 2014



Accepted Referrals	1.00	2.37	1.32	0.17	1.20
Victims of Abuse	1.00	2.21	2.95	0.00	0.90
Entered Foster Care	1.00	3.16	13.32	0.00	2.25
In Foster Care	1.00	3.79	3.01	0.00	2.08
Exited Foster Care	1.00	4.25	0.00	0.00	3.37

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

BLACK HAWK COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming		X	
#2: Provide leadership support for diversity		X	
#3: Recruit and retain diverse staff			
#4: Train staff and partners			
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to Understand			
#9: Revision and development of policies to make them culturally responsive		X	
#10: Follow community data trends		X	
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for Programming		X	
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public			

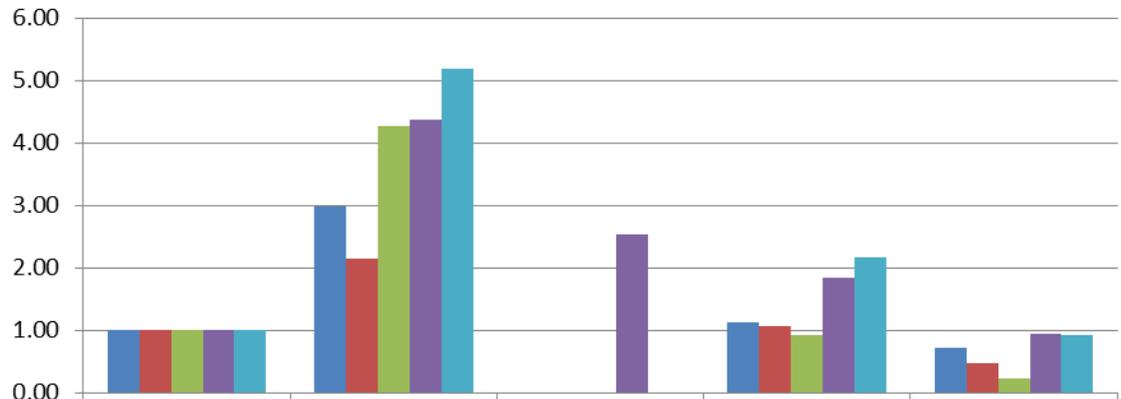
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

BLACK HAWK COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs		5		5
Approximate Number of Clients Served through PDSAs		720		720
Ethnic Populations Served by PDSAs		Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families		Whites African Americans Hispanics/Latinos Asian Americans Native Americans New Immigrants Low-Income Families
Categories of Clients Served by PDSAs		Children Birth Parents Foster Parents Fathers		Children Birth Parents Foster Parents Fathers
Categories of Staff Involved in PDSAs		DHS Staff Court Staff		DHS Staff Court Staff

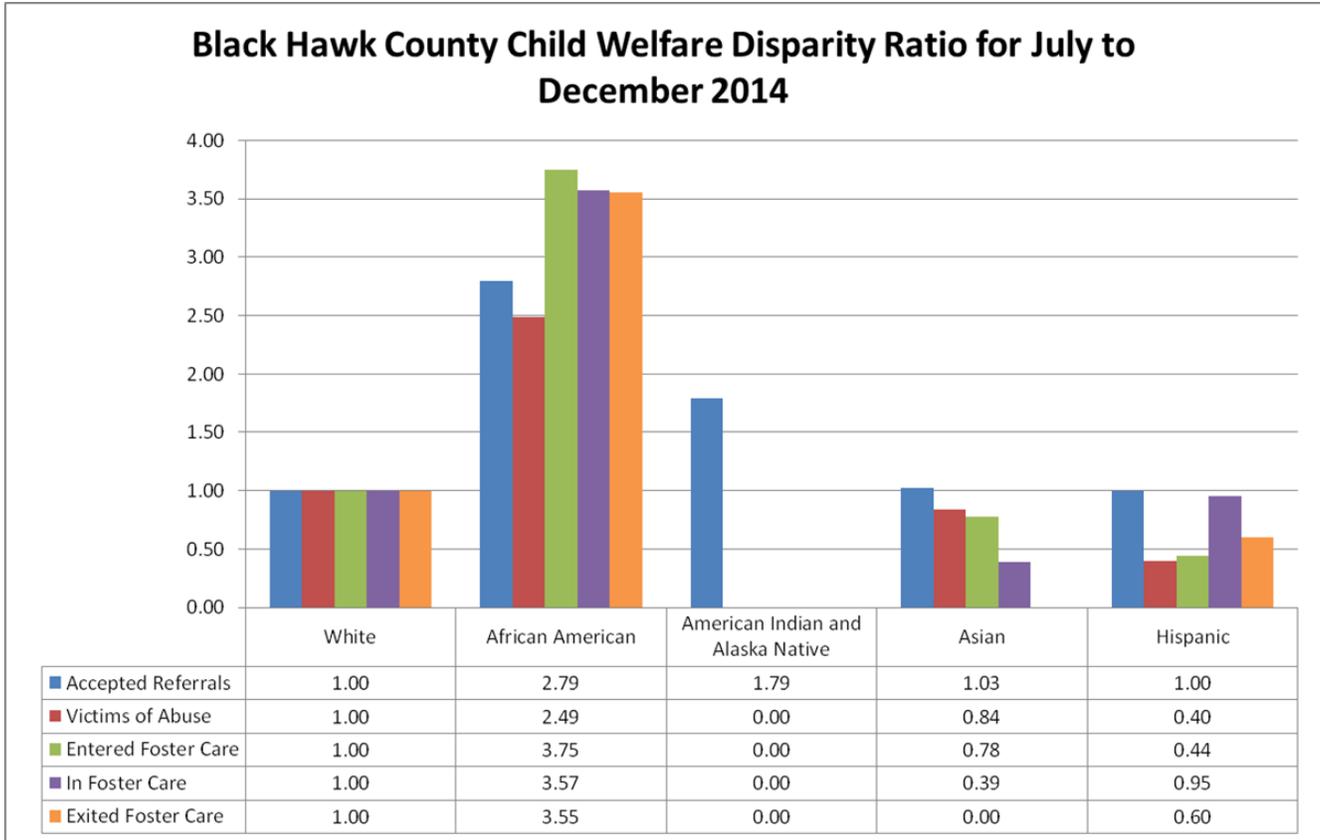
**Disparity Ratios at Key Decision Points:
Black Hawk County
July-December 2010**

**Black Hawk County Child Welfare Disparity Ratio for
July to December 2010**



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	2.99	0.00	1.12	0.71
Victims of Abuse	1.00	2.14	0.00	1.05	0.47
Entered Foster Care	1.00	4.28	0.00	0.92	0.23
In Foster Care	1.00	4.37	2.53	1.84	0.93
Exited Foster Care	1.00	5.19	0.00	2.16	0.91

**Disparity Ratios at Key Decision Points:
Black Hawk County
July-December 2014**



**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

JOHNSON COUNTY TEAM

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X	X	
#2: Provide leadership support for diversity			
#3: Recruit and retain diverse staff		X	
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to Understand	X	X	
#9: Revision and development of policies to make them culturally responsive		X	
#10: Follow community data trends			
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments			
#13: Partner with the community for Programming	X	X	
#14: Provide culturally responsive grievance Protocols			
#15: Communicate progress on diversity initiatives to the public	X		

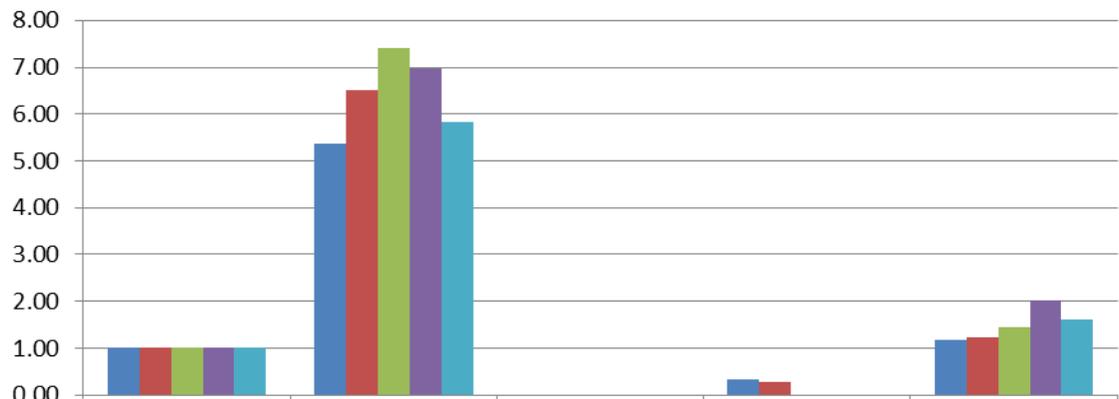
**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

JOHNSON COUNTY TEAM

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	2	5		7
Approximate Number of Clients Served through PDSAs	140	625+		765+
Ethnic Populations Served by PDSAs	Whites African Americans Hispanics/Latinos	Whites African Americans Hispanics/Latinos Native Americans Asian Americans		Whites African Americans Hispanics/Latinos Native Americans Asian Americans
Categories of Clients Served by PDSAs	Community Members Partner Agencies DHS Staff	Parents Children		Parents Community Members Partner Agencies DHS Staff Children
Categories of Staff Involved in PDSAs		DHS Staff Court Staff Juvenile Justice Staff Agency Partners Law Enforcement Community Members Parents Foster Families		DHS Staff Court Staff Juvenile Justice Staff Agency Partners Law Enforcement Community Members Parents Foster Families

**Disparity Ratios at Key Decision Points:
Johnson County
July-December 2010**

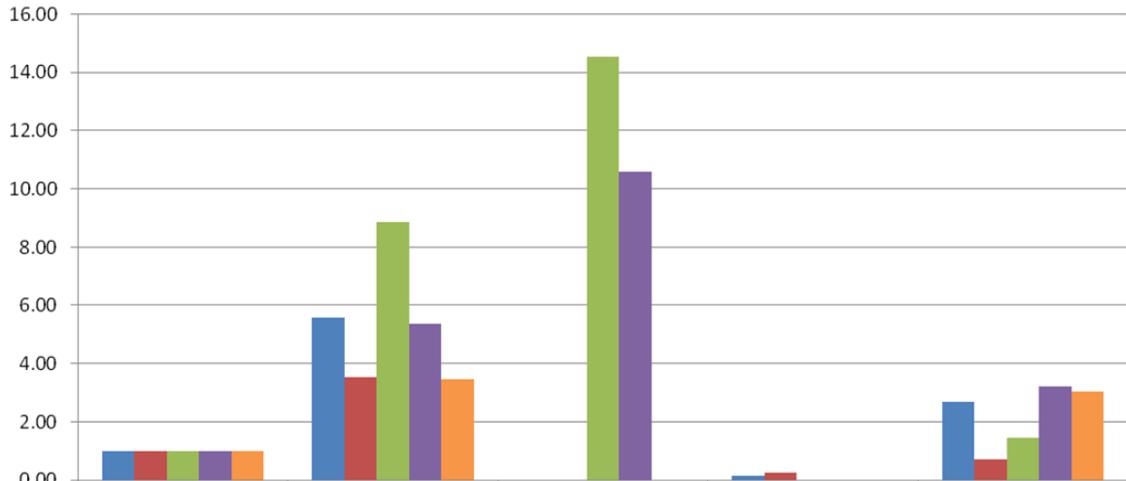
Johnson County Child Welfare Disparity Ratio for July to December 2010



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	5.37	0.00	0.33	1.19
Victims of Abuse	1.00	6.51	0.00	0.26	1.23
Entered Foster Care	1.00	7.42	0.00	0.00	1.44
In Foster Care	1.00	6.98	0.00	0.00	2.03
Exited Foster Care	1.00	5.82	0.00	0.00	1.61

**Disparity Ratios at Key Decision Points:
Johnson County
July-December 2014**

Johnson County Child Welfare Disparity Ratio for July to December 2014



	White	African American	American Indian and Alaska Native	Asian	Hispanic
Accepted Referrals	1.00	5.56	0.00	0.14	2.67
Victims of Abuse	1.00	3.54	0.00	0.26	0.72
Entered Foster Care	1.00	8.84	14.52	0.00	1.46
In Foster Care	1.00	5.38	10.59	0.00	3.20
Exited Foster Care	1.00	3.46	0.00	0.00	3.05

**2012-2015 SELF-REPORTED PDSA ACTIVITY CATEGORIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

TOTAL FOR THE STATE OF IOWA

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	XXXXXXXX	XXXXXX	XX
#2: Provide leadership support for diversity		XXX	XX
#3: Recruit and retain diverse staff		XXX	
#4: Train staff and partners	XXXXXXXX		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation			
#8: Provide information that is easy to understand	X	X	
#9: Revision and development of policies to make them culturally responsive	X	XXXXXXXX	XX
#10: Follow community data trends		XXXX	
#11: Collect and monitor data to drive programming			
#12: Conduct ongoing needs assessments		XX	
#13: Partner with the community for programming	XX	XXXX	XX
#14: Provide culturally responsive grievance protocols		X	
#15: Communicate progress on diversity initiatives to the public	X		

**2012-2015 CUMULATIVE SELF-REPORTED SERVICE RECORD
OF PDSA ACTIVITIES**

TOTAL FOR THE STATE OF IOWA

PDSA PROCESS EVALUATION INDICATORS	TRAININGS	PRACTICE CHANGES	POLICY AND PROTOCOL DEVELOPMENT	TOTAL
Number of PDSAs	12	43	11	66
Approximate Number of Clients Served through PDSAs	1,185	6,343	4,374	11,902
Most Common Populations Served by PDSAs, in Rank Order	<ol style="list-style-type: none"> 1. African Americans 2. Whites 3. Low Income 4. Hispanics/Latinos 5. Native Americans 6. New Immigrants 7. Asian Americans 	<ol style="list-style-type: none"> 1. African Americans 2. Whites 3. Hispanics/Latinos 4. Asian Americans 5. Native Americans 6. New Immigrants 7. Low-Income 	<ol style="list-style-type: none"> 1. African Americans 2. Whites 3. Hispanics/Latinos 4. Asian Americans 5. Native Americans 6. New Immigrants 7. Low-Income 	<ol style="list-style-type: none"> 1. African Americans 2. Whites 3. Hispanics/Latinos 4. Native Americans 5. Low Income 6. Asian Americans 7. New Immigrants
Most Common Categories of Clients Served by PDSAs, in Rank Order	<ol style="list-style-type: none"> 1. Birth Families 2. Foster Families 3. Children 4. DHS Staff 5. Partner Agencies 6. Faith Groups 	<ol style="list-style-type: none"> 1. Children 2. Birth Families 3. Foster Families 	<ol style="list-style-type: none"> 1. Children 2. Birth Families 3. Foster Families 4. CWS Staff 5. Other Relatives 	<ol style="list-style-type: none"> 1. Birth Families 2. Children 3. Foster Families 4. Partner Agencies 5. DHS Staff 6. Faith Groups 7. CWS Staff 8. Other Relatives
Most Common Occupations of Populations Involved in Delivering PDSAs within the Child Welfare System, in Rank Order	<ol style="list-style-type: none"> 1. DHS Staff 2. Comm Partners 3. Comm Members 4. JV Court Staff 5. Foster Families 6. Court Staff 7. Educators & Schools 8. Public Health Staff 9. Parents 10. Law Enforcement 11. Faith Groups 12. Info Mgt Staff 13. FSRP Staff 	<ol style="list-style-type: none"> 1. DHS Staff 2. Comm Partners 3. Foster Families 4. Comm Members 5. Court Staff 6. JV Court Services 7. Faith Groups 8. Refugee Staff 9. Public Health Staff 10. Crisis Center Staff 	<ol style="list-style-type: none"> 1. DHS Staff 2. Comm Partners 3. Comm Members 4. Foster Families 5. Court Staff 6. JV Court Staff 	<ol style="list-style-type: none"> 1. DHS Staff 2. Comm Partners 3. JV Court Staff 4. Foster Families 5. Comm Members 6. Court Staff 7. FSRP Staff 8. Info Mgt Staff 9. Birth Families 10. Crisis Center Staff 11. Law Enforcement 12. Educators 13. Public Health Staff

RESULTS:
STATEWIDE CULTURAL EQUITY ALLIANCE INITIATIVES

**2012-2015 MAJOR CULTURAL EQUITY ALLIANCE ACTIVITIES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

TOTAL FOR THE STATE OF IOWA

ACTIVITY	SCOPE
Statewide Assessment of Demographic Trends and CWS Implications	Statewide
Multiple Trainings on Changing Demographics & CWS Implications	Cultural Equity Alliance
Establishment of Cultural Equity Alliance statewide committee	Statewide
Development and Adoption of 15 CLAS Standards	Statewide
Dissemination of 15 CLAS Standard in Lay Language to Community	Statewide
Strategic Planning by Cultural Equity Alliance	Statewide
Sponsor 3-Day Learning Session Conferences Twice Each Year	Statewide
Survey on Language and Interpretation Needs	By Service Area
Development of Immigrant Cultural History Form	By Service Area
Development of Immigrant Home Visit Checklist	By Service Area
Adoption of 15 Guiding Principles by DHS Cabinet	Statewide
Conduct of Basic Process Evaluation on Disproportionality Activities	Statewide

