



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
Administration on Children, Youth and Families
330 C Street, S.W.
Washington, D.C. 20201

November 18, 2016

Charles M. Palmer
Director
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street, 5th Floor
Des Moines, Iowa 50319

Dear Director Palmer:

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) 2017 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) State Grant;
- 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.

Approval

The Children's Bureau (CB) has reviewed your APSR for FY 2017 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 2017 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 Children's Bureau 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' 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 form 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 2017 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 of the Act 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 Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2016 caseworker visit data must be submitted to the Regional Office by December 15, 2016. States that wish to use a sampling methodology to obtain the required data 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, Child and Family Program Specialist, at (816) 426-2230 or by e-mail amy.hance@acf.hhs.gov.

Sincerely,

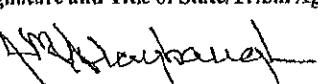


Rafael López
Commissioner
Administration on Children, Youth and Families

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 2017, October 1, 2016 through September 30, 2017

1. State or Indian Tribal Organization (ITO): Iowa	2. EIN:42-6004571
3. Address: Iowa Department of Human Services Hoover State Office Building - 1305 E. Walnut Des Moines, Iowa, 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	\$ 2,659,881
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.	\$ 2,524,964
a) Total Family Preservation Services	\$10,000 0.40%
b) Total Family Support Services	\$731,000 28.95%
c) Total Time-Limited Family Reunification Services	\$544,306 21.55%
d) Total Adoption Promotion and Support Services	\$519,129 20.56%
e) Total for Other Service Related Activities (e.g. planning)	\$589,279 23.34%
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	\$131,250 5.20%
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	\$ 159,048
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 \$ _____, PSSF \$ _____, and/or MCV(States only)\$ _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$1,000,000, PSSF \$500,000, and/or MCV(States only)\$ _____	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	\$269,397
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	\$1,890,809
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)	\$77,000
11. Estimated Education and Training Voucher (ETV) funds	\$613,572
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
	

CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services

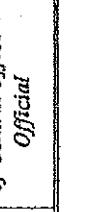
State of Indian Tribal Organization (ITOs) Iowa

SERVICES/ACTIVITIES	For FY 2017: OCTOBER 1, 2016 TO SEPTEMBER 30, 2017					
	(a) IV-B Subpart I-CWFS	(b) IV-B Subpart II- PSSF	(c) IV-B Subpart II- MCV * CAPTA*	(d) CFCIP	(e) ETV	(f) TITLE IV-E** FUND
(g)	(h)	(i)	(j)	(k)	(l)	
1.) PROTECTIVE SERVICES	\$ -	\$ 269,397	\$ 3,272,693	\$ 25,254,651	N/A	GEOG. AREA TO BE SERVED
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ -	\$ 1,195,502	\$ 12,238,224	N/A	REPORTS OF abuse/neglect statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ -	\$ 2,293,240	\$ 58,974,160	N/A	1,868/mo. families & children statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 731,000	\$ 1,981,636	\$ 19,637,279	N/A	24,921/mo families & children statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 544,306	\$ 1,012,462	\$ 1,714,453	N/A	all children in foster care statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. Planning)	\$ -	\$ 519,129	\$ -	\$ 826,666	N/A	adoptive families statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -	\$ 589,279	\$ 5,695,326	\$ 26,715,163	1,764/month	All eligible children statewide
(b) GROUP/INST CARE	\$ 2,509,881	\$ -	\$ 2312,416	\$ 97,396,007	2,134/month	N/A
8.) ADOPTION SUBSIDY/PMTS.	\$ -	\$ -	\$ 33,537,214	\$ 41,688,788	9,737/month	children statewide
9.) GUARDIANSHIP ASSIST. PMTS.	\$ -	\$ -	\$ -	\$ -	N/A	children statewide
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -	\$ 1,890,809	\$ 6,493,451	\$89/month	N/A
11.) EDUCATION AND TRAINING VOUCHERS	\$ -	\$ -	\$ 3613,572	\$ -	153,393 220/yr.	Eligible youth statewide
12.) ADMINISTRATIVE COSTS	\$ 150,000	\$ 131,250	\$ 2,377,726	\$ 6,959,180	N/A	N/A
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ 913,963	\$ 1,274,460	N/A	N/A
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ 800,022	\$ 1,078,675	N/A	N/A
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -	\$ 1,166,521	\$ 5,567,112	2,741/month	eligible families statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -	\$ 1,350,779	\$ 1,198,952	N/A	N/A
17.) CASEWORKER RETENTION RECRUITMENT & TRAINING	\$ -	\$ 159,048.00	\$ -	\$ -	53,016	N/A
18.) TOTAL	\$ 2,659,881	\$2,524,964	\$ 159,048	\$ 269,397	\$ 1,890,809	\$ 3613,572
					\$ 58,508,590	\$ 307,103,639
					N/A	N/A
					N/A	N/A

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

**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 2014: October 1, 2013 through September 30, 2014**

1. State or Indian Tribal Organization (ITO): Iowa	2. EIN: 42-6004571	3. Address: Iowa Department of Human Services Hoover State Office Building - 1305 E. Walnut St. Des Moines, Ia. 50319-0114				
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision						
Description of Funds	Estimated Expenditures	Actual Expenditures	Number Individuals served	Number Families served	Population served	Geographic area served
5. Total title IV-B, subpart 1 funds	\$ 2,919,249	\$ 2,741,795	N.A.	N.A.	children and families	statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 150,000	\$ 150,000				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 2,516,996	\$ 2,341,333	N.A.	N.A.	children and families	statewide
a) Family Preservation Services	\$ 10,000	\$ 23,868				
b) Family Support Services	\$ 731,000	\$ 548,250				
c) Time-limited Family Reunification Services	\$ 544,306	\$ 555,908				
d) Adoption Promotion and Support Services	\$ 519,129	\$ 519,129				
e) Other Service Related Activities (e.g. planning)	\$ 581,311	\$ 553,979				
f) Administrative Costs (FOR STATES; not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$ 131,250	\$ 140,199				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ 159,012	\$ 147,369				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 2,135,837	\$ 2,088,055				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 110,000	\$ 105,416	96	N.A.	eligible youth	statewide
9. Total Education and Training Voucher (ETV) funds	\$ 712,177	\$ 671,917	200	N.A.	eligible 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		
	11/18/2016					

Iowa Department of Human Services



Annual Progress and Services Report

June 30, 2016

Title IV-B Annual Progress and Services Report

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

Contact Person

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Des Moines, IA 50319

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The Iowa Department of Human Services will post this document, including attachments, to the Iowa Department of Human Services' website, <http://dhs.iowa.gov/reports/child-and-family-services-review>, and will replace the document, once approved by the federal Children's Bureau, with an approved report and attachments.

Table of Contents

SECTION I: GENERAL INFORMATION	5
Collaboration.....	5
SECTION II: PERFORMANCE ASSESSMENT UPDATE.....	27
Safety Outcomes 1 and 2.....	29
Permanency Outcomes 1 and 2.....	31
Well-Being Outcomes 1, 2 and 3	35
Systemic Factors	38
Information System.....	38
Case Review System.....	46
Quality Assurance (QA) System	50
Staff and Provider Training	56
Service Array and Resource Development.....	68
Agency Responsiveness to the Community	68
Foster and Adoptive Parent Licensing, Recruitment, and Retention.....	69
SECTION III: SERVICE DESCRIPTION UPDATE	77
Populations at Greatest Risk of Maltreatment in Iowa	78
Child and Family Services Continuum	82
Prevention	83
Intervention.....	103
Treatment Services and Foster Care Services	120
Additional Services to Prevent Entry into Foster Care, Support Reunification, Adoption, Kinship Care, Independent Living and Other Permanent Living Arrangements	135
Service Array and Resource Development - Assessment of Strengths and Opportunities for Improvement.....	143
Services for Children under the Age of Five.....	145
Services for Children Adopted from Other Countries	150
SECTION IV: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)	150
Chafee Foster Care and Independence Program (CFCIP)	150
Education and Training Voucher (ETV) Program.....	204

SECTION V: PROGRAM SUPPORT	217
SECTION VI: MONTHLY CASEWORKER VISIT FORMULA GRANT	229
SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS	231
SECTION VIII: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES	232
SECTION IX: IMPROVEMENT PLAN UPDATE	237
Improvement Plan Update	237
Progress Made to Improve Outcomes	237
Revisions to Improvement Plan Matrix.....	247
SECTION X: TARGETED PLANS.....	255
Foster and Adoptive Parent Diligent Recruitment Plan	255
Health Care Oversight and Coordination Plan	255
Disaster Plan.....	255
Training Plan.....	255
SECTION XI: STATISTICAL AND SUPPORTING INFORMATION	255
CAPTA Annual State Data Report Items	255
Sources of Data on Child Maltreatment Deaths	255
Education and Training Vouchers	257
Inter-Country Adoptions	257
SECTION XII: FINANCIAL INFORMATION	258
Payment Limitations: Title IV-B, Subpart 1.....	258
Payment Limitations: Title IV-B, Subpart 2.....	258

SECTION I: GENERAL INFORMATION

Collaboration

During federal fiscal year (FFY) 2016, the Department of Human Services (DHS) engaged and continues to engage stakeholders in substantial, ongoing, and meaningful collaboration through various existing venues related to different aspects of the child welfare system in order to implement Iowa's Child and Family Services Plan (CFSP) and to develop the Annual Progress and Services Report (APSR). Table 1 shows the stakeholders involved in development of Iowa's FFY 2015-2019 CFSP and their continued involvement in this year's APSR through existing collaborations.

REPRESENTED GROUP OR ORGANIZATION	COLLABORATIVE VENUE REFLECTED IN APSR
Child Welfare Service Providers	<ul style="list-style-type: none">• Child Welfare Partners Committee (CWPC)• Child Welfare Advisory Committee (CWAC)• Child Abuse Prevention Program Advisory Committee (CAPPAC)• Child Protection Council (CPC)• Statewide Cultural Equity Alliance Steering Committee (CEASC)• Community Teams (Described later in this section under Community Teams and Learning Sessions)
Consumers: <ul style="list-style-type: none">• Children/Youth• Parents (Parent Partners)• Foster/Adoptive Parents	<ul style="list-style-type: none">• CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Achieving Maximum Potential (AMP)(Described in Chafee section)• CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Parent Partners (Described in Intervention section)• CWAC
Early Childhood Iowa	Early Childhood Iowa Results Accountability
Iowa Chapter of Child Advocacy Centers	CAPPAC
Iowa Child Advocacy Board	CWAC
Iowa Children's Justice	<ul style="list-style-type: none">• CWAC• CEASC• System of Care and Child Welfare Services

REPRESENTED GROUP OR ORGANIZATION	COLLABORATIVE VENUE REFLECTED IN APSR
Iowa Coalition Against Domestic Violence	Community Teams (Described later in this section under Community Teams and Learning Sessions), Child Death Review Team (described in Statistical and Supporting Information section)
Iowa Department of Education	CWAC, Attended Learning Sessions
Iowa Department of Public Health	Iowa Family Support, Child Advocacy Centers, System of Care and Child Welfare Services, Attended Learning Sessions
Iowa Foster and Adoptive Parents Association (IFAPA)	<ul style="list-style-type: none"> • CWAC • CWPC • System of Care and Child Welfare Services • Additional information described in Performance Assessment Update, Staff and Provider Training section
Juvenile Court Services	CEASC, System of Care and Child Welfare Services
Meskwaki Family Services	CEASC, Parent Partner Diversity, Community Initiative for Native Children and Families (CINCF) (described in the Consultation and Coordination Between States and Tribes section)
Prevent Child Abuse Iowa	CAPPAC, CPC
Youth Policy Institute of Iowa	Education and Retention Workgroup (described in the Education and Training Voucher (ETV) section)

For the second year of CFSP implementation, Iowa did not alter goals and outcomes specified in the CFSP and this year's APSR due to stakeholder collaborations. Data supports the CFSP and APSR goals and outcomes, which align with the federal Child and Family Services Review (CFSR). Additionally, some comments from stakeholders support the focus areas of the CFSP and this year's APSR, e.g. caseworker visits with children and parents. In the discussions below and applicable program areas throughout the APSR, Iowa included descriptions of stakeholder involvement and impact for change in the child welfare system.

Prevention

Child Abuse Prevention Program Advisory Committee (CAPPAC)

The role of the Child Abuse Prevention Program Advisory Committee (CAPPAC), formerly known as the Governor's Advisory Council (GAC), is to assist the Department of Human Services (DHS) in the planning and implementation of the Iowa Child Abuse Prevention Program (ICAPP), DHS' foremost approach to the prevention of child abuse.

The duties of the advisory committee, as outlined in Iowa Code §217.3A, include all of the following:

- Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.
- Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.
- Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.
- Require reports from state agencies and other entities as necessary to perform its duties.
- Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.
- Approve grant proposals.

For the state fiscal years (SFY) 2016-2018 ICAPP contracts, which were effective July 1, 2015, the CAPPAC reviewed all proposal scores, along with comments provided by an independent team of evaluators, before making the final award recommendations to the DHS' Adult, Children and Family Services (ACFS) Division Administrator.

Attachment 1A shows current membership information for the CAPPAC. For additional information on the CAPPAC, please visit <http://dhs.iowa.gov/capac>.

Early Childhood Iowa

Early Childhood Iowa (ECI) began with the premise that communities and state government can work together to improve the well-being of our youngest children. The initiative is an alliance of stakeholders in Early Care, Health, and Education systems that affect children, prenatal to 5 years of age, in the State of Iowa. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families.

In the past, ECI included DHS representation from the state's childcare bureau but, until recently, there was minimal involvement within the alliance from DHS program staff involved in child welfare. However, knowing the connection between early childhood development, family support, and prevention of maltreatment, the DHS child welfare bureau made a more concerted effort to be involved with the alliance.

Recently, the DHS Prevention Program Manager (who oversees child abuse prevention and adolescent pregnancy prevention programs) became an active member of the ECI Results Accountability workgroup. The workgroup's purpose and responsibilities include:

- To define appropriate results and indicators, and serve as a clearinghouse for consistent definitions of result and performance measures among programs;
- To serve as a clearinghouse for national, state and regional data using existing databases and publications to assure consistency in demographic and indicator data; and

- To serve in a consultative capacity to provide feedback on proposed results indicators and service, product, activity performance measures, including definitions, collection methods and reporting formats.

Currently, the group's interest is in exploring the use of integrated data systems (IDS) used in various state and regional areas to link administrative data across government agencies to improve programs and practice. In April 2016, the group met with Dr. Heather Rouse, Iowa State University, to learn about her work in this field at the University of Pennsylvania, home of Actionable Intelligence for Social Policy (AISP). For additional information on IDS and AISP, please visit: <http://www.aisp.upenn.edu/>.

Iowa Family Support

The State of Iowa has worked towards state infrastructure building in the area of family support for many years. However, as a recipient of federal Maternal Infant Early Childhood Home Visitation (MIECHV) funding, the state had an opportunity to really propel this work forward. The Iowa Family Support Program, housed in the Iowa Department of Public Health (IDPH), Bureau of Family Health, serves as a hub for numerous programs, services, and initiatives including:

- The National Academy – an online learning environment built upon core competencies necessary for success in the field of family support
- The Iowa Family Support Network website – an information and resource referral source for various support programs in the state
- Parentivity – a new web-based community for parents currently being piloted in the state
- The Iowa Family Support Credentialing Program – an accreditation program for family support programs in Iowa
- Family Support Leadership Group – a multidisciplinary group of stakeholders from various public/private agencies who lead various state family support and/or home visitation programs
- Family Support Programming:
 - HOPES/HFI – Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) follows the national Healthy Families America evidence-based program model.
 - MIECHV – Maternal Infant Early Childhood Home Visitation, federal funding for various evidence based home visitation models used in a number of “high risk” communities in Iowa.

The DHS, Bureau of Child Welfare and Community Services, continues to be involved in many of these efforts by participating on the Family Support Leadership Group and serving on the MIECHV State Advisory Committee.

Intervention

Child Protection Council (CPC)

The Child Protection Council (CPC) serves as the statewide citizen review panel that meets federal requirements for the federal Child Abuse Prevention and Treatment Act (CAPTA). In addition, the CPC serves as Iowa's Children's Justice Act (CJA) state

taskforce. The purpose of the CPC is to bring child protection to the community level and allow for citizen input in the way in which the State of Iowa seeks to protect children. The CPC comprises a multidisciplinary team of volunteer members who are broadly representative of the various professionals involved in child safety, welfare, and permanency. The current membership includes professionals with knowledge of, and experience in, the areas of law enforcement, criminal justice, child advocacy, health, child protective services, mental health, and individuals who represent parent groups and children with disabilities in Iowa. The duties of the council, as outlined in 441 Iowa Administrative Code (IAC) 175.43, include all of the following:

- Examine the practices in addition to the policies and procedures of State and local agencies to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.
- Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
- Make recommendations to the State and public on improving the child protective services system at the State and local levels.

The CPC requested to conduct a case review specific to the DHS' implementation of a Differential Response System (DR). The CPC anticipated the review would address the following:

- Whether or not decisions on pathway assignment were consistent and correct, following the criteria identified in Iowa Statute and IAC.
- Whether the established intake criteria supported the intent of DR (to engage families with less serious allegations in a less adversarial manner), while still maintaining child safety.
- Whether they feel there were any needed policy or practice changes as it related to the intake process in general and, in particular, the pathway assignment screening criteria.

The onsite review included 50 accepted intakes with an allegation of Denial of Critical Care (DCC) from the 1st quarter of SFY 2016 (July through September 2015). In order to allow reviewers to read an adequate number of cases assigned to each pathway, the distribution of cases included:

- 25 "Child Abuse Assessment (CAA)" intakes, randomly selected from the above parameters (i.e. DCC Allegation only July through September 2015), and
- 25 "Family Assessment (FA)" intakes, randomly selected from all possible FAs (July through September 2015).

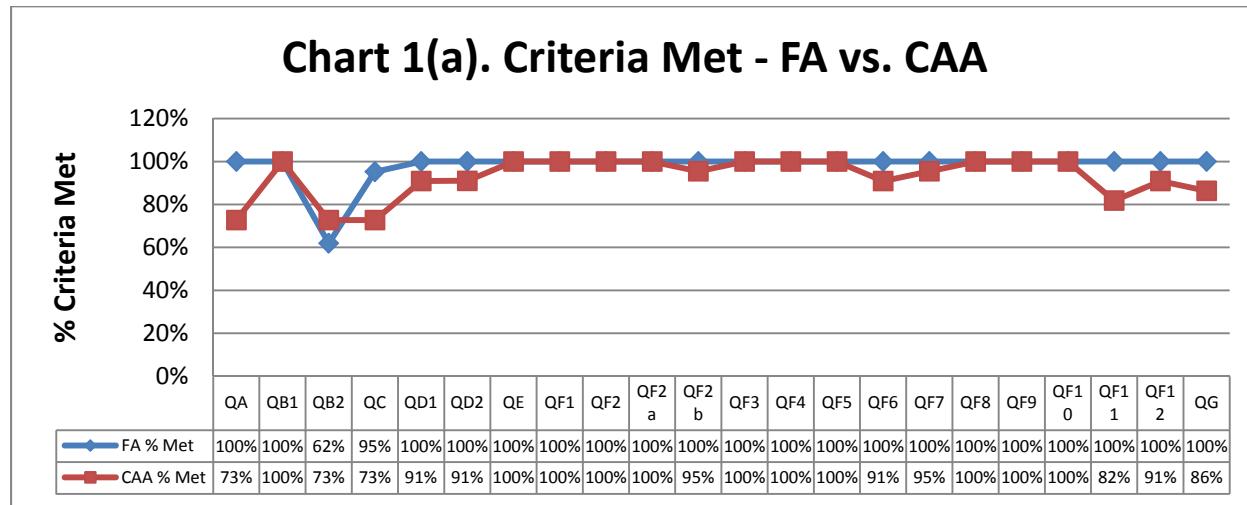
DHS staff, who served as Intake Review Team Leads, developed a standardized evaluation tool to guide reviewers through the intake process and each required component of an intake, including the pathway screening tool. DHS field supervisors and then CPC members tested the tool, using a sample case before the onsite review date, for inter-reviewer reliability.

On the actual review day, November 10, 2015, the CPC broke into small teams of two members each, paired with a DHS field supervisor. Each team reviewed several cases

assigned to each pathway (4-5 of each CAAs and FAs), using the standardized tool. Reviewers also identified two strengths and two opportunities for improvement for each case reviewed. The small groups then came together in the afternoon to discuss general themes and common strengths and opportunities.

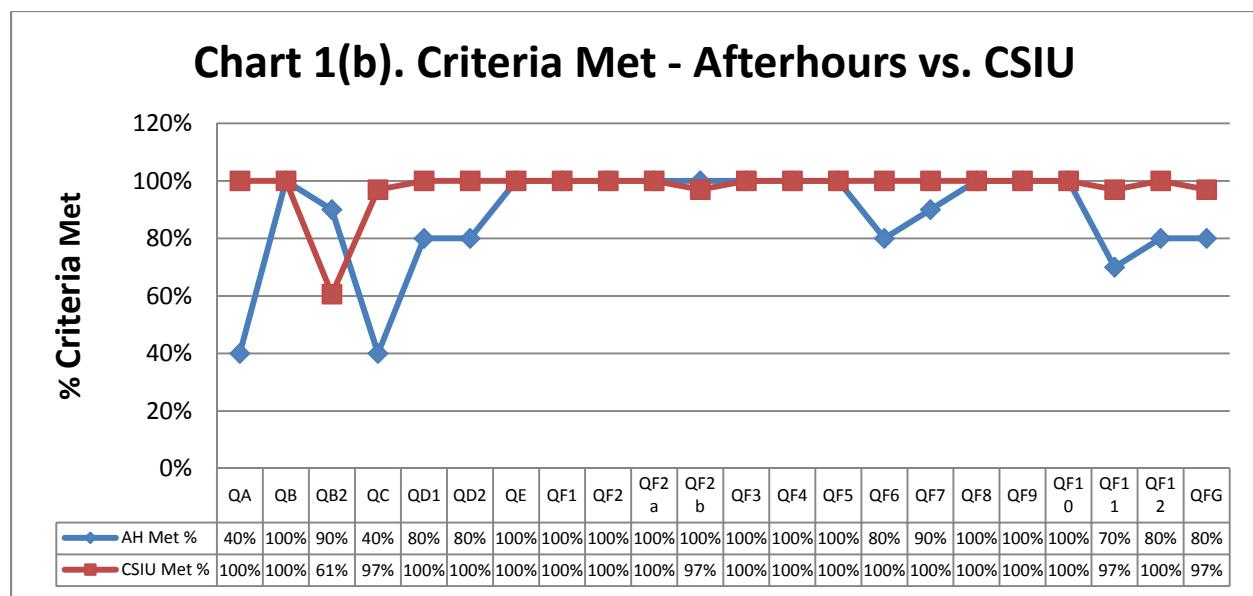
Reviewers did not complete the tool on all 50 cases during the time allotted, but each group got through the majority of their cases. In all, a total of 43 of the 50 cases were fully reviewed (22 CAAs and 21 FAs), with evaluation tools completed. Following the review, DHS staff compiled all data points on the 43 cases completed to look at statistics regarding the various criteria met. DHS staff conducted a full review of the 43 completed cases to validate whether the “criteria met” answers were correct; followed up with reviewers if there were any errors; and corrected errors, as necessary.

Of the 22 criteria, 14 of them were specific to the intake screening tool (QF1-QF11). This became particularly relevant when looking at the level of compliance based on pathway decision. Chart 1(a) shows that on all FAs fully reviewed (N=21), the intake screening tool criteria (QF-QF11) was met 100% of the time. In other words, when a case went down the Family Assessment pathway, decisions were correct on each tool question 100% of the time. This varies somewhat with CAAs, in that when asked if all items on the tool were checked correctly (QF11), reviewers only answered “yes” 82% of the time.



In 4 of the 22 CAAs cases reviewed, DHS staff reportedly used the tool incorrectly. In two of the cases, staff chose the correct pathway, but did not select ALL of the correct boxes. In the other two cases, reviewers were uncertain whether the cases should have been assigned as a FA versus a CAA. Both of these situations reflected staff checking the prior Termination of Parental Rights (TPR) box, but with no indication from the DHS system lookups or narrative documentation regarding the source of the information and/or which caretaker had the prior TPR. Reviewers felt, without this information documented in the intake, it was difficult to determine whether checking the box was correct or not.

In reviewing the compliance level of other intake criterion, it was easier to see the trends when looking at what day and time the call came in versus the pathway. For example, on evaluation tool question QA (“Collect adequate information on all involved parties”) and QC (“Complete all relevant system look-ups”), there were significant differences in whether the criteria was met based on whether the intake was accepted by the Centralized Service Intake Unit (CSIU) staff, who receive all reports of suspected abuse during regular business hours, or if it was accepted Afterhours by staff who rotate on-call duties to receive reports of suspected abuse outside of regular business hours. CSIU met the QA criterion 100% versus 40% by Afterhours (AH), and CSIU met the QC criterion 97% versus 40% AH. In addition, three of the four CAA errors mentioned earlier also occurred during Afterhours, with Q11 criterion met “all items appropriately checked” 97% by CSIU versus 70% by AH.



In addition to the quantitative data, DHS staff gave reviewers the opportunity to indicate two strengths and two opportunities for improvement on each case reviewed. Some of the most common strengths included the following:

- Documentation: Good/thorough narrative descriptions and/or additional information
- Pathway assignment applied correctly, based on tool
- System lookups completed and/or indicated “nothing found”
- “Huge” growth in the intake process (from 2009 review done by CPC)

Similarly, many of the identified strengths in some cases were also opportunities for improvement in other cases, including:

- Documentation – inadequate or missing information (particularly on Afterhours intakes), examples:
 - System look-ups, additional information, documentation of source of TPR info, etc.

- Child safety – not clear if intake worker asked questions to solicit this information at time of intake. If intake worker did ask the questions, the worker did not always document the answers.
- System issues (i.e., Perpetrator access question) mentioned several times in reviewer comments.

DHS staff also asked reviewers to discuss their general thoughts and perceptions following the process. Some of the themes identified included:

- Staff used the tool correctly, but reviewers questioned whether the system responds to the child's actual needs.
- Particular concern for children with intellectual/developmental disabilities, as a high risk population for abuse, considering abuse is often a contributing factor for delays.
 - In discussion it was noted that all substantiated reports of abuse were automatically sent a referral for Early Access. Some of the questions raised included the following:
 - With FAs, are child protective workers doing any intellectual disability/developmental disability (ID/DD) screening? What about Community Care?
- “Afterhours intakes have a decided lack of information”, which was mentioned several times. In particular, system look-ups and required additional information questions were often incomplete.
- Concerns regarding the high prevalence of substance abuse and domestic violence in FAs and whether these should be viewed as more than just a supervision issue.

CPC Recommendations and DHS Next Steps:

- The DHS should address system changes on “allows access” question by addressing the auto default to “NO”.
 - The DHS Centralized Service Area Social Work Administrator brought this issue to the attention of DHS Child Welfare Information System staff. In addition, training staff discussed this issue in new worker training and with CSIU staff.
- The DHS should provide clarification on: 1) What specific information is required for TPR to be the reason for assignment to a CAA, and 2) How the information should be documented within the intake. For example, is “hearsay” from the reporter (not confirmed by DHS’ system or another state’s system) reason enough to assign as a CAA? Also, what specific “events” should be looked for in DHS’ system to confirm that a TPR did, in fact, occur?
 - A group of internal DHS staff comprising CSIU staff/supervisors, field staff/sups, and child protective service help desk staff will discuss recommendations and decide what, if any, action needs to occur.
- The CPC would like to conduct an additional review to look at the actual “assessments” related to these intakes, particularly those FAs that changed pathways, to determine if there were indications at intake to suggest these were not appropriate for a FA. If trends do become evident (i.e., things at intake that appear “predictive” of reassignment), the CPC would like the DHS to consider changes to the intake screening tool.

- The DHS Children's Justice Act (CJA) Program Manager will explore options for a future review by the CPC in the coming year.
- The DHS should look closer at how ID/DD screening occurs during the assessment process and consider additional ways to support families of children with disabilities in getting appropriate screening and service referrals.
 - DHS is currently mandated by federal law (Child Abuse Prevention and Treatment Act or CAPTA) to refer all children 0-3 with a “substantiated” case of abuse for ID/DD screening. The way this occurs is primarily through an automated referral system to Early Access. The DHS and the Iowa Department of Education are currently exploring ways to better engage families in this process.
- The DHS should work towards increasing consistency on system lookups, particularly for intakes done Afterhours.
 - Results of this review will be shared with a group of internal DHS staff comprising CSIU staff/supervisors, field staff/sups, and child protective service help desk staff, who will discuss recommendations and decide what, if any, action needs to occur.
- The DHS should explore issues of substance abuse and domestic violence (as these were the most prevalent concerns in FAs) and whether there are indications of “imminent danger” in some cases that make them inappropriate for a FA.
 - As a result of this concern raised by a number of reviewers, DHS staff reviewed all FAs to determine the number/percentage of the 25 randomly chosen cases that included allegations of domestic violence and/or substance abuse (to determine the true extent of these issues in FA intakes) and the findings indicated that:
 - Domestic Violence: Sixteen (16) of the 25 FAs chosen at random specifically included allegations of violence between adult caretakers (64%). The vast majority of these were Intimate Partner Violence situations, although one allegation included a physical altercation between a mother and grandmother.
 - Substance Abuse: Seven (7) of the 25 FAs chosen at random specifically included allegations of substance abuse (28%). However, in looking at the narrative “Additional Information” sections of the 25 intakes, another 7 indicated some form of concern by the reporter of possible drug and/or alcohol abuse, even if it did not rise to the level of an allegation itself. Therefore, substance abuse was, at minimum, in 14 of the 25 intakes or 56%.
 - One or both: In total, all but 4 of the 25 cases (88%) included concerns of domestic violence and/or substance abuse, either within the allegation itself or within the additional information section.
 - The DHS is aware of the common issues and family dynamics that often correlate with the majority of child abuse cases (i.e., mental illness, substance abuse, and domestic violence). In order to address some of these things, the DHS implemented the following:
 - The DHS recently implemented the Safe & Together Model, a perpetrator pattern based, child centered, and survivor strengths approach to working with domestic violence. All field staff received this training and CSIU staff will receive it soon.