**MAJOR CULTURAL EQUITY ALLIANCE INITIATIVES,
AS CROSSWALKED WITH THE 15 GUIDING PRINCIPLES**

GUIDING PRINCIPLE/ CLAS STANDARD	TRAINING	PRACTICE CHANGE	POLICY AND PROTOCOL DEVELOPMENT
#1: Provide culturally specific programming	X		
#2: Provide leadership support for diversity			X
#3: Recruit and retain diverse staff			
#4: Train staff and partners	X		
#5: Provide interpreters and translators			
#6: Notify families about services available in multiple languages			
#7: Train and ensure quality in interpretation and translation	X		
#8: Provide information that is easy to understand			X
#9: Revision and development of policies to make them culturally responsive			X
#10: Follow community data trends	X	X	X
#11: Collect and monitor data to drive programming	X	X	X
#12: Conduct ongoing needs assessments		X	
#13: Partner with the community for programming			
#14: Provide culturally responsive grievance protocols			
#15: Communicate progress on diversity initiatives to the public			

RESULTS:

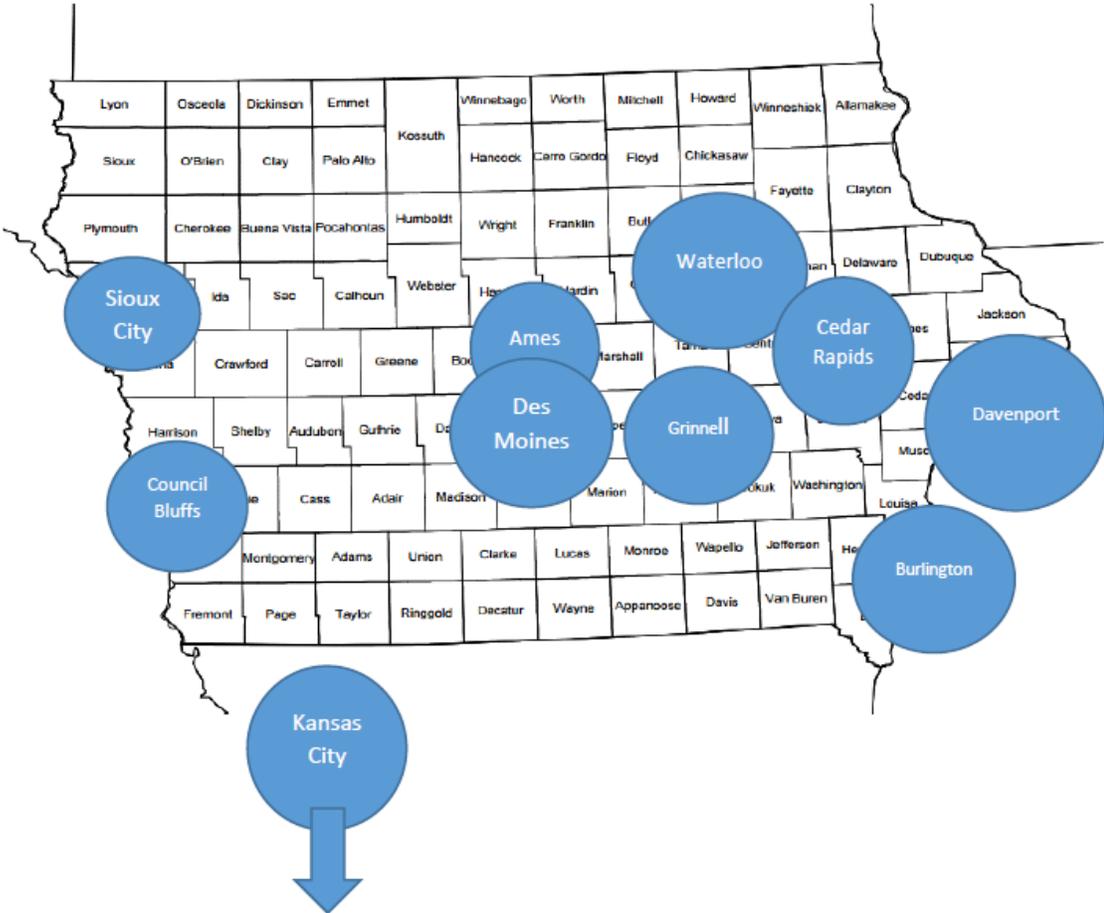
**STATEWIDE “RACE, POWER OF AN ILLUSION”
LEARNING EXCHANGE**

2014 Process Evaluation Indicators

TOTAL NUMBER OF AUDIENCE MEMBERS (as of May 20, 2015)	229
TOTAL NUMBER OF CURRENT TRAINERS	16
CULTURAL BACKGROUNDS AMONG TRAINERS	<ul style="list-style-type: none">• White• African American• Native American• Hispanic• Multicultural
TOTAL NUMBER OF LEARNING EXCHANGE	11
TOTAL NUMBER OF COMMUNITIES IN WHICH RPI WAS PROVIDED	10

Geographic Scope for Power of Illusion Learning Exchanges

Race: The Power of an Illusion Learning Exchange Outreach



Average Scores for Participants' Self-Reported Knowledge, Attitudes & Behaviors Related to Disparities and Disproportionality in the Child Welfare System after All RPI Learning Exchanges*

PERCENTAGE OF RESPONDENTS	KEY INDICATOR
98.8%	1. I can describe what the term “disparity” means within the child welfare system.
99.4%	2. I can interpret data shown on a graph or chart to recognize when disproportionality exists.
100%	3. I understand the importance of considering culture and race when providing services to families.
98.9%	4. I feel comfortable sharing my personal feelings about the impact of race on my life.
87.1%	5. I believe that discriminatory governmental practices (such as redlining by the FHA) that occurred in the past are still having a negative impact on families of color in the present.

* These results reflect learning exchange evaluations as of April 30, 2015

Average Scores for All RPI Facilitator Performances*
(on a scale of 1-4, with 4 as the highest score attainable)

PERCENTAGE OF RESPONDENTS	EVALUATION INDICATOR
3.86	Facilitators demonstrated a thorough knowledge of the subject.
3.91	Facilitators were enthusiastic about presenting the class.
3.88	Facilitators were well prepared to present the class.
3.91	Facilitators used relevant examples and exercises.
3.91	Facilitators answered questions to my satisfaction.

* These results reflect learning exchange evaluations as of April 30, 2015

**Indicators of Intended Changes in Behavior
As a Result of All RPI Learning Exchanges**

(As self-reported by participants after the complete the Power of Illusion Session)

PERCENTAGE OF RESPONDENTS	IMPACT INDICATOR
27%	I plan to get further training and education on issues related to culture, race, ethnicity, or human rights issues.
21%	I plan to have a conversation with someone from a different culture about their race, ethnicity, heritage, and traditions.
19%	I plan to change or implement a program/practice so that is more supportive and inclusive of people from all ethnic backgrounds.
16%	I am still thinking about what I learned in this training, and do not know yet how I will use this information at work or in my community.
14%	I plan to review, change, or create a policy/protocol so that is more supportive and inclusive of people from all ethnic backgrounds.
3%	Other: (Speak up when hearing negative stereotypes, advocate for minority populations, and teach children in own family about bias and stereotypes)

* These results reflect learning exchange evaluations as of April 30, 2015

RESULTS: STATEWIDE LEARNING SESSION CONFERENCES

**SUMMARY OF PROCESS EVALUATION INDICATORS
FOR ALL LEARNING SESSION CONFERENCES FROM 2013-2015**

INDICATOR	RESULTS
Number of Attendees, Unduplicated Counts	Approximately 120-200 per Learning Session
Number of Duplicated Audience Member Contacts 2013-2015	Over 1,000
Average Number of Days per Session	2.5 (Includes 2 days of actual conference, and an optional half-day pre-conference institute)
Estimated Number of Contact Hours Provided as Continuing Education by Learning Sessions from 2013-15	120 people x 16 hrs x 2 Learning Sessions x 3 yrs = at least 11,520 hours
State Areas Represented	Black Hawk County Polk County Webster County/Fort Dodge Dubuque County Linn County Woodbury County Des Moines County Ottumwa/Wapello County
Primary Categories of Attendees	Department of Human Services Staff Community Partner Agency Staff Community Members Foster Parents Birth Parents Children from the Child Welfare System Court System Representatives Educators Researchers Guest Speakers from around the State and Nation
Primary Ethnic Groups Represented among Attendees	White African American Hispanic/Latino Native American Multicultural

**CUMULATIVE KEY FINDINGS OF SATISFACTION SURVEYS
FROM LEARNING SESSIONS, 2013-2015**

<p>Primary Reasons Cited by Audiences for Valuing the Learning Sessions</p>	<ul style="list-style-type: none"> • Learn new information from speakers • Stay motivated to address disparities • Collaborate and network with others • Exchange information with others on effective strategies to use in communities
<p>Primary Additional Groups To Include in Learning Sessions</p>	<ul style="list-style-type: none"> • Law enforcement • Teachers • Public health workers • Domestic violence advocates and victims • Substance abuse advocates and victims • Mental health professionals • Juvenile court staff • More youth • Legislators • Attorneys • Business community • Faith based leaders
<p>Primary “Take-Aways” Back to the Community</p>	<ul style="list-style-type: none"> • Knowledge, attitudes, and practices that are effective in reducing disproportionality • Renewed energy and inspiration to continue work on disproportionality, in order to avoid burnout
<p>Overall Level of Satisfaction with Learning Sessions</p>	<ul style="list-style-type: none"> • Consistent, extraordinarily high level of satisfaction after each Learning Session, with remarkably few recommendations for changes or improvements

CONCLUSION

Cultural competency and responsiveness within a system and institutions exists along a continuum, and is not a discrete achievement that can be checked off in a day. It is also not an outcome that can be accomplished simply by implementing one or two isolated strategies. Reducing disproportionality and improving cultural awareness is a process, not an event. It requires time, funding, commitment, support from upper management, ownership from field staff, deep partnerships with the community; and coordinated strategies that are sustained over the long-term and integrated into the institution's operating structure at all levels. Systems and the organizations within them that do not understand, value, or practice cultural responsiveness will often find that they experience disproportionality in their services through inappropriate individual encounters between staff and clients; utilization of outdated policies and protocols that no longer fit the reality of the populations they were meant to serve; and the presence of disjointed sectors of systems that too often work against each other than with each other to benefit families. According to the National Council on Cultural Competence (2009), in order to truly be culturally responsive and effective, an organization:

- *Should have a defined set of values and principles, and demonstrate behaviors, attitudes, and policies that are effective cross-culturally;*

- *Have the capacity to value diversity, conduct self assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural communities they serve; and*
- *Incorporate the above in all aspects of policy making, administration, practice, service delivery, and systematically involve consumers, key stakeholders, and communities.*

As can be seen in this report which features highlights of an initial process evaluation, Iowa is clearly progressing in its efforts to become more culturally responsive to all families within the child welfare system and to reduce disproportionality. Led by the Iowa Department of Human Services, the state has undertaken a number of creative, progressive, and meaningful efforts to promote equitable outcomes in the CWS. What is possibly most remarkable is that many of these initiatives have expanded and sustained themselves well beyond their initial support from the Casey Foundation, and many of these trainings, practice changes, and new policies are now embedded into DHS budgets. .

Nearly 70 coordinated strategies implemented by local BSC (Breakthrough Series Collaborative) and MYFI (Minority Youth and Family Initiative) teams have literally served almost 12,000 people in just the past several years throughout most major regions of the state. In addition to addressing the needs of African Americans, most of these teams have also begun to expand their efforts to serve whites, Latinos, Native Americans, immigrants, and low-income families of all backgrounds. Most of these PDSA activities have been conducted at the local operational level.

To supplement PDSA efforts at the local family level, the Cultural Equity Alliance Steering Committee has guided significant process at the state level, particularly from a strategic standpoint. In just the past three years, the Cultural Equity Alliance has developed and adopted 15 guiding principles as its framework for operations; has been instrumental in gaining system-wide support for these standards by the Department of Human Services Cabinet; and supported the implementation of differential response to provide more creative and culturally appropriate options for children in the child welfare system. These three items are extremely significant, and their potential to improve the welfare of thousands of Iowa children through policy modification cannot be overstated.

The CEA has also conducted ongoing strategic planning and data monitoring on disproportionality at the macro-level for the state. Along with DHS, the CEA helps coordinate and sponsor Learning Sessions twice a year to maintain the momentum of these initiatives, and attendance typically runs from 120-200 enthusiastic audience members, who have received more than 10,000 hours of continuing education in the field of disproportionality. Cultural responsive Learning Exchanges called “Race, the Power of Illusion, have also been held by the Department of Human Services almost monthly around Iowa, and have received outstanding feedback from the several hundred attendees who participate in these trainings each year.

From a process evaluation standpoint, Iowa has clearly undertaken significant efforts to analyze its own child welfare system and begin to address the very real challenge of working within a new multicultural environment. The following section provides additional recommendations related to measuring the impact of strategies addressing disproportionality in the child welfare system.

RECOMMENDATIONS

- Incorporate ongoing “process evaluation” measures into all disproportionality efforts supported by the Department of Human Services. Simple indicators such as attendance numbers, clients served, ethnic background of families, occupational specialties of partners, geographic service area of intervention, and others are critical information needed to begin to measure the scope of impact of various projects, and should be collected on a mandatory basis for all such operations.
- Improve the ability of MYFI, BSC, CEA, and other teams to set specific, measurable, actionable, and timely goals and objectives for their activities and operations.
- Increase efforts to develop and adopt PDSAs at the local and state level that impact programs, practice changes, and policies. These tend to reach a much larger number of clients and have greater impact on families from a systems standpoint, in comparison to isolated trainings.
- Develop programmatic goals and objectives that are strategic and progressive in nature. For instance, as statewide trainings that raise knowledge levels on cultural competency are becoming commonplace, “next step” skill-building presentations should be developed to build upon previous learning.

- Incorporate process evaluation and simple “outcome evaluation” measures into all disproportionality initiatives. Simple “outcome evaluation” measures could include pre- and post-tests of audiences to measure changes in knowledge after trainings; ongoing follow-up of families that are utilizing a new PDSA strategy; or basic cost-benefit analyses of activities.
- Utilizing both process and outcome evaluation measures, encourage statewide adoption of selected PDSAs by DHS and the CEA that seem particularly effective from a human and cost standpoint, so that they can have impact beyond the local level.
- Ensure that the impact and lessons learned from the BSC, MYFI, CEA, and RPI teams are shared with upper administration within DHS and CWS, in order to encourage their potential adoption throughout the child welfare system.
- Encourage the CEA to review PDSA activities on a yearly basis to ensure that they are meeting the geographic, programmatic, and other priorities of the state from a disproportionality standpoint. If not, encourage BSC and MYFI teams to develop such interventions where needed.

- Encourage the development of BSC, MYFI, and CEA activities in areas of the 15 Guiding Principles/CLAS Standards that are lacking in initiatives. Some of these areas could include greater programming to address bilingual needs; improved dissemination of information to the public; and the development of culturally appropriate grievance policies.
- Monitor demographic data trends in the state, and develop BSC teams in geographic areas with growing diversity and child welfare system challenges, such as in northwest Iowa.
- Monitor these same demographic trends and manage the mix of programming to match the changing ethnic needs in the state from a disproportionality context. Immigrant populations, for instance, are the fastest growing in the state, and can present serious challenges within the child welfare system.
- Provide adequate resources, funding, and leadership support for ongoing, meaningful evaluation from a process and outcome standpoint for key operations, such as those supported by BSC, MYFI, CEA, and RPI teams.

Iowa Department of Human Services



Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Health Care Oversight and
Coordination Plan
June 30, 2015

Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Update Health Care Oversight and Coordination Plan

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Heather Davidson

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-3012

FAX: (515) 281-6248

E-Mail: hdavids@dhs.state.ia.us

PROGRESS AND ACCOMPLISHMENTS IN IMPLEMENTATION

In the last year, Iowa implemented strategies to increase medication monitoring at the foster parent, agency, and client levels. Regarding foster parent medication monitoring, a new Iowa Foster and Adoptive Parent Association (IFAPA) training for foster parents started during this fiscal year. At the IFAPA Spring conference, held March 6-7, 2015, a professor from Des Moines University, who is a licensed pharmacist, provided the training entitled, "Introduction to Neuropharmacology and Drugs of Abuse", which was presented once during the conference due to the conference schedule filled with numerous two-hour trainings during the two-day conference. The training description stated it would emphasize psychiatric illnesses such as bipolar, ADHD, schizophrenia and anxiety and the currently available treatments including the types of medications prescribed. Twenty-one people attended this training. Eighteen people reported in the evaluation of the training that their knowledge or skills increased as a result of attending this training. A total percentage of 99.33% of answers on the post-test for this training were correct.