- The DHS continues to look at how the term “imminent danger” is defined and how it is used in practice and convened an internal workgroup on the topic in 2015.
- The DHS is in the process of reviewing additional tools and guidance and developing training for field staff to assist in the screening process for issues related to mental illness, substance abuse, and domestic violence.

Attachment 1B shows current membership information for the CPC.

Drug Endangered Children (DEC) Workgroup

DHS received some concerns from community stakeholders, particularly stakeholders related to Drug Endangered Children (DEC) groups, regarding the prevalence of substance abuse in cases assigned to the Family Assessment pathway and whether this is the most appropriate pathway for assessment of these cases. As part of Senate File 2258, a DEC workgroup will be convened by the Governor’s Office of Drug Control Policy during 2016 to examine issues and develop policy recommendations related to the protection and safety of drug endangered children for the purposes of child in need of assistance and child abuse proceedings.

- The workgroup will meet up to two times after the legislature adjourns this year but before the next legislative session begins in January 2017.
- The workgroup will utilize a variety of data and outcome measures related to drug endangered children from workgroup member organizations and other entities.
- The workgroup will conduct a comprehensive review and analysis.
- The workgroup will propose a statutory definition of a drug endangered child for the purposes of child in need of assistance and child abuse proceedings.
- The workgroup will submit findings and recommendations in a report to the general assembly by December 15, 2016.

DEC Workgroup membership will include four members of the general assembly appointed to serve in an ex officio, nonvoting capacity. Voting members will include a representative from:

- The division of criminal and juvenile justice planning in the department of human rights.
- The department of human services.
- The child advocacy board.
- The department of justice.
- The judicial branch.
- The governor’s office of drug control policy.
- The Iowa alliance for drug endangered children.
- The Iowa county attorneys association.
- The Iowa state sheriffs’ and deputies’ association.
- A child welfare service provider group.
- A health care provider group.
- A mental health care provider group.
- A substance abuse provider group.

- A peace officer group.
- A child abuse prevention advocate.

Additional information related to this workgroup's activities and report will be in next year's Annual Progress and Services Report (APSR).

Treatment and Foster Care Services

System of Care and Child Welfare Services

Since Iowa's child welfare system redesign in 2005-2006, known as Better Results for Kids, the DHS has worked to implement a system of care (SOC) philosophy and framework. A child welfare SOC stresses collaboration across public and private agencies, children, and families for the purposes of improving access and expanding the array of coordinated community-based services and supports which are culturally and linguistically competent and responsive.

Current SOC efforts occur consecutively with DHS planning to competitively procure the child welfare services listed below:

- Child Welfare Emergency Services
- Foster Group Care Services
- Supervised Apartment Living Services
- Recruitment and Retention of Foster and Adoptive Resource Families
- Support Services for Resource Families

The SOC and procurement approaches interconnect and, as part of each effort, DHS child welfare staff collaborated with a variety of stakeholders and national experts (in the form of technical assistance to DHS and its private provider partners and stakeholders) to map out a SOC framework and identify strategies for the upcoming procurements and the child welfare system in general.

To kick off this interrelated work, the DHS released on November 30, 2015 a Request for Information (RFI), ACFS-18-001-RFI, Regarding Child Welfare Emergency Services, Foster Group Care, and Supervised Apartment Living Child Welfare Services. The DHS received 16 responses from contractors and a state agency. Below is an example of the type of responses received to one of the questions in the RFI.

- What evidence-based child welfare practices could Iowa adopt to allow a proactive approach to systemic evolution and improved outcomes?
 - General support for evidence based practice and DHS payment for same, but also allow testing new approaches
 - Numerous evidence based practices mentioned, such as Standardized Program Evaluation Protocol (SPEP), family team decision-making (FTDM) and youth transition decision-making (YTDM) meetings, Family Functional Therapy, Aggression Replacement Therapy, Parents as Teachers, Parent Child Interaction Therapy, Family Finding and Nurtured Heart Approach (promising though not presently evidence-based).

- To build on SOC approaches, expect contractors to facilitate or attend timely and frequent FTDM/YTDM for children and families served by child welfare services; and, have DHS designate and fund care coordination to ensure youth and families greater access to home and community-based clinical and support services across systems and managed care organizations.
- Improve policy outcomes by utilizing programs shown through rigorous research to be highly effective. The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, is an innovative cost-benefit analysis approach that helps states invest in policies and programs that work. The first step in this process is to do a comprehensive inventory of programs and services for your population (e.g. child welfare).

With information gleaned from the RFI, DHS staff participated in or convened several internal and external stakeholder meetings from December 2015 through March 2016. Out of these meetings, Iowa established the following guiding principles for Iowa's child welfare system, which reflects Iowa's child welfare system values of being child centered but family focused and family driven with the provision of community based and culturally competent and responsive services:

Safety for children emerges and is enhanced when we do all the following:

- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When services away from the family are necessary, children will receive them in the most family-like setting and together with siblings whenever possible.
- Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs.
- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision making will be outcome based, resource-driven and continuously evaluated for improvement.

In addition to the guiding principles steering the SOC and procurement development work, several documents produced reflect Iowa's current system and the vision for Iowa's child welfare system and services moving forward. These documents are available to the public at the following links:

- [Child Welfare System Map and Desired System Outcomes](#)
- [Child Welfare Systems of Care Procurement Draft Timeline](#)
- [Child Welfare Systems of Care Talking Points](#)

- [Child Welfare Systems of Care Decisions](#)
- [Out of State Group Care](#)

On April 4th and 5th, 2016, Iowa held a child welfare SOC summit. On each day, participants divided into small workgroups, with each workgroup working on one of seven policy statements related to either child welfare policy, practice, regulation, or funding. On April 4th, participants included a large representation of DHS's private sector partners and service providers, the Coalition for Family and Children's Services in Iowa, Iowa Foster and Adoptive Parents Association, DHS staff, and Juvenile Court Services (JCS) staff. On April 5th, participants included stakeholders representing the following:

- Service providers
- Coalition for Family and Children's Services in Iowa
- Disability Rights Iowa
- Iowa Foster and Adoptive Parents Association
- Jim Casey Youth Opportunities Initiative
- Department of Inspections and Appeals
- Department of Human Rights, Division of Criminal and Juvenile Justice Planning
- Iowa Children's Justice
- Juvenile Court Services
- Managed Care Organization – United Healthcare
- Iowa Department of Human Services

In addition to these meetings, the DHS plans to conduct several focus groups or interviews over the next several months to gather input from parents, children and youth, and foster parents. Information from all of these meetings will be considered as the DHS moves forward with procurements.

In March 2016, the DHS issued a Request for Proposals (RFP), ACFS 16-248, Technical Assistance for Child Welfare Service Array Procurements to assist the DHS in the development and evaluation of competitive procurements for the specific services previously mentioned in this section. The selected contractor also will assist in the execution of the resulting contracts and in the development of a data collection tool used to track and monitor specific system outcomes. On April 14, 2016, the DHS announced an intent to award a contract to the successful bidder, Ikaso Consulting, LLC. The contract began in May 2016. Since the contract began, DHS staff shared information with IKASO regarding the Child and Family Service Review (CFSR) outcomes and systemic factors so that future contracts could help show functionality of the CFSR systemic factors within Iowa's child welfare system.

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.

Collaborative public-private efforts create a more accountable, results-driven, high quality, integrated system of contracted services 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 of monthly meetings.

CWPC members utilize strategic plans to focus and direct the work of this committee toward completing tasks to achieve identified goals and objectives. The majority of tasks identified in prior strategic plans were either completed or carried over to the next plan.

During the time period of April 2015 through March 2016, members of the CWPC partnered with Casey Family Programs to assist in the development of another strategic plan. There were several planning calls and at least one in-person meeting with representatives from Casey Family Programs prior to the two day strategic planning session. The majority of CWPC members and two facilitators from Casey Family Programs met August 19 - 20, 2015 to begin development of a three year strategic plan. Casey Family Programs drafted the initial plan based upon discussions from the two day planning session and provided it to the CWPC. CWPC members reviewed, modified, and approved the initial plan during the February 11, 2016 monthly meeting.

There are three focus areas within the January 2016 – December 2018 CWPC Strategic Plan which includes:

- Child Welfare Service Array Contracts
 - The objective of this focus area is to ensure competent and skilled staff to fully meet contractual terms of service.
- Partnerships
 - The objective of this focus area is to identify and use existing structure in key partner groups in regularly scheduled meetings to engage in productive partnership discussions.
- Roles & Responsibilities of the Committee and Current Structure

- The objective of this focus area is to establish a communication structure to regularly disseminate information regarding CWPC activities and gather practice information pertinent to the Committee's work from other stakeholders.

An example of an identified task within the strategic plan is the development of two new workgroups. Public and private members of the CWPC co-chair the workgroups, which include representatives of DHS and service contractor partners. The two workgroups are "Child Welfare Services Workforce" and "Communication". The goal of the Child Welfare Services Workforce workgroup is to build a competent, diverse workforce consistent with the families served. The goal of the Communication workgroup is to develop a communication strategy to share talking points that details the work of the CWPC and engages the perspective of stakeholders, partner agencies, and others.

The January 2016 – December 2018 CWPC Strategic Plan will continue to be reviewed, modified, and updated through FY 2018.

As membership terms expire on the CWPC, new members selected maintain the balance of public and private representation. All new members receive orientation to the CWPC including membership roles/responsibilities/expectations, history of the CWPC, active workgroups, and products developed out of the workgroups.

For more information on the CWPC, please visit <http://dhs.iowa.gov/about/advisory-groups/childwelfare/partner-committee>.

Service Provider Quarterly Calls

During the time period of April 2015 through March 2016, regularly scheduled quarterly meetings/conference calls occurred between the DHS program managers, DHS service contract specialists, and representatives from the specific services contracts. The purpose of these quarterly meetings/conference calls was to standardize processes within Adult, Children, and Family Services (ACFS) to ensure that, from a policy perspective, both the public and private organizations progress in the evolution of our child welfare contracting process. The information obtained through these meetings informed the annual statewide child welfare contractor meetings as we all work together to improve our child welfare system outcomes.

Annual Statewide Child Welfare Services Meeting

DHS held the annual statewide child welfare service meeting on June 4, 2015, which included representation from child welfare service contractors, DHS field and central office staff, and other external partners. The purpose of this meeting was to bring DHS and child welfare service contractors together to continue strengthening relationships and identifying ways to work together across the entire service array to improve our child welfare outcomes. There were contractor representatives from Safety Plan Services, Community Care, Family Safety, Risk & Permanency Services, Child Welfare Emergency Services, Foster Group Care, Supervised Apartment Living, Recruitment and Retention of Foster and Adoptive Resource Families, Iowa Foster and Adoptive Parents Association, etc. in attendance at this statewide meeting. The topics addressed

and discussed included updates on the child welfare service array, specifically regarding integration of partnership, current legislation, procurements, and new initiatives. There was a presentation on statewide accomplishments including data outcomes from performances across the service array. There were morning breakout sessions for cross learning opportunities and sharing of effective practices, including strategies to address identified barriers. The afternoon comprised three separate breakout sessions, which attendees rotated to ensure participation in all three sessions. The topics of the sessions were (1) Six Principles of Partnership, (2) Cultural Equity Alliance, and (3) CFSR Measures/Changes including information on changes to requirements as we prepare for CFSR Round 3.

Overarching Collaborations

Child Welfare Advisory Committee (CWAC)

Defined in Iowa Code §217.3A, the [Child Welfare Advisory Committee \(CWAC\)](#) began in April 2009. 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, Iowa Child Advocacy Board, legal community, etc. The CWAC meets on a quarterly basis.

From April 2015 through March 2016, CWAC met four times. During these meetings, CWAC members discussed a variety of issues, including performance assessment data, the improvement plan, and any progress on the improvement plan provided in last year's APSR; DHS budget; Iowa Children's Justice initiatives; human trafficking; legislative mandate; etc.

- For example, in July and September of 2015 and March 2016, DHS staff discussed the APSR, the Child and Family Services Review (CFSR) outcomes and systemic factors reflected in the APSR, and the improvement plan.
- During one meeting, there was a presentation on AFFIRM. AFFIRM coalition entities are Iowa KidsNet, Iowa Safe Schools, Youth Shelter Services, Achieving Maximum Potential (AMP), Lavender Umbrella, Iowa Homeless Youth Centers, Healthy Homes Family Services, Iowa Foster and Adoptive Families Association and EQUI Iowa. AFFIRM focuses on the care of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) children in Iowa.

During several of the meetings, public comments highlighted some of the following issues/opportunities for improvement in the child welfare system:

- Parents need to be involved at every step in the life of their case.
- DHS staff needs to be more aware of the constitutional rights of parents.
- DHS staff needs to consider more the impact of removals on the lives of the children they serve and work more on preventing removal.
- Families need help getting answers to their questions.
- DHS should change some policies/practices to better engage families in the child welfare process.

DHS Response: Iowa's child welfare system utilizes family team decision-making (FTDM) meetings, Family Interactions, and Parent Partners as strategies to engage parents throughout the life of their case. Some of these strategies are described in more detail later in this report. Additionally, as part of continuous quality improvement, public comments will be provided to the DHS Service Business Team and will be considered in analysis of statewide performance.

An opportunity presented itself to delve deeper into how DHS responds to complaints through Senate File 505. Senate File 505 passed the Iowa Senate and the Iowa House of Representatives on June 3, 2015, with Governor Terry E. Branstad signing the bill on July 2, 2015. Section 100 of that bill, included the following language:

Sec. 100. STUDY – CHILD WELFARE ADVISORY COMMITTEE.
The child welfare advisory committee of the council on human services established pursuant to section 217.3A shall study procedures in the department of human services for receiving complaints from families involved in guardianship, placement, and custody proceedings; and the specificity and clarity of court orders issued in foster care placements pursuant to the State of Iowa Primary Review of Tit. IV-E Foster Care Eligibility Report of Findings for October 1, 2012, through March 31, 2013. The committee shall submit a report with findings and recommendations to the governor and general assembly on or before December 2015.

The CWAC appointed a subcommittee to investigate and study the procedures within the DHS for receiving complaints from families involved in guardianship, placement, and custody proceedings and to review the clarity of court orders. The subcommittee also considered:

- Information from representatives of the “Family Advocate”/“Iowa Family Rights” group presented by members of the group during regular CWAC meetings
- A written list of issues prepared by the leader of the Family Advocate group.
- Information regarding how other groups and individuals, including the Director of the DHS, have met with representatives of the “Family Advocate”/“Iowa Family Rights” group to answer questions and problem solve issues.

CWAC found there were three main sources for receiving complaints from families:

- The Department of Human Services (Executive Branch),
- The Courts (Judicial Branch), and
- The Office of the Ombudsman (Legislative Branch).

While all three sources were independent, they often worked in partnership to review child welfare complaints. The sources varied in formality of their complaint response, with DHS the least formal; the Courts the most formal; and the Ombudsman’s Office a mix of formal and informal.

As part of the report, CWAC made the following recommendations and provided the DHS’ response:

- DHS should adopt a simple, formal procedure to address complaints directly made by families involved in guardianship, placement, and custody proceedings, and have the procedures published in a pamphlet for public use.
 - DHS already implemented a web-based system to receive complaints from the public.
 - DHS plans to publish the complaint procedures in a pamphlet for the public to use.
- Logs should be kept to verify process compliance.
 - DHS will utilize a tracking mechanism to verify compliance with the procedures were followed.
- DHS should meet with Office of Ombudsman staff at least on a semi-annual basis to identify common complaints and to develop responsive corrective actions that can be implemented to prevent similar issues from occurring in the future.
 - DHS will continue to collaborate with the Office of the Ombudsman to address complaints, with the goal of preventing similar issues in the future. Currently, as consumer complaints arise or if the Office of the Ombudsman has questions, the Office of the Ombudsman notifies DHS. Both agencies utilize the mutually agreed protocol to respond to complaints. As a result, DHS collaboration with the Office of the Ombudsman is open, routine, and ongoing.

The CWAC subcommittee drafted the report, later completed and approved by the group as a whole, and submitted the report to the Iowa General Assembly in January 2016. The report is accessible through the DHS' website, at http://dhs.iowa.gov/sites/default/files/LR_2015-Child-Welfare-Advisory-Committee.pdf.

Iowa 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.

During a CWAC meeting, Iowa Children's Justice shared and discussed activities of the Iowa Children's Justice Advisory Committee, such as the Children's Justice Summit, held December 1st and 2nd, 2015, co-sponsored by Children's Justice and Public Safety. Approximately 370 people attended the two day meeting, which focused on human trafficking, and feedback regarding the event was positive.

Iowa Children's Justice staff participates in the Title IV-E review planning calls.

Reflected in other places in this section are other examples of substantive and ongoing meaningful collaboration with Iowa Children's Justice.

Collaborations to Address Disproportionality/Disparity in the Child Welfare System:
Statewide Cultural Equity Alliance Steering Committee (CEASC): 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 for the agency's work with children, youth and families. Upon CEASC recommendations, the DHS officially adopted fifteen Guiding Principles for Cultural Equity (GPCE) as a framework for moving the work forward. DHS leadership is in the process of developing a plan for implementing the GPCE across DHS. A goal of CEASC is to ensure that all interested partners also develop a better understanding of these guiding principles and how to use and infuse them into the work of the child welfare system. The GPCE reflect the Office of Minority Health standards for cultural and linguistic competence.

The committee then conducted a survey of staff throughout the state to determine what types of activities already implemented were consistent with the guiding principles. As a result of these efforts, the CEASC formed four workgroups to focus on various aspects of the GPCE.

The following summarizes the work of the CEASC workgroups:

- The *Collaboration and Communication* workgroup members gave numerous GPCE presentations to providers, courts and law enforcement representatives, Council of Human Services (including legislators), Community Partnership Network and other child welfare partners. To strengthen communication, the workgroup developed a Power Point presentation and written materials. Efforts are underway to integrate the GPCE into the procurement process, DHS employee handbook and staff training. DHS disseminated laminated copies of the GPCE throughout the state for posting in local offices. Exploration of dissemination to social media and newsletters continues and Iowa anticipates some movement on these items no later than spring of next year.
- The *Training* workgroup members were successful in their quest to implement the requirement that all child protection staff attend Race: Power of an Illusion (RPI) training within the next two years. This group now focuses on development of additional trainings and piloting a training based on the learnings of RPI. Reviewing existing training and strengthening cultural responsive components within these trainings is also the work of this committee.
- The *Culturally Responsive Services* workgroup developed and implemented a statewide survey in order to understand utilization of translation services and telephone assistance statewide. This workgroup is in the process of developing a comprehensive cultural guide for staff. The ultimate goal is for all staff and families served to have access to language resources and information on diverse cultures to ensure timely and responsive engagement of families of all backgrounds.
- The *Evaluation* workgroup is in the process of reviewing and analyzing data from both the juvenile justice and child welfare systems to determine trends and correlations between the two systems. From the analysis, they will develop

recommendations for practice and policy change to reduce disproportionality and disparity.

Summary of CEASC Collaborative Efforts and System Impact:

- Strengths:
 - Statewide collaborative includes the following representatives: DHS (leadership and field staff), providers, courts, Parent Partners, foster care alumni, immigrant and refugee services, domestic violence agencies, juvenile justice, race and ethnic diversity and other child welfare partners.
 - This group utilizes a clearly defined framework, the GPCE.
 - The workgroups provide a structure for the evaluation of existing practice and policy, and development and implementation of policy and practice change based on a feedback loop of on-going evaluation.
 - The CEASC reviews the Learning Sessions evaluations and statewide data to make recommendations for policy and practice implementation to impact system change.
- Opportunities for Improvement and Next Steps:
 - Continue to expand and promote integration of the GPCE throughout child welfare system.
 - Continue expansion and refinement of both cultural responsiveness training and the offering of technical assistance.
 - Expand the collection and review of data within the child welfare system and across partner systems.

Community Team and Learning Sessions (formerly known as Breakthrough Series Collaborative (BSC): In SFY 2016, two learning sessions occurred involving community teams organized to address minority over-representation in the child welfare system. Each core team comprises a DHS frontline worker and supervisor, DHS Service Area Manager or Social Work Administrator, judge or court personnel, community partner, parent and youth. Many teams added other child welfare partners, such as domestic violence and substance abuse agencies and faith-based community members.

The fall learning session hosted by DHS included Khatib Waheed who presented *Race: Power of an Illusion*, presentations by Parent Partners and foster care alumni, team sharing and an update on CEASC and GPCE implementation. The spring Learning Session included Joyce James, former Associate Deputy Executive Commissioner of Texas Child Protective Services and former Associate Deputy Executive Commissioner of the Center for Elimination of Disproportionality and Disparities at the Texas Health and Human Services Commission. Ms. James led an interactive workshop, shared her experiences, and provided strategies and tools for improved interagency collaboration to reduce disproportionality and disparities. This workshop focused on efforts to improve outcomes for all children through the use of:

- data driven strategies;
- leadership development;
- development of a culturally competent workforce;

- community engagement;
- cross systems collaborations training defined by anti-racist principles; and
- an understanding of the history of institutional racism and the impact on poor communities and communities of color.

This session also included a facilitated conversation with Parent Partners and youth, team sharing and state updates. All ten teams and approximately 150 individuals attended each of the fall and spring Learning Sessions.

Summary of Community Team and Learning Sessions Collaborative Efforts and System Impact:

- Strengths:
 - Teams have diverse representation that provides a broad content and contextual review of data and recommendation for change.
 - Each Community Team reviews data at various decision points and implements policy and/or practice changes to address disproportionality.
 - Learning Sessions provide a forum for collaborative learning and sharing of ideas and approaches to reduce disparity and disproportionality.
- Opportunities for Improvement and Next Steps:
 - Community teams struggle with recruiting foster care youth alumni. One avenue to improve recruitment is to assist teams in connecting with Aftercare and Achieving Maximum Potential (AMP) programs.
 - Often teams work on different approaches and aspects of the GPCE. CEASC now selects one of the GPCE that all the teams will work on during the same timeframe. Teams will continue to work on other GPCE that are of specific concerns in their area based on local data. However, by having all the teams focus on one aspect together, Iowa hopes to have more opportunity for statewide impact on the GPCE.

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. Iowa completed the comprehensive curriculum to enable capacity building for additional facilitators which will result in implementing more workshops. Currently, ten approved facilitators and four facilitators in training are in the approval process. There were 19 workshops held throughout this last year and many more scheduled for next year. The focus of these workshops remains 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. Community partners comprise Community Partnerships for Protecting Children (CPPC), child welfare service providers, domestic violence agencies, substance abuse providers, schools, mental health providers, faith-based organizations, neighborhood leaders, etc. Iowa anticipates that approximately 573 individuals will complete this training this year. These trainings lead to several ongoing conversations at the local and service area level. For example, in several service areas, the Social Work Administrators (SWAs) incorporated discussions/new learning/identifying barriers into the DHS supervisors' monthly meeting. Supervisors then included information from the discussions with the SWAs into their meetings with front line staff. Another example is that Aftercare

providers now have ongoing discussions during their quarterly meetings as are other providers.

See Attachment 1C – Evaluation Summary

Use of Collaborative Venues

To maximize limited resources, the DHS will continue to utilize a variety of collaborative venues, mentioned in this section and throughout this APSR, to implement the CFSP by ensuring discussion of 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. Iowa explored the possibility of quarterly discussions with stakeholders regarding the previous quarter's available data. Some barriers to implementing this include availability of the data, limits to what can be generalized from the data due to low number of data points, limited DHS information technology (IT) resources, etc. However, Iowa will continue to work towards problem solving this issue. The DHS also may utilize focus groups, electronic surveys, and other means to gather qualitative information for continued evaluation of CFSP progress.

The DHS posted a draft of this APSR to the DHS website on May 31, 2016 for the purposes of a 30 day public comment period. DHS encouraged the public to review the report and provide feedback on various aspects of the report, particularly the performance assessment update and improvement plan sections. However, DHS did not receive any public comments during the 30 day period, which closed June 27, 2016. However, DHS received comments from a couple of contractors to add or clarify certain information in the Section IV, Chafee Foster Care Independence Section. Staff made these additions and corrections. Any public comments received after the public comment period will be given to DHS' Service Business Team (SBT) and DHS leadership for consideration.

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 performance assessment section, Iowa utilized several sources of data or information. Required information for these sources of data is reflected in the table below.

Table 2(a): Performance Assessment Section Sources of Data and Required Elements			
Data Source	Data Collection Methods	Known Issues with Data Quality/Limitations	Data Time Period(s)
Statewide Automated Child Welfare Information System (SACWIS) which comprises Family and Children's Services (FACS) and Joining Applications and Reports from Various Information Systems (JARVIS) <i>For more information, please see Systemic Factor, Information System later in this section.</i>	Child welfare staff enters case information into FACS and/or JARVIS.	There are no known data quality/limitations other than those mentioned below for AFCARS.	As indicated in tables or charts
Adoption and Foster Care Analysis and Reporting System (AFCARS)	Utilizing Iowa's SACWIS, DHS provides AFCARS reporting to the federal Children's Bureau (CB) in accordance with federal requirements.	Iowa continues to collaborate with CB staff to address outstanding items in Iowa's AFCARS Program Improvement Plan (PIP). Iowa reviewed all the outstanding AFCARS PIP issues in 2015 and identified next steps needed to improve data quality in Iowa's AFCARS submissions.	As indicated in tables or charts
National Child and Neglect Data System (NCANDS)	Utilizing Iowa's SACWIS, DHS provides NCANDS reporting to the federal CB in accordance with federal requirements.	Data quality edits in NCANDS indicate no data quality issues.	As indicated in tables or charts
Results Oriented Management (ROM)	Utilizing Iowa's SACWIS, ROM provides a variety of reports.	There are no known data quality/limitations.	As indicated in tables or charts
State CFSR Case Reviews completed in federal Online	Reviewer pairs enter case review information, collected through the use	Limitations of generalization are due to small number of cases read per quarter and	As indicated in tables or charts

Table 2(a): Performance Assessment Section Sources of Data and Required Elements			
Data Source	Data Collection Methods	Known Issues with Data Quality/Limitations	Data Time Period(s)
Monitoring System (OMS)	of the federal On Site Review Instrument (OSRI), into the federal Online Monitoring System (OMS), Iowa CQI.	the number of data quarters' currently available.	

Administrative Data

Iowa's SACWIS comprises two main components, FACS and 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. 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.

The administrative data represents data extracted from Iowa's SACWIS and Iowa ROM, a performance management reporting system. The administrative data also includes AFCARS reporting or NCANDS reporting that Iowa provides to the federal Children's Bureau. Sources of the administrative data are listed with the relevant tables or charts. Data also includes quantitative data from Iowa's case review process (described below) and other data sources as indicated.

Stakeholder Feedback

DHS gathers qualitative data from stakeholders through collaborations, including those mentioned in other sections of this report referenced in this section, and the following focus groups/feedback:

- Foster Care Youth (Achieving Maximum Potential (AMP)):
 - February 18, 2016 – The focus group comprised 30 AMP youth, who were of various ages (13-20's), races, and experienced a variety of foster care placement settings (shelter, foster homes, etc.).
 - May 12, 2016 – The focus group comprised 15 AMP youth and then a smaller group of three youth were chosen to explore caseworker visits, caretaker quality, and support services in more depth.
- DHS staff reached out to the Parent Partner Coordinators from all five service areas to gather written feedback, reflected in this section as Parent Partners.
- Foster care providers – DHS is in the process of conducting individual interviews of foster parents so no information is available at this time. Information regarding these interviews will be provided in next year's APSR.

Case Review Data

Reviewer pairs comprising one Quality Assurance and Improvement staff and one social work supervisor staff review approximately six cases per quarter per Service Area, conduct case related interviews, enter the case reviews into the federal OMS for quality assurance review, first and second level (if applicable), and case finalization.

There are case review data for each Child and Family Service Review (CFSR) item, which represents some very early data. However, there are a few things to consider when looking at these data:

- The CFSR process is much more than a judgement on the performance of state child welfare staff; it is an assessment of state systems (DHS services, contracted providers both formal and informal, Court systems, information system supports, training systems, and the management and coordination of all).
- The federal target for all CFSR case reading items is 95% or better to pass without being required to implement a Program Improvement Plan (PIP). If Iowa has a PIP, an improvement benchmark will be established similar to previous CFSRs, although utilizing a different method to establish the benchmark.
- Because of the very small number reviewed each quarter, Iowa expects a fair amount of variation in results from quarter to quarter. The variation is just a function of math and would be part of any sample process with small numbers.
 - A case or two makes a difference. Iowa reviews 37 cases per quarter. So for example, if all 37 cases were valid for an item, each case would be worth 3%; but if only 11 cases were valid for an item, each case would be worth 9%.
 - It will take several quarters to have a good idea (trend) of actual performance levels.
 - However, after three quarters of data, Iowa now has some data with which to think about performance, such as does it make sense, is it similar to our performance in CFSR Round 2, are we where we want to be, should we watch for a while or take action now, etc.
- The ultimate goal is continuous quality improvement through prioritizing and focusing on strategic improvements.

DHS staff has not analyzed in depth the three quarters of case review data. However, the DHS Service Business Team (SBT) chartered a workgroup comprising staff from field, policy, IT, etc. to design a child welfare performance improvement process from the time the DHS Social Work Administrators (SWAs) identify a statewide performance issue needing improvement through to the provision of regular feedback to SBT on the effectiveness of corresponding improvement strategies, to include:

- The establishment of a Child Welfare Outcome Improvement Team collectively charged to develop, coordinate, implement, monitor, and adjust strategies to address identified issues.
- Utilization of focused supervisory reviews for statewide application considering efficiencies around other case readings and reviews.

The workgroup will meet in July 2016. Information regarding the child welfare outcome improvement process will be provided in next year's APSR. SBT anticipates conducting quarterly analysis of information presented as part of quality assurance activities and

prioritization of focus areas. This information will be provided in next year's APSR report.

Safety Outcomes 1 and 2

Table 2(b): National Safety Data Indicators Child and Family Services Review (CFSR) – Round 3				
National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance	FFY 2015
Recurrence of Maltreatment (Data Source: NCANDS)	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%*	11.0%
Maltreatment in Foster Care (Data Source: NCANDS & AFCARS)	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**	14.9

Source: SACWIS (NCANDS and NCANDS & AFCARS)

*FFY 2012 **FFY 2013 – Source: CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

Iowa continues to make progress on the administrative data measures regarding reducing recurrence of maltreatment and maltreatment in foster care. However, more work must be done as current performance does not meet the federal requirements. Iowa plans to address these two measures through Iowa's Differential Response (DR) system and services, such as Community Care, Safety Plan Services, and Family Safety, Risk & Permanency (FSRP) Services. For more information on these interventions, please see the Service Description Update and Improvement Plan Update sections.

Table 2(c): Case Reviews – Safety Outcomes 1 and 2

Item	FFY 2015 – Q4	FFY 2016 – Q1 (Oct – Dec 2015) (Jul – Sep 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Safety Outcome 1</i>					
1: Timeliness of Initiating Investigations of Reports of	93.3%	86.7%	83.3%	88%	85%

Table 2(c): Case Reviews – Safety Outcomes 1 and 2

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
Maltreatment					
		Safety Outcome 2			
2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	100.0%	85.7%	100.0%	95%	77%
3: Risk & Safety Assessment and Management	51.4%	70.3%	53.8%	59%	65%

Source: DHS Case Reviews

*Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

The data above shows that Iowa's child welfare system continues to not meet the federal requirement of 95% for these items. Comparison between the average of the three quarters and CFSR Round 2 performance shows similar performance for initiation of investigations, performance increased for services to prevent removal (although variation of performance between quarters), and performance decreased for risk and safety assessment and management.

Stakeholder feedback reflects the following:

- AMP:
 - There is a need to ensure quality foster care through unannounced visits for foster homes.
 - When abuse happens, children and youth do not tell because they are fearful of the foster parents.
- Parent Partners:
 - "It is important to be cautious but know that when we are removing children we are re-traumatizing them so we need to do everything possible to keep them together. Unfortunately, sometimes cases are based on risk of something happening rather than actual safety concerns."
- Public Comment During CWAC Meetings (mentioned in previous Collaboration Section):
 - DHS staff needs to consider more the impact of removals on the lives of the children they serve and work more on preventing removal.

Permanency Outcomes 1 and 2

**Table 2(d): National Permanency Data Indicators
Child and Family Services Review (CFSR) – Round 3**

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance	FFY 2015
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%**	47.8%
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%*	64.6%
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%*	37.8%
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*	4.3
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%**	13%

Source: SACWIS (AFCARS)

*12 month period = FFY 2013B & 2014A (AFCARS) **12 month period = FFY 2011B & 2012A (AFCARS)

– Source: CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

Iowa continues to make progress on some of the administrative data measures regarding permanency. While achieving permanency increased within the various time frames noted above and met federal performance requirements, more children re-entered foster care within 12 months, which suggests that services to maintain the

child's permanent living situation may need enhancing. A further in-depth analysis needs to be conducted to determine why re-entry occurs for these children. The analysis will, at a minimum, include children re-entering care, their demographics, and examination of their safety and placement stability. Children also experienced more placement moves per 1,000 days in foster care, which means Iowa no longer meets the federal requirements for this measure. Iowa will also need to further analyze why placement moves increased, particularly considering the various plan, do, check, act (PDCA) projects implemented across the state to increase placement stability for children in foster care. Iowa anticipates that these in-depth analyses will be completed within the next fiscal year and reported in next year's APSR.

Table 2(e): Case Reviews – Permanency Outcomes 1 and 2

Item	FFY 2015 – Q4	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance****
<i>Permanency Outcome 1</i>					
4: Stability of Foster Care Placement	56.0%	60.0%	76.0%	64%	62.5%
5: Permanency Goal for Child	78.3%	60.0%	68.0%	69%	64%
6: [*] Achieving Reunification*, Guardianship*, Adoption**, or Other Planned Permanent Living Arrangement***	84.0%	55.0%	80.0%	73%	[*] 64% ^{**} 59% ^{***} 50%
<i>Permanency Outcome 2</i>					
7: Placement with Siblings	81.8%	80.0%	85.7%	83%	83%
8: Visiting with Parents and Siblings in Foster Care	66.7%	65.0%	76.2%	69%	66%
9: Preserving Connections	73.9%	85.0%	84.0%	81%	82%
10: Relative Placement	60.9%	60.0%	76.2%	66%	76%
11: Relationship of Child in Care with Parents	70.0%	63.2%	66.7%	67%	67%

Source: DHS Case Reviews

^{*}CFSR Round 2 – This item was broken down into individual items (8(*), 9(**) and 10 (***)).

**** Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27%27s+Bureau+website%27%27%29&m=1

The data above shows that Iowa's child welfare system continues to not meet the federal requirement of 95% for these items. Comparison between the average of the three quarters and CFSR Round 2 performance shows similar performance for a couple of items (7 and 11), performance increased for several items (4, 5, 6 and 8), and performance decreased for items 9 and 10.

Stakeholder feedback reflects the following:

- AMP:
 - Youth reported that children need to know who they are going with before they go there. It is important for children to meet the caretaker before they move to their home.
 - There are a lot of unknowns around permanency options for this group, such as if there is a way to reverse TPR for children who have been in the system a long time. What is possible?
 - DHS needs to do more to keep children connected to parents and siblings.
- Parent Partners:
 - “They [children] should be connected to their community, school, friends, and relatives. An area of improvement would be that so much is based on the availability of foster care parents rather than helping the family and relatives, as a whole.”
 - “Having more supports for families that are in this period of transition [reunification] - which I feel can be the most stressful time of the case for the parents and children.”

Well-Being Outcomes 1, 2 and 3

Table 2(f): Case Reviews – Well-Being Outcomes 1, 2 and 3

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance**
<i>Well-Being Outcome 1</i>					
12: Needs and Services of Child, Parents, and Foster Parents	40.5%	48.6%	51.3%	47%	45%
13: Child and Family Involvement in Case Planning	56.8%	43.2%	61.1%	54%	49%
14: Caseworker Visits with Child	27.0%	51.4%	53.8%	44%	65%
15: Caseworker Visits with Parents	21.2%	11.1%	20.0%	17%	43%
<i>Well-Being Outcome 2</i>					
16: Educational Needs of the Child	63.2%	83.3%	95.2%	81%	93%
<i>Well-Being Outcome 3</i>					
17: Physical Health of the Child*	44.4%	54.5%	50.0%	50%	94%
18: Mental/Behavioral Health of the Child*	47.6%	62.5%	52.0%	54%	91%

Source: DHS Case Reviews

*For CFSR Round 3, these items included medication monitoring for children in foster care.

** Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%27nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27%27s+Bureau+website%27%27%29&m=1

The data above shows that Iowa's child welfare system continues to not meet the federal requirement of 95% for these items. Comparison between the average of the three quarters and CFSR Round 2 performance shows performance increased slightly for items 12 and 13 and performance decreased for the majority of the items, with significant decreased performance for items 17 and 18.

Stakeholder feedback reflects the following:

- AMP:
 - Youth identified barriers to education success, such as bullying, racial stereotypes, scared to get an education, and lack of support from teachers and staff at schools.
 - Some possible solutions identified were awareness, support to get rehab, tutoring, one on one teaching with parent, motivational speakers, and asking for help.
 - Youth identified barriers to health (physical and mental), such as lack of knowledge, money, resources, and gym time and lack of people who understands how to deal with African American hygiene: hair, skin, and body.
 - Some possible solutions identified were teach youth what they need to know, jobs to support the youth in their development, resources, including more

information on needed resources, providing people to do hair for African American hair and provide more funding for hygiene needs.

Tables 2(g) through (i) show performance broken down between participants for items 12, 13 and 15 respectively.

Table 2(g): Item 12 Breakdown

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
12A: Needs and Services of Child	73.0%	78.4%	84.6%	79%	92%
12B: Needs and Services of Parents	51.5%	52.8%	58.3%	54.2%	--
Mother	76%	64%	69%	70%	65%
Father	56%	69%	53%	59%	56%
12C: Needs and Services of Foster Parents	57.1%	75.0%	75.0%	69%	71%

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27lawa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27%27s+Bureau+website%27%27%27%29&m=1

Table 2(h): Item 13 Breakdown

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
13: Child Involvement in Case Planning	56.8%	43.2%	61.1%	54%	76%
13: Mother Involvement in Case Planning	78.8%	70.6%	75.8%	75%	67%
13: Father Involvement in Case Planning	56.3%	59.4%	69.2%	61%	56%

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27lawa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27%27s+Bureau+website%27%27%27%29&m=1

Table 2(i): Item 15: Caseworker Visits With Parents

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
15: Mother – Frequency of Visits	51%	29%	48%	43%	54%
15: Mother – Quality of Visits	58%	37%	39%	45%	--
15: Father – Frequency of Visits	45%	25%	31%	34%	27%
15: Father – Quality of Visits	29%	35%	36%	33%	--

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

For tables 2(g) through (i), comparison between the average of the three quarters and CFSR Round 2 performance shows responsiveness to children in foster care decreased related to assessment and provision of services and involvement in case planning while performance for both parents improved for these measures. Performance decreased slightly for assessment and provision of services for foster parents. Frequency of caseworker visits with the mother decreased but increased for the father. Although quality of caseworker visits improved with fathers, quality continues to be less than with mothers.

Stakeholder feedback reflects the following:

- AMP:
 - Youth said caseworkers need to visit children once a month.
 - Youth articulated well how important the DHS worker is in their success (whether they behave well and whether they go home). They described when it does not work; the DHS workers start by seeing you a lot and then “they just stop”. This shows youth that they are going nowhere [not home anytime soon].
 - Caseworker’s decisions are not always making sense to youth. Youth identified lack of trust being one barrier and suggested caseworkers work more to build relationships with those on their caseload.
 - Some comments related to what caseworkers and other adults need to know about building relationships with youth:
 - ◆ “I ask of you, don’t expect trust right away”
 - ◆ “Kids have been traumatized, respect their boundaries”
 - ◆ “I ask of you to not judge me by my past”
 - ◆ “I ask of you to not hold a grudge”
 - ◆ {Understand} how certain things affect our emotions
 - ◆ Knowing where we come from
 - ◆ Knowing how to break the wall built and show us what family means

- Parent Partners:
 - “I think that if more workers, providers and families worked together outcomes would be beneficial.”
 - “To truly partner with caregiver we need to include everyone and use specific interventions to allow them to partner. An area of improvement is that we are not always using language that supports these relationships.”
- Public Comment During CWAC Meetings (mentioned in previous Collaboration Section):
 - Parents need to be involved at every step in the life of their case.
 - DHS staff needs to be more aware of the constitutional rights of parents.
 - Families need help getting answers to their questions.
 - DHS should change some policies/practices to better engage families in the child welfare process.

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.

SBT works to assure data accuracy focusing on four main points:

- Data entry quality: Did the information initially enter the system correctly (timely and accurately)?
 - Data entry quality is probably the easiest problem to identify but is often the most difficult to correct. Entry issues occur when a person entering data incorrectly enters the data into a system. The problem may be a typo or lack of clear guidance, or a willful decision, such as providing a dummy phone number or address when factual data are unknown. Identifying these outliers or missing data is usually easily accomplished with SBT engaging analysts to use profiling tools and simple queries, and through quick quality spot checks.
- Process quality: Was the integrity of the information maintained during processing in the system?
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uses process mapping with IT, user, and policy staffs to help ensure discovery of problems.

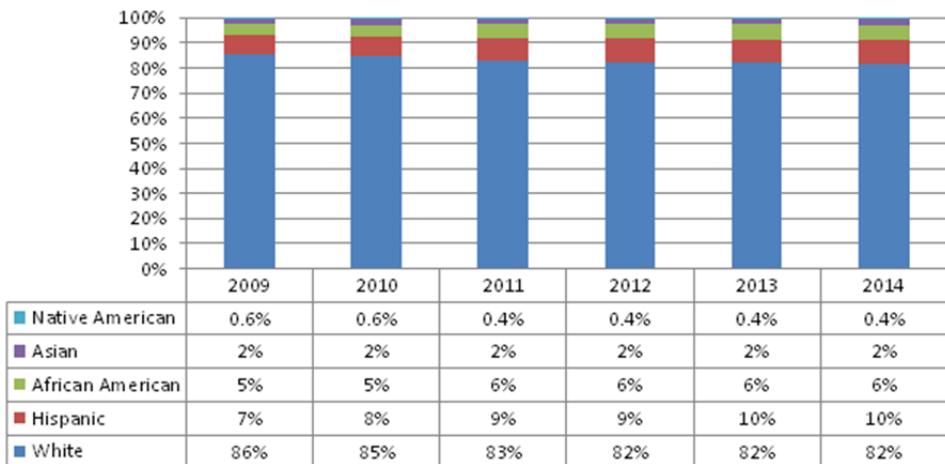
- Integration quality: Is all the known information about a case integrated to the point of providing an accurate representation of the case or groups of cases?
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Iowa continues to work to build social work processes into our information systems, for instance the Case Plan is now created in our child welfare system as a system document and so it does match the system. In working toward our new comprehensive child welfare information system (CCWIS), Iowa plans continued improvement of accuracy and efficiency by increasing our interfaces, including pulling court dates and events from the Iowa Court system databases. Currently quality checks occur in two ways, periodic quality checks by state quality improvement staff, and also a part of front line supervisors routine supervision and case review with front line social work staff.

For more information on Iowa's SACWIS, please see the beginning of this section.

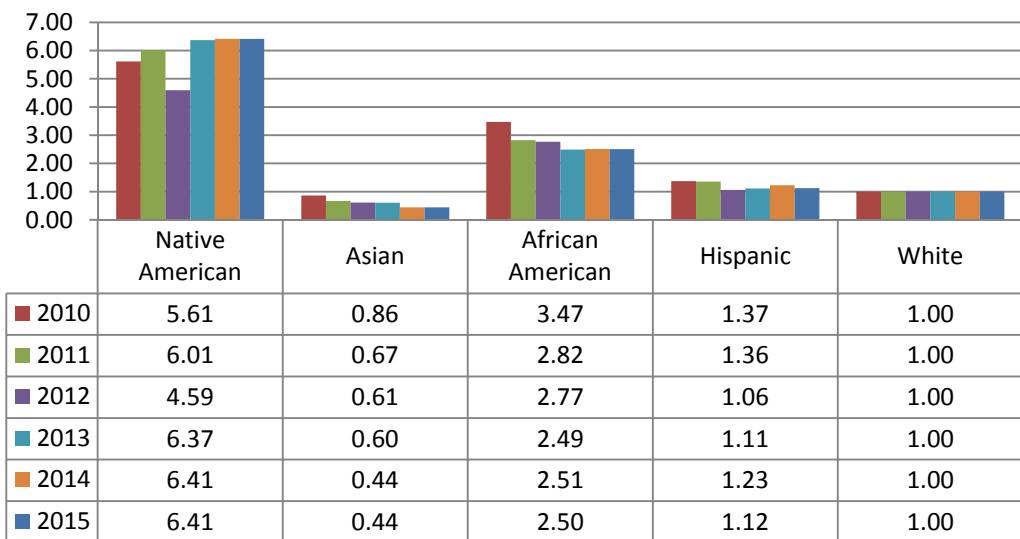
The following charts show the required data for this systemic factor:

Chart 2(a): Percentage of Iowa Child Population by Race (FFY 2009 to 2014)



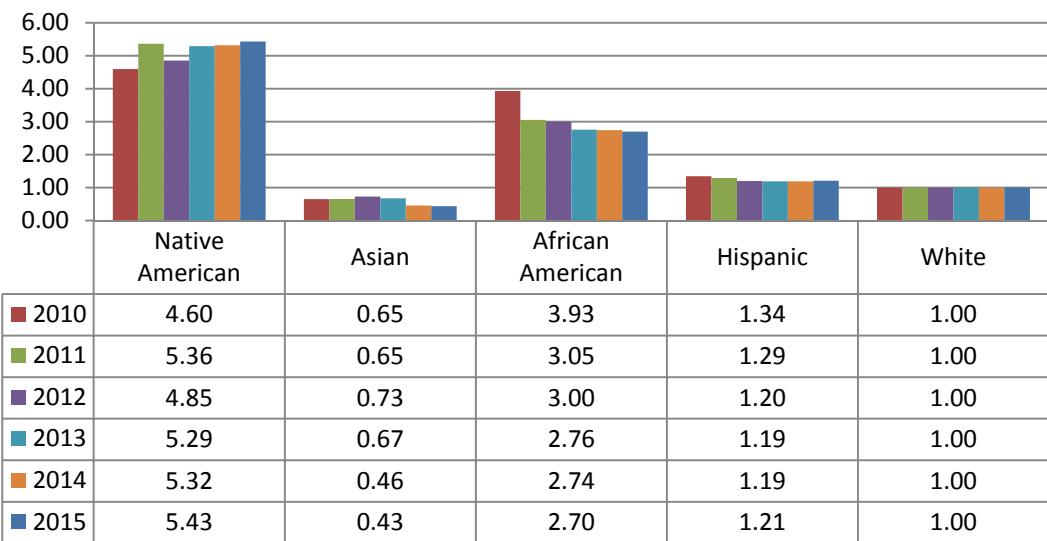
Source: Woods and Poole

Chart 2(b): Disparity Ratios of Children Entering Foster Care (FFY 2010 to 2015)



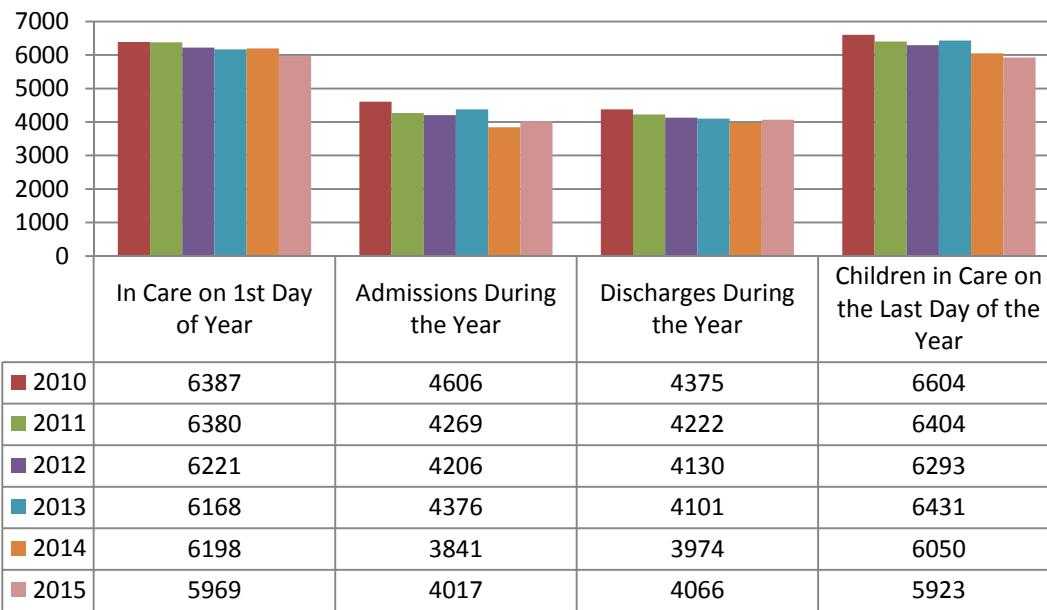
Source: Iowa SACWIS AFCARS Extracts

Chart 2(c): Disparity Ratios of Children in Foster Care on the Last Day of the Fiscal Year (FFY 2010 to 2015)



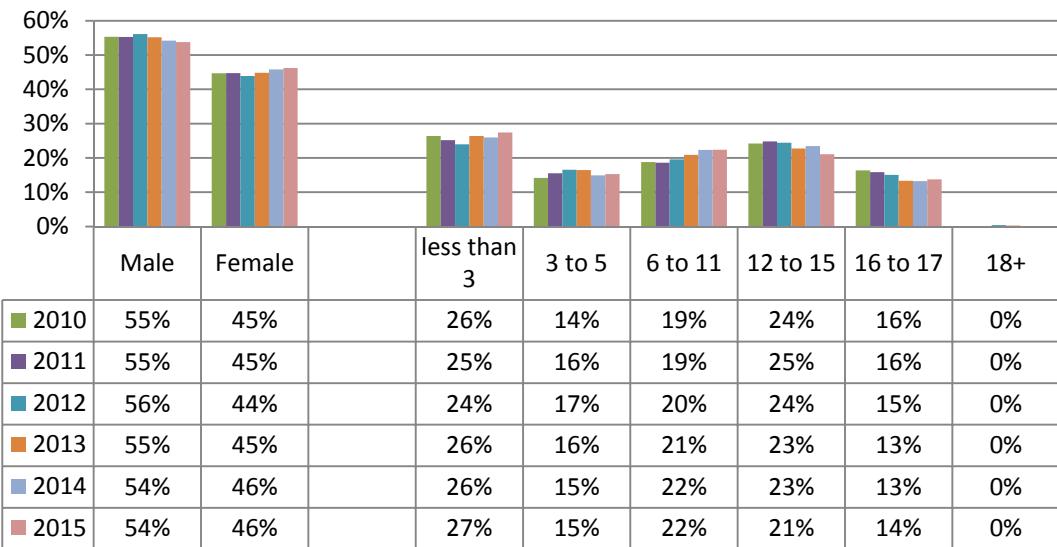
Source: Iowa SACWIS AFCARS Extracts (need W&P data)

Chart 2(d): Iowa Foster Care Population Flow (FFY 2010 to 2015)



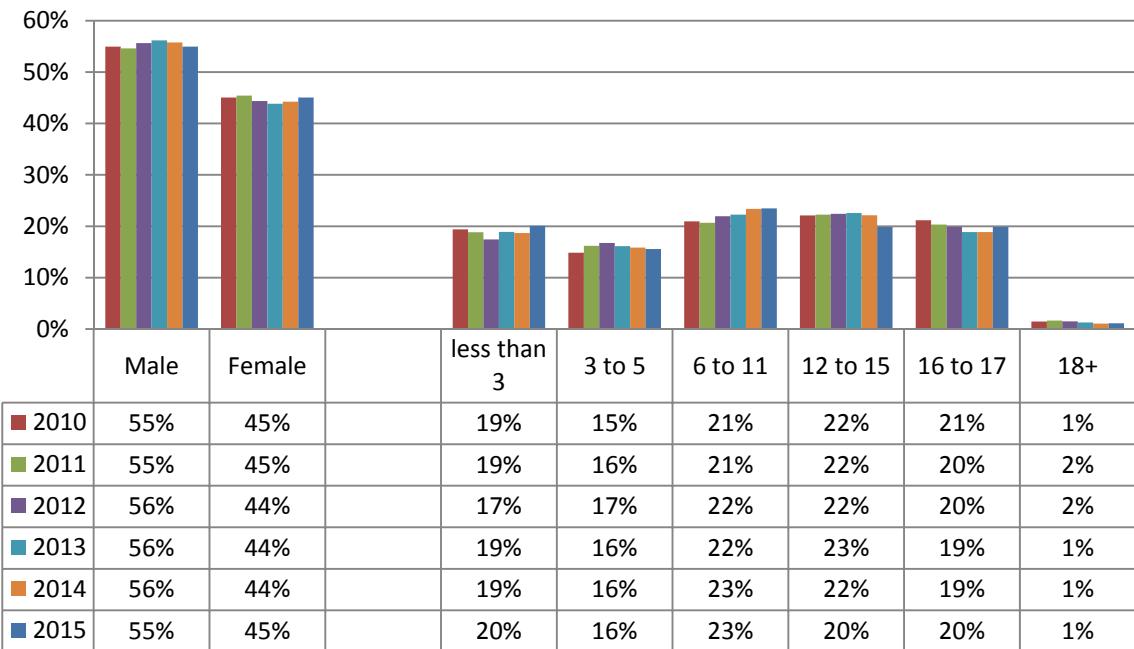
Source: Iowa SACWIS AFCARS Extracts

Chart 2(e): Gender and Age of Children Entering Foster Care (FFY 2010 to 2015)



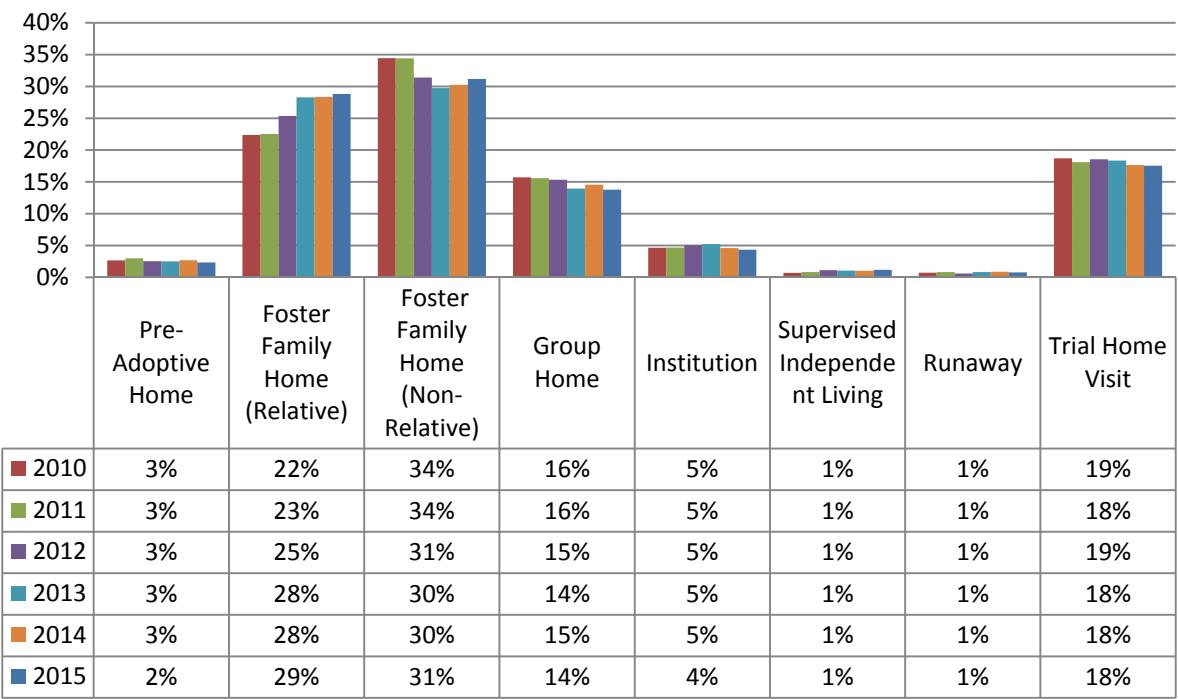
Source: Iowa SACWIS AFCARS Extracts

Chart 2(f): Gender and Age of Children in Foster Care on the Last Day of the Year (FFY 2010 to 2015)



Source: Iowa SACWIS AFCARS Extracts

Chart 2(g): Placement Types for Children in Foster Care on the Last Day of the Year (FFY 2010 to 2015)



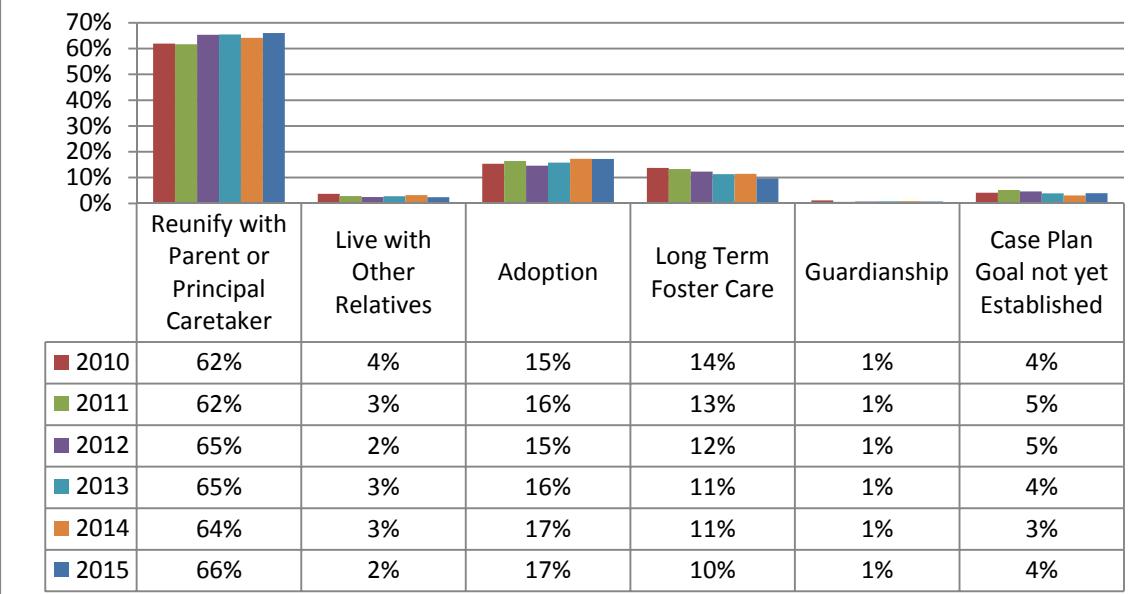
Source: Iowa SACWIS AFCARS Extracts

Table 2(j): 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
2010	16%	54%	46%
2011	16%	53%	47%
2012	15%	49%	51%
2013	14%	49%	51%
2014	15%	49%	51%
2015	14%	46%	54%