Training content included medications prescribed for foster children and the learning objectives were that the training would:

- Provide medication information on the Central Nervous System neurotransmitters
- Provide information on the physiology and treatment of common neurological disorders such as bipolar, ADHD, schizophrenia, major depressive disorder and anxiety disorders;
- Provide information on possible side effects of physical and psychological drug dependence and withdrawal;
- Many of the trainings at this Spring conference were:
 - on the new diagnostic categories of the DSM-5 which included the differences between similar diagnoses, strategies to address behavioral outbursts and temper tantrums and see them as a way a child is communicating an unmet need rather than an act of disobedience;
 - on emotional regulation to differentiate between normal patterns of behavior and concerning behaviors;
 - parenting a special needs child to assist them in navigating diagnosis, and educational and therapeutic services; and
 - understanding mental health diagnosis, how to obtain the proper diagnoses and what you can do once there is a diagnosis, and guidance in understanding what the diagnosis means.

At the agency and client levels, Iowa child welfare staff received their first medication report in May 2015. Each of the five service areas received the report. Thereafter, the Iowa Medicaid Enterprise (IME) will send a quarterly report to the service areas. Social work case managers (SWCMs) also will receive the report for monitoring at the agency and case level all foster children on psychotropic medications. SWCMs will review the quarterly report to see the amount of and types of medications prescribed and address any concerns with their supervisor. In addition, the DHS' Service Business Team (SBT) approved the following processes to inform and guide SWCMs:

- Prior Authorization (PA) on antipsychotic medications; and
- IME Data Warehouse (DW) quarterly reporting, which:
 - Identifies foster children of all ages on 2 or more psychotropic medications;
 - Identifies foster children under 6 on any antipsychotic medication;
 - Shows name of child, state ID, date of birth (DOB), age, prescription date, end date, worker name and county;
 - Shows name of medication(s) with “psychotropic medications” defined as typical antipsychotics, atypical antipsychotics, stimulants, antidepressants, select anticonvulsants, and lithium; and
 - Shows start and end date (blank if no end date as yet) of medication.

This report will provide medication information as part of monitoring the foster children’s medications.

Iowa Medicaid Enterprise (IME) completed the following:

- Utilized three different committees, Drug Utilization Review (DUR) Commission, Mental Health Advisory Group (MHAG), and Pharmaceuticals and Therapeutics (P&T), to review prescription edits, a frequently asked questions (FAQ) document, and receive input from these groups.
- Point of Sale (POS) initiated soft edits to the pharmacy beginning 10/1/2014 indicating the claim(s) will deny for a Prior Authorization (PA) at a specific date indicated, which should prompt the pharmacy to notify the prescriber.
- An Information Letter will be sent (date still to be determined) to all providers including discharge planners, to encourage changes to drug regimen or submission of a PA prior to implementation of the edits and prior to discharge.
- The IME will produce a report of members impacted and notify those prescribers (date still to be determined) of their patients that will be impacted by the change, specifics about the change, and the proposed effective date.

Implementation of the edits has not been determined, particularly as the DUR Commission received negative feedback from the Iowa Psychiatric Society.

Additional accomplishments related to the *Health Care Oversight and Coordination Plan* activities in the last year include:

- Conducted a Bi-Monthly CIDS Conference Call to discuss medication oversight by field staff, including psychotropic medication, with field supervisors and social work administrators.
- Phased out the Medicaid for Independent Young Adults (MIYA) with implementation of Expanded Medicaid for Independent Young Adults (E-MIYA).
- Achieving Maximum Potential (AMP) youth developed, in collaboration with an Iowa mental health professional, a video regarding mental health challenges facing young people and making informed choices about medications.

The *Health Care Oversight and Coordination Plan* was revised to add this section; to revise data as indicated; to provide data and analysis for FY 2014, and to change language to reflect implementation progress.

UPDATED HEALTH CARE OVERSIGHT AND COORDINATION PLAN

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

If a child coming into care has not had a physical health screening prior to placement, the initial physical health screening must be scheduled within 14 calendar days of the child coming into care. Medical professionals determine the need for any follow-up appointments. After the initial physical, children in foster care have physicals on an annual basis, or in accordance with applicable Medicaid periodicity schedule for health exams, according to the age of the child. The social work case managers (SWCMs) ask the foster home or foster group care facility at monthly visits about the foster child's health care. If the provider sends them a report or "summary of the visit" report, it is included in the case file.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home

Any child's health needs identified through screenings are met as the SWCM may assist foster families by scheduling the applicable health care appointments and therapy appointments. SWCMs monitor the ongoing treatment and their outcomes. For foster group care, the SWCM assures the group care provider addressed the identified health needs of the foster child. The SWCM monitors the child's health care treatments and therapy by the foster group care provider's health reports sent to them and at their monthly visits.

In addition to the SWCM receiving copies of the Physical Record form and/or the "summary of the visit", the SWCM may receive other health care appointment information from the foster care provider. The SWCM reviews the health information received, adds it to the case file, and updates the child and family's case permanency plan. The SWCM addresses the health care information with the child's parents, if they did not attend the appointment, especially if any medication is prescribed or changed. The SWCM also addresses the child's health care during monthly visits with the child and/or parents. When SWCMs receive notification of a medication review, they participate in this review as available and follow-up with the foster care provider if they were not available to attend.

The Iowa Foster and Adoptive Parent Association (IFAPA) continues to educate our foster parents with trainings on trauma and assure they address the effects of trauma on the brain and the behavior of a child. Their trainings on child development include child physical and emotional development that assists foster parents in recognizing any developmental issues of a child and addressing them.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

The concept of a "medical home" was new to SWCMs and some foster care providers. Now that more electronic records are completed at many medical offices, it is easier to have a medical home for foster children in addition to our mental health providers focusing on medical homes.

For health care providers who have electronic medical records, the foster care provider may ask for a “summary of the visit” or discharge/referral form at the end of the health care visit, if it is not automatically provided. If the health care provider does not have electronic medical records, the foster care provider can give the provider the Physical Record form and request it be completed and returned to them. The Physical Record form includes a list of previous diseases that can be checked and dated, chronic illnesses and an area to list medications prescribed, physical examination information including vision, hearing, dental and mental health, and an area to complete preliminary diagnosis and recommendations, including any recommendations for further assessment or evaluation. The foster parent provides the Physical Record form, “summary of the visit”, and other additional documentation of the child’s health care to the SWCM.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

The DHS continues to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care. The IFAPA sends a weekly electronic newsletter to foster, adoptive and kin parents, which DHS utilizes for educating foster parents on the need for them to keep the child’s SWCM informed of the health care services received by the foster child and providing the child’s health care information they have to the SWCM at the time the child leaves their home. In addition, IFAPA has provided 20 unique courses that included elements of trauma informed care in their ongoing trauma training for foster parents and provided trainings in 2015-2016 for foster parents that include:

- A training to assist foster parents in understanding the unique needs of Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ) youth in care. IFAPA collaborated with DHS and the National Resource Center for Permanency and Family Connections to develop and implement this training, which is the first of its kind in the nation and started in FY 2015.
- Working with children who have been sexually abused
- Parenting children who are sexual offenders
- Working with birth parents who have substance abuse issues
- Personality Disorders
- Child development
- Child mental health
- Specific diagnoses, especially in the areas of Reactive Attachment Disorder (RAD), Oppositional Defiance Disorder (ODD), Conduct Disorder (CD) and Anxiety Disorders

Medicaid recently implemented statewide Integrated Health Homes. The Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The IHH is administered by

the Medicaid Behavioral Health Care Managed Care Organization (Magellan Behavioral Care of Iowa) and provided by community-based Integrated Health Homes. Children with a SED and their families will receive IHH services using the principles and practices of a System of Care model. This includes peer support and family support services. The peer support is a person who has a child with SED and can provide emotional support to the parents and assist the family in navigating the system for obtaining mental health services. Foster children in foster homes are eligible for this program.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

When SWCMs receive notification of a medication review, they participate in this review, as available, and follow-up with the foster care provider and the child's parents if they were not available to attend.

Medication monitoring at the foster parent level:

The DHS will continue to work with IFAPA to provide training to foster parents on medications, including resources for understanding what the medication is; what the medication is used to address; possible side effects of the medication; when to contact the child's doctor if there is a problem with the medication or the child's reaction to the medication; description for what a psychotropic medication is; when to contact the child's case manager; possible alternatives to medications; and how the foster parent can advocate for the best interest in regards to the foster child's health care needs.

Foster parents are part of Iowa's collaborative team in monitoring medications and the health care needs of foster children.

Medication monitoring at the agency level:

Iowa Medicaid Enterprise (IME) staff sends a quarterly report to each of the five service areas for agency level medication monitoring. Staff also sends the quarterly report to SWCMs for monitoring at the case level all foster children on psychotropic medications.

Tables 1 through 4 provide psychotropic medication data for fiscal year (FY) 2010-2011 (our baseline), FY 2012, FY 2013, and FY 2014 psychotropic medication data. Data presented in last year's report was inaccurate. IME staff revised Tables 1 through 3 to show the correct data and child welfare staff revised the analysis.

Table 1: FY 2010-2011 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range Mos.	Age range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Anti-psychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1 to 18 mos.	1-1.5 yrs	1		1		4			6
19 to 36 mos.	1.6 -3 yrs	3		2		1			6
37 to 60 mos.	3.1 to 5 yrs	1	5	3	11	3	7		30
61 to 96 mos.	5.1 to 8 yrs	9	29	9	52	1	140	1	241
97 to 144 mos.	8.1 to 12 yrs	24	118	10	128	1	248	2	531
145 to 180 mos.	12.1 to 15 yrs	51	230	21	196	1	279	6	784
181 to 215 mos.	15.1 to 17.9 yrs	155	634	59	377	3	484	11	1723
Grand Total		244	1016	105	764	14	1158	20	3321

Source: Iowa Medicaid Enterprise

Table 2: FY 2012 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1-18 mos. 0-1.5 yrs.	1				4			5
19-36 mos. 1.6 -3 yrs.	3		2	1	2	1		9
37-60 mos. 3.1 - 5 yrs.	3	5	5	4	1	13		31
61-96 mos. 5.1- 8 yrs.	10	40	7	58	1	133	1	250
97-144 mos. 8.1 - 12 yrs.	25	114	12	98		228	2	479
145-180 mos. 12.1 - 15 yrs.	52	253	29	205		280	6	825
181-215 mos. 15.1 - 17.9 yrs.	142	644	67	367	11	447	10	1,688
Grand Total	236	1,056	122	827	19	1,102	19	3,287

Source: Iowa Medicaid Enterprise

From FY 2010-2011 to FY 2012, the total psychotropic medications prescribed decreased 1%. The Atypical Antipsychotics increased 8%, and the Typical Antipsychotic decreased 5%. The older children (age 12.1 to 17.9 yrs.) also had reduction of 4% decrease in the amount of medications prescribed.

Table 3: FY 2013 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1-18 mos. 0-1.5 yrs.					2			2
19-36 mos. 1.6 -3 yrs.	2	1	1		3			7
37-60 mos. 3.1 - 5 yrs.	4	3	5	7		12		31
61-96 mos. 5.1- 8 yrs.	6	34	7	36		156		239
97-144 mos. 8.1 - 12 yrs.	23	113	9	112		226	3	486
145-180 mos. 12.1 - 15	52	249	19	157	3	278	4	762
181-215 mos. 15.1 - 17.9	131	619	72	298	8	444	15	1,587
Grand Total	218	1,019	113	610	16	1,116	22	3,114

Source: Iowa Medicaid Enterprise

From FY 2012 to FY 2013, the total psychotropic medications prescribed decreased 5%. The Atypical Antipsychotics decreased 26%, and the Typical Antipsychotic increased 16%. The older children (age 12.1 to 17.9 yrs.) again had a decrease in the amount of medications prescribed by 7%.

Table 4: FY 2014 Data - Psychotropic Medication Use for Foster Care Children

Foster Child Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Antipsychotic	Grand Total
1-18 mos. 0-1.5 yrs.	1				1			2
19-36 mos. 1.6 -3 yrs.	1	1	1	1	1			5
37-60 mos. 3.1 - 5 yrs.	1	6		9		13	1	30
61-96 mos. 5.1- 8 yrs.	9	38	8	40		141		236
97-144 mos. 8.1 - 12 yrs.	29	103	8	89		207	1	437
145-180 mos. 12.1 - 15	80	309	48	223	2	427	15	1,104
181-215 mos. 15.1 - 17.9	142	614	61	246	4	458	16	1,541
Grand Total	263	1,071	126	607	8	1,246	33	3,354

Source: Iowa Medicaid Enterprise (IME)

From FY 2013 to FY 2014, the total psychotropic medications prescribed increased 8%. The atypical antipsychotics decreased less than 1%, and the typical antipsychotic increased 50%. The older children (age 12.1 to 17.9 yrs.) had an increase in the amount of medications prescribed by 13%.

Medication monitoring at the client level:

In the past, the Drug Utilization Review (DUR) Commission examined the use of multiple antipsychotics and sent notification letters to prescribers and pharmacies stating they identified a member as having a drug related issue and made a suggestion regarding medication therapy. Currently, provider notification letters are based on 6 months of pharmacy claims data and these letters are sent only to Medicaid fee-for-service providers. The DUR Commission sends these letters to providers that meet a certain set of criteria, either through regular profile reviews (which consist of 1,800

profiles over a 12 month period) or a targeted intervention (specific population, member count varies). The DUR does not send letters to **all** prescribers who prescribe two or more psychotropic agents simultaneously. Additionally, the DUR reviews 300 member (of all ages) profiles identified with the highest level of risk for a drug related issue at each meeting; a small portion is for children for whom not all are on psychotropic medications.

How Iowa actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

During an assessment, the DHS child protective worker (CPW) may contact a Child Protection Center (CPC)/Child Advocacy Center (CAC). The CPC/CACs provide forensic interviews, medical exams, treatment, and follow-up services for alleged child victims and their families. These specialized services aim to limit the amount of trauma experienced by child victims and their non-offending family members. The CAC/CPCs coordinate with law enforcement and county attorneys in the prosecution of criminal cases involving child endangerment, child fatalities, and sexual abuse. They also provide professional case consultation and statewide training. CPWs also may contact a child's doctor to discuss medical issues, including medication usage.

DHS social work case managers (SWCMs) continually assess the physical, dental, and mental health, and substance abuse needs, if applicable, of foster care children. SWCMs consult with physicians or other appropriate medical or non-medical professionals for initial and ongoing medical exams, mental health evaluations, substance abuse evaluations, and necessary follow-up treatment, if determined needed by the health professional. DHS SWCMs also participate in Joint Treatment Planning Conferences (JTPC) with DHS field operations support unit (FOSU) staff, DHS Mental Health and Disability Services (MHDS) staff, and medical professionals to discuss complex cases in an effort to ensure that foster care children receive the most appropriate services for their needs.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Consistent with the Fostering Connections and Increasing Adoptions Act of 2008, the transition plan development process for youth in foster care age 16 and older covers, among other items, health care coverage and access to health care coverage at foster care exit; information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions; the child receives a copy of Iowa's Durable Power of Attorney for Health Care form, recognized under Iowa state law, and information about what it means to assign someone as a

Durable Power of Attorney for Health Care, including instructions for completing the form. Plans are reviewed at least every six months, including during the 90 days before a child reaches age 18 and within 90 days of exit if over age 18.

Iowa put into law the Chafee option to offer Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday and meet certain income guidelines (must be below 200% of the poverty guidelines). Activities since then have included ongoing training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Effective January 1, 2014, Iowa implemented Expanded Medicaid for Independent Young Adults (E-MIYA) in accordance with the Affordable Health Care Act, which allows youth who leave foster care at age 18 or older (and who have received federal Medicaid while in foster care) to continue to receive Medicaid up to age 26, regardless of income or resources. The aptly named E-MIYA (Expanded Medicaid for Independent Young Adults) extended Iowa's existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care.

Quarterly meetings were held with interested providers, including AMP and aftercare services, to inform them about the new program and answer questions. An ongoing Questions and Answers document was created and continues to be maintained to date. Medicaid coordinators participated in aftercare meetings to collect questions and explain the changes. Aftercare providers notified youth in their services of this opportunity and some reached out to former participants as well. DHS included E-MIYA in training required for all new case managers.