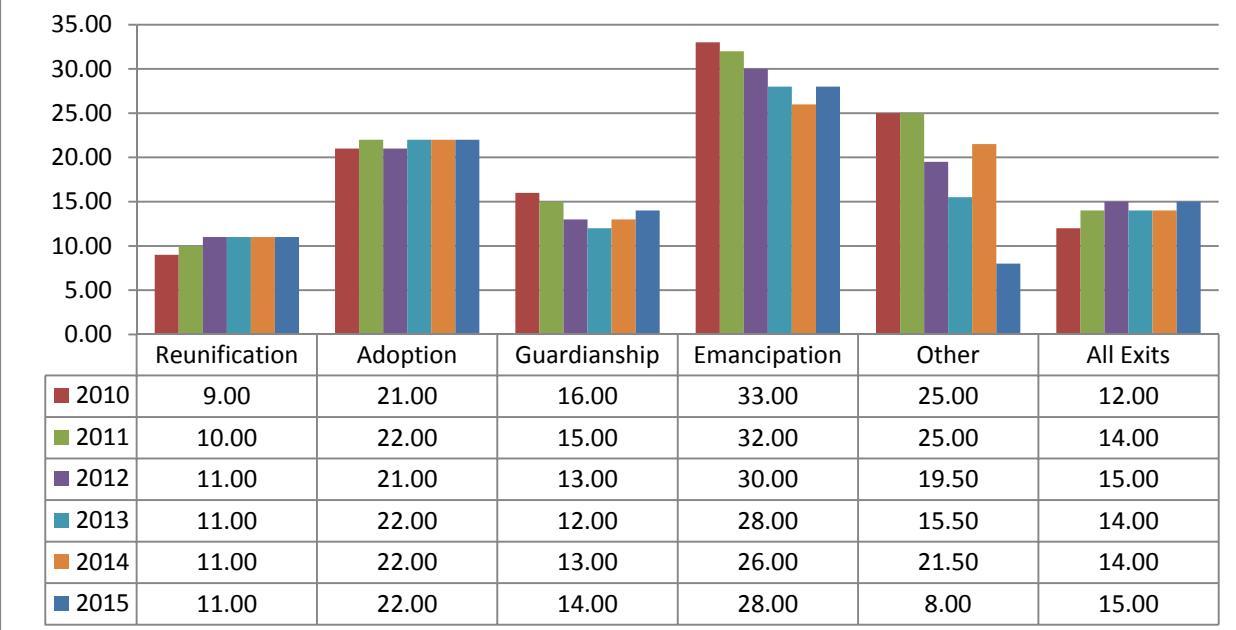
Source: DHS, SACWIS

**Chart 2(h): Permenancy Goals for Children in Foster Care
on the Last Day of the Year (FFY 2010 to 2015)**



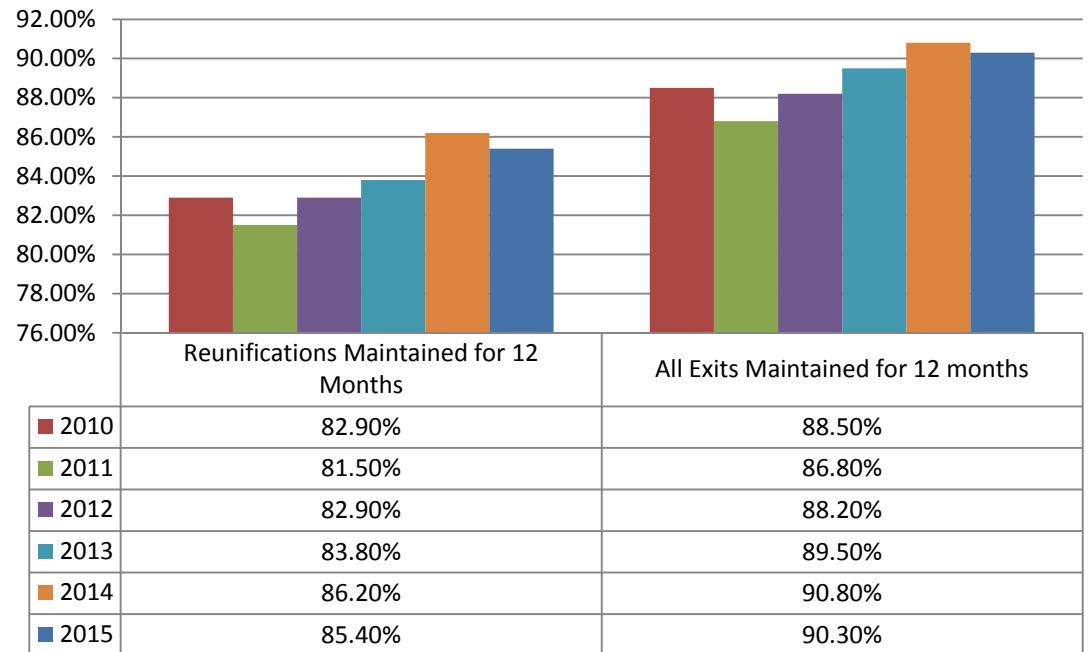
Source: Iowa SACWIS AFCARS Extracts

Chart 2(i): Median Length of Stay of Children who Exited Foster Care during the Year (FFY 2010 to 2015)



Source: Iowa SACWIS AFCARS Extracts

**Chart 2(j): Permenancy of Foster Care Exits by Type of Exit
(FFY 2010 to 2015)**



Source: Iowa ROM

DHS staff continues to collaborate with Children's Bureau (CB) staff to address outstanding items on Iowa's Adoption and Foster Care Analysis Reporting System (AFCARS) Program Improvement Plan (PIP). Iowa reviewed all outstanding PIP items and ranked them according to implementation difficulty. Iowa submitted to the CB documentation showing implementation of the system improvements to meet several of the least difficult items. CB staff is reviewing the documentation at this time. Iowa continues to work on the more difficult implementation items. An example of a difficult to implement item is foster care element 19, number of removals from home. DHS needs to investigate fixes for errors related to this item for less than 24 hour placements, removals prior to adoption and other test case findings. Iowa plans to address all outstanding AFCARS PIP items through the design and implementation of Iowa's new statewide child welfare information system.

Iowa continues to work with the CB on designing a new statewide child welfare information system. The DHS SBT participates in planning calls with CB staff and provides required documents, such as the Planning Advanced Planning Document (PAPD). Work will continue as Iowa develops its new child welfare information system, with implementation of the new system in the next five to seven years.

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.

Table 2(k): Item 13 Breakdown

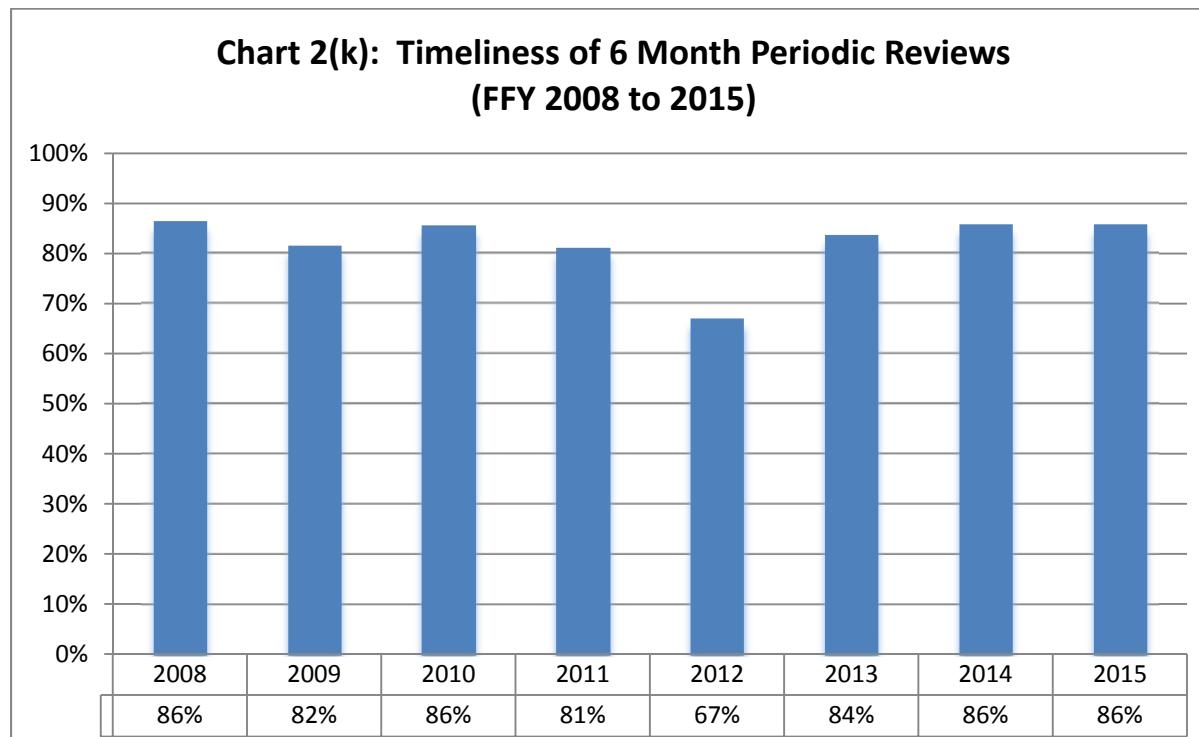
Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance
<i>Well-Being Outcome 1</i>					
13: Child Involvement in Case Planning	56.8%	43.2%	61.1%	54%	76%
13: Mother Involvement in Case Planning	78.8%	70.6%	75.8%	75%	67%
13: Father Involvement in Case Planning	56.3%	59.4%	69.2%	61%	56%

Source: DHS Case Reviews

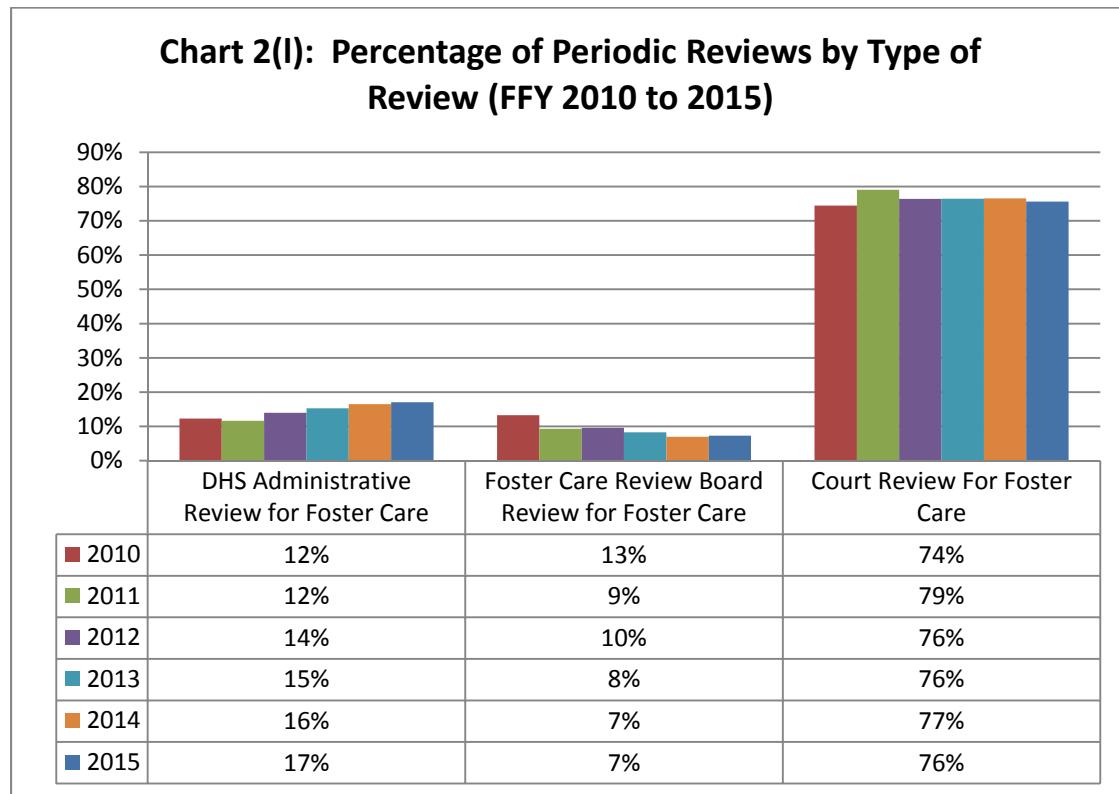
Iowa's case review data shows that Iowa continues to need to improve involving children and parents in case planning. Overall, child involvement in case planning was lower than parents, with father involvement in case planning less than mother involvement. However, child and parent involvement in case planning still does not meet the 95% federal requirement. The Child Welfare Outcome Improvement Team will be examining how Iowa can improve performance in this area as one of the first improvement activities they will undertake. These activities will be described in next year's APSR report.

For more information on this item, see Well-Being Outcomes 1, 2 and 3 previously in this section.

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 86% 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.

Permanency Hearings

Table 2(I): Timeliness of Permanency Hearings

Timeliness Indicator	FFY 2015		FFY 2016	
	Q3 (4/2015 – 6/2015)	Q4 (7/2015 – 9/2015)	Q1 (10/2015 – 12/2015)	Q2 (1/2016 – 3/2016)
Time to First Permanency Hearing*	87%	81%	77%	86%
Time to Subsequent Permanency Hearing**	94%	96%	97%	97%

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 but meets or exceeds expectations for subsequent permanency hearings. During implementation of the statewide Electronic Document Management System, court order templates were developed that were generic in nature. Some judges and clerks were unaware that those templates supported individualized modification of the hearing titles, leaving the generic "Order" which did not identify the type of hearing. When a clerk is faced with this type of order, they are frequently unable to determine the nature of the hearing without reading the entire order, leading to mistakes in data entry. Children's Justice is implementing two strategies to address this issue:

- providing training at the Clerk's Conference in September 2016, and
- forming a judicial committee to set up juvenile template orders that reflect the hearings of CINA cases.

Filing for Termination of Parental Rights

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.

Table 2(m)(1): Timeliness of Termination of Parental Rights (TPR) Petitions				
Timeliness Indicator	FFY 2015		FFY 2016	
	Q3 (4/2015 – 6/2015)	Q4 (7/2015 – 9/2015)	Q1 (10/2015 – 12/2015)	Q2 (1/2016 – 3/2016)
Time to TPR Petition*	88%	94%	80%	79%

Source: Iowa Children's Justice

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

Table 2(m)(2): Case Review Information Regarding TPR Petition Filing and Exceptions to Filing				
Case Review Item 5 Sub-Items	FFY 2015	FFY 2016		
	Q4 (7/2015 – 9/2015)	Q1 (10/2015 – 12/2015)	Q2 (1/2016 – 3/2016)	Q3 (4/2016 – 6/2016)
5F. Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?	38%	44%	57%	60%
5G. Did an exception to the requirement to file or join a termination of parental rights petition exist?	80%	80%	67%	60%

Source: DHS Case Reviews

While administrative court data shows a higher percentage of TPR filings occurred, the limited number of case reviews conducted shows that the majority of time TPR petitions were not filed timely because an exception to filing the TPR petition existed.

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.

As previously mentioned under periodic reviews in this section, Iowa also utilizes foster care review board reviews. Foster care review boards (FCRBs) comprise citizens of Iowa who volunteer their time to review cases of children in foster care and to provide recommendations to DHS and the juvenile court for that particular case. The local FCRB invites parents, youth, caseworkers, guardian ad litem, attorneys, foster parents, and service providers to attend the meeting and provide information to the board. According to the Iowa child advocacy board (ICAB) website, <https://childadvocacy.iowa.gov/staticpages/index.php?page=Locations>, 50 out of 99 counties have a FCRB.

DHS collaborated with the Iowa Foster and Adoptive Parent Association (IFAPA) to send a survey to foster parents and relative caregivers who receive their weekly email newsletter. On June 13, 2016, IFAPA sent an email with a link to the survey to 2,855 individuals on their weekly email newsletter distribution list. Out of the 2,855, 310 individuals (respondents) completed the survey (Attachment 2A – Foster Care and Relative Caregiver Survey). Below are the results from the survey:

- 83.12% of 308 respondents indicated they had a child placed with them in the last 12 months.
- Reviews:
 - 38.76% of 258 respondents indicated they had received a notice of a foster care review board meeting with respect to the child placed with them while 37.60% of respondents indicated they had not received a notice. However, a foster care review board meeting might not have been scheduled yet which could explain for some respondents not receiving a notice.
 - 65.17% of 89 respondents indicated they were given an opportunity to speak during the meeting.
 - 93.10% of 58 respondents indicated they believed their opinions were reflected in the FCRB's recommendations.
- Hearings:
 - 71.15% of 253 respondents indicated they had received notices of court hearings with respect to the child placed with them while 28.85% did not. However, one possible reason for not receiving notice might be due to a recent or short placement of the child in the caregiver's home.
 - 38.55% of 179 respondents indicated they were given an opportunity to speak during the court hearing while 31.84% responded they were not given this opportunity and 29.61% did not attend the hearing.
 - 82.35% of 68 respondents indicated they believed their opinions were reflected in the judge's recommendations.

For more information, please see Attachment 2A – Foster Care and Relative Caregiver Survey.

Quality Assurance (QA) System

At the time the CFSP was completed, Iowa 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 a plan to gather feedback from field and stakeholder forums such as the Child Welfare Advisory Committee (CWAC) and the Child Welfare Partnership Committee (CWPC), then revise and disseminate the analysis.

While the initial gap analysis was completed in 2013, DHS redirected resources to concentrate on developing and implementing a case review system to meet federal expectations. Since the last APSR, DHS staff shared the gap analysis of the continuous quality improvement (CQI) system with service area leadership for review and feedback. At that time the need for identification of focused action steps became clear in order to most effectively share the information, gather meaningful feedback, and

develop a work plan. DHS staff drafted a work plan that focuses on prioritized areas of the gap analysis. It is currently in the review and approval process.

Overall, it is clear that Iowa has many of the key elements of the system established but needs comprehensive documentation to pull all these elements together.

Primary focus areas are discussed within each section of the Quality Assurance System update.

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 services, including quality improvement initiatives within DHS. SBT identifies key performance areas for the state related to CFSR expectations through review and analysis of performance data; 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 across policy, operations and systems; and consistency in effort. Staff reviews performance on the priority items, analyzes the data, identifies trends, and adjusts strategies as needed.

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.

Integration of CQI training for new DHS staff as well as all existing staff continues to progress. Currently, training for new and existing workers and supervisors includes key elements of CQI specific to job-related activities (i.e. assessment, quality of worker visits with families, etc.). This embeds continuous improvement into the foundation of the work, promoting its daily use by workers to assess and improve their own performance. It remains a goal for Iowa to incorporate an overview of CQI in Iowa into new worker and supervisor training. The Bureau of Quality Improvement will coordinate with the Bureau of Training and Support to develop and implement training that will include:

- The role of the Bureau of Quality Improvement both statewide and service area-specific;
- Key factors that drive CQI efforts (i.e. CFSR results, Iowa case review results, key performance measures, etc.);
- Methodologies of CQI used in Iowa (PDCA, Kaizen, Mapping, Lean, etc.);
- The role of all DHS staff in identification of opportunities for improvement, development and implementation of strategies, monitoring of performance, and adjustment of strategies as needed.

Quality Data Collection

In the CFSP, Iowa established the following five-year plan to address quality data collection on an on-going basis. This plan largely hinges on the implementation of Results Oriented Management (ROM) for single source data reporting and elimination of duplicate reports, then ongoing monitoring and follow up to assure data quality and mediation of identified issues.

Iowa currently operates both an internal and public facing ROM, which examines the placement population and Child and Family Service Review (CFSR) Round 2 National Data Indicators and Composite Measures. Iowa added the in-home population to the internal version of ROM in June 2015. Iowa also planned to use ROM to measure/monitor CFSR Round 3 administrative measures by spring/summer 2015. Iowa continues to work with the University of Kansas (KU), as we and other states utilizing ROM, work towards implementation of CFSR Round 3 performance measures. Iowa anticipates rolling out internal and external CFSR Round 3 measures for internal and external users by July 1, 2016.

SBT works to assure data accuracy focusing on four main points:

- Data entry quality: Did the information initially enter the system correctly (timely and accurately)?
 - Data entry quality is probably the easiest problem to identify but is often the most difficult to correct. Entry issues occur when a person entering data incorrectly enters the data into a system. The problem may be a typo or lack of clear guidance, or a willful decision, such as providing a dummy phone number or address when factual data are unknown. Identifying these outliers or missing data is usually easily accomplished with SBT engaging analysts to use profiling tools and simple queries, and through quick quality spot checks.
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Case Record Review Data and Process

Following successful completion of the CFSR Round 2 PIP in 2014, DHS developed a new case review model for CFSR Round 3. This model included paired review teams comprising one field supervisor from each service area and the Quality Improvement Coordinator from that service area. The goal of these pairs is to generate rich discussion and observation based on diverse experience.

In late 2014, training began and DHS implemented the process fully since July 2015. This process includes:

- Monthly case reviews using the CFSR On Site Review Instrument (OSRI) and entering review information into the federal Online Monitoring System (OMS)
- Incorporation of case-specific interviews with key participants
- 150 cases reviewed over the course of 12 months
- Initial QA on all reviews, as well as a 2nd level QA review on 50% of reviews completed

In addition, DHS built into the process inter-rater reliability reviews. Seven review teams from across the state read and score the same case file in order to assess inter-rater reliability. At the quarterly reviewer meeting in April 2016, the case, reviewer ratings, and reasons behind the ratings were discussed. Specifically, the teams discussed the individual items and noted the majority of discrepancies resolved, with the remaining items to be resolved through additional interview questions of key participants. Table 2(n) shows percentages based on a ratio of the number of review teams scoring an individual item the same, prior to any QA, and the total number of review teams.

Table 2(n): Inter-Rater Reliability Review

Overall Reliability	88%
11 items	100%
3 items	86%
7 items	71%

The OMS provides quantitative data from the case reviews conducted; qualitative data collection has been more difficult to standardize. Currently review teams from each service area share qualitative data relevant to local practice with leadership teams during a quarterly debrief. Each team identifies the focus based on priorities within the area.

In addition, DHS supervisors conduct periodic focused reviews to gather quantitative and qualitative data in order to assess performance. This process continues to evolve as Iowa determines the best way to coordinate the supervisory reviews with the CFSR case reviews in order to increase leverage on monitoring and improvement strategies. Additional structure for these reviews will provide increased standardization of focused CQI activities across the state.

Iowa is dedicated to establishing a sustainable process for the long-term. In order to establish a sustainable process, DHS staff continues to evaluate the time commitment needed for the case review process, including interviews. Options for utilizing staff resources most efficiently, increasing statewide involvement in CFSR concepts related to practice, and furthering the culture of and involvement in continuous quality improvement throughout the department continue to be considered and evaluated. The value of the case reviews is at the heart of discussions and decisions related to the CFSR process and continuous quality improvement initiatives. In keeping with Lean philosophy and culture, effectiveness always trumps efficiency; maintaining the quality and integrity of the reviews is a non-negotiable foundation. Iowa has chosen to use field Supervisors to team with QI Coordinators to conduct the reviews; this is an added responsibility for Supervisors rather than replacing other expectations as Iowa does not receive funding for the case review process. As the review process expanded and required more staff and financial resources, existing positions evolved to absorb the additional expectations. Regardless of the process specifics, well-trained, experienced, and knowledgeable reviewers will always be the foundation of Iowa's reviews. Iowa uses existing/funded positions, which is now and expected to remain sustainable.

Analysis and Dissemination of Quality Data

Iowa has multiple systems capable of reporting on collected data including CFSR factors; state-identified key performance measures; other foster care and child protective systems; related reports through ROM; case review data and reporting; ad hoc reports as needed; and survey data. These reports are accessible to all managers through on-line reporting resources. Rather than waiting for a report to be generated for

them, users of these systems are able to choose their parameters and run their own reports to assist with management through evaluating current performance as well as trend data over time. Iowa has some goals regarding data that affect analysis and dissemination of data (please refer to Quality Data Collection above).

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.

Iowa is using the OMS to extract data from the case reviews conducted. Staff generates quarterly reports based on the data from the OMS. However, the reports must be manipulated following extraction in order to put the data in a format that is easily understood, allows for comparison across geographic areas of the state, and provides longitudinal information to assess performance trends both by service area and statewide.

The Service Business Team (SBT) is responsible for setting the focus for statewide initiatives and monitoring performance improvement in those areas; information on these focus areas is updated and reports shared monthly with all service areas; this maintains the consistency of the measure definition and the monitoring statewide. In addition, service area leadership teams may identify a focus specific to their region. They are able to utilize existing systems to collect data from reports routinely available; if the information they require is not available they can request an ad hoc report from the Quality Improvement Bureau tailored to their needs.

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 continues to be posted on the DHS website with contact information if stakeholders have questions and/or comments. As mentioned in the Collaboration Section, stakeholders requested we engage them in their expertise areas. The most efficient way to do this is to utilize existing collaborations. DHS continues 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 Iowa Children’s Justice State Council, the Iowa Children’s Justice Advisory Committee, etc. Please see *Section I, Collaboration; Section III, Services Description Update; and Section IV, Chafee*.

Staff and Provider Training

Staff Training

DHS offers, through the educational resources of the consortium with Iowa State University (ISU), contractors, and DHS staff, educational programs, courses, conferences, workshops, and seminars, which enhance and develop employee competencies and increase the effectiveness of IV-E services. During SFY 2015-2016, there were **114 live offerings** attended by **3,388** staff and providers.

Performance Assessment

Pre- and Post-Testing

Pre-and post- tests implemented in the new worker orientation courses measures the effectiveness of coursework and also assists to determine where content, format, and/or delivery adjustments need to be made.

Training staff analyze the pre- and post-tests on an annual basis, which provides data about the validity of the questions. The analysis results are in the specific coursework in the Program Support Section.

Post-Training Evaluation Survey

The process for evaluating the effectiveness of training also includes the use of a standardized Post-Training Evaluation Survey for all coursework. The survey must be completed to earn credit for taking the course. This approach ensures a significant amount of quantitative and qualitative feedback is collected to measure how closely the training meets the needs of staff. Key questions in the survey that target efficacy include:

- I will be able to apply on the job what I learned during this session.
- Information presented during this training met my individual professional needs for my position.
- How likely is it that you would recommend this training to another person in your position?
- What aspects of the training could be improved?
- What elements of the training did you find most valuable?

Follow-Up Phone Surveys

Training staff conduct a 30-day follow-up phone survey after the completion of *CP 200 Basic Training* and *SW 020 Foundations of Social Worker II Practice* with the new worker and their supervisor. During the follow-up, staff review completion of the required online coursework as well as provide 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 timeframes. This information is cross-referenced in the Program Support Section.

There are multiple avenues for a new worker to receive support if he/she needs supplemental coaching after completing the new worker training. The course of action is specific to the needs of the learner and may include:

- The worker can go through the training or parts of the training a second time.
- The supervisor has the option of reaching out to the trainer to identify specific topic areas where the staff member could use extra coaching.
- Supervisors frequently pair new workers with tenured staff to supplement learning.
- The Des Moines Service Area specifically employs SW4s who are responsible for coaching and mentoring new staff.
- New workers can always reach out to the trainers directly for coaching.
- The Service Help Desk is available to provide case consultation in areas where they may need clarification.

The feedback provided during these follow-up phone surveys occur a month after the training. This reflection period allows the worker to assess the applicability of the content to the job. As an extension of this approach, a new process for the coming year will be to complete follow-up phone surveys on a number of courses for ongoing staff. Iowa State University and subcontractors collect the feedback provided in the follow-up phone surveys for new worker training. The information is then put into a monthly report provided to DHS training staff, which is then used to inform and enhance training.

For more information, please see Attachment 2B – Phone Survey on New Social Worker Training.

Learning Needs Survey

A Learning Needs Survey is a tool disseminated to SW2s, SW3s, and Supervisors to assess training needs associated with core job competencies. In November of 2015, DHS released a newly updated Learning Needs Survey to the field. The DHS Training Committee provided the recommendations for updating this tool so that it comprehensively addressed the most relevant content areas for training. Another change made to the Learning Needs Survey will be to distribute it on an annual basis versus biannually to more closely reflect the changing learning needs of staff.

Training staff utilize the results to inform the development of new, in-depth trainings and to determine the extent to which previously developed trainings continue to be 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.

New Worker Training

Requirements

Initial curriculum designed for newly hired DHS staff and supervisors is based on competencies and skills needed for their position. DHS staff must participate in an initial in-service week-long training relevant to their position prior to case assignments. If 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 must 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 number of measures are in place to ensure that newly hired DHS staff are in compliance with the training plan requirements, including:

- Iowa State University conducts an orientation with each new worker, during which new staff register for the required coursework in the training plan.
- Field Training and Operations staff tracks and monitor course completion via certificate of completion reports.
- Supervisors receive the reports and follow up with staff to ensure they are completing the required coursework.

Systemic Factor

From April 2015 – March 2016, there were 66 staff members who participated in the new worker orientation courses.

During this timeframe, Iowa did not track timely completion of initial new worker training requirements at an aggregate statewide level. DHS recently developed the report format for exporting all courses attended by staff into a data table. Effective July 1st, 2016, supervisors and administrators will receive a monthly report allowing them to track and manage staff training much more effectively, ensuring that new workers complete required coursework within timeframes. This same report will allow DHS to report data on this item in the 2017 plan update.

New Worker Training Coursework

Thirty-eight (38) of the 114 live course offerings were 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
- CP 201 Basic Training for Intake Workers
- DA 202 Fundamentals of Dependent Adult Abuse
- 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

The duration of these courses vary based on topic. The list of courses represents all of the required new worker trainings. Some of the courses listed are specifically required for SW2s (ongoing social work case managers) and not SW3s (child protective workers); whereas some of the courses are required for SW3s and not SW2s. The tables below delineate the job classification required to attend the course as well as the duration.

Table 2(o)(1): Required Coursework for SW2s

#	Course	Modality	Days
SP 150	Child Welfare in Iowa	Webinar	3
SP 300	Application of Legal & Medical Issues in Child Abuse	Classroom	3
SP 301	Impact of Domestic Violence & Substance Abuse Issues	Classroom	2
SP 533	Shared Parenting: Family Interaction	Classroom	1
SP 534	Family Team Decision-Making	Classroom	3
SP 535	Assessing throughout the Case	Classroom	2
SW 020	Foundations of Social Worker 2 Practice	Classroom	5
SW 071	Legal Aspects of Social Work	Classroom	2
SW 072	Testifying in Juvenile Court	Classroom	1
SW 073	Permanency & Termination of Parental Rights	Classroom	1

Table 2(o)(2): Required Coursework for SW3s

#	Course	Modality	Days
SP 150	Child Welfare in Iowa	Webinar	3
CP 200	Basic Training for Child Protection Workers	Classroom	5
CP 201	Basic Training for Intake Workers	Classroom	1
DA 202	Fundamentals of Dependent Adult Assessments	Classroom	1
SP 300	Application of Legal and Medical Issues in Child Abuse	Classroom	3
SP 301	Impact of Domestic Violence & Substance Abuse Issues	Classroom	2
SP 533	Shared Parenting: Family Interaction	Classroom	1
SP 534	Family Team Decision-Making	Classroom	3
SP 535	Assessing throughout the Case	Classroom	2

Ongoing Training

Requirements

After the initial 12 months with DHS, staff must complete 24 hours of training in child welfare on an annual basis.

Systematic Factor

From April 2015 – March 2016, there were 634 staff members who participated in the ongoing coursework.

During this timeframe, Iowa did not track timely completion of ongoing training requirements at an aggregate statewide level. DHS recently developed the report format for exporting all courses attended by staff into a data table. Effective July 1st, 2016, supervisors and administrators will receive a monthly report allowing them to track and manage staff training much more effectively, ensuring that staff complete required coursework within timeframes. This same report will allow DHS to report data on this item in the 2017 plan update.

Ongoing Training Coursework

An additional 67 live course offerings were for both new and ongoing social work staff as well as providers. These courses include:

- Human Trafficking Webinar
- Reasonable and Prudent Parent Webinar
- Transition Planning for 14+ Webinar
- CC 357 Family Interaction Planning
- CC 358 Documentation: Who, What, When, Where, and How?
- DA 021 Substitute Decision Making
- DA 022 Aging and Disability Resources
- SP 302 Advanced Medical
- SP 304 Case Law, Statutes and Federal Law
- SP 403 All Roads Lead to Safety: Strategies to End Trafficking in Iowa
- SP 434 Youth Transition Decision-Making
- SP 460 Immigrants, Refugees and Child Welfare Practice
- SP 539 Facilitating FTDM with Domestic Violence
- SP 541 Child Interviewing
- SP 542 Motivational Interviewing
- SP 548 Advanced Domestic Violence with Safety Planning
- SP 525 Community Meeting – Overview of Safe and Together
- SP 526 Safe and Together – Authoring Domestic Violence Informed Allegations
- SP 625 Academy Training – Safe and Together Model
- SP 634 Coaching FTDM & YTDM Facilitators
- SW 321 Legislative Update & Appellate Court Decisions
- SW 341 ICWA Basics & Enhancing Cultural Competency Skills with Native Americans
- 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 507 Race: The Power of an Illusion – The House We Live in
- SW 603 Sexual Abuse

Supervisory Training

There were nine live offerings for supervisors to enhance their skills in developing employee competencies and enhance child welfare services; courses include:

- SP 806 Iowa Child Welfare Supervisory Practice
- SP 825 Safe and Together Model Supervisor Training
- SP 851 Mental Health, Substance Abuse, and Domestic Violence for Supervisors
- CC 866 Quality Case Visits in Child Welfare
- CC 867 Family Interaction Planning
- CC 868 Domestic Violence

Self-Instructional Online Training

Two-thousand-four-hundred-fifty-nine (2,459) staff members utilized the self-instructional online courses. The online self-instructional courses include:

- HS 001 Confidentiality is Key
- HS 003 Confidentiality Part 2: HIPAA & Security
- DS 168 Dependent Adult Abuse Mandatory Reporter Training
- DS 169 Mandatory Child Abuse Reporter Training
- SP 100 Overview of Child Welfare
- SP 103 Legal Fundamentals
- SP 104 Medical Fundamentals
- SP 105 Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals
- SP 106 Domestic Violence
- SP 107 Impact of Child Abuse on Child Development
- SP 202 Quality Case Documentations and Worker Visits

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 help improve Iowa's child welfare system to achieve safety, permanency, and child and family 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 workgroup, the Child Welfare Partners Committee (CWPC) Joint Training workgroup, and the DHS Training Committee. The Training Academy Coordinator is a member of and actively participates in all three (3) workgroups/committee as well as any identified subcommittees.

- The Training Academy workgroup supports, guides and furthers the purpose, focus and vision of the Child Welfare Provider Training Academy.

- The CWPC authorized the CWPC Joint Training workgroup to recommend and support training which ensures an effective collaborative public-private practice model.
- The DHS Training Committee coordinates 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 training provided to DHS and partners around the state.

During the time period of April 2015 –March 2016, the Training Academy delivered a total of 46 in-person trainings throughout the state in three regions: western, central, and eastern. The Training Academy reached out to a total of **1,201** staff in the following topic areas:

- Trauma Informed Care: Understanding Trauma – Level 1(Foundation)
- Trauma Informed Care: Understanding Trauma – Level 2 (Self Care)
- LGBTQ Basics and Best Practice
- Basic Engaging Youth and Families
- Confidentiality, Subpoenas, Courtrooms, Attorneys
- Facebooking, Googling and Tweeting-Cyber Ethics
- Everyday Ethics for Social Workers
- Generations Next 2.0 Surviving and Supporting Through Teen Toxic Culture
- Drugs and The Brain
- Motivational Interviewing - Preparing Clients for Change
- Anger Resolution
- Beyond Bully
- Ins and Outs of Power Struggles
- Bridges Out of Poverty
- Behavioral Management: Working with Children With Behavioral Problems

On September 23, 2015, the Training Academy developed and provided a training plan for SFY 2016 to DHS, with a revised plan provided to DHS on October 15, 2015. 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 Training Academy provides in-person trainings throughout the state comprising either a six (6) hour course, or two three (3) hour courses with one held in the morning and another in the afternoon. The design of these courses responds to identified training topics/needs of child welfare service providers. The courses reflect 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 2015 – March 2016, of all the in-person trainings, **96.5%** of the attendees reported on their evaluations that the information provided during the training met their needs and was useful to their job.

The Training Academy workgroup believes that workforce training is not a “one and done” proposition, so the workgroup members recommended enhancing the in-person trainings through “blended learning” trainings.

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

- On-line Course: The attendee must complete this course prior to attending the in-person training. This part of the training includes a power point presentation and 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 on-line course. The in-person training is provided in at least three (3) regions 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.

On-line Learning: The Training Academy purchased Relias Learning Management System. Relias Learning is an on-line training library and event management system. This learning management system offers a maximum of 700 staff users the opportunity to be a part of Relias Learning. The number of staff users increased from 500 to 700 under the new contract due to an increased interest in usage. All agencies that currently have 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.

During the time period of April 2015 – March 2016, the Training Academy collaborated with Four Oaks to enhance the educational on-line opportunity to child welfare service providers across the state. The collaboration 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 body's standards, such as the Council on Accreditation.

During the time period of April 2015 – March 2016, an average of 15 of the 17 active child welfare service provider agencies completed 2,159 on-line courses for a total of 3,389.25 credits earned by 1,008 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 700 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:

- Autism Overview
- Evaluation and Treatment of Mental Health Concerns Common in Childhood and Adolescence
- Professional Ethics for Social Workers
- Motivational Interviewing
- Calming Children in Crisis
- Blood-borne Pathogens
- Diagnosis and Treatment of Anxiety Disorders
- Cultural Diversity
- Time Management
- Working with Parents: Communication, Education, and Support
- Case Management Basics
- Stress Management for Behavioral Professionals
- Group Facilitation Skills

Understanding Trauma/Trauma Informed Program: The Training Academy continues to collaborate with the Midwest Trauma Services Network (MTSN) for Understanding Trauma/Trauma Informed Program and training of coordinators.

The Training Academy 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 Program. This goal was to create common language across all child welfare service providers and other partners.

During the time period of April 2015 – March 2016, the Training Academy provided another “Trainer of Coordinators” program to increase the Foundation-Level 1 Coordinators and the Self Care-Level 2 Coordinators. This is to help individuals 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 two (2) participants in the Level 1 program and one (1) participant in the Level 2 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 MTSN staff,
- Attend and co-facilitate one Level 1 or Level 2 training with MTSN staff, and

- Attend and facilitate one Level 1 or Level 2 training with MTSN staff as coach and mentor.

The Coordinators gain:

- The knowledge, skills, and experience to deliver the foundational trauma informed training (Level 1 or Level 2).
- The opportunity to be coached/mentored by staff of MTSN – 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 eleven (11) Trauma Informed Foundation-Level 1 and ten (10) Self Care-Level 2 Coordinators who facilitate Understanding Trauma/Trauma Informed Program 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 2015 – March 2016, the Trauma Informed Coordinators held **38** Foundation - Level 1 trainings and trained **644** individuals from their respective agencies as well as community partners. The Trauma Informed Coordinators held **29** Self Care - Level 2 trainings and trained **353** 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. The website continues to undergo updates and enhancements as necessary. During the time period of April 2015 – March 2016, the Training Academy designed and updated the website which is available at www.iatrainingsource.org. The website updates allow individuals a complete user-friendly searchable training database. Website users may search trainings by service area, date, topic, or specific group. The Training Academy website also links with other collaborative training opportunities and training sites. The intent of the website is to focus on becoming the “one stop shop” for all trainings that are available to child welfare service providers and other child welfare partners in Iowa.

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. Table 2(n)(1) shows data related to the R&R contract.

Table 2(p)(1): Pre-Service Training (PS-MAPP) – SFY 2012-2016

State Fiscal Year (SFY)	Number of Responses	Percentage who indicated the training – Helped me prepare for & decide about fostering & adopting
SFY 2012 (Quarters 2-4)	297	99.30%
SFY 2013	450	99.75%
SFY 2014	492	99.00%
SFY 2015	438	97.50%
SFY 2016 (Quarters 1-3)	335	97.30%

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.

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. IKN staff survey families after they complete PS-MAPP training to determine if the training was effective and helped them prepare for the challenges of fostering. An average of 97% of these families stated PS-MAPP helped them prepare for and decide about fostering and adopting. Once licensed, foster parents 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 areas with trainings scheduled throughout the year and across the state. Iowa KidsNet continued to provide Caring for Our Own pre-service training for relatives in the Des Moines and Cedar Rapids areas, with an additional session held in Des Moines. Caring for Our Own will be expanded statewide in SFY 2017 with at least one session held in each service area. These sessions will be in addition to PS-MAPP. Currently Caring for Our Own replaces PS-MAPP sessions in Des Moines and Cedar Rapids.

The new Support Services for Resource Families contract required a minimum of sixty (60) in-service trainings per each contract quarter but the contractor exceeded this expectation. The contractor provides two conferences each year; one held consistently in Des Moines (Des Moines Service Area), and in the past two years, a Fall conference held in Waterloo (Northern Iowa Service Area). This coming Fall, the conference will be

in Coralville (Cedar Rapids Services Area), which is adjacent to the Eastern Service Area.

Iowa Foster and Adoptive Parent Association (IFAPA) Training Accomplishments for FY 2015-2016:

- Offered 117 unique courses and a total of 323 training sessions statewide:
 - 3,659 individuals participated in a three or six hour training
 - 727 individuals participated in a two hour support group training that utilized IFAPA training materials
- IFAPA currently sub-contracts with 55 individuals who provide two, three and six hour trainings for IFAPA.
- IFAPA piloted a six week in person training series through a partnership with Iowa KidsNet on attachment, dysregulation and trauma with a therapist who specializes in attachment therapy for foster and adoptive families in northeastern Iowa. Though each weekly topic could stand alone, IFAPA encouraged foster and adoptive families to attend all six weeks in their entirety to receive maximum benefit. This training series was both well attended and well received by the families in this area. Due to the contract ending June 30, 2017, the series will not be offered again.
- As a result of focusing on trauma informed care, approximately 90% of IFAPA trainings have an element of trauma informed care or are completely trauma informed.
- IFAPA hosted the 2nd annual conference in Waterloo, IA on October 16-17, 2015. Eighty (80) individuals participated, attending 16 unique courses with trainers from Minnesota, California and Iowa.
- IFAPA hosted the 43rd annual conference in Des Moines, IA on April 8-9, 2016. Two-hundred-eighty-nine (289) individuals participated, attending 20 unique courses with a variety of training topics and presenters, including a keynote speaker from New Hampshire.
- 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. Dr. Matibag also presented on the topic of human trafficking at the 2016 spring conference. In addition, IFAPA co-sponsored a total of five mini-conferences, three of which were with ASK Resource Center, which focused on education and transition planning for youth transitioning to adulthood from out of home care. The Training Coordinator will co-present with Kelli Noveshen, Iowa Aftercare Program, on Planning for Successful Transitions, for youth and foster parents to attend together at the ASK Resource annual conference, Together We Can, in Des Moines on May 7th, 2016. The Training Coordinator also held a training of trainers in March 2016 to prepare new trainers working in the Aftercare program to present this transition training for the mini-conferences across the state and for foster parents to attend through IFAPA's regular training offerings.
- The updated version of IFAPA's Preventative Practices II: Minimizing the Risk of Abuse Allegations course will be held in June 2016. Along with this course update, IFAPA will update their Child Abuse Assessment brochure.
- During FY 2015-2016, IFAPA started the process of offering a web-based training for foster parents to complete the mandated Reasonable and Prudent Parent

Standard training. IFAPA's Training Coordinator developed this course and it features DHS Foster Care Program Manager Heather Davidson as the trainer. This web-based course is approximately 30 minutes in length and designed to be viewed on the internet; however, IFAPA made the training available on DVD as needed for those unable to view the training online or to be shown in a group setting. The Training Coordinator developed the course using software specifically designed for web based trainings and presentations called Articulate Storyline 2. To date, over 25% of foster parents in the state completed the training.

Training Activities Planned for FY 2016-2017:

- For FY 2016-2017, IFAPA will continue to add additional trainings and trainers. IFAPA will host the 3rd annual fall conference in Coralville, October 28-29, 2016.
- During FY 2016-2017, IFAPA will continue to explore opportunities to create and implement webinar/web-based trainings. There is 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. They are currently exploring a partnership with the local and statewide Connections Matter project to offer a brief, easily digestible web based training geared to foster and adoptive parents on the project's research based message on the connections between the developing brain, supportive relationships and community connections to nurture and support the health and well-being of children and families.
- IFAPA received an additional \$30,000 for training from the Chafee fund. IFAPA will use this money to continue their 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 will continue 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 VIII: Consultation and Coordination Between States and Tribes as well as the Targeted Plans mentioned in Section X.

In addition to the collaborations mentioned in the sections noted above, DHS child welfare staff also collaborated with the federal Office of Child Support Enforcement (OCSE) to provide information on Iowa's child welfare experience with the Federal Parent Locator Service (FPLS) to Region VII states (Iowa, Nebraska, Kansas, and

Missouri) during a joint child support and child welfare Region VII conference call. The FPLS allows child welfare staff, who have access, to search several federal national databases for the purposes of locating parents, relatives, and youth who have aged out of Iowa's foster care system. OCSE staff also requested Iowa child welfare staff submit an article regarding our experience for the national OCSE newsletter.

In addition to collaborating with DHS child support staff, child welfare staff also continued to collaborate with DHS Medicaid staff to ensure that, as Iowa's Medicaid shifted to private administration, foster care children's medical care would continue without interruption or difficulties. At the time of this report, the transition appears successful with no interruption or difficulties for Iowa's foster care children.

DHS child welfare staff and DIA Iowa Child Advocacy Board (ICAB) staff continue to collaboratively work together on foster care administrative reviews. We continue to enhance processes in regards to timeliness of reports, with some improvement noted. ICAB staff continues to meet, as needed, with Service Area Managers (SAMs) and Social Work Administrators (SWAs) to discuss any issues related to implementation of the new protocol and other topics of mutual interest. Additionally, ICAB and DHS staffs continue to discuss potential changes to the Iowa Code related to clarification of data that can be shared and other needed changes. The DHS Service Business Team (SBT) also will meet with ICAB staff in June 2016 to discuss FCRB reviews and related data.

As evidenced by information mentioned above and information referenced 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 Iowa's 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. Service areas may or may not track the number of waivers. The majority of the waivers are for waiving pre-service PS-MAPP training for relative placements, with a few waivers due to foster

parents who left and then returned to be foster parents again. Central office staff receives copies of the waivers from some of the service areas but not all of them.

The DHS local licensing worker may request an exception to policy (ETP) 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. There were 10 non-safety licensing ETPs requests and 10 ETP approvals within the last year.

Shelter and Group Care Facilities: DHS signed a Memorandum of Understanding with the Department of Inspections and Appeals (DIA) for the initial licensure survey, annual and other periodically scheduled onsite visits, unannounced visits, complaint investigations, and re-licensure surveys of emergency juvenile 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 licenses, certificates of approval, 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 are rarely 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 to be corrected by the licensee. Services continue under a provisional license when 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 2015, DHS issued one (1) provisional license. This was a significant decrease over 2014, indicating a return to a more common annual number of provisional licenses.

Each provisional license is due to discovered licensing deficiencies serious enough to require corrective actions but do not place youth in care in unsafe conditions. All of the provisional licensees returned to full licensure status within time periods comparable to the description above.

Table 2(p)(2): Provisional Licenses Issued to Shelter and Group Care Facilities	
Calendar Year (CY)	Number of Provisional Licenses Issued
2016 (through 3/31/16)	0
2015	1
2014	8
2013	1

2012	1
2011	1
2010	2

Source: Iowa DHS licensing records

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 (The home study licensing worker selects and contacts three additional references.)
- 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. Until Iowa KidsNet receives all required documents, a packet is not complete. DHS will not issue a foster home license unless all record checks are completed.

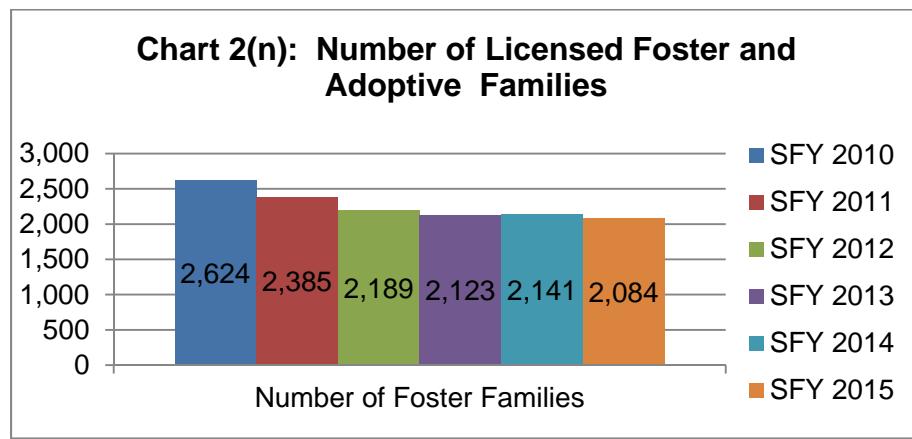
Diligent Recruitment of Foster and Adoptive Homes

Iowa KidsNet is responsible for developing annual, service area specific plans that include strategies and numerical goals for each service area. The contract manager reviews the plans for a statewide view of recruitment and retention needs. The data shows 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. Successful strategies 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. DHS expects resource families 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. The contractor receives data throughout the year to inform and drive the development of each year's recruitment and retention plan. The Service Area Recruitment Teams review the initial plan, and meet at least quarterly during the year to review data, strategies, and activities to monitor progress toward stated recruitment and retention goals. The DHS contract manager reviews all service area recruitment plans, which then provide input into the statewide diligent recruitment plan.

Chart 2(n) shows that, over the last five years, Iowa experienced an overall decline in licensed foster and adoptive families. Iowa KidsNet screens families from initial inquiry to licensure or approval to help ensure families are the right fit for fostering. Families who are not a good fit for foster care are counseled out throughout the initial licensing process.



Source: DHS, SACWIS

In SFY 2015, Iowa Kids Net exceeded the net gain target for the total number of licensed foster families in four out of five service areas. Iowa Kids Net also exceeded the net target gain in non-white licensed foster families in four out of five service areas. However, the overall total number of licensed foster families decreased slightly statewide from SFY 2014, likely due to a few families withdrawing their license.

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

- 46% Due to adoption;
- 30% Due to personal reasons such as job change, moving, retirement, health concerns or family concerns;
- 14% 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
- 3% 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, 42% of withdrawing foster families were either caring for relatives, only providing respite, or were not otherwise available to be matched to a child in need of foster home care.

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. Each service area established recruitment and retention targets to increase the number of non-white families in the service area based on the race and ethnicity of the children entering care. In SFY 2012, DHS measured Iowa KidsNet 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 2(p)(3) and 2(q) 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 2015.

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	41	8	0	14	5	68
African American	52	100	63	103	113	431
Asian	6	1	3	0	13	23
Native Hawaiian/Pacific Islander	1	1	1	1	1	5
Multi-Racial	34	29	33	74	47	217
All Other	26	33	22	15	120	216
White	650	534	317	496	457	2454
Hispanic	127	82	23	70	72	374

Source: DHS SACWIS

Table 2(q): Number of Foster Families by Race and Ethnicity – End of SFY 2015

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	1	1	1	0	0	3
Asian	0	0	1	2	1	4
African American	4	9	5	19	36	73
Native Hawaiian	0	0	0	1	0	1
Hispanic	5	2	1	1	8	17
Multi-Racial	20	20	16	16	17	89
All Other	1	2	0	2	2	7
White	408	393	198	417	474	1890

Source: DHS SACWIS

The contract performance measure changed starting in SFY 2014 due to the difficulty of establishing firm targets as the number of children fluctuated. The measure currently is 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 2(r) shows the baseline and targets.

Table 2(r): Foster Family Baseline (SFY 2015), Targets (SFY 2015), and SFY2015 Achievement

Service Area	FY15 Baseline All Foster Families	FY15 Target All Foster Families	Achieved	FY15 Baseline Non-white Foster Families	FY15 Target Non-white Foster Families	Achieved
Western	423	435	439	23	24	30
Northern	402	414	427	29	30	32
Eastern	214	220	222	21	22	24
Cedar Rapids	459	472	458	36	37	38
Des Moines	513	529	538	66	67	62
Total	2012	2079	2084	175	180	186

Source: DHS SACWIS

SFY 2016 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.
- Service area leadership share at a statewide level key strategies and successes to promote replication across the state.

There are several strengths identified in the past year regarding the recruitment and retention contract. 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 conduct regularly scheduled meetings to discuss capacity, concerns regarding specific foster families, and to develop, implement and monitor 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, 2016, there were five Native American families licensed in the Sioux City area. Information sessions continue regularly to create community awareness and generate interest.

There also are opportunities for improvement. The most significant is the 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. A sufficient number of families willing to care for teens is another. While Iowa achieved 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 discuss concerns about capacity, especially regarding keeping children in close proximity to their home and community and keeping children stable in the foster family home.

Data driven recruitment and retention plans are based on the geographic areas where children come from and demographic information about the children coming into care. DHS and Iowa KidsNet share data to set recruitment and retention targets. While recruitment and retention efforts continue to be needed across the state, Iowa KidsNet has focused activities in geographic and demographic areas of need.

State Use of Cross-Jurisdictional Resources for Permanent Placements

The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement between states that provides for the safety and protection of children in out of state

placements. ICPC Rules and Regulations, adopted and enacted by each state, govern the policies and procedures, which must be followed when placing children across state lines. The Rules and Regulations also include directives as to a state's financial responsibility in continuing to provide financially for the welfare of the children they place.

Services under ICPC include a preplacement home study of the proposed placement resource in the receiving state. A home study assesses the safety of the home and to ensure that the placement can meet the individual needs of the child. Once the home is approved and the child placed, the receiving state provides post placement supervision and reporting until achievement of permanency and supervision is not required or until the child returns to their home state. If a child placed experiences a disruption in the placement, the receiving state will assist in returning the child to their state's jurisdiction.

Iowa's ICPC unit is part of the DHS and located within the DHS' administrative office in Des Moines. Iowa's foster care recruitment and retention contractor receives and completes the majority of the home studies requested through ICPC. There is a 60 day timeframe for processing and completing parent and/or relative home studies.

Provisions exist under ICPC Regulation 7 for expedited cases in which a home study must be completed within 20 business days. An internal computer program is used to record the date a home study packet is received at the Iowa ICPC office and the dates that the request is forwarded to the field and received back. The date that the completed home study is sent back to the requesting state is also documented.

The following data provides information for Iowa's out of state and in state placements of children from February 1, 2015 through April 30, 2016, including the number of ICPC home studies completed during this time frame.

Table 2(s): ICPC Out-of-State Placements (February 2015 – April 2016)								
Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
75	6	0	0	65	0	31	72	7

Source: Iowa ICPC Database

Table 2(t): ICPC In-State Placements (February 2015 – April 2016)								
Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
67	19	0	0	204	0	36	45	1

Source: Iowa ICPC Database

Table 2(u): ICPC In-State Home Study Requests Completed (February 2015 – April 2016)

Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
118	42	0	NA	NA	NA	107	100	1

Source: Iowa ICPC Database

In the next year, Iowa ICPC plans to adopt the National Electronic Interstate Compact Enterprise (NEICE) system. NEICE is a national web-based electronic case processing system that supports the administration of ICPC. NEICE will allow for the electronic exchange of data and documents regarding ICPC requests between states. By electronically sharing data, the current delays associated with manually processing interstate requests will be streamlined and will allow for parent, relative, foster care, and adoption placements to occur in a more timely and effective manner.

SECTION III: SERVICE DESCRIPTION UPDATE

Data cited in this section includes program service specific data and a variety of administrative data. Information about program data is with the description of the respective program. Administrative data presented in this section includes required information shown in Table 3(a).

Table 3(a): Service Description Update Section Sources of Data and Required Elements			
Data Source	Data Collection Methods	Known Issues with Data Quality/Limitations	Data Time Period(s)
Statewide Automated Child Welfare Information System (SACWIS) which comprises Family and Children's Services (FACS) and Joining Applications and Reports from Various Information Systems (JARVIS) <i>For more information, please see Systemic Factor, Information System in the previous section, Performance Assessment Update.</i>	Department of Human Services (DHS) child welfare staff enters case information into FACS and/or JARVIS.	There are no known data quality/limitations other than those mentioned below for AFCARS.	As indicated in tables or charts
Adoption and Foster Care Analysis and Reporting System (AFCARS)	Utilizing Iowa's SACWIS, DHS provides AFCARS reporting to the federal Children's Bureau (CB) in accordance with federal requirements.	Iowa continues to collaborate with CB staff to address outstanding items in Iowa's AFCARS Program Improvement Plan (PIP). Iowa reviewed all the outstanding AFCARS PIP issues in 2015 and identified next steps needed to improve data quality in Iowa's AFCARS submissions.	As indicated in tables or charts
National Child and Neglect Data System (NCANDS)	Utilizing Iowa's SACWIS, DHS provides NCANDS reporting to the federal CB in accordance with federal requirements.	Data quality edits in NCANDS indicate no data quality issues.	As indicated in tables or charts
Results Oriented Management (ROM)	Utilizing Iowa's SACWIS, ROM provides a variety of reports.	There are no known data quality/limitations.	As indicated in tables or charts

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 experienced abuse or neglect. 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 3(b) shows the most often reported type of abuse is Denial of Critical Care (also known as Neglect). The definition of Denial of Critical Care (Neglect) is 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 a Differential Response (DR) System as some of the Denial of Critical Care cases received a Family Assessment (FA) in lieu of a Child Abuse Assessment (CAA) resulting in a decrease in the substantiated Denial of Critical Care (Neglect). However, in 2015, there was an increase in substantiated Denial of Critical Care (Neglect) cases, which may reflect reassignment of cases from FA to CAA.

Table 3(b): Percentage of Child Maltreatment By Category for Confirmed or Founded Assessments										
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
2015	72%	1%	<1%	11%	9%	5%	-	1%	<1%	100%
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%

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

Table 3(c) shows children abused or neglected continue to represent 1.0% of Iowa's total child population in 2015. Again, the decrease between 2013 and 2014 was due to implementation of a Differential Response (DR) System.

Table 3(c): 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
2015	8,298	725,105***	1.0%
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%

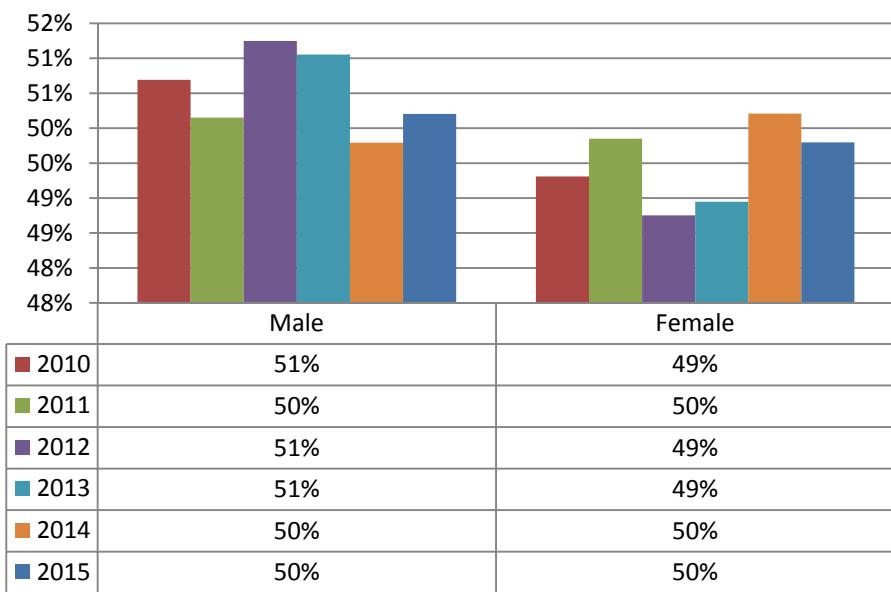
Source: *SACWIS – Confirmed or Founded **Woods and Poole ***Woods and Poole 2014 Utilized; 2015 Data Not Available

As shown in Table 3(d), in 2015, 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 seven years.