Iowa continues to utilize the streamlined procedure for youth automatically continuing on Medicaid used previously for the MIYA program (reviewing first for any other Medicaid coverage groups the youth may be eligible for), once their foster care case is closed; E-MIYA will be using a passive annual review to ensure location of the participant and any changes in household which may make the participant eligible for other Medicaid coverage groups rather than E-MIYA.

The DHS transition planning specialists continue to train workers on educating youth on the review procedure prior to discharge from care; additionally aftercare workers were educated on the procedure to assist those youth on their caseload with the review process as were foster families; the reapplication process is stressed in new worker training; and youth who are automatically placed on E-MIYA or any other type of Medicaid coverage group at the point of discharge receive a letter from the DHS explaining the Medicaid coverage and the renewal process. Aftercare staff continues to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This process greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage.

DHS contracted with Achieving Maximum Potential (AMP) to develop a video, which features young people in foster care and alumni. The video will raise awareness to the challenges facing young people with mental health challenges. It guides social workers and others who care about young people on ways to support them. A leading Iowa mental health professional emphasizes the challenges, in particular the impact of traumatic childhood experiences. The need to make informed choices about medication is addressed by youth and professionals. A DHS transition administrator further recognizes child welfare's obligation to provide support and details what the new E-MIYA is and how a young person who was in foster care at age 18 can apply.

Iowa Department of Human Services



Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Foster and Adoptive Parent
Diligent Recruitment Plan

June 30, 2015

**Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Foster and Adoptive Parent Diligent Recruitment
Plan**

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Tracey Parker

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-8799

FAX: (515) 281-6248

E-Mail: tparker@dhs.state.ia.us

PROGRESS AND ACCOMPLISHMENTS

Iowa continues to work on the development of the Diligent Recruitment Plan. The DHS decided that the plan would be developed as a LEAN project and is in the process of identifying participants. The timeline of the event requires the plan to be developed by September 15, 2015.

Iowa KidsNet continues to focus on recruiting and retaining non-white foster families, families who will care for teens, sibling groups and children with significant needs as well as increasing the pool of all foster families. Increasing the number of all licensed foster families by 3% is one performance measure. Increasing the number of non-white foster families by 3% is a second performance measure. The baseline is established by DHS as the number of licensed foster families at a point in time at the end of the fiscal year. The targets are for the upcoming fiscal year and are an increase of 3% over the baseline. The first table shows the numbers of all licensed foster families including non-white foster families. The second table shows the number of non-white foster families only. The total number of licensed foster families will vary depending on the number of newly licensed families compared to families who are withdrawing or no longer remaining licensed.

The tables below illustrate the achievement as of the end of SFY 2015 Quarter 3.

Service Area	Baseline	FY 2015 Target	Total End Q1	Total End Q2	Total End Q3
Western	423	435	447	424	434
Northern	402	414	371	379	390
Eastern	214	220	219	223	219
Cedar Rapids	459	472	454	452	464
Des Moines	512	529	496	512	512
Total	2010	2070	1987	1990	2019

Source: DHS

Service Area	Baseline	FY15 Target	Total End Q1	Total End Q2	Total End Q3
Western	23	24	37	34	34
Northern	29	30	25	27	26
Eastern	21	22	20	22	21
Cedar Rapids	36	37	42	42	44
Des Moines	66	67	72	76	71
Total	175	180	196	201	196

Source: DHS

Iowa KidsNet exceeded the targets for non-white families in three out of five service areas. It is likely Iowa KidsNet will meet the targets in the other two service areas based on the number of families in the recruitment and licensing process. Also, in the past year, four Native American families became licensed in Woodbury County.

Except for the addition of this section, there are no changes or additions to Iowa's *FFY 2015-2019 Foster and Adoptive Parent Recruitment Plan*.

BACKGROUND

Iowa has a Recruitment and Retention Contract for the recruitment and retention of resource families in Iowa. Currently, the statewide provider comprises six agencies with Four Oaks as the lead agency. The statewide provider is responsible for the following:

- Developing service area specific plans that include strategies and numerical goals for each service area based on the needs of the service area for the following criteria:
 - Families that reflect the race and ethnicity of the children in care in the service area;
 - Families who have the ability to take sibling groups of two or more;
 - Families who have the ability to parent older children, especially teens;
 - Families who are geographically located to allow children to remain in their neighborhoods and schools;
 - Families who have the skills to care for children who exhibit difficult behaviors or have significant mental health, behavioral, developmental or medical needs;
 - Families who can provide a continuum of care including respite, short term placements, transitioning children to permanency and adoption;
 - Families who will mentor and work collaboratively with birth parents; and
 - Families who understand the importance of maintaining a child's connections to their family, school, community and culture and will help maintain those connections.
- Conducting licensing activities for foster families and approval activities for adoptive families including:
 - Providing orientation sessions for interested families;
 - Providing pre-service Partnering for Safety and Permanence - The Model Approach to Partnerships in Parenting (PS-MAPP);
 - Completing all background checks according to state and federal law;
 - Completing an initial home study and all other required paperwork; and
 - Completing renewal activities and updating home studies.
- Providing statewide matching services for children in need of foster home placement. Matching criteria is established based on the needs of each child but may include:
 - Keeping siblings together;
 - Keeping children in their home school and neighborhood;
 - The family's ability to parent older children;
 - The family's ability to meet the child's cultural needs;
 - The family's ability to meet the child's emotional and behavioral needs; or
 - The child's permanency goal.

- Providing support services to foster families and pre-adoptive families. The statewide provider's staff are required to:
 - Visit a family within 10 days of their first placement;
 - Contact each family within 3 days of a new placement;
 - Visit each foster family in the home at least twice a year with one visit being unrelated to licensing renewal or adoption approval activities;
 - Provide supports services based on the foster/pre-adoptive family's needs that may include:
 - Crisis intervention;
 - Assisting families with the transition of teens to adulthood;
 - Assisting families with the transition of children to permanency through reunification;
 - Partner, coordinate and collaborate with other service providers;
 - Provide services in a culturally competent manner;
 - Coordinate and collaborate with service providers to assist families in the transition from foster care to adoption;
 - Assist families in understanding the difference between foster care and adoption.
- Providing post-adoption support to all adoptive families who have adopted children that receive or are eligible to receive adoption subsidy. Support services are voluntary and families can self-refer or be referred by DHS. Services are free of charge to the family and may be provided in the family's home. Support services are tailored to meet the needs of the family and may include:
 - Crisis intervention;
 - Providing assistance in developing behavior management plans;
 - Assisting and supporting the family's relationship with birth family;
 - Advocating for the family with school, DHS or other service providers; and
 - Assisting families in securing community resources.
- Assisting DHS in finding adoptive families for waiting children by:
 - Registering children on the national exchange through AdoptUSKids;
 - Providing adoptive families with AdoptUSKids registration information;
 - Facilitating information sharing between adoptive families and DHS adoption workers;
 - Managing the state Heart Gallery; and
 - Collaborating on or coordinating adoption month events.

The Recruitment and Retention contract is a performance based contract. Performance measures were established to improve practice around safety and stability. Performance measure targets were based on data that reflects the demographics, race, ethnicity and geographic location of the children coming into care, as well as the race and ethnicity of resource families. The performance measures are paid based on achieving an established goal. The performance measures are:

- Achieving a net gain of 3% in the number of licensed foster families by service area during the contract year.
- Achieving a net gain of 3% in the number of non-white foster families by service area during the contract year.

- Children will be stable in their first placement into family foster care for four months based on service area targets.
- Children will be placed within 20 miles of their removal home based on service area targets.
- 99% of all children in family foster care will be safe from abuse.
- 99% of all children in adoptive care who are eligible for or receive adoption subsidy will be safe from abuse.

Progress towards achieving the identified targeted goals is reviewed quarterly by DHS and the contractor's leadership. Service area recruitment teams meet no less than quarterly to review recruitment activities and strategies and implement new strategies.

The recruitment and retention contract is scheduled to be re-procured in 2016 in order to execute a new contract on July 1, 2017. Foster and adoptive parents, youth and other stakeholders as well as data from DHS and the current contract will be gathered to help shape the next procurement. This work also will be a significant component of the five year strategic diligent recruitment plan.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

A description of the characteristics of children for whom foster and adoptive homes are needed

DHS provides data to the contractor in order to determine recruitment and retention goals and targets. Recruitment plans are based on the needs of each service area and the data specific to the service area. Recruitment and retention targets for specific populations of children may include:

- Teens
- Sibling groups
- Non-white children
- Children with difficult behaviors (physically aggressive, sexual acting out, impulsivity, etc.)
- Children with significant needs (mental health concerns, developmental disabilities, intellectual disabilities, medically fragile, etc.)

Iowa KidsNet receives age, race and ethnicity data on children in family foster care for every child who has exited or entered a foster home each week. Age, race, and ethnicity data regarding children in family foster care and race and ethnicity data on foster families is also provided to Iowa KidsNet at the end of each fiscal year. This data is used when developing service area specific recruitment plans.

Recruitment and retention plans focus on developing a sufficient number of families who have the skills and abilities to care for children who have difficult behaviors or significant needs. Child specific data is not kept on these two recruitment categories as it is

expected that all foster families will have or learn the skills necessary to meet the needs of children coming into care.

The most recent data regarding age, race and ethnicity regarding the children in family foster care are provided in the tables below: Data for FY15 has not been published by the Child and Family Policy Center to date.

**Table 1: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Age group.**

Service Area	County Size	# of Counties	Age at end of period								Total
			a) 0 to 5		b)6 to 11		c)12 to 15		d)16+		
			#	%	#	%	#	%	#	%	
Western	Rural	15	30	16%	24	21%	12	18%	16	22%	82
	Urban	13	69	36%	43	37%	31	48%	26	36%	169
	Metro	2	93	48%	48	42%	22	34%	31	42%	194
	All Counties		192		115		65		73		445
Northern	Rural	15	51	33%	30	35%	13	28%	13	23%	107
	Urban	11	67	44%	37	44%	23	49%	33	59%	160
	Metro	1	35	23%	18	21%	11	23%	10	18%	74
	All Counties		153		85		47		56		341
Eastern	Rural	2	1	1%	0	0%	0	0%	0	0%	1
	Urban	6	63	48%	28	52%	9	35%	8	31%	108
	Metro	2	66	51%	26	48%	17	65%	18	69%	127
	All Counties		130		54		26		26		236
Cedar Rapids	Rural	6	17	10%	4	5%	3	8%	8	16%	32
	Urban	9	60	34%	30	38%	9	25%	15	30%	114
	Metro	2	97	56%	45	57%	24	67%	27	54%	193
	All Counties		174		79		36		50		339

**Table 1: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Age group.**

Service Area	County Size	# of Counties	Age at end of period								Total
			a) 0 to 5		b)6 to 11		c)12 to 15		d)16+		
			#	%	#	%	#	%	#	%	
Des Moines	Rural	8	9	5%	4	4%	3	6%	6	12%	22
	Urban	6	40	22%	18	16%	12	25%	20	38%	90
	Metro	1	133	73%	88	80%	33	69%	26	50%	280
	All Counties		182		110		48		52		392
Total	Rural	46	108	13%	62	14%	31	14%	43	17%	244
	Urban	45	299	36%	156	35%	84	38%	102	40%	641
	Metro	8	424	51%	225	51%	107	48%	112	44%	868
	All Counties		831		443		222		257		1753

Source: 2013 Kids Count Report

**Table 2: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Race.**

Service Area	County Size	# of Counties	Race														Total
			American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Unable to Determine		
			#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Western	Rural	15	3	14%	1	25%	0	0%	0	0%	84	21%	1	4%	3	30%	92
	Urban	13	5	23%	0	0%	10	63%	1	50%	152	39%	5	20%	3	30%	176
	Metro	2	14	64%	3	75%	6	38%	1	50%	155	40%	19	76%	4	40%	202
	All Counties		22		4		16		2		391		25		10		470
Northern	Rural	15	2	67%			3	7%	0	0%	100	35%	2	13%	7	58%	114
	Urban	11	1	33%			16	35%	1	100%	144	50%	9	60%	3	25%	174
	Metro	1	0	0%			27	59%	0	0%	45	16%	4	27%	2	17%	78
	All Counties		3				46		1		289		15		12		366
Eastern	Rural	2			0	0%	0	0%	0	0%	2	1%	0	0%	0	0%	2
	Urban	6			0	0%	19	41%	0	0%	87	49%	9	39%	2	50%	117
	Metro	2			5	100%	27	59%	1	100%	87	49%	14	61%	2	50%	136
	All Counties				5		46		1		176		23		4		255

**Table 2: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Race.**

Service Area	County Size	# of Counties	Race														Total
			American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Unable to Determine		
			#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Cedar Rapids	Rural	6	10	100%	1	100%	0	0%			23	9%	3	10%	0	0%	37
	Urban	9	0	0%	0	0%	0	0%			114	44%	3	10%	2	33%	119
	Metro	2	0	0%	0	0%	59	100%			120	47%	24	80%	4	67%	207
	All Counties		10		1		59				257		30		6		363
Des Moines	Rural	8	2	50%	0	0%	2	2%			18	8%	0	0%	0	0%	22
	Urban	6	2	50%	1	13%	10	12%			68	29%	9	39%	5	8%	95
	Metro	1	0	0%	7	88%	71	86%			146	63%	14	61%	57	92%	295
	All Counties		4		8		83				232		23		62		412
Total	Rural	46	17	44%	2	11%	5	2%	0	0%	227	17%	6	5%	10	11%	267
	Urban	45	8	21%	1	6%	55	22%	2	50%	565	42%	35	30%	15	16%	681
	Metro	8	14	36%	15	83%	190	76%	2	50%	553	41%	75	65%	69	73%	918
	All Counties		39		18		250		4		1345		116		94		1866

Source: 2013 Kids Count report

**Table 3: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.**

Service Area	County Size	# of Counties	Ethnicity						
			Hispanic		Non-Hispanic		Unable to Determine		Total
			#	%	#	%	#	%	
Western	Rural	15	7	11%	80	21%	5	22%	92
	Urban	13	16	25%	154	40%	6	26%	176
	Metro	2	42	65%	148	39%	12	52%	202
	All Counties		65		382		23		470
Northern	Rural	15	16	36%	94	30%	4	33%	114
	Urban	11	21	48%	148	48%	5	42%	174
	Metro	1	7	16%	68	22%	3	25%	78
	All Counties		44		310		12		366
Eastern	Rural	2	0	0%	2	1%	0	0%	2
	Urban	6	15	58%	97	44%	5	71%	117
	Metro	2	11	42%	123	55%	2	29%	136
	All Counties		26		222		7		255
Cedar Rapids	Rural	6	5	12%	32	10%	0	0%	37
	Urban	9	12	29%	101	33%	6	40%	119
	Metro	2	25	60%	173	57%	9	60%	207
	All Counties		42		306		15		363
Des Moines	Rural	8	2	5%	19	6%	1	2%	22
	Urban	6	3	7%	87	28%	5	8%	95
	Metro	1	36	88%	201	65%	58	91%	295

**Table 3: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.**

Service Area	County Size	# of Counties	Ethnicity						
			Hispanic		Non-Hispanic		Unable to Determine		Total
			#	%	#	%	#	%	
	All Counties		41		307		64		412
Total	Rural	46	30	14%	227	15%	10	8%	267
	Urban	45	67	31%	587	38%	27	22%	681
	Metro	8	121	56%	713	47%	84	69%	918
	All Counties		218		1527		121		1866

Source: 2013 Kids Count Report

**Table 4: Licensed Foster Families at the end of State Fiscal Year
2013 by Service Area, County Size and Ethnicity.**

Service Area	County Size	# of Counties	Race										Ethnicity	
			American Indian / Alaskan Native	Asian	African American	Hawaiian / Pacific Islander	White	Multi-Race	Hispanic					
Western	Rural	15	0	0	0	0%	0	131	30%	2	20%	2	17%	
	Urban	13	0	0	0	0%	0	154	36%	5	50%	4	33%	
	Metro	2	0	0	3	100%	0	145	34%	3	30%	6	50%	
	All Counties		0	0	3		0	430		10		12		

Table 4: Licensed Foster Families at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.

Service Area	County Size	# of Counties	Race											Ethnicity		
			American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Hispanic	
Northern	Rural	15	0	0%	0		0	0%	0		108	30%	0	0%	1	14%
	Urban	11	1	100%	0		2	100%	0		195	55%	5	56%	6	86%
	Metro	1	0	0%	0		0	0%	0		54	15%	4	44%	0	0%
	All Counties		1		0		2		0		357		9		7	
Eastern	Rural	2	0	0%	0	0%	0	0%	0	0%	11	5%	1	13%	0	0%
	Urban	6	0	0%	0	0%	1	20%	1	100%	98	47%	2	25%	2	67%
	Metro	2	1	100%	1	100%	4	80%	0	0%	100	48%	5	63%	1	33%
	All Counties		1		1		5		1		209		8		3	
Cedar Rapids	Rural	6	0		0	0%	0	0%	0		42	11%	1	9%	0	0%
	Urban	9	0		0	0%	2	13%	0		158	41%	0	0%	3	33%
	Metro	2	0		2	100%	13	87%	0		190	49%	10	91%	6	67%
	All Counties		0		2		15		0		390		11		9	
Des Moines	Rural	8	0		0	0%	9	18%	0		40	9%	0	0%	1	7%
	Urban	6	0		0	0%	2	4%	0		165	39%	3	38%	2	13%
	Metro	1	0		2	100%	38	78%	0		217	51%	5	63%	12	80%
	All Counties		0		2		49		0		422		8		15	

Table 4: Licensed Foster Families at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.

Service Area	County Size	# of Counties	Race												Ethnicity	
			American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Hispanic	
Total	Rural	46	0	0%	0	0%	9	12%	0	0%	332	18%	4	9%	4	9%
	Urban	45	1	50%	0	0%	7	9%	1	100%	770	43%	15	33%	17	37%
	Metro	8	1	50%	5	100%	58	78%	0	0%	706	39%	27	59%	25	54%
	All Counties		2		5		74		1		1808		46		46	

Source: Iowa SACWIS

Specific strategies to reach out to all parts of the community

Service area recruitment plans are developed to cover the entire area; however, prioritized areas are identified based on the demographics and geographic location of children coming into care. Service areas analyze data to determine which geographic locations children are removed from, and prioritize those areas to have a sufficient number of foster/adoptive families, while also recruiting throughout the area.

Research and experience has shown that the best form of recruitment is family to family. Iowa KidsNet staff consistently engages current foster and adoptive parents to act as ambassadors for foster care in their home communities. Ambassadors use their personal and professional networks to raise awareness of the need for foster families in their communities.

Strategies common to all service areas include:

- Engaging faith based organizations and houses of worship in all communities, especially non-white communities;
- Partnering with local media outlets, especially non-white;
- Partnering with local businesses and civic organizations;
- Reaching out to schools, child care providers, and other agencies that serve families.
- Family to family events such as “Fosterware” parties and picnics;

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

Recruitment plans combine general recruitment activities with targeted recruitment activities based on the needs of the service area. Examples of general recruitment activities are:

- Recruitment teams engage local media outlets by providing staff or resource families for interviews;
- Use of print and electronic media for general recruitment such as the use of public service announcements (PSAs), and promotions for upcoming events;
- Providing brochures to businesses, churches, child care centers, medical facilities or other entities who serve families;
- Utilizing Why Foster Teens campaign to increase the number of foster and adoptive families willing to care for teens.

Child specific recruitment through the recruitment and retention contract for a child in foster care is more difficult due to the time it takes to license a family. The child’s team, including the contractor, works together to identify any currently licensed families, relatives, or other people in the child’s life who may be placement resources.

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community
Orientation sessions and PS-MAPP are offered regularly throughout the state. PS-MAPP trainings are held in the evenings over a 10 week span.

Between 63 and 65 PSMAPP classes are held during the year. Classes allocated by service areas depending on need and recruitment targets. The chart below indicates the number of PS-MAPP classes held in each service area in SFY 2014.

Table 5: Service Area & PS-MAPP	
Service Area	#PS-MAPP
Western	13
Northern	11
Eastern	10
Cedar Rapids	15
Des Moines	15
Total	64

PS-MAPP is most often scheduled in urban or metro areas as those areas are where the greatest number of children are removed from. Service area recruitment teams meet no less than quarterly to review data, discuss and revise strategies, and determine areas of need. PS-MAPP locations may change based on those local discussions. If a more rural area is identified as focus area, recruitment efforts are made and a PS-MAPP session may be moved to that area to accommodate those families.

Data is consistently used to try to balance the need for homes in close proximity to the removal homes of children. Iowa KidsNet is provided weekly report of all children who enter or exit foster care. The proximity of the foster home to the child’s removal home is included in that data. This provides Iowa KidsNet with a constant source of timely data to assist in recruiting and retaining homes in the areas of most need.

In addition to the 64 PS-MAPP trainings held, two pilot sessions of Caring for Our Own were held at the end of SFY14 and will be completed in early SFY15. Caring for Our Own is PS-MAPP modified for relatives who are becoming licensed foster parents for children placed in their care. One session was held in Des Moines and one session was held in Cedar Rapids. DHS and Iowa KidsNet will evaluate the sessions and determine if this training should be expanded across the state. Caring for Our Own would likely replace a PS-MAPP session so no additional sessions would be added throughout the year due to funding.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations

Please see the DHS training plan for department staff training on working with diverse communities.

Contractor staff receives ongoing training provided by experts or specialists in areas of racial, ethnic, and cultural diversity. Examples of these trainings include LGBTQ training by an advocacy and educational organization, or representatives from refugee communities who discuss the culture specific to their homeland.

Heather Craig-Oldsen in partnership with DHS and tribal representatives in Woodbury County is working with the Children's Alliance to modify the PS-MAPP curriculum to make it more culturally sensitive to the Native American community. Contractor staff will be trained in this curriculum.

The Winnebago Tribe of Nebraska received a diligent recruitment funding award to assist Nebraska and Iowa in recruiting and retaining American Indian foster and adoptive families. Iowa DHS serves as an advisor on this grant. The Winnebago Tribe has contracted directly with Four Oaks, the lead agency of Iowa KidsNet, to hire a recruiter specific to the grant. The recruiter will target Woodbury and Pottawattamie Counties, the counties with the highest number of Native American children, to recruit Native American foster and adoptive homes. The states of Nebraska and Iowa will also collaborate with the involved tribes to reduce barriers to licensing Native American families.

Strategies for dealing with linguistic barriers

PS-MAPP forms are available in Spanish and English.

Interpreters are available through the Recruitment and Retention for Resource Families contractor for all language groups, from inquiry through completing the licensing/approval process.

Non-discriminatory fee structures

Families who apply to become foster parents or adoptive parents through the DHS are not charged any fees. The cost of record checks and home study are paid through the recruitment and retention contract. Families may have some fees for water testing. Families receive a stipend each year to help cover the costs of required ongoing training, however, most of the training offered by the Iowa Foster and Adoptive Parent Association (IFAPA) is free.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

The Recruitment and Retention provider is responsible for child specific recruitment for waiting children. Examples of these recruitment activities include:

- Registering waiting children on the national adoption exchange through AdoptUSKids;
- Displaying the Heart Gallery throughout the state;
- Partnering with a local television station to present a waiting child on a regular segment called "Wednesday's Child"; and
- Partnering with Wendy's Wonderful Kids.

DHS is responsible for selecting the adoptive family that will best meet the needs of the child, not the race or ethnicity of the family in relation to the child. Transracial adoptions are common and children do not wait for a home based on the race or ethnicity.

Children who are in need of an adoptive home are photolisted on the Iowa Adoption Exchange on the Iowa KidsNet website, as well as on the AdoptUSKids website. A child must be registered on the Iowa exchange within 60 days of termination of parental rights unless the child meets a deferral reason. Reasons to defer a child are:

- The child is in an adoptive placement.
- The child's foster parents or another person with a significant relationship is being considered as the adoptive family.
- The child needs diagnostic study or testing to clarify the child's needs and provide an adequate description of them which is limited to 90 days.
- The child is receiving medical care or mental health treatment, and the child's care or treatment provider has determined that meeting prospective adoptive parents is not in the child's best interest and deferral is limited to 120 days.
- The child is 14 years of age or older and will not consent to an adoptive plan, and the consequences of not being adopted have been explained to the child.
- The termination of parental rights is under appeal by the birth parents and foster parents or other persons with a significant relationship continue to be considered as the prospective adoptive family.
- The court prohibits registration and orders the child placed in another planned permanent living arrangement.

Iowa KidsNet works with DHS staff to arrange photos for registration on AdoptUSKids, for the Heart Gallery, and to photolist children on the IowaKidsNet website. DHS staff are responsible for referring children to Iowa KidsNet for photolisting.

In the next five years, DHS will work in partnership with the current Recruitment and Retention contract provider, Iowa Foster and Adoptive Parent Association, foster and adoptive parents, and any other interested partners to strengthen recruitment and retention of foster and adoptive families. Data, lessons learned and working the Diligent Recruitment Navigator tool will not only guide the work of the next two years, but also the re-procurement process and the years following under the new contract. Re-procurement will go hand in hand with the stakeholder group and the Diligent Recruitment Navigation tool with the goal of the new contract incorporating as much of the work of the stakeholder group as possible.

Below is a more detailed timeline of activities to be completed over the next five years.

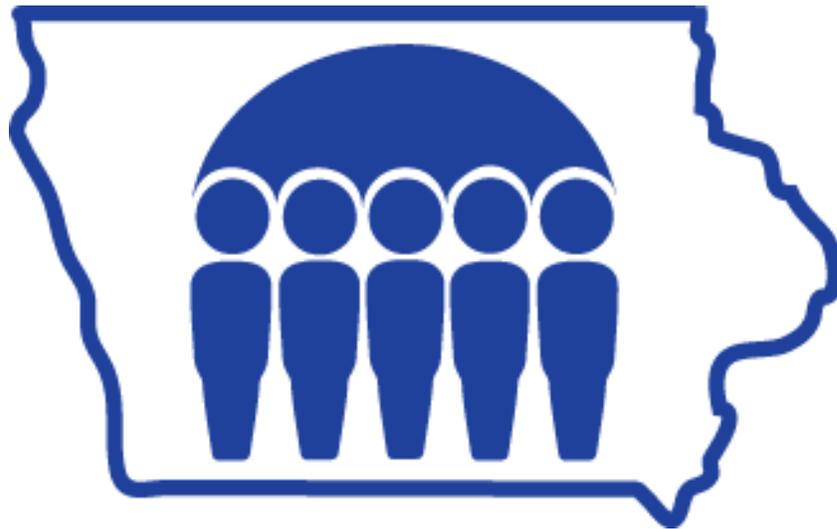
Table 6: Strategies and Activities to Develop Diligent Recruitment Plan

Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.			
Year	Strategies	Activities	Benchmarks
FFY 2015 (10/1/14 to 9/30/15)	Use the Diligent Recruitment Navigator tool to guide discussion towards identifying goals and strategies that build on strengths and improve areas of need and incorporate all requirements for the diligent recruitment plan.	<ul style="list-style-type: none"> • Form a stakeholder group to work through the Diligent Recruitment Navigator tool. Members may include representatives of: <ul style="list-style-type: none"> ○ DHS social workers ○ DHS supervisors ○ DHS program management staff ○ DHS Quality Assurance ○ Recruitment and Retention Contractor ○ Iowa Foster and Adoptive Parent Association ○ Foster care youth or foster care alumni ○ Parent Partners ○ Meskwaki tribe and/or tribal representatives from western Iowa ○ Wendy’s Wonderful Kids ○ Other identified community partners • Gather data from DHS, contractor and/or other sources • Analyze data to identify trends, strengths, needs and gaps • Identify strengths and needs related to the recruitment and retention of families for targeted child populations (i.e. teens, sibling groups, non-white children) • Partner with the Winnebago tribe in the diligent recruitment grant. 	<ul style="list-style-type: none"> • <i>Team members will be identified by 12/1/14</i> • <i>Goals and strategies will be identified by the team by 7/1/15</i> • <i>Provide recommendations to DHS leadership on how to strengthen targeted and overall recruitment and retention efforts by 9/30/15.</i> <p>Team members were identified in May 2015.</p> <p>An event was held on July 29, 2015 for team members to identify strengths, weaknesses, opportunities and threats to the current recruitment and retention process.</p> <p>The ideas and input from the team will be written and used to identify specific strategies for FY16.</p>

Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.			
Year	Strategies	Activities	Benchmarks
FFY 2016 (10/1/15 to 9/30/16)	<ul style="list-style-type: none"> Continue the stakeholder group to develop a Diligent Recruitment Plan in order to implement the agreed upon recommendations of the group DHS will begin planning for re-procuring the statewide contract for the recruitment and retention of resource families. 	<ul style="list-style-type: none"> Develop targeted goals Develop strategies to achieve goals Develop a methodology and establish benchmarks to monitor progress towards meeting goals Incorporate findings, recommendations and other pertinent information from the stakeholder group to the extent possible while maintaining the integrity of the procurement process. Complete a Request for Proposal (RFP) 	<ul style="list-style-type: none"> Finalize a comprehensive plan by 11/15/16. Future benchmarks will be incorporated in the plan.
FFY 2017 (10/1/16 to 9/30/17)	<ul style="list-style-type: none"> Continue to monitor progress toward achieving goals identified by the stakeholder group DHS will complete the re-procurement process 	<ul style="list-style-type: none"> Review data Assess effectiveness of strategies Make modifications to the plan and strategies based on monitoring Release an RFP before 12/31/16 Select a contractor before 5/1/17 Execute a contract by 7/1/17 Begin implementation of the contract requirements 	<ul style="list-style-type: none"> To be determined
FFY 2018 (10/1/17 to 9/30/18)	Continue implementation of the new contract	<ul style="list-style-type: none"> Make contract changes through amendments as needed Monitor performance Continue to engage the stakeholder group to monitor progress toward the identified goals. 	<ul style="list-style-type: none"> To be determined

Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.			
Year	Strategies	Activities	Benchmarks
FFY 2019 (10/1/18 to 9/30/19)	Continue implementation of the new contract	<ul style="list-style-type: none"> • Make contract changes through amendments as needed • Monitor performance • Continue to engage the stakeholder group to monitor progress toward the identified goals. 	<ul style="list-style-type: none"> • To be determined

Iowa Department of Human Services



Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Disaster Plan

June 30, 2015

**Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Disaster Plan**

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Jim Chesnik

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-9368

FAX: (515) 281-6248

E-Mail: jchesni@dhs.state.ia.us

DISASTER PLAN

As in the recent past, Iowa continues to experience natural disasters in the form of storms and related damage. In 2014, the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) announced that federal disaster aid had been made available to the State of Iowa to supplement state and local recovery efforts in the area affected by severe storms, tornadoes, straight-line winds, and flooding during the summer of 2014. Disaster declarations were declared on three different dates in 2014: July 14th, July 24th and August 5th. Collectively, 59 of Iowa's 99 counties were included, from the southwest corner of the state, to the top tiers of counties west to east, and to east and west central counties. Maps showing these counties and additional information can be found by clicking on the following links of the three declarations: DR-4181; DR-4184; and, DR-4187. There was neither interruption in the local services DHS provides in these counties nor was it necessary to implement Iowa's disaster plan. The Department continues to communicate between the DHS central office, the Department of Inspections and Appeals that performs foster group care building and licensing inspections for the DHS, local DHS service areas, and the DHS' local private provider partners when needed.

Introduction to the Department's Child Welfare Disaster Plan

The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the DHS' Division of Adult, Children and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Changes to previous child welfare plans

The Iowa COOP/COG was re-written across state government in 2013 and was updated in 2014. The fundamental operating procedures of previous years remain intact with the exception that Children's Bureau Region VII staff reflects appointment of the new program manager.

The DHS' Child Welfare Disaster Plan

This Section includes child welfare planning information for the Iowa COOP/COG Plan and descriptions of supplemental procedures that relate to the federal requirements for disaster planning. These procedures describe how Iowa would:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;

- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with other states.

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and, establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *“It is the Governor’s philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings.”*¹

The Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the DHS and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. Beginning in SFY12, contracts for foster group care (15 contractors statewide) and child welfare emergency services (13 contractors statewide that include emergency juvenile shelter) required contractors to collaborate with the DHS and implement written plans for disasters and emergency situations, including training plans for staff and volunteers. These contractor plans focus on situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made disasters.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or the Director’s designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call

¹ State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (Approved July 30, 2013)

Deborah Smith, Region VII Program Manager in the DHHS Regional Office, at her office (816) 426-2262 or her cell (816) 329-9078, at the earliest possible opportunity.

- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children's Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Disaster Communications with Other State and National Organizations

If Iowa is affected by a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or the Director's designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call the administrative office of the American Public Human Services Association (APHSA) at (202) 682-0100 and the Child Welfare League of America (CWLA) at (703) 412-2400.
- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Charles M. Palmer, Director, Iowa Department of Human Services, (515) 281-5452
- Sally Titus, Deputy Director for Programs and Services, (515) 281-6360
- Lorrie Tritch, Chief Information Officer, (515) 281-8303
- Laverne Armstrong, Administrator of the Division of Field Operations, (515) 281-8746
- Randy Clemenson, Chief of the Bureau of Child Welfare Systems, (515) 256-4690
- The Division or Bureau Policy Team:
 - Wendy Rickman, Administrator of the Division of Adult, Children and Family Services, (515) 281-5521
 - Julie Allison, Chief of the Bureau of Child Welfare and Community Services, (515) 281-6802
 - Chad Dahm, Chief of the Bureau of Child Care Services, (515) 281-6177
- Central Abuse Hotline, (800) 362-2178

State Procedures Related To Identified Federal Requirements

The actions reported in the following table are from Iowa's COOP/COG Plan or are supplemental to the plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this Section.