Calendar Year (CY)	5 or <	6-10	11+	Total
2015	49%	28%	23%	100%
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%

Data Source: SACWIS

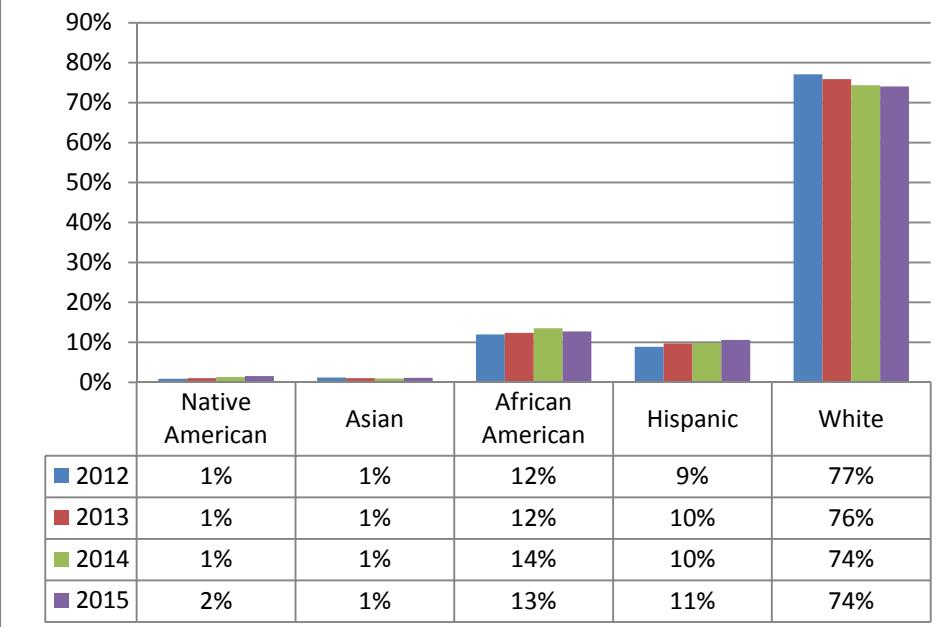
Chart 3(a): Gender of Child Victims (FFY 2010 to 2015)



Source: SACWIS

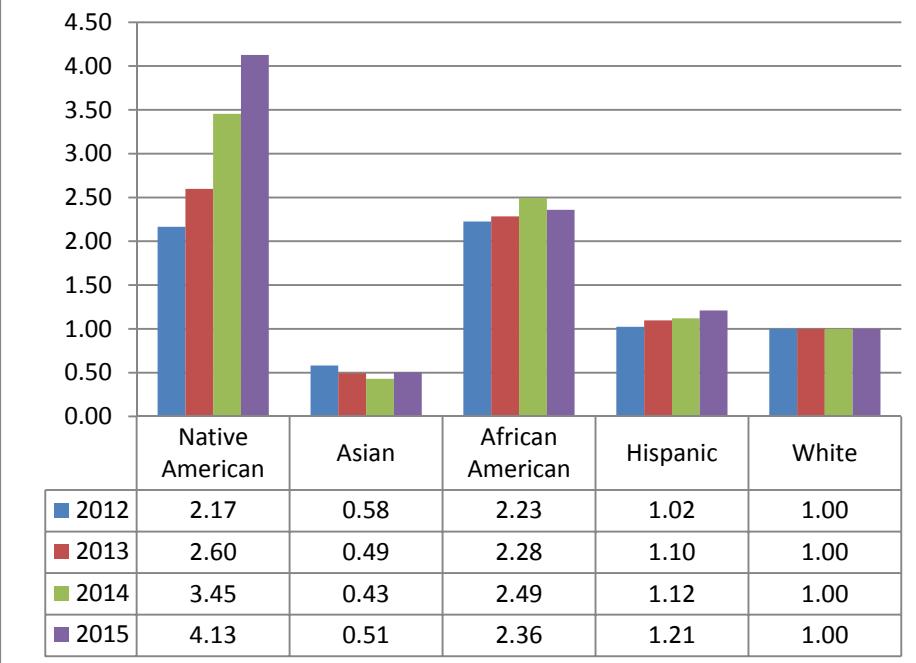
Male and female children in Iowa are equally likely to be a victim of abuse or neglect. However, Charts 3(b) and 3(c) show that African American, Native American and Hispanic children are disproportionately represented in the child victim population. DHS continues to collaborate with its stakeholders to address disproportionality in the child welfare system. Please see *Section I, General Information, Collaboration* for a description of these efforts.

**Chart 3(b): Race and Ethnicity of Child Victims
(FFY 2012 to 2015)**



Source: SACWIS

**Chart 3(c): Disparity Ratios of Victims
(FFY 2012 to 2015)**



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, regardless of age, results of the CAA or FA determine whether the children and family will receive information and referral to community services, referral to Community Care (voluntary services for moderate to high risk families not considered involved in the child welfare system), or referral to formal child welfare services through an ongoing DHS service case. Formal child welfare services are individualized to meet the unique needs of the children and family. 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.

Please see Section I, Collaboration, Treatment and Foster Care Services, *System of Care and Child Welfare Services* for information on projected FFY 2017 redesign of specific child welfare services.

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 child and family 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, Part B, subparts I and II, and Part 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's structure 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 funding for this program is 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, Family Support category, for the ICAPP program.

DHS issues a contract for the administration of ICAPP to an external program administrator, which currently is Prevent Child Abuse Iowa. Local Community-Based Volunteer Coalitions or "Councils" then apply for and receive funds 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.

ICAPP Core Services Descriptions

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. Program staff conduct intake interviews, provide placement for the children, and offer advice and support to parents. Programs provide transportation to care when requested and will travel to pick up children if necessary.

Outreach & Follow-up Services: Outreach and Follow up programs are largely community-based and typically part of a continuum of services and 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. Many times parents receive outreach services through home visitation, which 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 (Kommuinity 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 utilized:

- 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 typically 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 Data

Beginning in SFY 2012, program staff requested ICAPP participants 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. Demographic data reported below represents surveys collected from July 2014 through June 2015, state fiscal year (SFY) 2015. The data provides information from program participants who voluntarily shared demographic information and responses to the protective factors questions. Statewide, in SFY 2015, there were 3,002 total surveys analyzed, which included 1,569 enrollment surveys and 1,433 follow-up surveys. This was a slight decrease from prior years, particularly in the number of follow-up surveys completed.

Table 3(e): ICAPP Participant Demographics, SFY 2015

Family Demographic Summary 90.1% Women, 9.9% Men 76% White, 17% Hispanic, 5% African American, 1% Native American or Alaskan Native 44% Married 19% Partnering 8% Separated or Divorced 28% Single	Comparing the demographics of the families served to the 2013 US Census Data and estimates for Iowa (the most current available at the time of this report, reflecting a 2% change in population from 2010), there are some noticeable differences. For instance, statewide 92.5% of Iowans are White, and 3% are African American, compared to 76% White and 5% African American among the families served. According to the Census, 5.5% identify as Hispanic or Latino, compared to 17% served by programs. Fewer caregivers are employed (48% 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
Housing Status 34% Own a home 46% Rent a home 18% Share housing or temporary living situation	
Employment & Education Status 48% Employed full or part time 13% In school 30% Had a high school diploma or GED 23% Had some college or vocational training 11% Had an Associate's degree 11% Had a Bachelor's degree 4% Had a Master's degree or higher	

Source: Prevent Child Abuse Iowa

those served (49%).

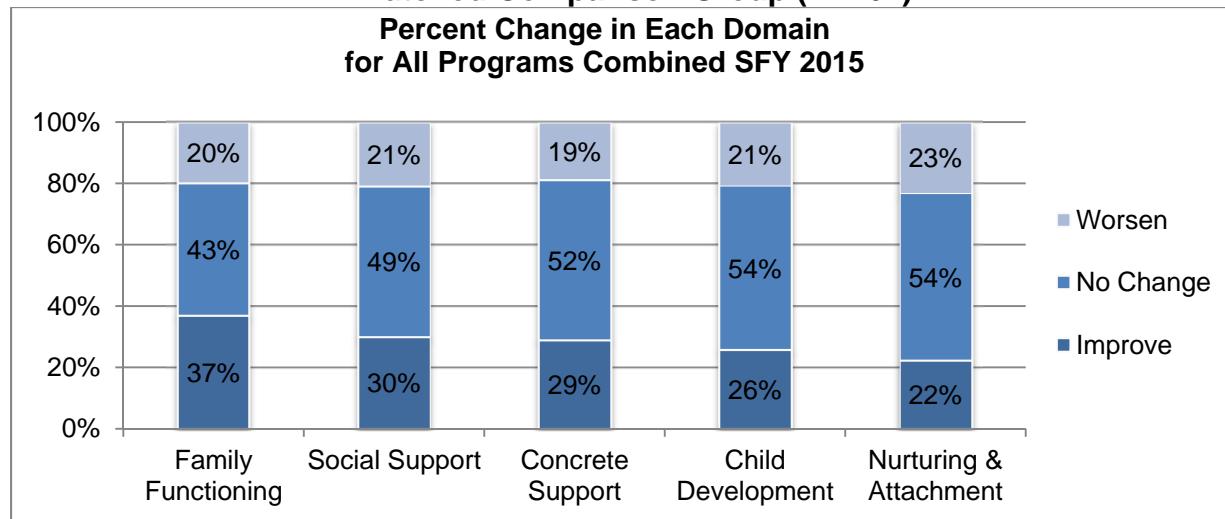
For those who completed surveys, statewide 52.3% earned \$20,000 or less per year, compared to the US Census estimates for 2013, where just 13% earned less than \$25,000; 17.5% had annual incomes between \$20,000 and \$30,000; almost 10% earned \$30,000 to \$40,000; and 21% earned \$40,000 or more (again, 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 is available through the FRIENDS website (<http://friendsnrc.org/protective-factors-survey>). The ICAPP program customized the tool and is available to families and service providers through a web-based application (www.iowafamilysurvey.org). ICAPP administrators gathered the pre- and post- test data for the first time in SFY 2012 and continued every year since, including data from participants of the core prevention services: *Outreach & Follow-up, Parent Development, Respite Care, and Crisis Care*.

Out of all the pre/post surveys submitted by the deadline for data analysis (3,002), 462 of the surveys matched individual participants' pre/post scores. For those surveys matched, Figure 1 illustrates the results for all programs combined. The survey responses from the state's matched group reflected that the percentage of individuals showing a positive change exceeded those that had a negative change in four out of the five domains (all except *Nurturing and Attachment*). For the last two years, the greatest gains were in the *Family Functioning* and *Child Development* domains; this year, respondents showed the greatest gains in *Family Functioning* and *Social Support*. The *Child Development* and *Nurturing and Attachment* domains had the greatest percent of respondents indicating "no change" based on the scores from pretest to current. Based on the group of 462 surveys, participants maintained or increased protective factors from their initial involvement to current. Though the effect size is not substantial, the results show noticeable improvement in *Family Functioning* and *Social Support* and modest improvement in *Concrete Support*. The difference in scores for *Child Development* and *Nurturing and Attachment* were less significant, but still increased.

Figure 1. Change in Protective Factors for All Programs Combined, Matched Comparison Group (N=462)



Source: Prevent Child Abuse Iowa

There is also data specific to each of the core program areas utilizing the PFS. Table 3(f) gives the average pre/post scores by each of the core services. A review of this data appears to indicate the greatest positive change is in the *Child Development* and *Nurturing and Attachment* domain for Outreach & Follow-up participants, followed by great increases in *Child Development* for Respite Care participants, then increases in *Family Functioning* and *Social Support* domains in Parent Development participants. This trend echoes emerging research, which shows home-visiting programs play a critical role in the prevention of child maltreatment.

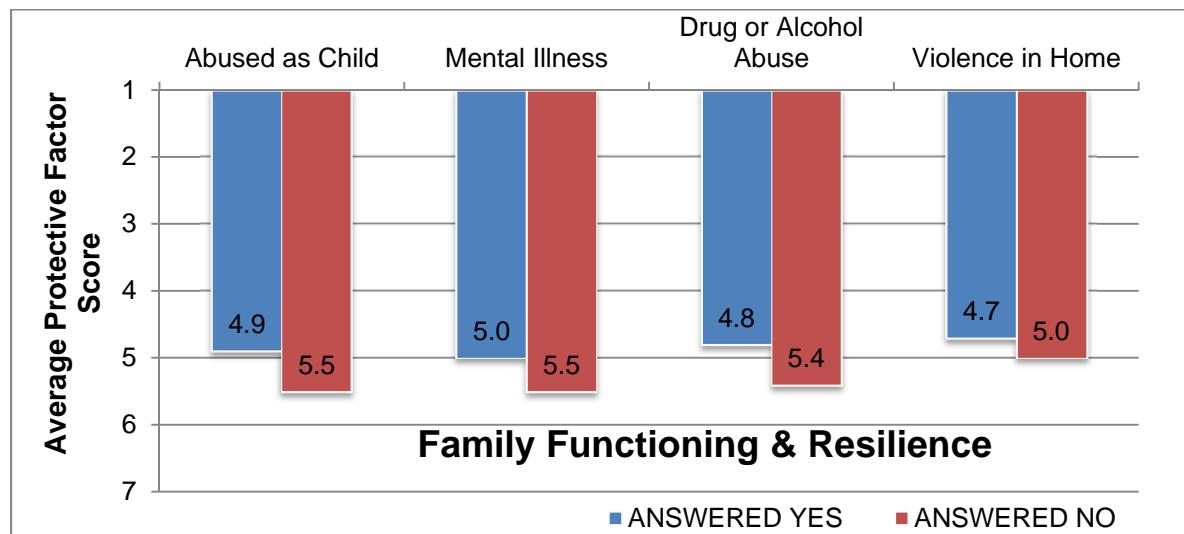
Table 3(f). Statewide Average Scores for Each Domain by Program Type, 2015								
Protective Factors	Average Scores of All Surveys by Program, Unmatched Groups							
	Crisis Care		Respite Care		Parent Development		Outreach & Follow-Up	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Family Functioning & Resiliency	5.37	5.16	5.76	5.93	5.22	5.53	5.26	5.76
Social Emotional Support	5.60	5.33	6.12	6.31	5.68	5.90	5.81	5.97
Concrete Support	5.02	4.99	5.78	5.95	5.17	5.22	5.49	5.38
Child Development & Parenting	5.87	5.47	5.83	5.89	5.55	5.73	5.53	5.76
Nurturing & Attachment	6.24	5.81	6.17	6.36	6.18	6.28	5.90	6.26

Source: Prevent Child Abuse Iowa

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 several domains, when looking at subsets of data, showed 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 2,926 total respondents who completed the risk factor section, the mean (or “average”) score of all respondents for the protective factor “Family Functioning” clearly correlated with various risk factors. For example, for those answered “yes” they were “abused as a child”, their level of Family Functioning was, on average, a 4.9 (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”) was 5.5 (on a 1-7 pt. scale).

Figure 2. Difference in Mean Score for Family Functioning Domain by Indicated Risk Factors (N=2,926)



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 serve families with very high initial baseline protective capacities, there is little room for increases.

Future Direction of the Program

For State Fiscal Year (SFY) 2016-2018, 57 Community-Based Volunteer Coalitions or “Councils”, serving 72 of Iowa’s 99 counties, received a total of 108 unique service contracts under ICAPP. Services are especially geared toward families with one or more risk factors for abuse, such as young parents, families at or near poverty, families parenting a child with a disability, families with young children (0-5 years), and families with a history of abuse/neglect, mental illness, substance abuse, or domestic violence.

Local Councils received funding for the following types of services:

- Community Development—public awareness, community needs assessments, council development, and community engagement
- Home Visitation Services—voluntary evidence-based home-visiting models
- Parent Development—parent support, education, and leadership
- Respite/Crisis Care Services—short term child care services for families at risk
- Sexual Abuse Prevention—healthy sexual development, and adult/child focused instruction

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. Data will continue to be gathered and, due to the longer contract terms for the

new contracts that became effective July 1, 2015, 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 2016 (the first 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 2015, such as more information on data and additional data, including community development and sexual abuse prevention activities, please read the ICAPP 2015 Annual Report available at <http://www.pcaiowa.org/downloads/library/2015-annual-evaluation-report-to-the-iowa-department-of-human-services.pdf>.

Community Partnerships for Protecting Children (CPPC)

Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities and states can adopt to improve the protection of children 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 four strategies. One of the most important aspects of CPPC is community engagement to help create safety nets in individual communities. Statewide, there are approximately 1,726 (64%) professionals and 986 (36%) community members involved in the implementation of the four strategies. In 2015, sites held 955 events and activities with 77,151 individuals participating in community awareness activities that engage, educate and promote community involvement in safety nets for children and increase and build linkages between professional and/or informal supports.

The department partnered with Iowa State University to implement an AmeriCorps program which provides an AmeriCorps member to twelve CPPC sites. A statewide AmeriCorps program coordinator provides oversight to members serving in these twelve sites. The coordinator also distributes a monthly newsletter which features members and offers information on local site initiatives. AmeriCorps expanded sites' capacity to engage the community and promote child well-being.

After collecting feedback from the sites in regards to information sharing about a basic framework for CPPC approaches to grow locally, Iowa developed an extensive manual,

the CPPC Practice Guide, and disseminated it during the spring statewide meeting. This guide will be used as a tool in future introductory (101) and advanced (201) sessions in order to increase knowledge base of local coordinators as well as key decision-making members in the communities they serve.

Today in Iowa, over 40 CPPC local decision-making groups, involving 99 counties, guide the implementation of CPPC. Four key strategies guide the Community Partnerships approach:

1) Shared Decision-Making (SDM)

- Ninety-three percent (93%) of the sites had community member representation involved with SDM.
- Seventy-five percent (75%) of the sites had representatives from public and private child welfare agencies, domestic violence, substance abuse, prevention and Parent Partners.

2) Neighborhood/Community Networking (N/CN)

- One-hundred percent (100%) of the sites participated in community awareness activities.
- One-hundred percent (100%) of the sites participated in activities that increased linkages between professionals and informal supports.
- Eighty-five percent (85%) of the sites developed organizational networks to support families. Networks to date include: Neighborhood Hubs; 24/7 Dads™; Community Equity Teams; Neighborhood Partner; and Parent Cafes.

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

- One-hundred percent (100%) of the 99 counties offer FTDM meetings for families involved in the child welfare system.
- Over 74% of the 99 counties offer FTDM meetings in the community (non-child welfare involved families).
 - Three-hundred-sixty-one (361) FTDM meetings occurred in the community (non-child welfare involved families).

4) Policy and Practice Change (PPC)

- One-hundred percent (100%) of the sites identified a policy and/or practice change.
- Seventy-four percent (74%) of the sites developed plans to address policy and practice changes.
- Sixty-one percent (61%) of the sites implemented policy and practice changes.
 - Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; increasing cultural competency; preventing re-abuse; collaborating more strongly with domestic violence agencies; implementing 24/7 Dads™; addressing transportation needs; addressing sex trafficking; reducing disproportionality; and increasing cultural responsive services and supports.

CPPC Education and Technical Assistance:

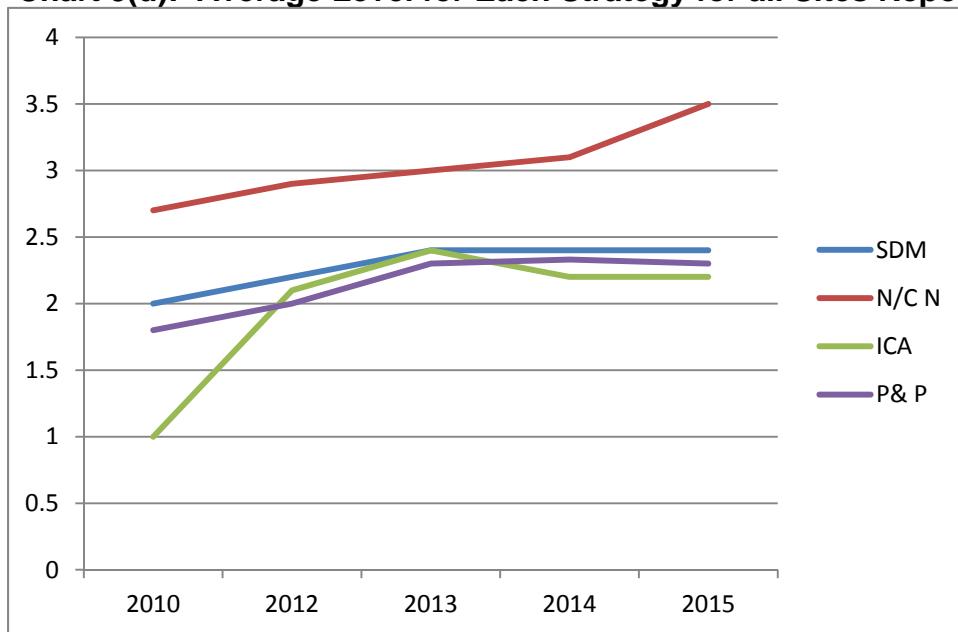
- Seventeen (17) face-to-face site technical assistance/presentations with 191 individuals attending
- Three (3) regional Immersions 101 with 67 individuals attending
- One (1) Immersion 201 with 15 individuals attending
- Technical assistance provided to 33 individuals with 118 contacts via phone and/or 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 report a specific level (1-4) for each strategy obtained during the year. Sites received training on requirements to meet each specific level and 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 3(d) summarizes the average level achieved for each strategy based on reports from 39 sites. On average, communities continued to increase or remain at the same level of implementation.

This year, the levels changed based on recommendations of the Community Partnership Network. As DHS practice and services shift to systemically incorporate many concepts that CPPC started and implemented (i.e. FTDM, Youth Transition Decision-Making (YTDM), and Parent Partners), there is a shift in the responsibility of the CPPC network; subsequently modifications occurred to the expectations of the levels. For example, in previous years, if a site implemented Parent Partners, this was level 3 in Neighborhood/Community Networking. Now a statewide contract manages and systematically implements Parent Partners statewide. Several levels in the four strategies changed to be inclusive of Parent Partners but sites are no longer responsible for Parent Partner implementation. Early on, sites were involved with FTDM implementation and now it's systemically included in the service array. Sites and levels expectation focus on supporting DHS's FTDM and community-based FTDM.

Chart 3(d): Average Level for Each Strategy for all Sites Reporting



Source: DHS

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

Summary of CPPC Collaborative Efforts and System Impact:

- Strengths:
 - Engaged diverse network of state agencies, community-based programs, Parent Partners and community members reviewing services and supports and working towards addressing any gaps.
 - CPPC builds linkages between formal and informal supports, bridges prevention and tertiary approaches, strengthens awareness and streamlines community resources.
 - CPPC networks provide opportunities to pilot, support, and implement child welfare policy and practice changes (i.e. FTDM, Youth Transitioning Initiative, Parent Partners and Cultural Equity).
 - Community Partnership Executive Committee reviews the CPPC level data and determines educational and technical assistance needed by the sites to advance to the next level.
- Opportunities for Improvement and Next Steps:
 - Review and educate sites on the four strategies' revised levels and the CPPC practice manual to ensure implementation continues to produce increases in the levels.
 - Explore new strategies and search for additional resources to assist sites in implementing community-based FTDM/YTDM.
 - Work to increase sites' understanding of child welfare data and utilizing this data to drive policy and practice change.

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

The 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 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.

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 posts 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 provides a comprehensive demographic table with county figures on child poverty, single-parent households, teen births, unemployment, household median income, and child abuse rates.

CPPC sites submit 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 2015 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

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 (October 1, 2014 – September 30, 2015), sites provided services in one of two areas: Parent Development (\$336,322) or Crisis Care Services (\$34,000). Also, 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).

Local CPPC sites provided 16,584 hours of crisis child care to 142 families with 280 children. A total of 1,501 parents with 1,671 children attended parent development classes. 24/7 Dads™ served 91 families with 131 children. Prevention services overall helped 2,082 children.

CBCAP Core Services Descriptions

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. There is no data for FFY 2015 as FFY 2014 grantees chose not to renew their contracts.

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 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 completes 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.

Table 3(g) summarizes the data from the three Crisis Care projects in FFY 2015. A total of 142 families with 280 children received 16,584 hours of crisis child care. Marshall and Hardin counties provided 10,810 hours; the Audubon County group provided 3,938 hours of care; and Linn County provided 1,836 hours of care.

Table 3(g): Crisis Care Services, FFY 2015

CBCAP Grant Allocation to CPPC Sites	\$370,322
CBCAP Grant Allocation for Crisis Care	\$34,000
Number of Parents/Caregivers Served	191
Number of Parents/Caregivers with Disabilities Served	10
Number of Children Served	280
Number of Children with Disabilities Served	27
Number of Hours of Crisis Child Care	16,584

Source: Prevent Child Abuse Iowa

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 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 communication skills, problem solving, stress management techniques, behavior management, and normal child development.

Parent Development programs are 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.

Table 3(h) summarizes the data from the 25 Prevention Councils' Parent Development programs, which represents approximately 59 out of 99 counties. In FFY 2015, 1,501 parents with 1,671 children received instruction. Programs provided instruction in 5,755 in-home sessions and 737 group classes.

Table 3(h): Parent Development Services, FFY 2015

CBCAP Grant Allocation to CPPC Sites	\$370,322
CBCAP Grant Allocation for Parent Development	\$336,322
In-Home Services	Group-Based Services
Number of Parents/Caregivers Served	938
Number of Children Served	1,034
Number of Sessions Held	5,755
	563
	637
	737

Source: Prevent Child Abuse Iowa

Responsible Fatherhood: The Responsible Fatherhood Initiative launched in FFY 2014 with CBCAP dollars. The purpose of this project was to establish 24/7 Dad™ programming across the state. The project required community-based and prevention-focused programming. In preparation for this opportunity, the DHS offered three (3) 24/7 Dad™ Train-the-Facilitator sessions at no cost to CPPC sites. The sites that received the 24/7 Dads™ grants were contractually obligated to offer two sessions of the curriculum in their communities: the first by March 1, 2015 and the second by the end of the federal fiscal year (September 30, 2015). In FFY 2015, 91 dads and 131 children received services through this program.

Table 3(i): Responsible Fatherhood Initiative, FFY 2015

In-home Services				Group-based Services			
Families Served	Parents Served	Children Served	Sessions	Families Served	Parents Served	Children Served	Sessions
25	25	47	48	66	66	84	86

Source: Prevent Child Abuse Iowa

Beginning on October 1, 2015 DHS awarded new CBCAP contracts through a competitive bidding process, including a specific funding category for Fatherhood programming. A total of 6 contracts, covering services in 12 counties, were awarded through this RFP. However, many other Fatherhood programs (funded through a variety of sources) benefited from the trainers coming to Iowa. At this point, there is no intent to use CBCAP dollars to fund statewide Fatherhood programming in every county, as there is not ample funding to do so. However, CBCAP dollars will continue to support the initiative through a variety of efforts, including, funding individual projects, providing support and technical assistance, and statewide collaboration and advocacy.

CBCAP Data

Demographic data represents information from surveys collected from July 1, 2014 through September 30, 2015. The data provides information from program participants who voluntarily shared information, as well as responses to the protective factors questions at the start of or after involvement with a prevention program. Statewide, CBCAP administrators analyzed 1,256 surveys from CBCAP grantees, which included 1,103 valid and complete Parent Development surveys and 153 valid and complete Crisis Care surveys for a combined total of 986 surveys used for demographics reporting.

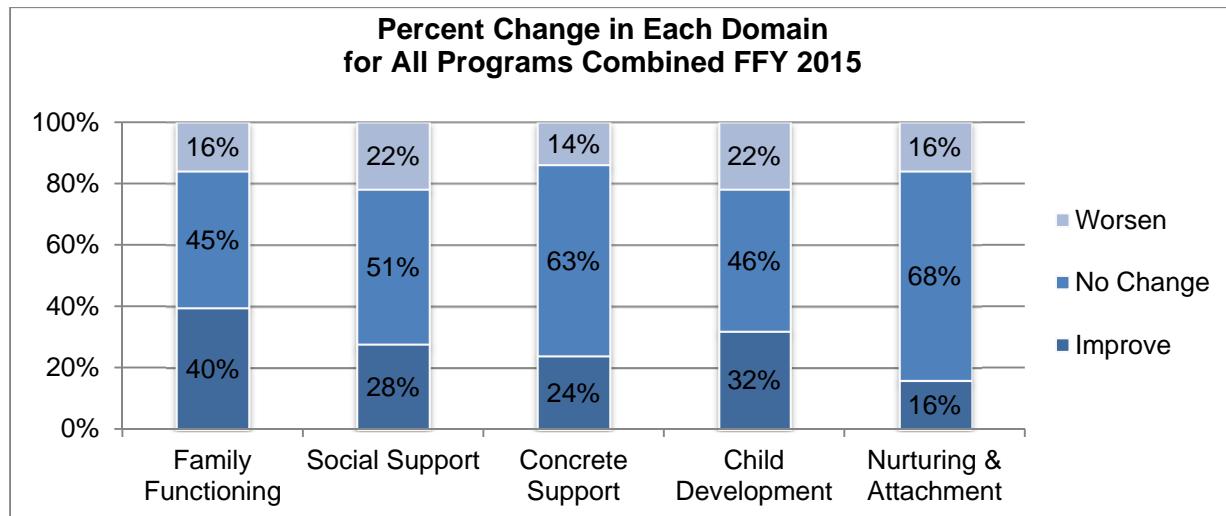
Table 3(j): CBCAP Participant Demographics, 7/1/14 – 9/30/15

<i>Family Demographic Summary</i>	Comparing demographics of the families served to the 2010 US Census data and 2013 Iowa estimates (the most current available at the time of this report, reflecting a 2% change in population from 2010), there are some noticeable differences. For instance, statewide 92.5% of Iowans are White, and 3% are African American compared to 87% White and 5% African American among the families served. Five percent (5%) identify as Hispanic or Latino according to the Census, compared to almost 8% served by this year's CBCAP programs. Fewer caregivers are employed (56% among survey respondents compared to 64% in Iowa). More people in the general population have some college education including undergraduate and graduate degrees (57%) than those served (55%), though this increased since last year.
91.3% Women, 8.7% Men	
87.1% White, 7.9% Hispanic, 5% African American, 0.7% Native American or Alaskan Native, 0.3% Hawaiian or Pacific Islander	
45% Married	
20% Partnering	
8.5% Separated or Divorced	
27% Single	
<i>Housing Status</i>	
35% Own a home	
51% Rent a home	
13% Share housing or temporary living situation	
1.5% Indicated they were homeless	
<i>Employment & Education Status</i>	
56% Employed full or part time	
12% In school	
32% Had a high school diploma or GED	
29% Had some college or vocational training	
14% Had an Associate's degree	
10% Had a Bachelor's degree	
2% Had a Master's degree or higher	
Source: Prevent Child Abuse Iowa	

For those who completed surveys, statewide 51% earned \$20,000 or less per year, (compared to the US Census data for 2013, just 13% earned less than \$25,000); 16.6% had annual incomes between \$20,000 and \$30,000; 11% earned \$30,000 to \$40,000; and almost 22% earned \$40,000 or more (compared to the 2013 Census data, which showed that 64% of households in Iowa earned \$50,000 or more per year). Also important to note is that more than half of participants indicated they received Medicaid, Supplemental Nutrition Assistance (SNAP or food stamps) and/or Women, Infants, and Children (WIC) assistance.