Table 1: State Procedures

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
Foster Care						
1 Communicate with foster care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through Deputy Director for Programs and Services.	Division/ Bureau Policy Team	Foster Care Database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
2 Determine potential relocation sites (other institutions or foster care homes) to use if needed and offer assistance with placement and transportation logistics if needed.	Division Policy Team/ Institution/foster care providers (DHS Field Office responsibility)	Foster Care Database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
3 Contact IT to transfer the Central Abuse Hotline to the alternate location	Administrator of the Division of Field Operations	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
4 Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk.	Bureau Policy Team	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
5 Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for response. Respond to abuse allegations; assign local staff to respond to local site	Administrator of the Division of Field Operations, IT Manager	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
6 Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs.	IT Liaison, Chief of the Bureau of Child Welfare and Community Services	Foster Care Database	Mainframe	Telephone, Email, Internet, Intranet	Division of ACFS	Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure client/server JARVIS database and mainframe FACS application are operational); Implement paper back-up payment system if necessary.	Chief of the Bureau of Child Welfare and Community Services	Foster Care Database, FACS and/or JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	Division of Data Management	Employees manual
8 Provide staffing to back-up inoperable service areas to respond to foster care providers' needs.	Chief of the Bureau of Child Welfare and Community Services	Foster care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors	Employees manual
Protection of Children and Adults						

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
1 Determine status of group homes or institutions in affected area; Assess the affected area and determine the nearest institution that's able to accept persons if needed.	Bureau of Child Welfare and Community Services	Foster care database		Telephone, Email, Internet, Intranet		Employees manual
2 Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site; Provide staffing to receive abuse allegations. Forward reports to the specific area where abuse may have occurred. If no local phone lines, phone assessment will be completed by policy division.	Division of Field Operations	JARVIS database		Telephone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
3 Contact CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers; if not available, implement paper issuance system using the most recent database backup.	Division or Bureau Policy Team, Chief Information Officer	Foster care database/Main frame, payroll list, JARVIS database	Mainframe	Telephone, Email, Internet, Intranet		Employees manual
4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.	Bureau of Child Welfare and Community Services and Field Operations Offices	Foster care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
5 Ensure access to the Central Abuse Registry and MIS systems are available (JARVIS); Determine need to modify current policies regarding child abuse allegation response times.	Bureau of Child Welfare and Community Services and Division of Field Operations, Chief Information Officer	JARVIS database	Central Abuse Hotline, Servers, Mainframe	Telephone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
6 Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed.	Bureau of Child Welfare and Community Services and Division of Field Operations	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
7 Assist new placement of children and provide transportation if required	Division or Bureau Policy Teams/ Division of Field Operations	Foster Care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
Human - Trafficking Webinar	Training on the HR4980 Human Trafficking requirements. This course will address case worker responsibilities to identify, document in agency records, and determine appropriate services for: <ul style="list-style-type: none"> • Any child or youth in the placement, care or supervision of the title IV-E agency who is at-risk of becoming a sex trafficking victim or who is a sex trafficking victim. • At option of State, youth under age 26 who were or were never in foster care. 	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Placement of the child ▪ Case management and supervision 	Webinar	Part-time	DHS Staff	1.5 hours	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, Meskwaki Family Services, Iowa KidsNet	\$2,269	IV -E All child welfare and state funds.
Transition Planning for 14+	Training on the HR4980 requirements in regards to transition planning for 14+. This course will address the Case Plan and Permanency Plan requirements.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews 	Webinar with possible local discussion afterwards. Then 5 local trainings per service area for a total of 25 trainings.	Part-Time	Transition Planning Specialist	1.5 hours	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, Meskwaki Family Services, IA KidsNet	\$15,460	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
APPLA for 16+	This training will address the following APPLA for 16+ HR4980 requirements including: <ul style="list-style-type: none"> • Elimination of APPLA for Children under age 16. • Documenting unsuccessful efforts for family placement at each permanency hearing. • Redetermination of Appropriateness of Placement at Each Permanency Hearing. • Demonstration of Support for Engaging in Age or Developmentally Appropriate Activities and Social Events 	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Preparation for and participation in judicial determinations ▪ Placement of the child ▪ Case reviews ▪ Case management and supervision 	Statewide webinar	Part-Time	DHS Staff	.5 hour	DHS staff, JCS staff, Meskwaki Family Services	\$850	IV -E All child welfare and state funds.
Reasonable and Prudent Parent Standard	This training will address the Reasonable and Prudent Parent Standard HR4980 requirements including: <ul style="list-style-type: none"> • The requirement for child care institutions to have on-site official authorized to apply the reasonable and prudent parent standard • Policies for foster parents and private entities (under contract) applying the reasonable and prudent parent standard 	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Placement of the child ▪ Case reviews ▪ Case management and supervision ▪ Recruitment and licensing of foster homes and institutions 	Statewide webinar with possible local discussions afterwards	Part-time	DHS Staff	1.5 hours	DHS staff, JCS staff, Provider staff (Shelter, Group Care), IFAPA Liaisons, Meskwaki Family Services, Iowa KidsNet	\$2,269	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative Function	Setting/ Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
Race: Power of an Illusion	The purpose of RPI is to build capacity to reduce disproportionality and disparity in our child welfare system by providing participants with a safe environment in which to explore and challenge their beliefs and attitudes about race. Participants rehearse ways of engaging with others about sensitive topics, and begin to have courageous conversations with one another about how the concept of race affects their attitudes, beliefs and behaviors.	IV-E All Child Welfare and State Funds*	Case management and supervision	A variety of community locations around the state of Iowa.	Part-time	Trainers certified by the Breakthrough Series Collaborative	12 1-day sessions	DHS social workers as well as community members made up of professionals and volunteers	\$83,790	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative Function	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estimated Costs	Funding Sources and Benefiting Programs
Mental Health/Substance Abuse/Domestic Violence Screening Tools	Training on a standardized mental health, substance abuse, and domestic violence screening tool and corresponding referrals to appropriate services for frontline staff.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	2 classroom sessions in Des Moines and 10 sessions in different locations around the state of Iowa.	Part-time	Iowa State University/DHS	12 days of training	Frontline social work staff including Social Work Case Managers, Child Protective Workers, and Supervisors.	\$54,359	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative Functions	Setting/Venue	Duration	Provider of the Training	# Days/Hours	Audience	Total Estimated Costs	Funding Sources and Benefiting Programs
Domestic Violence Training with David Mandel	In order to develop understanding and support within agencies and within communities for the implementation of the Safe and Together model, David Mandel & Associates will provide training to introduce the model. The overview includes a 1) presentation on the assumptions, principles and critical components of the model and 2) an introductory exploration of concepts and skills associated with successfully intervening with domestic violence perpetrators and partnering with domestic violence	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case management and supervision 	2 classroom sessions in Des Moines and 10 sessions in different locations around the state of Iowa.	Part-Time	Iowa State University with David Mandel and Associates	12 days of training	Frontline social work staff including Social Work Case Managers, Child Protective Workers, and Supervisors	\$120,520	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

	survivors around the safety and well-being of children. These offerings will introduce the front-line staff to the model, and offer tools for workers and providers to begin using.									
--	---	--	--	--	--	--	--	--	--	--

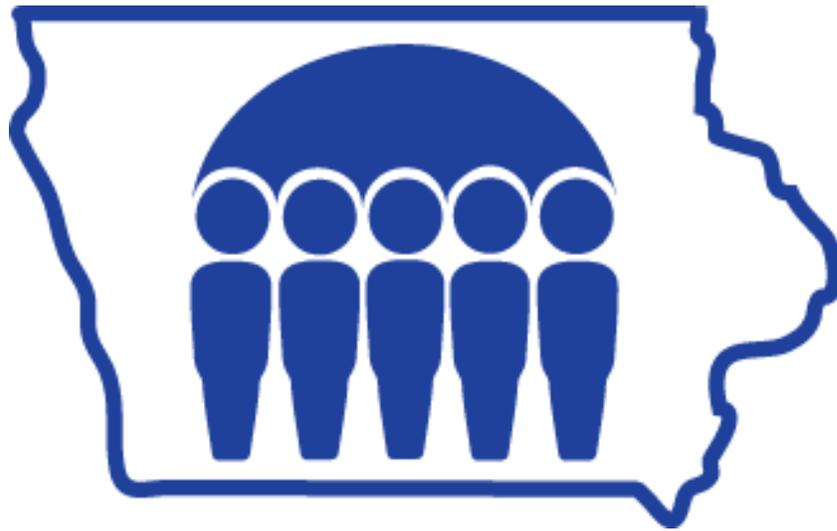
UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative Function	Setting/Venue	Duration	Provider of the Training	# Days/Hours	Audience	Total Estimated Costs	Funding Sources and Benefiting Programs
SP 305 Effects of Mental Disorders on Parenting Capacity	Teaches participants how to evaluate the risks to the child when the parent, parents, or caregivers are diagnosed with one or more of the most commonly occurring mental health disorders, and to identify ways that these risks can be ameliorated.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	10 sessions in different locations around the state of Iowa.	Part-Time	Iowa State University/DHS	10 days. In the CFSP training plan this course was only scheduled to take place 2 times annually. We have increased the frequency of this course to account for the needs of the field.	SW 3 & Supervisors	We anticipate this number going up to account for the increased frequency but cannot provide an accurate estimate.	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IVE	Administrative Function	Setting/Venue	Duration	Provider of the Training	# Days/Hours	Audience	Total Estimated Costs	Funding Sources and Benefiting Programs
Child Welfare Webinars	Multiple offerings on a variety topics pertinent to child welfare practice	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	Webinar	Part-Time	Iowa State University/DHS	4 1.5 hour sessions. The number of sessions is being modified based on the needs of the field.	SW 2, 3 & Supervisors	We anticipate this number going up to account for the increased frequency but cannot provide an accurate estimate.	IV -E All child welfare and state funds.
Supervisory Seminars	Provides multiple offerings on a variety of topics pertinent to child welfare practice from the supervisory perspective.	IV-E All Child Welfare and State Funds	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case review ▪ Case management and supervision 	Webinar	Part-Time	Iowa State University/DHS	4 1.5 hour sessions. The number of sessions is being modified based on the needs of the field.	SW 2, 3 & Supervisors	We anticipate this number going up to account for the increased frequency but can't provide an accurate estimate	IV -E All child welfare and state funds.

Iowa Department of Human Services



Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Training Plan

June 30, 2015

**Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Training Plan**

State of Iowa
Iowa Department of Human Services
Division of Field Operations

Contact Person

Name: Michelle Tyrell

Title: Training Specialist for Service Support and Training

Address: Iowa Department of Human Services
Division of Field Operations
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 242-5215

E-Mail: mtyrrel@dhs.state.ia.us

The training plan was removed from the *FFY 2015-2019 Child and Family Service Plan (CFSP)*, placed into its own (this) document, and revised to provide FY 2016 cost methodology. *Appendix A - Training Plan Updates* provides required information on new training not previously described in the Plan.

TRAINING PLAN

Training activities in support of the CFSP goals and objectives, including training funded through titles IV-B and IV-E:

This section includes the staff development and training plan in support of the goals and objectives that addresses the titles IV-B and IV-E programs covered by the plan. The DHS training is an on-going activity and includes content from various disciplines and knowledge bases relevant to child and family services' policies, programs and practices. Training supports cross-system coordination and consultation. Utilizing the Iowa Child Welfare Model of Practice, the statewide training supports the goals of safety, permanency and well-being in the applicable courses to strengthen the competency of the child welfare workforce. Data is utilized from a statewide needs assessment of workforce competencies to develop the statewide training courses.

Provider of Training:

Title IV-E training is provided to DHS employees and its partners by contracting through a "Basic Ordering Agreement" with Iowa State University (ISU) and its consortium, by contract trainers and by DHS staff. The consortium consists of the state's public higher educational institutions and private organizations under the leadership of ISU. A contract and revised list of task orders are finalized annually. Other contractors may provide training for DHS staff and partners. DHS staff may provide training independently or in conjunction with the consortium or other contractors.

Duration, Category and Administrative Functions the Training Addresses:

The consortium, contractors or DHS staff provides initial in-service training for newly appointed child welfare staff and continuing training opportunities for on-going staff and partners. The training focuses on the Title IV-E administrative functions of referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, recruitment and licensing of foster homes.

Training also is provided to community partnership for protecting children (CPPC) sites at 75% times the penetration rate for personnel employed by DHS. CPPC training addresses engaging families through assessment and facilitation of family team decision-making (FTDM) meetings in which the family is engaged in the case planning process and the case plan is developed. There is a focus on informal supports for families and activities to preserve, strengthen and reunify families as well as collaborative work with service providers as a case management strategy. Travel and per diem expenses are reimbursed for DHS employees. Training for other child welfare partners will use the penetration rate and 75% federal funds.

Setting/Venue for the Training Activity:

Through the educational resources of the consortium, other contract providers and DHS staff, educational programs, courses, conferences, workshops, seminars, on-line courses, and webinars, which are computer and phone delivered, are offered to enhance and develop DHS employee competencies and increase the effectiveness and delivery of IV-E services.

The on-line courses that are housed on the [Iowa DHS Service Training Learning Management System](#) website are developed using IV-E funds at the 75% training match rate. On-line learning is self-learning. Supervisory time is not funded with any training funds.

On-line course work prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The on-line learning, which averages 16 hours for the new or reassigned worker, and the face-to-face training are blended providing foundation learning.

Audience to Receive Training:

Approximately 500 DHS field staff, who have duties related to foster care, adoption assistance and transition living, receives training. Training opportunities also are available to current or prospective foster or adoptive parents, private child welfare agency staff providing services to children receiving title IV-E assistance, Early ACCESS providers, child abuse and neglect court personnel; agency, child or parent attorneys, guardians ad litem; court appointed special advocates; and staff with child caring agencies providing foster care and adoption services to promote the expansion of knowledge and skills. Community Partnership training, including Parent Partners, provides courses and activities designed to preserve, strengthen and reunify the family for community members and DHS staff.

The DHS contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State Foster Care Review Board (FCRB) that reviews foster care cases. FCRB staff and citizen volunteers serving on local foster care review boards may receive training through participation in DHS core courses and specialized training programs administered by the FCRB.

Overview of Training:

Trainings give employees a basic understanding of the major components and goals related to their role of a social worker. Curricula address the needed competencies for employees, such as focusing on social work case management concepts, skill building, and safety, permanency, and well-being outcomes. The training utilizes a blended approach with foundational knowledge provided via on-line courses and experience on the job with classroom training used to enhance job responsibilities. Continuing on-going training is utilized to enhance best practice initiatives.

Evaluation:

Training participants complete evaluations for all courses. Evaluation results are reviewed and used in revising and upgrading course content. Future course development uses this information to further content reflecting practice strategies, such as family team decision-making concepts, skill building, and competency areas. Evaluation regarding training is on-going and continuously used to update offerings. Every two years, workers complete a competency survey and individualized learning plan. The survey data is used in developing the training plans. The individualized plans enhance the development of each worker's own competencies. This evaluation and resulting data supports the goals of increasing the competency of our workforce.

Description of Cost Allocation Methodology:

Iowa does not use the automated cost allocation system to allocate costs to benefiting programs. Rather than allocate all training costs among all benefiting programs, Iowa determines, on a course-by-course basis, what federal programs benefit from the training. Expenditures for each course are distributed into one of the following categories:

- Any course (or portion of a course), which is not allowable for IV-E match, is allocated to state only.
- Any course which benefits only foster care and/or adoption is charged using the IV-E penetration rates and the training match rate.
- Any course (or portion of a course), which benefits all child welfare programs, is allocated to IV-E and non-IV-E based on client eligibility statistics.

For training which benefits only foster care or adoption assistance, the penetration rate is applied to the cost of the training and then 75% of that amount is claimed under Title IV-E for that training. The penetration rates used are the percentages of IV-E eligible cases for adoption assistance cases, family foster care cases, all foster care cases, and all foster care and adoption assistance cases. The actual penetration rate used is based on the content of the training. The training funds are used for curriculum development and training delivery. For FY 2015, the following are the applicable penetration rates:

For FY 2015, the training match rates were as follows:

All Child Welfare Programs	68.31%
Subsidized Adoption	73.59%
Family Foster Care	58.70%
Foster Family & Subsidized Adoption	71.46%
All Foster Care	47.74%

Note: Match percentages are based on July 2013 - March 2014 data using the retroactive KPI reports.

For FY 2016, the training match rates will be as follows:

All Child Welfare Programs	69.47%
Subsidized Adoption	74.17%
Family Foster Care	63.29%
Foster Family & Subsidized Adoption	72.64%
All Foster Care	50.65%

Note: Match percentages are based on July 2014 - March 2015 data using the retroactive KPI reports.

Example: Course content is IV-E All Child Welfare and State Funds; the 69.47% penetration rate is applied and then the 75% IV-E rate.

Travel and per diem expenses are reimbursed for DHS employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, training for other child welfare partners uses 75% times the penetration rate. When contracted service providers and other child welfare partners attend training designed to enhance IV-E objectives, DHS may reimburse travel and per diem expenses.

For training, which benefits all federal programs used to fund child welfare services, the IV-E penetration rate is calculated using client eligibility statistics from the Foster Care Key Performance Indicator (KPI) 302 report and the Adoption Financial Summary Report. The penetration rate is based on the number of cases that are IV-E eligible compared to all cases. The penetration rate is applied to total expenditures to first to determine the portion eligible for IV-E. The IV-E eligible amount is claimed at the applicable training match rate.

Indirect costs are charged at the 50% IV-E administrative rate for those courses utilizing Title IV-E funds.

In-Service Training Program for New or Reassigned Employees

As new workers come into the DHS or are reassigned, within the first day or two on the job, there is a welcome training orientation with the new worker and their supervisor by a new worker trainer to orient the new worker to the required training and to the DHS Service Training website.

The trainer also emails the supervisor The Transfer of Learning Pathway document that walks the supervisor and new workers through the first twelve months on the job when the worker is in the novice role. The Transfer of Learning Pathway is designed for **Social Worker 2's**, **Social Worker 3's** and **Supervisors** who are new hires to the Iowa Department of Human Services (DHS). Recently reassigned Social Workers and Supervisors also complete applicable assignments and courses. This Transfer of Learning Pathway provides a guide to transfer the learning(s) from field learning experiences, pre-course work, online courses, webinars and face to face classroom courses. The expectation for new workers is to complete the new social worker training series within the

first 12 months in the position. Transfer of learning is the mentoring of the new worker by the supervisor. New Worker mentoring occurs throughout the 12 month novice period. Successful mentoring enables the supervisor and new worker to complete the Individual Learning Needs Survey & Individual Learning Plan as the novice worker goes into the emerging level at the completion of 12 months of employment.

The New Social Worker Training Series is designed for new or reassigned **Social Worker 2's**, **Social Worker 3's** and **Supervisors** in the Iowa Department of Human Services (DHS).

The DHS Service Training is a blended approach of field learning experiences, online self-study & pre-course work, online courses, webinars and face to face classroom courses.

Below is a guide to the new worker as they complete each of the courses listed on the DHS Service Training website.

Note courses highlighted in yellow are completed by all new or promoted social workers and supervisors; courses not highlighted are color-coded according to the position. New supervisors should complete the courses related to their staff's positions.

Yellow highlighted courses should be completed by all new or promoted Social Worker 2's and 3's,

Green Courses should be completed by New Social Worker 2's,

Blue Courses should be completed by New or promoted Social Worker 3's.

New Social Worker Training Series: Go to website: <http://servicetraining.hs.iastate.edu/> and complete series.

Course First six months:	Days/Online	Information
<ul style="list-style-type: none"> • HS 001 Confidentiality is Key • HS 003 Confidentiality Part 2: Privacy and Security • Pathway to Learning • Self Instructional Series SP 100 Overview of Child Welfare SP 103 Legal Foundations SP 104 Medical Foundations SP 105 Substance Abuse SP 106 Domestic Violence SP 107 Impact of Child Abuse on 	Online	<p>Complete both Confidentiality courses within first 6 weeks.</p> <p>Review and complete each required activity in Pathway to Learning. Be sure to print the Field Learning Experiences and Journaling pages in order to log your learning. Complete manual sections and online courses. Be sure to complete activities associated with the courses.</p>

<p>Child Development</p> <ul style="list-style-type: none"> • DS 169 Mandatory Child Abuse Reporter Training • DS 168 Dependent Adult Mandatory Reporter Training 		Complete both courses and print and provide a copy of the certificates to your supervisor for your personnel record.
SP 150 Child Welfare in Iowa –This course is three sequential 90 minutes sessions offered via webinar.	3 webinar sessions	Register on website for selected offering and complete session pre-work.
SW 020 Foundations of Social Worker 2 Practice	5 face to face days	Register on website for selected offering and complete course pre-work.
SW 071 Legal Aspects of Social Work	2 face to face days	Register on website for selected offering and read manual as time permits.
SW 072 Testifying in Juvenile Court	1 face to face day	Register on website for selected offering and complete testifying assignment pre-reading.
SW 073 Permanency & Termination of Parental Rights	1 face to face day	Register on website for selected offering.
CP 200 Basic Training for Child Protective Workers	5 face to face days	Register on website for selected offering and complete course pre-work.
SP 300 Application of Legal and Medical Issues in Child Abuse	3 face to face days	Register on website for selected offering.
SP 534 Family Team Decision Making	3 face to face days	Register on website for selected offering and complete course pre-work.

By end of 12 months employment, workers complete:

SP 301 Domestic Violence & Substance Abuse	2 face to face days	Register on website for selected offering and complete course pre-work.
SP 533 Shared Parenting: Family Interaction	1 face to face day	Register on website for selected offering and complete course pre-work.
SP 535 Assessing throughout the Case	2 face to face days	Register on website for selected offering and complete course pre-work.
Dependent Adult (DA) Abuse 90 minute Webinar Series & Recommended for others who work with adults	DA webinar sessions	Register on website for selected offering.

In addition to new worker training for all social workers new to the DHS, on-going training requirements, after the initial 12 months with the DHS, 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

The DHS has a service training committee that meets monthly. The committee comprises a social work case manager, a child protective worker, and supervisor from each of the five service areas, contract trainers, a representative liaison from the Child Welfare Training Academy and a representative from the Child Welfare Partners Committee training sub-committee. The service training committee developed worker competencies and was instrumental in the development and implementation of the Learning Needs Survey and Individual Learning Plan.

Training is a collaborative function that works to bring all the pertinent groups together at various trainings to provide a system wide view and educational understanding.

Professional Development:

If DHS leadership determines there is a significant need to re-establish a Bachelor of Social Work (BSW) Traineeship practicum program or a Master of Social Work (MSW) Traineeship program for current staff, additional funding sources will be explored. The three Iowa regent universities are working to jointly establish an undergraduate Child Welfare certificate program. Once it is established, it will be a source for new workers for the child welfare system.

FY 2015 - 2019 Training –Annual Course Offerings

- SW 2 – assessment, develop case plan, prepare reports and participate in judicial proceedings, refer to services, manage and supervise case
- SW 3 – assessment, determine referral and refer to services
- Supervisors – DHS supervisors for SW 2s and SW 3s
- Others – partners in case management – providers, judicial & community as part of Community Partnership initiative

Table 1: FFY 2015-2019 Training –Annual Course Offerings

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	All staff	Iowa State University (ISU)	HS 001 Confidentiality Is Key	Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information.	IV-E All Child Welfare and State Funds*	Pertains to all functions; specifically fair hearings and appeals.	\$21,169	\$105,845	on-going	0.3 day

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	All staff	ISU	HS 003 Confidentiality Part 2: Privacy & Security	Explains the regulations and procedures related to HIPAA (Health Insurance Portability and Accountability Act) at DHS. Covers policies, regulations and disclosure procedures.	State Funds Only	No IV-E funding requested.	\$4,082	\$20,410	on-going	0.3 day
I	SW 2, 3 & Supervisors	Achievements	CP 200 Basic CP Training	Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services.	60% All Child Welfare & 40% State Only	<ul style="list-style-type: none"> ▪ Eligibility determinations and re-determinations ▪ Referral to services ▪ Preparation for and participation in judicial determinations ▪ Development of case plan 	\$60,178	\$300,890	4	5 days

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	All Staff	ISU	DS 168 Dependent Adult Abuse Mandatory Reporter Training	Provides an understanding of the mandatory reporter responsibilities for dependent adult abuse reporter per Iowa Code.	State Funds Only	No IV-E funding requested.	\$6,904	\$34,520	on-going	on-going
I/O	All Staff	ISU	DS 169 Mandatory Child Abuse Reporter Training	Understand the role and responsibilities of a mandatory reporter; identify the specific criteria of child; recognize indicators of abuse; learn reporting procedures; and understand the assessment/ evaluation processes.	IV-E All Child Welfare & State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determinations and re-determinations ▪ Referral to services 	\$8,220	\$41,100	on-going	0.3 day
I	SW 2 & 3	Achievements	SP 100 Overview of Child Welfare	Provides foundational training on the management of cases in child welfare.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$3,858	\$19,290	web	0.3 day

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & 3	Achievements	SP 103 Legal Fundamentals	Becomes familiar with the legal process as it relates to basic court proceedings and DHS services.	IV-E All Child Welfare and State Funds*	Preparation for and participation in judicial determination	\$3,858	\$19,290	web	0.3 day
I	SW 2 & 3	Achievements	SP 104 Medical Fundamentals	Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Placement of the child 	\$3,858	\$19,290	web	0.3 day

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & 3	Achievements	SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews 	\$3,858	\$19,290	web	0.3
I	SW 2 & 3	Achievements	SP 106 Domestic Violence	Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews 	\$3,858	\$19,290	web	0.3

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
	SW 2 & 3	Achievements	SP 107 Child Development	Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan 	\$3,858	\$19,290	web	.3
	SW 2, 3 & Supervisors	ISU	SP 150 Child Welfare Practice in Iowa	Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$12,125	\$60,625	3	.5

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	ISU	SP 202 Quality Case Documenta- tion & Worker Visits	Enhances participants' knowledge around quality case documentation and worker visits and increases their ability to develop case plans addressing safety, well-being, and permanency.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Case management and supervision 	\$11,482	\$57,410	on-going	on- going

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2, 3 & Supervisors	Achievements	SP 300 Application of Legal & Medical Issues	Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Preparation for and participation in judicial determination ▪ Development of the case plan ▪ Case reviews 	\$32,149	\$160,745	1	3

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2, 3 & Supervisors	ISU / Achievements	SP 301 Impact of Domestic Violence & Substance Abuse	Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews 	\$19,289	\$96,445	2	2
O	SW 2, 3 & Supervisors	Achievements	SP 302 Advanced Medical Issues	Understand a medical diagnostic approach to child abuse/neglect and behavioral and physical indicators of abuse and neglect in order to provide appropriate referrals to services and family case plans.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case management and supervision 	\$25,719	\$128,595	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	Achievements	SP 304 Advanced Legal Aspects of Social Work	To provide opportunities for staff to build on their basic legal foundation and expand their knowledge base relative to the laws.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Preparation for and participation in judicial determination ▪ Fair hearings and appeals. 	\$4,401	\$22,005	1	1 day
O	S SW 2, 3 & Supervisors	UNI	SP 305 Effects of Mental Disorders on Parenting Capacity	Teaches participants how to evaluate the risks to the child when the parent, parents, or caregivers are diagnosed with one or more of the most commonly occurring mental health disorders, and to identify ways that these risks can be ameliorated.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$9,077	\$45,385	2	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 3, Supervisors & Others	Achievements	SP 400 Criminal, Negligence or Accident: Working Together Toward the Correct Conclusion in Child Death and Severe Trauma Cases	Provides a multidisciplinary review of issues involved in child death and severe child abuse cases.	CJA Funds Only	No IV-E funding requested.	\$20,001	\$100,005	1	1
O	S SW 2, 3 & Supervisors	Achievements	SP 401 Abusive Head Trauma in Children	Teaches participants the signs and symptoms resulting from violent shaking or the shaking and impacting of the head of an infant or small child in order to provide appropriate referrals to services and family case plans.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determinations and re-determinations ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$25,719	\$128,595	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	S SW 2, 3 & Supervisors	ISU / Achievements	SP 402 The Trauma Informed Worker: Promoting Resilience in Children and Families	Provides an overview of the impact of trauma on child development and the long term consequences and how to lessen the impact in the practice of social work.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$17,792	\$88,960	2	1
O	S SW 2, 3 & Supervisors	ISU	SP 434 Youth Transition Decision Making	Understand the youth driven family team meeting process and be coached in facilitation in order to utilize in guiding and developing the youth plan.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews 	\$32,711	\$163,555	4	1
O	S SW 2, 3, Supervisors & Others	ISU	SP 435 Engaging Youth in their Transition	Provides participants with an understanding of child welfare practices that promote and enhance permanency for older youth in foster care.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews 	\$16,356	\$81,780	2	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	S SW 2, 3, Supervisors & Others	ISU / DHS	SP 441 Worker Well Being: The "U" in TraUma Informed Care	Recognize how trauma of others impacts both your profession and your personal life. Focuses on assessment of trauma exposure, creation of support systems and development of an individualized self- care toolkit.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$17,792	\$88,960	2	1
I	SW 2, 3 & Supervisors	ISU	SP 533 Shared Parenting- Family Interaction to Assure Safety, Well- being & Permanence	Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management.	IVE Foster Care & Subsidized Adoption & State Funds**	<ul style="list-style-type: none"> ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$14,798	\$73,990	2	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2, 3, Supervisors & Others	ISU / Achievements	SP 534 Family Team Meeting Facilitation	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$87,642	\$438,210	4-6	3
I	SW 2, 3 & Supervisors	ISU / DHS	SP 535 Assessing throughout the Case	Review decision- making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$13,561	\$67,805	1	2

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	ISU	SP 539 Facilitating FTDM with Domestic Violence	Reviews the dynamics of battering and learn how those dynamics can work to sabotage the efficacy and safety of a FTDM. Utilize family team facilitation skills to develop the case plan and make appropriate referrals to services.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews 	\$14,461	\$72,305	2	1
O	SW 2, 3, Supervisors & Others	Achievements / DHS	SP 541 Child Interviewing	Provides an in- depth review of the standards of a quality interview of a child and provides participants with the opportunity to practice and receive feedback	60% All Child Welfare & 40% State Only	<ul style="list-style-type: none"> ▪ Referral to services ▪ Eligibility determinations and re- determinations ▪ Development of the case plan 	\$2,407	\$12,035	2	1

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	SW 2, 3, Supervisors & Others	Achievements	SP 542 Motivational Interviewing	Prepares participants for understanding change, learning the spirit of and principles of motivational interviewing, and identifying how staff might apply what they learn to case management.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$12,859	\$64,295	4	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	ISU	SP 545 Attachment & Child Development	Presents a current perspective on parent/child attachment and child development, the effects of maltreatment, neglect and disruption on children's mental health and development. Attention is given to the practical skills of establishing working relationships with families, working collaboratively and referring appropriately.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$17,792	\$88,960	2	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	S SW 2, 3, Supervisors & Others	ISU	SP 546 Working with Families Affected by Substance Abuse Disorder	Gains a broader understanding between the connection of parental substance abuse disorder and how this impacts safety, risk and child well-being; while gaining knowledge regarding substance abuse disorders and treatment and how this impacts case planning.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$17,792	\$88,960	3	1
O	S SW 2, 3, Supervisors & Others	ISU	SP 547 Engaging Fathers	Increases participants' ability in working with non-custodial parents and/or kinship care in developing permanency options for children in care and including family finding.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$14,526	\$72,630	2	.5

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU / Achievements	SP 548 Advanced Domestic Violence with Safety Planning	Provide participants with an understanding of safety planning when domestic violence is involved and provide suggestions on recommended services and techniques needed for case planning and management.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$12,859	\$64,295	1	1
O	SW 2, 3, Supervisors & Others	UNI	SP 549 Evidence Based Treatments for Borderline Personality Disorder	Gains an understanding of how to work more effectively with clients with Borderline Personality Disorder and how to incorporate information into case planning for families.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$9,077	\$45,385	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	UNI	SP 550 DSM-5	Familiarizes participants with the newly released DMS-5 so that appropriate referral to services can be made.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$4,538	\$22,690	1	1
O	SW 2, 3, Supervisors & Others	Achievements	SP 642 Advanced Motivational Interviewing	Prepares the participant at a more advanced level in client- centered counseling style for eliciting behavior change by helping the client explore and resolve ambivalence. Participants will be able to apply what they learn to case management.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$19,289	\$96,445	2	1
I	SW 3 & Supervisors	ISU / DHS	SP 801 Centralized Intake	Prepares the participant to accept or reject cases and to assign to pathway.	State Only	No IV-E funding requested.	\$901	\$4,505	As needed	2

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW Supervisors	ISU / DHS	SP 804 Supervisory Practice – Group Supervision	This training will introduce child welfare supervisors to Iowa DHS's model of group supervision. Supervisors will learn about Iowa's group supervision model, its purposes and how it can be used and structured for case supervision and permanency planning.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$10,060	\$50,300	1	1