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 made a difference in the areas expected. Contractor, Hornby Zeller and Associates (HZA), examined the average scores in each domain at the beginning of program enrollment (pre-test) and after program involvement (post-test). The survey was available to all participating families in 34 projects representing three program types across 65 counties in the state between July 2014 and September 2015. Of those received, 208 surveys matched 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 3(e).

Chart 3(e): Change in Protective Factors for All Programs Combined, Matched Comparison Group



Source: Prevent Child Abuse Iowa

The survey responses reflected that the percentage of individuals showing a positive change increased in all areas except Concrete Support and Social Support, and those that expressed 'no change' shifted to make up an even larger proportion of responses than last year. The data also shows fewer people reporting negative change in almost all five domains (Nurturing and Attachment were relatively similar). The greatest gains were in Family Functioning followed by Child Development. Consistent with the last few

years, 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 68% 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. It may be difficult to gain an accurate self-assessment from parents accessing Crisis Care, given the nature of this service. This is not necessarily an area of concern, but the programs may need to consider the most appropriate time for survey administration for this group. To address the potentially inflated initial scores, programs can 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.

There is also data specific to each of the core program areas utilizing the PFS. Table 3(k) gives the average pre/post scores by each of the core services. A review of this data shows both program types: Crisis Care Services and Parent Development had lower average scores at enrollment, when compared to years past, with Crisis results below Parent Development. All five domains declined slightly for Crisis survey participants, where one might expect to see increases, particularly in Concrete Support given the nature of this particular service. In contrast, the average scores for Parent Development survey participants increased, even if slightly, in all five domains. With the exception of the Concrete Support, which increased the most this year, all other domains improved at about the same level, with the highest post test scores seen in Nurturing and Attachment (6.3) followed by Social Emotional Support (5.5).

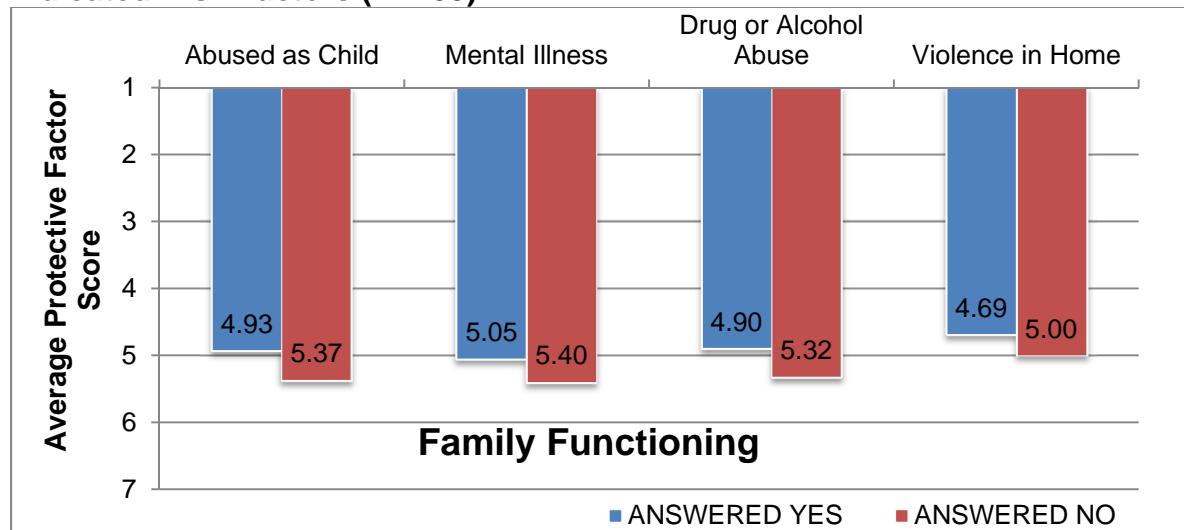
Table 3(k). Statewide Average Scores for Each Domain by CBCAP Program Type, 2015				
Protective Factors	Average Scores of All Surveys by Program, Unmatched Groups			
	Crisis Care		Parent Development	
	Pre	Post	Pre	Post
Family Functioning & Resiliency	5.2	5.0	5.2	5.5
Social Emotional Support	5.5	5.2	5.9	6.0
Concrete Support	4.9	4.8	5.5	5.6
Child Development & Parenting	5.8	5.3	5.5	5.8
Nurturing & Attachment	6.3	5.8	6.2	6.3

Source: Prevent Child Abuse Iowa

CBCAP 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 several domains, when looking at subsets of data, showed significantly lower scores for those participants acknowledging (via self-report) to have one or more risk factors. For example, Figure 3 shows the difference in scores on Family Functioning for a variety of different risk factors. This means that, of the 459 total respondents who completed the risk factor section, the mean (or “average”) score of all respondents for the protective factor “Family Functioning” correlated with various risk factors. For example, for those who answered “yes” they were “abused as a child”, their level of Family Functioning is, on average, a 4.93 (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 5.37 (on a 1-7 pt. scale).

Figure 3. Difference in Mean Pretest Score for Family Functioning Domain by Indicated Risk Factors (N=459)



Source: Prevent Child Abuse Iowa

For more information on CBCAP performance assessment for 2015, please read the CBCAP 2015 Year End Report available at
<http://www.pcaiowa.org/downloads/library/fy2015-cbcap-report-final.pdf>.

Community Adolescent Pregnancy Prevention (CAPP)

Program Overview

In 1987, the DHS, as a result of a taskforce recommendation, created the Adolescent Pregnancy Prevention and Services to Pregnant and Parenting Adolescents Program, now known as CAPP (Community Adolescent Pregnancy Prevention). DHS currently funds the program entirely through federal TANF block grant dollars and houses the program within the Bureau of Child Welfare and Community Services, given the correlation between young parenting and risk of maltreatment.

DHS administers the program, with the support of Future Net, Inc. (DBA: Eyes Open Iowa), a private non-profit organization. Program rules identified in Iowa Administrative

Code (IAC) Chapter 441—173 require that funds go to local/regional coalitions for projects providing:

- Broad-based representation from community or regional representatives including, but not limited to, schools, churches, human service-related organizations, and businesses.
- Comprehensive programming focusing on the prevention of initial pregnancies during the adolescent years.
- Services to pregnant and parenting adolescents. However, not more than 25% of a community grant may be used for these services.

Services in SFY 2015

Local contractors and subcontractors provide services through the use of various evidence-based curricula. Contractors offer services primarily through area schools, but also in alternative settings such as foster group care homes. In SFY 2015 (July 1, 2014-June 30, 2015), CAPP contractors provided the following services:

- Teens receiving CAPP services of any kind: 46,339.
 - This is an increase of 9,518 students from FY 2014.
 - The number served includes 188 pregnant and parenting teens, who received ongoing support programming and services.
- Number of Iowa school districts receiving CAPP programming of any kind: 110
- Number of full curriculum implementations (typically 3-7 days each): 660.
 - This number represents an increase of 109 full curricular implementations from FY 2014.
- Number of individual curriculum sessions presented: 3,538.
 - This number represents an increase of 870 curricula sessions from FY 2014.
- Number of Iowa counties receiving CAPP services of any kind: 56
- Average cost per student served: \$29.32.
 - This is a decrease of \$7.06 per student from FY 2014

New in SFY 2015 - Fidelity Monitoring

In accordance with best practice standards for sexuality education, Eyes Open Iowa (EOI) and the University of Northern Iowa (UNI), contractor to evaluate CAPP services provided at the local level, developed a process for monitoring the fidelity of teaching the various CAPP approved curricula. SFY 2015 was the first year that the process began for all grantees.

The CAPP fidelity process considers and scores five aspects of fidelity:

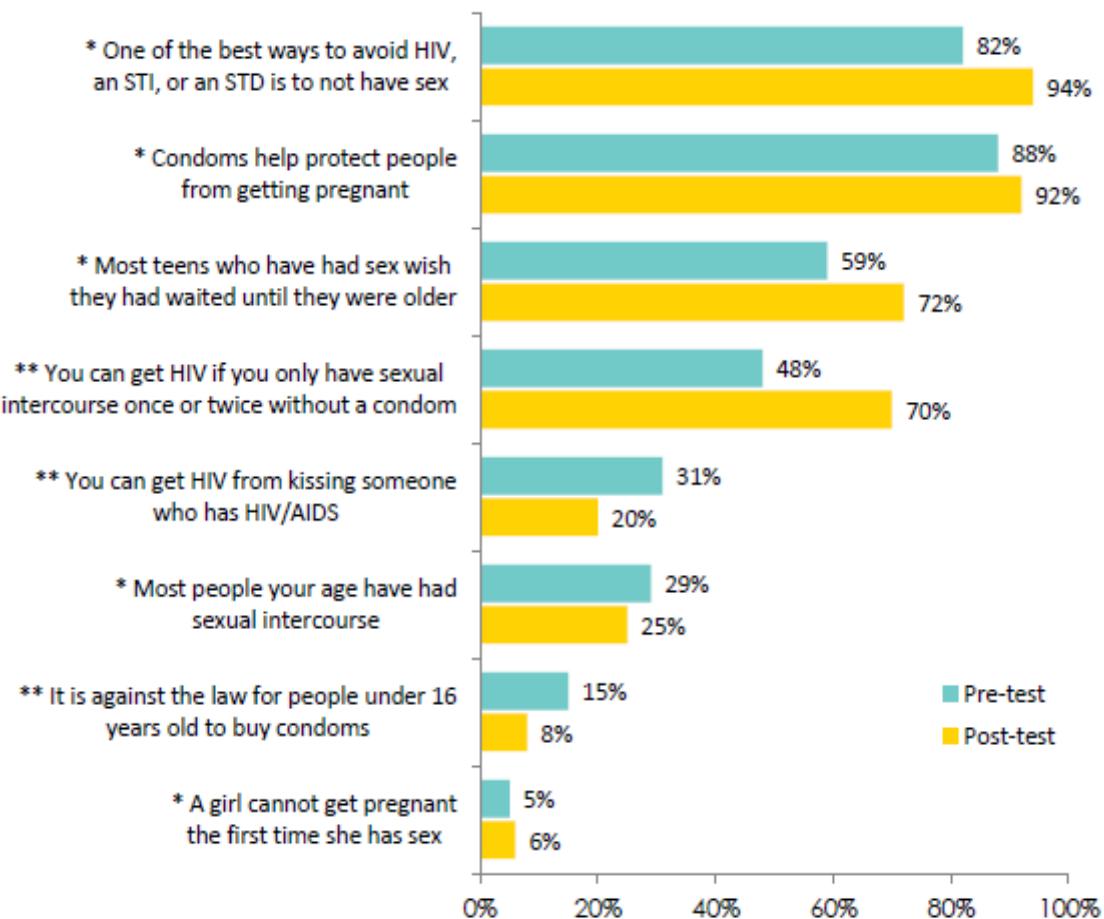
- Adherence (the extent to which program components are delivered as prescribed)
- Exposure (dosage, or the amount of the program delivered compared to the amount prescribed by the program model)
- Participant responsiveness (manner in which participants react to or engage in the program)
- Quality of delivery (manner of delivery)
- Program differentiation (the degree to which critical components are distinguishable from each other).

With feedback from grantees and EOI, UNI developed hard copy and online versions of fidelity logs for each of 11 CAPP approved curricula. Each log contains a section for the curriculum's modules and activities, as well as questions about the classroom, school, and teacher.

SFY 2015 Key Findings and Measureable Outcomes

- For the years 2010-2014, 34 of 49 CAPP counties had average annual teen birth rates below the CDC "Winnable Battles" target of 30.3 births per 1,000 females age 15-19.
- Among CAPP counties with reportable data available in both 2010 and 2014 (those with at least 5 births in the county), all but eight counties served by CAPP experienced reductions in teen birth rates between 2010 and 2014.
- Pre/post surveys of more than 5,000 participants indicate increases in knowledge, attitudes, and beliefs around sexual health and prevention of pregnancy. An example of just some of the changes in knowledge is shown below.

Figure 4. Knowledge changes from pre-test to post-test, percent responding “True”.



Source: UNI

* indicates statistically significant change from pre-test to post-test,

** indicates statistically significant change with a medium to large effect size (Cramer's V > 0.2).

The researchers conducted analyses to examine group-level changes from pre-test to post-test. With the large sample size, statistical significance was not difficult to achieve (even some very small changes were statistically significant). For this reason, researchers calculated effect sizes using the Cramer's V statistic, which is a measure of association adjusted for the sample size and the number of comparisons made.

Meaningful changes were those that were both statistically significant (p -value less than or equal to 0.05) and had a medium to large effect size (Cramer's V greater than or equal to 0.2).

Future Direction of Programming

The DHS will continue to move the CAPP program forward through the use of best practices. Continued fidelity monitoring will contribute to increases in the adherence to models. In addition, with the SFY 2017 renewal process (for services to begin July 1, 2016), projects have the opportunity to apply for expansion dollars to offer new services

in alternative settings, particularly those settings likely to include child welfare system involved youth (i.e., residential treatment facilities, foster group care homes, 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 for most abuse types, and the allegation meets the Code of Iowa definition for child abuse), DHS accepts the report of suspected abuse or neglect for a Child Protective Assessment. On January 1, 2014, Iowa implemented a Differential Response (DR) System. When DHS intake staff accepts a report of suspected abuse, the staff assigns the report to one of two pathways for assessment, a Family Assessment (FA) or a Child Abuse Assessment (CAA).

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), to a FA. Because of the criteria, low to moderate risk families are eligible for a FA. The DHS child protective worker:

- Visits the home and speaks with individual family members to gather an understanding of the concerns reported, 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 FA the child protective worker receives information that makes the family ineligible for a FA, inclusive of a child being “unsafe”, DHS staff reassigns the case to the CAA pathway. The same child protective worker continues to work the case. Child protective workers must complete FA 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.

DR findings following the second year of implementation remain promising. Process and outcome measures continue to indicate that the system works as designed and the outcomes for children and families are positive¹. Highlights of report findings include:

- Ninety-five percent (95%) of children who received a FA did not experience a substantiated abuse report within six months.
- Ninety-seven-point-five percent (97.5%) of families referred to Community Care services did not experience a Child in Need of Assistance (CINA) adjudication within six months of service.

¹ Differential Response System Overview Calendar Year 2015, available at http://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2015.pdf.

- Ninety-two-point-four percent (92.4%) of families referred to Community Care services did not experience a substantiated abuse report within six months of service.
- DHS referred 43.6% more families to state purchased services in calendar year (CY) 2015 than in CY 2013, which was the year just prior to implementation of the DR model.
- One-thousand-five-hundred-eight (1,508) of the 24,355 families were re-assigned from the FA pathway to the CAA pathway, which was only 1% higher than the original projected parameters.
- Fifty-seven percent (57%) of the cases reassigned resulted in a substantiated finding, which indicates utilization of pathway reassignment was utilized as designed.

The CAA 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 FA pathway. However, by the end of 20 business days, the child protective worker must 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 if juvenile court intervention should 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 3(I): DHS Child Protective Assessments (CY 2010-2015)

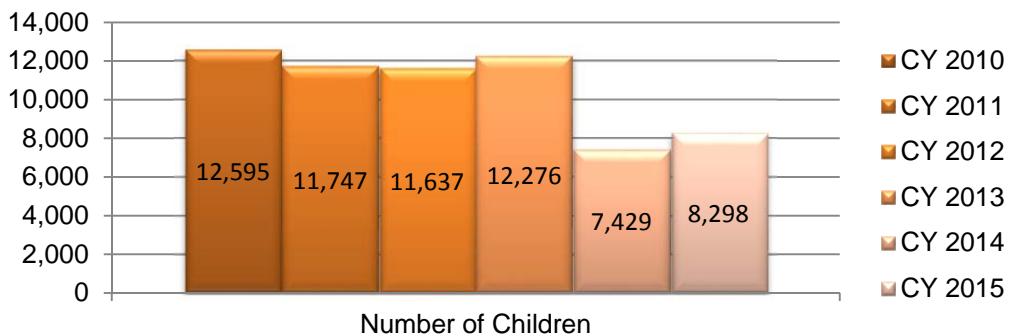
Calendar Year (CY)	Total Assessed Reports	Family Assessments (Percentage)*	Assessments Not Confirmed (Percentage)	Assessments Confirmed & Founded (Percentage)
2015	24,298	7,469 (30.7%)	10,787 (44.4%)	6,042 (24.9%)
2014	23,562	7,769 (33.0%)	10,259 (43.5%)	5,534 (23.5%)
2013	26,129	NA	17,218 (65.9%)	8,911 (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%)

Source: SACWIS

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

**Family Assessments began in CY 2014 with the implementation of a Differential Response (DR) System.

Chart 3(f): Unique Children, Confirmed & Founded Abuse



Source: SACWIS

Table 3(I)(2): Percentage of Child Maltreatment By Category for Confirmed or Founded Assessments

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
2015	72%	1%	<1%	11%	9%	5%	-	1%	<1%	100%
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%

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

The number of unique children who experienced confirmed or founded abuse increased slightly from CY 2014 to CY 2015. The significant decline between CY 2013 to CY 2014 occurred due to the implementation of a Differential Response (DR) System in CY 2014. In 2015, there were 9,941 unique children whose family received a FA, representing 33.5% of all unique children whose family received a child protective assessment (either a FA or a CAA).

As referenced in greater detail in Section IV, Chafee Foster Care Independence Program (CFCIP), since early 2014, DHS implemented activities to educate and train child protection staff to adequately identify children who are victims of human trafficking or at risk of becoming victims of human trafficking. These activities included commendable collaboration with law enforcement and other external partners who provide child welfare services to develop and fully implement the child sex trafficking policies and procedures reflective of the federal legislation of the Preventing Sex Trafficking and Strengthening Families Act (Public Law No. 113-183, signed May 29, 2014).

On October 1, 2015, Iowa implemented Iowa Administrative Code and policy changes and amended Iowa law, effective July 1, 2016, to address the federal legislation impacting child protection and child sex trafficking. This same amendment also incorporated requirements from the Justice for Victims of Trafficking Act of 2015 (Public Law No. 114-22, signed May 29, 2015) to identify, assess, and provide services for victims of sex trafficking and consider them to be victims of child abuse and neglect and of sexual abuse. This state law does not require the perpetrator of the abuse to be a caretaker, as required for all other types of abuse in Iowa.

Additionally, Iowa amended Iowa law to modify the definition of sexual abuse, to include, not only the person responsible for the care of the child/caretaker, but to include any person who resides in a home with the child. This state law change will allow the DHS to address allegations of sexual abuse by perpetrators who previously fell through the cracks of the state's definition of "person responsible for the care of the child". If confirmed, these child victims and their families will now be eligible for formal DHS case management and contracted services.

While some initial concerns arose with how this would impact children in the home who perpetrate sexual abuse on another child in the home, particularly children considered as sexually reactive versus sexual perpetrators, there are already protections within the current law in place for these minor victims. While there may be a confirmed or founded finding on a minor child in the home, any child under the age of 14 determined to have committed sexual abuse is not placed on Iowa's Child Abuse Registry. Additionally, if DHS determines there is a good cause, any child age 14-17 determined to have committed sexual abuse also is not placed on the Iowa Child Abuse Registry. Ultimately, more child victims as well as child perpetrators and their families will now be eligible for DHS services.

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 five CAC/CPCs across Iowa and one in Nebraska that employ specialized staff for children in need of services and protection from sexual abuse, severe physical abuse or substance use 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 Project Harmony, based in Omaha, NE, and serves Iowa children and families in the southwestern part of the state under a contract with the DHS. The National Children's Alliance accredited each of these locations.

Table 3(m): Iowa Department of Public Health (IDPH) End of Year Report*

	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016**
Children Served:						
Age of children:						
0-6 yrs.	1438 (48%)	1632 (50%)	1746 (49%)	1344 (45%)	1291 (43%)	651 (42%)
7-12 yrs.	1017 (34%)	1037 (32%)	1185 (33%)	993 (33%)	1054 (35%)	511 (33%)
13-18 yrs.****	547 (18%)	602 (18%)	650 (18%)	648 (22%)	691 (23%)	381 (25%)
Total number of new children served:	3002	3271	3581	2985	3036	1543
Categories of abuse:						
Sexual abuse	2051	2108	2473	2134	2135	1096
Physical abuse	292	370	358	372	373	160
Neglect	70	54	62	69	81	49
Witness to violence	103	138	158	165	201	87
DEC (drug endangered child)	581	618	735	461	478	266
Other	0	0	0	0	21	22
Services provided:						
Medical/Physical exam:						
Initial	2059	2012	2227	1915	2004	977
Follow-up	647	544	606	658	501	5
Counseling/Therapy:						
In-house (hrs.)	584	533	226	155	184	133
Number referrals	1598	1812	1817	1633	1815	873
Forensic interviews:						
Drug testing only:	1881	2271	2610	2270	2345	950
Foster Care/removal exams:	268	239	231	121	87	48
Cases founded/reason to believe:	501	464	563	383	444	284

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

*Report does not include Project Harmony

**SFY 2016 (7/1/15-12/31/15)

Table 3(n): Project Harmony Data

		SFY 2014	SFY 2015	SFY 2016**
Children Served:				
Age of children:	0-6 yrs.	93 (41%)	118 (41%)	53 (34%)
	7-12 yrs.	86 (38%)	105 (37%)	68 (43%)
	13-18 yrs.	48 (21%)	63 (22%)	36 (23%)
Total number of new children served:		227	286	157
Categories of abuse:				
	Sexual abuse	193	234	142
	Physical abuse	18	35	10
	Neglect	24	19	8
	Witness to violence	0	10	1
	DEC (drug endangered child)	No Data	No Data	No Data
	Other	3	15	6
Services provided:				
	Medical/Physical exam:	87	137	35
	Counseling/Therapy:			
	<i>In-house:</i>	No Data	43	12
	<i>Number referrals</i>	78	87	35
	Forensic interviews:	184	256	108
	Drug testing only:	No Data	No Data	No Data
Cases founded/reason to believe (DHS):		1	No Data	13
Cases with charges filed (Law Enforcement):		No Data	42	12

Source: Project Harmony

**First 6 months only, 7/1/15-12/31/15

Table 3(m) shows increased number of children served from 2010 through 2013, with a slight decrease in number of children served from 2013 to 2014, and what appears to be data similar to 2014 for 2015 and 2016. The age breakout of these children, however, remained relatively stable from year to year. No further analysis is available at this time. Table 3(n) shows similar type data for Project Harmony. Since data presented is for two and a half years, it is difficult 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. The service provider provides these services in the family's home and/or other designated locations as determined by the DHS Safety Plan. The services remediate the circumstances that brought the child(ren) to the attention of DHS and keep the child(ren) safe from neglect and abuse while maintaining or improving the child(ren)'s safety status.

Iowa re-procured for this service with contracts awarded to four out of the five DHS service areas starting June 1, 2015 with service delivery effective July 1, 2015 and contracts awarded in the other service area starting December 1, 2015 with service delivery effective January 1, 2016. The DHS service areas divided into contract areas for a total of sixteen (16) contract areas across the state. There are currently eight (8) different contractors providing this service in the contract areas, with the majority of contractors having no subcontracts. There were no substantive changes to the services or program design for this service under the recent procurement.

As a part of the current contract, there are two contract performance measures implemented to evaluate effectiveness of the services:

- 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 3(o): Safety Plan Services (April 2015 – June 2015)

	FY 15 Q4	FY 15 Q4 PM1	FY 15 Q4 PM2
	# Cases	Removed	Maltreatment
Total FY 15 - Q4	159	1	9
Percent FY 15 Q4 – No Removals or Maltreatment		99.37%	94.34%

Data Source: DHS - Numbers are based on cases that closed April through June 2015 (Statewide)

Table 3(p): Safety Plan Services (July 2015 – March 2016)

	FY 16	FY 16 Q1 – Q3 PM1	FY 16 Q1 – Q3 PM2
	# Cases	Removed	Maltreatment
Total FY 16 Q1 – Q3	445	8	49
Percent FY 16 - No Removals or Maltreatment		98.20%	88.99%

Data Source: DHS - Numbers are based on cases that closed July through March 2016 (Statewide)

Tables 3(o) and 3(p) show that contractors achieved and met the expected outcomes for performance measures one and two. During the time period of April – June 2015, Safety Plan Services contractors provided services on 159 cases and achieved 99.37% on performance measure one with only one (1) case resulting in a removal from the home during service delivery. Of these 159 cases, contractors achieved 94.34% on performance measure two with nine (9) cases resulting in a child in the household who was a victim of a new incident of child abuse which was later confirmed, not placed or founded. During the time period July 2015 – March 2016, Safety Plan Services

contractors provided services on 445 cases and achieved 98.20% on performance measure one with eight (8) case(s) resulting in a removal from the home during service delivery. Of these 445 cases, contractors achieved 88.99% on performance measure two with 49 cases resulting in a child in the household who was a victim of a new incident of child abuse which was later confirmed, not placed or founded.

Due to the active procurement, there were no quarterly meetings/conference calls facilitated during the time period of April through June 2015. During the time period of July 2015 through March 2016, there were two quarterly meetings/conference calls. The first occurred on October 22, 2015 to review the first quarter of SFY 2016 and the second occurred on January 27, 2016 to review the second quarter of SFY 2016. During both of these meetings, Safety Plan Service representatives shared that the more they partner and collaborate with one another, the easier it is to communicate across the life of a case. Contractors providing Safety Plan Services continue to reach out to one another to provide services across service areas as necessary. The contractors report connection with others through the use of the Six Principles of Partnership, presented during the June 2015 statewide meeting.

There was an increase in the number of referrals for these services and contractors continue to obtain a high percentage on outcomes. The use of these services help show reasonable efforts to prevent removals from the home.

Drug Testing Services

In child welfare, the safety of children is the primary consideration. Drug testing results often assist in the effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or child welfare service case. Drug testing may indicate a parent/caretaker's past substance use or the absence of an illegal substance. Drug testing may also be used as a check against a parent/caretaker's verbal assertions in regards to usage and/or serve to confirm or contradict what DHS learned through direct observation and information gathered from other sources and assessments. Drug testing may also be used as an indicator of client status of substance abuse treatment. With regard to children, drug testing may indicate possible ingestion or exposure to drugs.

Drug testing services provide critical information to DHS and the Courts to determine courses of action/interventions for clients and their families. Drug testing results are one of several tools used in the determination of appropriate courses of action and effective interventions for children and families dealing with substance abuse.

There are limitations to drug testing, such as in terms of its ability to provide sufficient information in determining or predicting a parent/caretaker's behavioral patterns and/or ability to parent effectively. Due to its limitations, drug testing results should not be the sole measure in determining issues of safety and risk. Drug testing results should be viewed as one component of the accumulated information that needs to be considered during a child abuse assessment and an ongoing child welfare service case.

Drug testing collection and laboratory services are available to children, parents/caretakers, and families during a DHS child abuse assessment or in an ongoing DHS child welfare service case. DHS staff does not utilize drug testing during a family assessment. However, if during the course of a family assessment, a child protective worker (CPW) determines there are behavioral indicators of substance use/abuse and the child's safety is in question, staff reassigns the family assessment to a child abuse assessment and drug testing may be utilized. Drug testing collection is the process of obtaining from a donor's body a sample of hair, sweat, or urine, and through laboratory analysis, chemically analyzing the sample to determine the presence of certain legal or illegal substances.

During the time period of April 2015 through March 2016, several activities occurred regarding Drug Testing Services, which include the following:

- Iowa updated the DHS Drug Testing Practice, Policy, and Protocols document developed in 2013. This document includes statewide drug testing guidelines based on best practices related to when and how to effectively use drug testing within child welfare services and includes the use of behavioral indicators.
 - The updates to this document included SFY 2016 costs for both laboratory and collections, name and contact information for the coordinators, change in location for one of the fixed sites, clarification for billing multiple persons when in-home or emergency testing is authorized, and some general formatting cleanup. This document will be updated as necessary, but at least annually to reflect the new costs for laboratory and collections.
- Local service area drug testing coordinators, program manager, and assigned service contract specialists met on October 7, 2015. The purpose of this meeting was to bring all of the coordinators together to discuss experiences with the current drug testing contracts within each of the respective service areas. The meeting also included providing coordinators with updates at the state level.
 - The consensus of the coordinators was improvements to the contracts allowed for more consistency across the state. DHS staff improved utilization of behavioral indicators within their documentation but can always continue to make improvements.
 - Staff developed a communication mechanism/process for complaints regarding the current drug testing contracts, including concerns on collection locations.
 - Staff created an ongoing Q&A document to track responses to questions to ensure consistent messages across the state.
 - The coordinators identified a need for training DHS field staff/supervisors on drug testing services, specifically the current contracts, protocols, and practice issues related to use of behavioral indicators and documentation. Staff drafted a training proposal on behalf of the coordinators and submitted the proposal to the DHS Service Business Team (SBT) for review and approval.
- Staff revised the Drug Testing Collections and Drug Testing Laboratory Services webpages to reflect current information on both contracts.
 - Collection Services - <http://dhs.iowa.gov/drug-testing-collection>
 - Laboratory Services - <http://dhs.iowa.gov/drug-testing-lab>

- The interim program manager and assigned service contract specialist completed random unannounced visits around the state for fixed-site collections in August and September 2015.
 - In all of the locations visited, the collectors were knowledgeable about collection requirements, protocols, and general information. There were some concerns identified at a few of the fixed-site locations, which included a lack of signage directing persons where to go for the actual collection, lack of signage acknowledging testing was in progress, and a lack of privacy for persons getting tested. The location of buildings was easy to find, but there was some difficulty in finding the room or area within the building for the actual collection. In order to address these concerns, staff directed the contractor to enhance privacy and use signs to notify persons if a collector was busy and/or testing in progress as well as signs to direct persons to the actual collection site within the site location.
- The interim program manager and assigned service contract specialist completed unannounced follow up visits in January 2016 to some of the sites visited in August and September to confirm the contractor implemented steps to address the above identified concerns. During these follow up site visits, staff noted the presence of signage and panel screens were now in the open areas to enhance privacy.