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW Supervisors & Others	Achievements	SP 842 Motivational Interviewing for Supervisors	Prepares supervisory staff for understanding change, learning spirit of motivational interviewing, learning the principles of motivational interviewing, and identifying how staff might apply what they learn to their work.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$19,289	\$96,445	1	1
O	SW Supervisors	ISU / DHS	SP 850 Supervisory Practice	Enhances supervisory skills in case management and implementation of the Supervisory Model of Practice in Child Welfare Practice.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$10,060	\$50,300	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & Supervisors	ISU	SW 020 Foundations for Social Worker 2 Practice	Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, on-going case management and case closure. Provides information on how to refer for services, place a child, and prepare for judicial determinations.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determinations and re-determinations ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$109,869	\$549,345	4	5

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
	SW 2 & Supervisors	UNI	SW 071 Legal Aspects of Social Work	Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provide service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination.	IV-E All Child Welfare and State Funds*	Preparation for and participation in judicial determination	\$23,317	\$116,585	3	2

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
	SW 2, Supervisors & Others	UNI	SW 072 Testifying in Juvenile Court	Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de- identified, case.	IV-E All Child Welfare and State Funds*	Preparation for and participation in judicial determination	\$16,908	\$84,540	3	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & Supervisors	UNI	SW 073 Permanency and Termination of Parental Rights	Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family	IVE Foster Care & Subsidized Adoption & State Funds*	<ul style="list-style-type: none"> ▪ Preparation for and participation in judicial determination ▪ Placement of the child 	\$10,952	\$54,760	2	1
I/O	SW 3 & Supervisors	ISU	SW 122 Dependent Adult Abuse: Introduction	Provides information on evaluating and assessing cases for dependent adult abuse.	State Funds Only	No IV-E funding requested.	\$9,643	\$48,215	On-going	On- going
O	SW 2, 3, Supervisors & Admin	UNI	SW 321 Legislative and Appellate Court Decisions Update	Informs on appellate court decisions that impact child welfare case law, and legislative changes that have affected Iowa code Chapters 232, 235A and 600.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$3,074	\$15,370	1	.3

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	UNI	SW 341 Working with Native American (ICWA)	Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determinations and re-determinations ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan 	\$8,612	\$43,060	1	1
O	SW 2, 3 & Supervisors	UNI	SW 342 Psychological Testing: From Referral to Intervention	Familiarize staff with the types of psychological tests and their uses. Explain how evaluations can be used to more effectively manage a child welfare case.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$9,077	\$45,385	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	SW 2, SW 3 & Supervisors	ISU	Topics in Dependent Adult Abuse	Addresses various topics pertinent to dependent adults	State Only	No IV-E funding requested.	\$8,807	\$44,035	4	.3
O	SW 2 & Supervisors	ISU / DHS	SW 355 Adoption Training	Provides information to improve understanding of the adoption program and philosophy; build statewide consistency on adoption practice.	IV-E Subsidized Adoption and State Funds***	<ul style="list-style-type: none"> ▪ Placement of the child ▪ Development of the case plan ▪ Case management and supervision ▪ Negotiation and review of adoption assistance agreements ▪ Post-placement management of subsidy payments 	\$8,431	\$42,155	1	1
O	SW 2, SW 3 & Supervisors	ISU / DHS	SW 358 Permanency/ Concurrent Planning	Reviews the goals of concurrent planning in developing the case plan. Reviews permanency values of workers for children in care.	IV-E Subsidized Adoption and State Funds***	<ul style="list-style-type: none"> ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews 	\$30,910	\$154,550	4	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	All Staff	UNI	SW 500 Social Work Ethics	Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with <i>NASW Code of Ethics</i> .	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$2,269	\$11,345	1	0.5
O	SW 2, SW 3, Supervisors & Others	UNI	SW 504 Beyond the Basics: Real Life Ethics for the Child Welfare Professional	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$4,306	\$21,530	1	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	UNI	SW 505 Changing Faces of Iowa: Culturally Competent Practice with Families & Communities	From a diversity standpoint 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.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$11,949	\$59,745	2	1
O	SW 2, 3 & Supervisors	Achievements	SW 603 Sexual Abuse	Provides participants with an understanding of physical and behavioral indicators of child sexual abuse for referrals to services and case management.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$12,859	\$64,295	1	1

I/initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	UNI	SW 605 Advanced Cultural Competence in Child Welfare: Enhance Your Cross-Cultural Assessment and Intervention Skills	Increases the participants' ability to effectively engage and intervene with families and youth of diverse cultures in the child welfare system.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$6,459	\$32,295	1	1
O	Supervisors	ISU / Achievements	SW 829 ROM Training / Using Data	Develops the skills of participants in understanding data relating to placement of children and to improve outcomes for children in care.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determinations and re- determinations ▪ Placement of the child ▪ Case reviews ▪ Case management and supervision 	\$26,110	\$130,550	10	1
I/O	SW 2, 3 & Supervisors	ISU	Child Welfare Webinars	Multiple offerings on a variety topics pertinent to child welfare practice	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$19,232	\$96,160	12	.3

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	Supervisors & Others	ISU / DHS	Supervisory Seminars	Provides multiple offerings on a variety of topics pertinent to child welfare practice from the supervisory perspective.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$18,909	\$94,545	8-10	.3
O	SW 2, 3 & Com munity	ISU	Community Partnerships for Protecting Children	Develop skills of communities and partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being	IV-E All Child Welfare, and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$326,821	\$1,634,105	On-going	On- going
I	SW 3 & Supervisors	UNI	CPTA Law Manual Update	Synopsis of pertinent legal references supporting course materials in SP 300 Application of Legal & Medical Issues	IV-E All Child Welfare, and State Funds*	Preparation for and participation in judicial determination	\$2,934	\$14,670	On-going	On- going

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	SW 2, 3, Supervisors & Others	ISU	DHS Service Training Website	Provides a Social Worker Training Series of self- study, classroom and resources that complement each other in a blended learning format to assist in efficiently and effectively providing training in child welfare to build staff competency in case management.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Fair hearings and appeals. ▪ Referral to services ▪ Preparation for and participation in judicial determination ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$130,278	\$651,390	On-going	On- going
O	SW 2, 3, Supervisors & Others	ISU / Achievements / DHS	Differential Response Training	Increases participants' ability to preserve, strengthen and reunify the family.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan 	\$31,298	\$156,490	On-going	On- going
O	SW 2, 3 & Com munity	ISU / Achievements / DHS	Family Interaction/FT DM Teleconferenc e/Webinars	Improve skills of family team meeting facilitators in developing the family case plans to enhance positive outcomes for children.	IV-E All Child Welfare, and State Funds*	<ul style="list-style-type: none"> ▪ Development of the case plan ▪ Case reviews 	\$54,359	\$271,795	6-8	.3

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	SW 2, 3, Supervisors & Others	ISU / Achievements / DHS	Practice Initiatives	Provide information to further enhance practice statewide to achieve positive outcomes for children and families	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case management and supervision 	\$19,289	\$96,445	On-going,	On-going
O	SW 3 & Supervisors	Achievements	Unexplained Sudden Infant Deaths	Presents information on cases dealing with severe child trauma and child death	State Funds Only	No IV-E funding requested.	\$8,230	\$41,150	1	1
O	SW 2, 3, Supervisors & Others	ISU / DHS	Human Trafficking	Provide information on how children in care can be targets for human trafficking. Learn what to look for and strategies to prevent the targeting of children in care.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case management and supervision 	\$90,863	\$454,315	2-10	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU	Trauma informed Practice: 360 view	Builds on the worker's understanding of how trauma affects their clients as well as their own profession and personal life. Enhances the worker's ability to develop support systems and self- care strategies to minimize the impact of secondary trauma.	IV-E All Child Welfare and State Funds*	Case management and supervision	\$74,386	\$371,930	2-10	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU	Strategies for Identifying and Utilizing Resources for Children and Families	Resources already exist that can be utilized in developing case plans for children and families. Identify the needs of children and families whether it be related to poverty, socio- economic issues or other societal issues. Utilize existing programs at Extension Services and other local agencies to meet the assessed needs.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$82,592	\$412,960	2-10	1
O	SW 2, 3, Supervisors & Others	ISU / Achievements / DHS	SW 506 "Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems"	Identify the needs of children in the LGBTQ population and their families, foster parents and develop appropriate case plans and services.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case management and supervision 	\$25,719	\$128,595	10	1

Initial O/on- going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Administrative Function	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU / DHS	Working with Immigration and Refugees	Identify the needs of children in the immigrant and refugee population and their families and develop appropriate case plans and services.	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Referral to services ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision 	\$21,213	\$106,065	2	1
							\$1,859,900	\$9,299,500		

*For FY 2015, the breakdown is 51.23% IV-E funds and 48.77% state funds based upon the 68.31% penetration rate multiplied by the 75% IV-E rate.

** For FY 2015, the breakdown is 53.60% IV-E funds and 46.40% state funds based upon the 71.46% penetration rate multiplied by the 75% IV-E rate.

*** For FY 2015, the breakdown is 55.19% IV-E funds and 44.81% state funds based upon the 73.59% penetration rate multiplied by the 75% IV-E rate.



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
1250 Maryland Avenue, S.W.
Washington, D.C. 20024

OCT 27 2015

Wendy Rickman
Division Administrator of Adult, Children, and Family Services
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street, 5th Floor
Des Moines, Iowa 50319

Dear Ms. Rickman:

Thank you for submitting Iowa's Annual Progress and Services Report (APSR), including the annual report on the use of funds under the Child Abuse Prevention and Treatment Act, and the CFS-101 forms requesting funding for fiscal year (FY) 2016 to address the following programs:

- Title IV-B, subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, subpart 2 (Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant) of the Act;
- Child Abuse Prevention and Treatment Act (CAPTA);
- Chafee Foster Care Independence Program (CFCIP); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The APSR facilitates continued assessment, development, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state's strategic planning around use of federal funds with its work relating to the Child and Family Services Reviews and continuous program improvement activities.

The Children's Bureau (CB) has reviewed your APSR for FY 2016 and the annual report on the use of CAPTA funds and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2016 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs.

Counter-signed copies of the CFS-101 forms are enclosed for your records. The CB may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

The Administration for Children and Families (ACF) Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information. Please note that OGM requires grantees to submit additional financial reports, using the SF-425, at the close of the expenditure period according to the terms and conditions of the award.

Training Plan

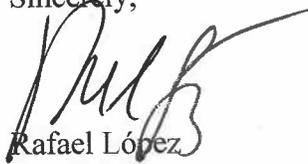
This approval for the FY 2016 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs does not release the state from ensuring that training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state's approved cost allocation plan.

Additional Information Required

Pursuant to Section 424(f) of the Social Security Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2015 caseworker visit data must be submitted to the Regional Office by December 15, 2015 and states that wish to sample must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Deborah Smith, Child Welfare Regional Program Manager in Region 7, at (816) 426-2262 or by e-mail deborah.smith@acf.hhs.gov. You also may contact Amy Hance, Children and Families Program Specialist, at (816) 426-2230 or by e-mail amy.hance@acf.hhs.gov.

Sincerely,



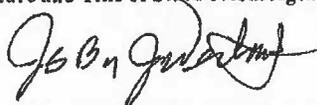
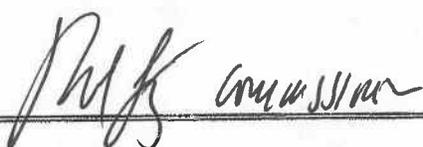
Rafael López
Commissioner
Administration on Children, Youth and Families

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah M. Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC
Deborah Smith, Child Welfare Regional Program Manager; CB, Region 7; Kansas City, MO
Amy Hance, Child and Family Program Specialist; CB, Region 7; Kansas City, MO

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2016, October 1, 2015 through September 30, 2016

1. State or Indian Tribal Organization (ITO): Iowa		2. EIN: 42-6004571	
3. Address: Iowa Department of Human Services - Hoover state Office Building Des Moines, Ia. 50319-0114		4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$ 2,735,325	
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$ 150,000	
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$ 2,431,082	
a) Total Family Preservation Services		\$46,000 1.89%	
b) Total Family Support Services		\$731,000 30.07%	
c) Total Time-Limited Family Reunification Services		\$544,306 22.39%	
d) Total Adoption Promotion and Support Services		\$519,129 21.35%	
e) Total for Other Service Related Activities (e.g. planning)		\$459,397 18.90%	
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		\$131,250 5.40%	
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$ 152,983	
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$ -	
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$0, PSSF \$0, and/or MCV(States only) \$0.			
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$ 268,706	
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$ 2,079,031	
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ 110,000	
11. Estimated Education and Training Voucher (ETV) funds		\$ 671,798	
12. Re-allotment of CFCIP and ETV Program Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$ -	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$ -	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$ 150,000	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$ 100,000	
13. Certification by State Agency and/or Indian Tribal Organization.			
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
 Chief Financial Officer, Iowa Dept. of Human Services		 Commissioner	

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State of Indian Tribal Organization (ITO) Iowa For FFY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

SERVICES/ACTIVITIES	TITLE IV-B		(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF						(c) Subpart II- MCV *	Individuals		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	-	731,000				2,379,508	68,788,716		22,904/mo.	families & children reports of	statewide
2.) PROTECTIVE SERVICES	-		268,706			3,361,695	25,030,115		938/mo.	abuse/neglect	statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	-	45,000				1,174,324	23,495,735		2,210/mo.	families & children All children in	statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	-	544,306				1,945,662	20,532,650		3,607/mo.	foster care	statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	-	519,129				945,541	1,711,078			adoptive families	statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		459,397					765,456				statewide
7.) FOSTER CARE MAINTENANCE:											
(a) FOSTER FAMILY & RELATIVE FOSTER CARE						6,249,038	27,350,343	1,795/mo.		All eligible children	statewide
(b) GROUP/INST CARE	2,585,325					3,045,063	95,817,927	2,308/mo.		All eligible children	statewide
8.) ADOPTION SUBSIDY PMTS.						31,740,497	42,383,891	9,651/mo.		All eligible children	statewide
9.) GUARDIANSHIP ASSIST. PMTS.						-	-			All eligible children	statewide
10.) INDEPENDENT LIVING SERVICES				2,079,031		-	5,772,320	657/mo.		Eligible youth	
11.) EDUCATION AND TRAINING VOUCHERS					671,798		167,950	235/yr.		Eligible youth	
12.) ADMINISTRATIVE COSTS	150,000	131,250				2,365,886	7,583,012				
13.) STAFF & EXTERNAL PARTNERS TRAINING						1,176,643	1,295,392				
14.) FOSTER PARENT RECRUITMENT & TRAINING						925,506	1,192,623				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING						745,166	1,063,235				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING						1,321,417	5,017,930		2,872/mo.	eligible families	statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			152,983			-	50,994				
18.) TOTAL	2,735,325	2,431,082	152,983	2,079,031	671,798	57,375,946	328,021,367				

* States Only, Indian Tribes are not required to include information on these programs

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2013: October 1, 2012 through September 30, 2013

1. State or Indian Tribal Organization (ITO): Iowa		2. EIN: 42-6004571		3. Address: Iowa Department of Human Services Hoover State Office Building Des Moines, Ia. 50319-0114						
4. Submission: [] New [X] Revision		Estimated Expenditures		Actual Expenditures		Population served		Geographic area served		
Description of Funds		Estimated Expenditures		Actual Expenditures		Number served		Geographic area served		
						Individuals		Families		
5. Total title IV-B, subpart 1 funds		\$	2,728,068	\$	2,728,068	est. 74/mo.		families & children		statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)		\$	150,000	\$	150,000					
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)		\$	2,366,223	\$	2,366,223					statewide
a) Family Preservation Services		\$	-	\$	25,917					statewide
b) Family Support Services		\$	731,000	\$	516,227					
c) Time-Limited Family Reunification Services		\$	473,245	\$	696,055					
d) Adoption Promotion and Support Services		\$	519,129	\$	519,129					
e) Other Service Related Activities (e.g. planning)		\$	511,599	\$	427,429					
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)		\$	131,250	\$	181,466					
7. Total Monthly Caseworker Visit Funds (STATE ONLY)			149,568		149,568					
a) Administrative Costs (not to exceed 10% of Federal allotment)			0.00%		0.00%					
8. Total Chafee Foster Care Independence Program (CFCIP) funds		\$	2,112,180	\$	2,112,180					
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$	148,573	\$	148,573	166/yr.		Youth		statewide
9. Total Education and Training Voucher (ETV) funds		\$	663,007	\$	663,007	204/yr		Youth		statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.										
Signature and Title of State/Tribal Agency Official		Date		Signature and Title of Central Office Official				Date		
		7/28/15						OCT 27 2015		
Chief Financial Officer, Iowa Department of Human Services										