The data table below reflects Drug Testing collections under each of the three funding sources for April 2015 through March 2016, including instant tests. Sweat patches count as two collections, one for application and one for removal of the patch.

Table 3(q): Statewide Drug Testing Collections - April 2015 through March 2016

Service Area	Child Abuse Registry Funding*	Child Welfare Funding	Court Ordered Funding	Total
Western	225	1,227	588	2,040
Northern	408	1,561	747	2,716
Eastern	992	1,566	749	3,307
Cedar Rapids	423	3,927	1,879	6,229
Des Moines	365	2,466	1,181	4,012
			Total	18,304

Source: Iowa Department of Human Services

*No sweat patches utilized under child protective assessment/child abuse registry funding during this time period.

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 voluntary 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.

Community Care works directly with families referred by DHS. Community Care serves children and families after completion of a child abuse assessment or a family assessment. The outcome of the child abuse assessment or family assessment and identified level of risk determines service eligibility. The standardized DHS family risk assessment identifies the level of risk. The family 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 to identify 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. Community Care eligibility criteria includes:

- DHS identified the need for Community Care and the family agreed to participate voluntarily in services related to a not confirmed child abuse assessment but the child is at moderate to high risk of future abuse or neglect; or
- DHS identified the need for Community Care and the family agreed to participate voluntarily in services related to a confirmed child abuse assessment and the child is at moderate risk of future abuse or neglect; or
- DHS identified the need for Community Care and the family agreed to participate voluntarily in services related to a family assessment and the child is at moderate to high risk.

Iowa does not use court orders as a mechanism for families to receive Community Care. If a child is adjudicated a Child In Need Of Assistance (CINA) or a CINA petition was filed or is pending, or a child is adjudicated delinquent or on an informal adjustment, the family will not be referred to Community Care. If the family has any children in the household with an open DHS child welfare service case or abuse outside of the home occurred, a family will not be referred to Community Care.

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 experience.

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 CPW believes a service is necessary to maintain safety for the child (ren), then staff must reassign the family assessment to be a child abuse assessment.

Presented below are Community Care service intervention activities and supports. This is not an exhaustive list but describes the range of core activities that may be necessary to achieve desired outcomes in the types of cases referred for these services:

- Safety and Risk Management Planning
- Family Skill Development
- Family Focused Service Planning
- Empowerment and Advocacy Service
- Parenting Skills and Education
- Substance Abuse Education
- Domestic Violence Education
- Consumer Education
- Mental Health Education
- Flex Fund Assistance
- Budgeting
- Household Management Assistance and Instruction
- Family Team Decision-Making (FTDM) Meetings
- Communication Skills Parent/Child Relationship building
- Information and Referral (I & R) to a wide range of community resources and services

Through a single statewide performance-based contract covering all 99 counties in Iowa, Community Care services are flexible, individualized to the child and family's specific needs, and culturally responsive, including providing interpreter services when needed. Iowa re-procured for this contract with a service delivery start date of July 1, 2015. There were some changes from the prior contract to the current contract. One of these changes included aligning performance measures with the Child and Family Services Review (CFSR) Round 3 recurrence of maltreatment measure, which increased the look back period from six (6) months to twelve (12) months (shown below). The other changes included performance measures which focus on the contact and engagement of the family as well as successful completion of services, requirement of a training plan that incorporated cultural responsiveness/cultural competency training, and completion of a work plan.

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 April to June 2015 under the prior contract. The number of statewide referrals below includes both child abuse assessments and family assessments. This data does not distinguish between the two types of assessments.

Table 3(r): Community Care – April 1, 2015 through June 30, 2015

Valid Community Care Referrals	Responses Received in 14 Days Count	Responses Received in 14 Days %
1073	899	83.78%
Data Source: DHS		

The table below shows the number of statewide referrals made to Community Care for July 1, 2015 through March 31, 2016 under the current contract. The number of statewide referrals is by type of assessment and risk level.

Table 3(s): Community Care – July 1, 2015 through March 31, 2016

Valid Community Care Referrals	Child Abuse Assessments	Family Assessments
2832	1272	1560
Moderate Risk - 1087	Moderate Risk - 1283	
High Risk - 185	High Risk - 277	

Data Source: DHS

As a part of the current contract, there are four contract performance measures implemented to evaluate effectiveness of the services. As stated above, one of the measures align with the CFSR Round 3 outcomes by increasing the look back period from six (6) months to twelve (12) months for recurrence of maltreatment (PM 1). Below are the four contract performance measures:

- **Performance Measure 1** - The percent of families referred to the Community Care Contractor who has a child adjudicated CINA and DHS ordered to provide supervision or placement within six months of the date of referral to Community Care will be five percent (5%) or less.
- **Performance Measure 2** - The percent of families referred to the Community Care Contractor who has a Confirmed or Confirmed and Placed (Founded) report of child abuse or neglect within twelve months where the actual incident occurred fourteen (14) days after the date of referral to Community Care will be nine percent (9%) or less.
- **Performance Measure 3** - The Community Care Contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least eighty five percent (85%) of all high risk families will achieve successful completion of services when the Community Care service ends.

- **Performance Measure 4** - The Community Care Contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least seventy five percent (75%) of all moderate risk families will achieve successful completion of services when the Community Care service ends.

Table 3(t) is specific to performance measures for July 2015 through March 2016 under the current contract. There were no changes to PM 1 from the prior contract to the new contract. The data shows that Community Care is effective in keeping children from adjudication under DHS supervision within six months of referral date. There is currently no data available for PM 2 as the look back period increased from six (6) months to twelve (12) months; therefore, data will not be available for this measure until August 2017. For PM 3 and PM 4, in order to achieve this measure, the contractor must make contact within 14 calendar days for all families referred and the families must achieve successful completion of services. The threshold for high risk families is set at 85% and moderate risk is set at 75%.

Note: The Community Care contractor is responsible for the population of all families referred to Community Care at completion of the child abuse assessment or family assessment, regardless if the family follows through with the referral. In some situations, families may notify the CPW they agree to the referral but when Community Care follows up with the family, they decline services without any provision of support/service or they decline but ask that information be provided to them without scheduling an in-person meeting. However, since DHS made the referral, these families fall into the population for determining performance measure outcomes. The data below for PM 3 and PM 4 reflects that Community Care is not achieving the identified threshold; however, as stated above, there are several variables that affect this measure. DHS and the contractor are in the process of re-evaluating the calculation and parameters of these two measures. Any changes to these measures will be reflected in next year's report.

**Table 3(t): Community Care Contract
Performance Measures (July 2015 through March 2016)**

Performance Measure	Referral Count	Count	%
PM 1: The percent of families referred to the Community Care contractor who has a child adjudicated CINA and DHS ordered to provide supervision or placement within six months of the date of referral to Community Care will be five percent (5%) or less.	942	32	3.40%

**Table 3(t): Community Care Contract
Performance Measures (July 2015 through March 2016)**

Performance Measure	Referral Count	Count	%
PM 2: The percent of families referred to the Community Care contractor who has a confirmed or confirmed and placed (founded) report of child neglect or abuse within twelve (12) months where the actual incident occurred fourteen (14) days after the date of referral to Community Care will be nine percent (9%) or less.	No data available until August 2017	No data available until August 2017	No data available until August 2017
PM 3: The Community Care contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least eighty five percent (85%) of all high risk families will achieve successful completion of services when the Community Care service ends.	367	211	57.49%
PM 4: The Community Care contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least seventy five percent (75%) of all moderate risk families will achieve successful completion of services when the Community Care service ends.	1923	1066	55.43%

Data Source: DHS

Table 3(u) is specific to performance measures for April to June 2015 under the prior contract and shows that, overall, Community Care is 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 3(u): Community Care Contract
Performance Measures (April 2015 through June 2015)**

Performance Measure	Referral Count	Count	%
PM 1: The percent of families referred that have a child adjudicated CINA and DHS ordered to provide supervision or placement within 180 days of the date of referral for Community Care will be five percent (5%) or less.	1073	31	2.89%
PM 2: 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 (5%) or less to receive full payment, and no more than ten percent (10%) of families for fifty percent (50%) of payment.	1073	83	7.74%
PM 3: The Contractor will receive responses to its offer of Community Care from at least eighty percent (80%) of the families referred to Community Care within fourteen (14) calendar days of the date of the referral from the DHS.	1073	899	83.78%
**PM 4: 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. **This measure looks back six (6) months so the time frame includes January through June 2015.	160	159	99.38%
Data Source: DHS			

Due to the active procurement, there were no quarterly meetings/conference calls facilitated during the time period of April through June. During the time period of July 2015 through March 2016, there were two quarterly meetings/conference calls. The first occurred on October 21, 2015 to review the first quarter of SFY 2016 and the second occurred on January 5, 2016 to review the second quarter of SFY 2016.

On an every other month basis, the Community Care Contractor continues to provide "Success Across Iowa: Community Care Program: Stories from Case Managers" for the purposes of sharing 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.

In January 2016, there was an initial discussion with child welfare service contractors, specifically those providing Community Care and FSRP Services, about an opportunity to bring SafeCare to Iowa.

SafeCare is an evidence-based behavioral parenting model shown to prevent and reduce child maltreatment and improve health, development, and welfare of children ages 0-5 in at-risk families. It is a home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe, and improve child health. Skills are taught to parents through the following:

1. **Explain:** Provider explains and provides a rational for each behavior.
2. **Model:** Provider models each behavior (demonstrates desired behavior).
3. **Practice:** Parent practices skills.
4. **Feedback:** Provider gives positive and corrective feedback to the parent to promote skill acquisition.

Using this format, the provider trains parents so that skills are generalized across time, behaviors, and settings. SafeCare providers work with parents until they meet a set of skill-based criteria established for each module. All modules involve baseline assessment, intervention (training), and follow up assessments to monitor change. The provider uses a set of observation checklists to conduct observations of parental knowledge and skills for each module. For more information on SafeCare, please visit the following website: www.safecare.org.

On February 9, 2016, Georgia State University/National SafeCare Training and Research Center (NSTRC) hosted an informational webinar. NSTRC received grants from the Agency for Healthcare Research (AHRQ) and the Patient-Centered Outcomes Research Institute (PCORI) to provide training to several sites and to conduct an effectiveness trial comparing SafeCare to usual child welfare service.

- The National SafeCare Training and Research Center (NSTRC) offers training and implementation support as part of their research project. The purpose of this webinar was to provide information on SafeCare and the AHRQ/PCORI grant. The DHS Community Care/FSRP Services program manager and representatives from Community Care and FSRP Service contractors participated on this webinar.
- On March 4, 2016, representatives from Community Care and FSRP Services along with DHS central office staff, including leadership, assigned program manager, and assigned service contract specialist, participated in a conference call to discuss interest in SafeCare and identify next steps. The current Community Care

contractor, Mid Iowa Family Therapy Clinic (MIFTC), shared they completed an application for submission to the NSTRC and were open to having other contractors join in on the application prior to submission. MIFTC completed the application on behalf of both Community Care and FSRP Services for their service area and four other FSRP Service contractors joined the application as they would like to implement SafeCare. Applications were due to the NSTRC mid-March for review and acceptance. MIFTC was selected to participate in implementing SafeCare in Iowa for both Community Care and FSRP Services. Community Care will provide SafeCare in several counties across Iowa whereas FSRP Services provided by MIFTC for SafeCare will include Polk County within the Des Moines Service Area. MIFTC is scheduled to implement SafeCare effective July 1, 2016. Additional information will be addressed in next years' report.

Treatment Services and Foster Care Services

Family Safety, Risk and Permanency (FSRP) Services

Families receive **Family Safety, Risk, and Permanency (FSRP) Services**. FSRP services are for 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 victim of founded 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 victim of confirmed 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.

Iowa re-procured for this service with contracts awarded to four out of the five DHS service areas starting June 1, 2015 with service delivery effective July 1, 2015 and contracts awarded in the other service area starting December 1, 2015 with service delivery effective January 1, 2016. The DHS service areas divided into contract areas for a total of sixteen (16) contract areas across the state. There are currently eight (8) different contractors providing this service in the contract areas, with the majority of

contractors having no subcontracts. There were a few significant changes from the prior contracts to the current contracts. The first change was to incorporate family team decision-making (FTDM) and youth transition decision-making (YTDM) meeting facilitation on all open DHS child welfare service cases to the FSRP Service scope of work. The other changes included aligning performance measures with the Child and Family Service Review (CFSR) Round 3 outcomes (shown below), requiring a training plan that included cultural responsiveness/cultural competency training, and completion of a service plan, also required in the Community Care contract.

As a part of the current contract, there are four contract performance measures implemented to evaluate effectiveness of the services. As stated above, the measures align with the CFSR Round 3 outcomes by increasing the look back period from six (6) months to twelve (12) months for recurrence of maltreatment (PM 1), increasing the period from six (6) months to twelve (12) months for reentry (PM 3); and decreasing the period from twenty-four (24) months to eighteen (18) months for achieving guardianship placement (PM 4). Below are the four contract performance measures:

- **Performance Measure 1 (PM1):** Child(ren) are safe from abuse during episodes of services and for twelve (12) consecutive months following the conclusion of their episode of services.
- **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):** Child(ren) are reunified within twelve (12) months and remain at home without experiencing reentry into care within twelve (12) consecutive months of their reunification date.
- **Performance Measure 4 (PM4):** Child(ren) achieve permanency through guardianship placement within eighteen (18) months of removal or through adoption 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 twelve (12) 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 twelve (12) consecutive months, without any confirmed, not placed 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 twelve (12) 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 twelve (12) 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 finalized guardianship placement within eighteen (18) months or a finalized adoptive placement within twenty-four (24) months.

Table 3(v): Family Safety, Risk, and Permanency (FSRP) Services

Performance Measures (PM 1 and PM 2)

SY 15 - Q4 (prior contract)

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
1034	864 83.56%	800	581 72.63%

Data Source: DHS - These incentives are earned six (6) months following the end of services.
(Statewide)

**Table 3(x): Family Safety, Risk, and Permanency (FSRP) Services Performance Measures (PM 3 and PM 4)
SFY 15 – Q4 (prior contract)**

PM 3 – Safe Reunification without Re-entry	PM 4 – Adoptive/Guardian placement within 24 months of removal
236 eligible cases	182 eligible cases

Data Source: DHS – PM 3 incentives are earned six (6) months following the twelve (12) month reunification period. PM 4 incentives are earned twenty-four (24) months following the removal date. (Statewide)

**Table 3(y): Family Safety, Risk, and Permanency (FSRP) Services Performance Measures (PM 1 and PM 2)
SY 16 Q1 – Q3 (current contract)**

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
NA	NA	NA	604

PM1: Safe from Abuse Incentive Earned	PM2: Family Stability Incentive Earned
391	64.74%

Data Source: DHS – PM 1 incentives are earned twelve (12) months following the end of services. PM 2 incentives are earned six (6) months following the end of services. (Statewide)

**Table 3(z): Family Safety, Risk, and Permanency (FSRP) Services Performance Measures (PM 3 and PM 4)
SFY 16 Q1 – Q3 (current contract)**

PM 3 – Safe Reunification without Re-entry	PM 4 – Guardian placement within 18 months of removal and Adoption within 24 months of removal
NA	278 eligible cases

Data Source: DHS – PM 3 incentives are earned twelve (12) months following the twelve (12) reunification period. PM 4 incentives are earned within eighteen (18) months for guardianship placement and within twenty-four (24) months for finalized adoption following the removal date. (Statewide)

The scope of work for FSRP services incorporated the facilitation of family team decision-making (FTDM) meetings and youth transition decision-making (YTDM) meetings on open DHS child welfare service cases. By contract, FSRP Services contractors provide trained FTDM and YTDM meetings facilitators with active approved numbers to facilitate these meetings.

Evidence-based best practices demonstrate that FTDM meetings support family-centered practices and are effective in ensuring the participation and cooperation of parents and their support systems in providing for the safety, well-being, and permanency of the child. FTDM meetings help support the continuity and congruency of the efforts, services, and supports mobilized.

The FTDM process enhances the core strength based casework functions of family engagement, assessment, service planning, monitoring, and coordination resulting in a FTDM family plan. When properly applied, the FTDM process supports a trust-based relationship, facilitates family engagement, and sustains the family's interest and involvement in a change process. Within the context of practice, family team meetings allow for regular monitoring of the case plan, ongoing evaluation of benchmarks/goals, what is working and what is not working so that intervention strategies can be changed or modified as circumstances change. The outcomes of the family team meetings are child and family stability, safety, permanency, and well-being during the family's involvement with DHS and following case closure.

The FTDM process promotes unity of effort and provides an opportunity for all helping professionals to develop a shared understanding of the family's situation, which are critical elements in attaining positive results. The FTDM process should be a proportional response to the needs of the child and family and coordinated across systems involved with the family. The FTDM process provides an opportunity to build an informal network of friends and family to provide support during and after the family's involvement with DHS.

For those youth transitioning into adulthood the youth transition decision-making (YTDM) model is used. The model has two key components: Engagement/Stabilization and the Dream Path process to promote self-sufficiency. YTDM applies the FTDM process, philosophy, and practice strategy for youth transitioning into adulthood. An effective means to address the factors that threaten a successful transition builds teams to support youth and young adults who are at risk of homelessness, unemployment, and poor health.

The YTDM process enhances core casework functions of youth engagement, assessment, service planning, monitoring and coordination. When properly facilitated, the YTDM planning process supports a trust-based relationship, facilitates youth engagement, and sustains the youth's interest and involvement in a successful transition process. The YTDM process provides a positive and action-oriented response by caring adults and professionals to address the needs and desires of the youth. The YTDM planning process will help the worker complete case plans through a youth-adult partnership approach. Planning for education, employment, health, support networks, and housing will all be addressed throughout the process.

Upon DHS referral, FSRP Services contractors facilitate FTDM meetings and YTDM meetings at the following junctures during the life of the case on open DHS child welfare service cases:

- For FTDM meetings:
 - Before or directly following the date of removal;
 - When placement level changes, level of care changes, or permanency decisions are made;
 - Before safe case closure to plan for sustainability; and
 - When requested by DHS.

- DHS requests exceeding one (1) request per case per quarter must be approved by the Service Area Manager (SAM) or designee.
- For YTDM meetings
 - Within 30 days of the youth's 17th birthday*; and
 - Within 90 days prior to the youth's 18th birthday.

*Note: This can be either 30 days before or 30 days after the youth turns 17.

The statewide standardized documents for FTDM and YTDM meetings are accessible on the Iowa DHS Service Training website under the "Resources" tab. There is also an ongoing Question and Answer document updated as questions are received. The intent of the Q&A document is to provide consistency in responses and provide clarification as necessary.

Since incorporation of FTDM and YTDM meeting facilitation into the current FSRP Services, DHS is in the process of defining the best reporting mechanism to determine and track the number of meetings facilitated on all open DHS child welfare service cases. A baseline for data on the number of meetings facilitated will be established in the first year of the contract as well as the number of meetings facilitated in year two of the contract to be reported in next year's APSR.

There continues to be a solid process in place for responding to questions and sharing collaboratively across the state. DHS staff responds to all questions related to Safety Plan Services and FSRP Services and then incorporates the questions and answers into an ongoing document posted to the FSRP website for statewide access.

Due to the active procurement, there were no quarterly meetings/conference calls facilitated during the time period of April through June. During the time period of July 2015 through March 2016, there were two quarterly meetings/conference calls. The first occurred on October 22, 2015 to review the first quarter of SFY 2016 and the second occurred on January 27, 2016 to review the second quarter of SFY 2016. During both of these meetings, FSRP Service representatives shared that the more they partner and collaborate with one another, the easier it is to communicate across the life of a case. Contractors providing FSRP Services continue to reach out to one another to provide services across service areas as necessary. The contractors report connection with others through the use of the Six Principles of Partnership, presented during the June 2015 statewide meeting.

In November 2015, DHS field and central office representatives along with three (3) Safety Plan/FSRP Services contractor representatives met for a weeklong event to design a standard automated referral process for Safety Plan (SP) Services and FSRP Services for recommendations to the DHS Service Business Team (SBT). Although the recommended changes for this process will occur internal to DHS, it will improve the process for SP and FSRP Service contractors. There were conversations regarding the identification of additional reporting elements or information necessary to make the referral process smoother and provide more detailed information at the time of referral. The group explored and continues to explore the possibility of document sharing

between DHS and the SP/FSRP service contractors, with the goal of minimizing duplication of data entry and becoming a more efficient process. The group met for a follow up meeting on February 24, 2016. At this time, there is no target date for completion as recommendations must be approved and prioritized by the DHS SBT.

A small workgroup comprising the assigned program manager, service contract specialist, and one representative from each of the SP/FSRP Services contractors will convene in the future to review current required documentation to make suggestions on changes. Any recommendations from this group will be provided to the automated referral workgroup as appropriate to ensure alignment.

In order to build capacity for approved FTDM and YTDM meeting facilitators, three additional FTDM trainings were available in May and June 2015 with priority given to SP/FSRP Services contractor representatives awarded the new contracts. There was also an additional coaching workshop scheduled with priority given to SP/FSRP Services contractors.

DHS currently has an internal Share Point tracking system for FTDM and YTDM meeting facilitators which tracks initial approval date, re-approval dates, active and non-active status, etc. The local service area point person for FTDM/YTDM approvals manually enters this information. In reviewing the internal Share Point, there are currently 639 active FTDM meeting facilitators across the state, which includes both DHS and non-DHS staff. Of these 639 active facilitators, 51 are also approved active YTDM meeting facilitators. The Share Point also reflects a total of 51 FTDM meeting coaches with 11 of these 51 also approved as YTDM meeting coaches.

(*Disclaimer>Note:* This data is dependent on information entered by the point person in the local area. There may be others who have not yet been entered or some that may no longer be active, etc.).

Child Welfare Emergency Services

Child Welfare Emergency Services (CWES): DHS implemented CWES statewide beginning with SFY 2012, using a competitive procurement process. It 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 interventions to focus on the safety, permanency, and well-being of Iowa youth who would ordinarily be sent to shelter care from referrals by the DHS, Juvenile Court Services (JCS), and law enforcement (LE). These measures focus on safety in care, reduction in critical incidents while in juvenile shelter, prompt screening for the applicability of alternatives to prevent removing a child from their home by diverting from shelter, school attendance and progress reports, and satisfaction with the program.

The intent 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, e.g., mobile crisis teams, family conflict mediations or in-home services provided to the child and family before removal from the home, 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 go directly to shelter care. Child Welfare Emergency Services are not mental health emergency or crisis services.

The performance measures developed for this program were 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, DHS, in collaboration with its contractor partners, evaluated the performance measures to make minor adjustments, as needed, to clarify or strengthen the measures.

This continues to be an ongoing process. 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. On an ongoing basis, the DHS worked to address errors in the system. Because the system relies on entry by contractors themselves, DHS and contractors collaboratively addressed problems or inaccuracies along the way.

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 3(aa): Percentage of Children Safe from Abuse or Neglect in CWES Juvenile Shelter Care (SFY 2015)

Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,685	2,685	100%

Source: Iowa DHS internal utilization and abuse data

- **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.

During SFY 2015, there were 1,695 incidents reported in the following categories. Overall, this was a 20% reduction in the number of critical incidents reported from SFY 2014 to SFY 2015.

Table 3(bb): Type, Number and Percentage of Reported Incidents

Type of Incident	Number Reported	Percentage Reported
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.	261	15%
Behavior resulting in self-harm	116	7%
Behavior resulting in damage to property	88	5%
Runaway or other absence without leave for any period of time	587	35%
Police calls made due to a child's behavior or other action	162	10%
Placement into juvenile detention	50	3%
Use of physical restraint as defined and allowed by licensing regulations ²	431	25%

Source: Iowa DHS online reporting system where contractors self-report this data.

Individual contractors continue to develop annual individual reduction goals. This process allows both the DHS and its private partners to identify 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 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 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.

² Shelter staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

For SFY 2015, all CWES contractors reported a collective 75% diversion rate, which reflects 1,123 youth of a possible 1,504 diverted from placement. The individual contractor percentages ranged from a high of 98% (identical to the previous year) to a low of 10% for those shelters with diversions. Three (3) of 13 contractors were below the 50% mark with one shelter unable to report any diversions (Note this program has a low utilization rate and the number of youth to consider here is nine).

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 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.

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 2015, of 2,575 youth screened for CWES, 1,071 were court ordered directly to shelter, limiting the number of possible diversions to 1,504. "Court-ordered directly to shelter" means the youth are referred to a CWES program with a court order already directing 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 would not be limited to, youth discharged from juvenile detention and unable to return home or youth court ordered to an out of home placement such as group care or a PMIC but awaiting a bed there. Depending on the circumstances of the placement, CWES providers work with the placement attempting to shorten the stay. Enhanced collaboration system-wide continued to let this service evolve to help keep children at home, i.e., strengthening approaches that promote consideration of alternatives to placement when possible in lieu of going directly to shelter. Contractors and referral workers reported that attitudes are changing regarding shelter use and need. While the number of youth court-ordered directly to shelter is still higher than the DHS would like, shelter use continues on a downward trend. The daily average number of children in shelter in SFY 2014 was 161. In SFY 2015, the daily average number of children in shelter was 156.

- **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: Contractors will assure that children in CWES Emergency Juvenile Shelter Care attend, at a minimum, 90% of all scheduled school days.

Four (4) of 13 contractors met the 90% target for Well-being Outcome 1. Six (6) of the 13 were in the 80 - 89th percentiles.

- **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 contractor 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. Three (3) of the 13 were in the 80 - 84th percentiles.

- **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 3(cc): Performance Results SFY 2015

Number of CWES Screenings	Number of Surveys Completed	Number of Surveys Indicating CWES Was Effective	Percentage
2,575	796	653	82%

Source: Iowa DHS online reporting based on surveys automatically sent to referral workers upon referral and dependent on them responding in timely manner to the survey.

This measure needs to show improvement in both the achievement of a 90% satisfaction rate (although this is a 1% 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 four of the four areas do not count toward achievement of the 90%.

Foster care services

Table 3(dd): 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
2015	1707	1846	816	71
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

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

Although the period ending September 30, 2015 shows a slight decrease in relative placements with a slight increase in foster family care and supervised apartment living, Table 3(dd) shows a trend of decreased usage 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 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 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 long 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 who have the ability to interact in a community environment with varying degrees of supervision. Children adjudicated either as a child in need of assistance (CINA) or for committing a delinquent act 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 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 private 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 3(ee): Percentage of Children Safe from Abuse or Neglect in FGCS (SFY15)

Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,278	2,278	100%

Source: DHS internal utilization and abuse data

- **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.

During SFY 2015, there were 4,267 incidents reported in the following categories. Overall, this was a 3% reduction in the number of critical incidents reported from SFY 2014 to SFY 2015.

Table 3(ff): 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	304	7%

Table 3(ff): Type, Number and Percentage of Reported Incidents

Type of Incident	Number Reported	Percentage
physician's office.		
Behavior resulting in self-harm	203	5%
Behavior resulting in damage to property	131	3%
Runaway or other absence without leave for any period of time	515	12%
Police calls made due to a child's behavior or other action	226	5%
Placement into juvenile detention	22	1%
Use of physical restraint as defined and allowed by licensing regulations ³	1915	45%
Use of control room as defined by licensing regulations	951	22%

Source: Iowa DHS online reporting system where contractors self-report this data.

Individual contractors continue to develop annual individual reduction goals. This process allows both the DHS and its private partners to identify 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 in 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 2015, six (6) of 15 contractors met the 60% target. This remained the same as in the previous report period. Two (2) of the other contractors were in the 50 - 56th percentiles and nearly everyone else was in about the 30th percentile.

Service contract specialists continue to work with contractors falling short of this goal to identify achievement barriers. Some situations are not conducive to visiting family; e.g., when family or community visits are contradictory to the case plan or determinations are by the court, such as in the cases of youth placed in

³ Group care staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

programs for sex offenders prohibited from contact with others or when there is a termination of parental rights. An additional reason is unavailable transportation if a child is far from home, although some contractors take extra steps to alleviate this problem by transporting youth, providing easy access to local lodging for families, and using internet-based video communications (e.g., Skype).

- **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:* Contactors will assure that children in Foster Group Care attend, at a minimum, 90% of all scheduled school days.

Seven (7) of 15 contractors met the 90% target for Well-being Outcome 1. Four (4) of the others were in the 80 - 87th percentiles.

Contractors self-report this data quarterly using a report form developed between DHS and the contractors. Reasons given for missing scheduled school days included hospitalizations; medical, court, or referral worker appointments; visits with family members; and, illness.

- **Well-Being Outcome 2:** Information held by the contractor 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 contractor shall provide and make this school information available for at least 90% of the children within 14 days of each child's discharge.

Eleven (11) of 15 contractors met the 90% target for Well-Being Outcome 2. Two (2) of the others achieved 89%. Contractors self-report this data quarterly using a report form developed between DHS and the contractors.

- **Supervised Apartment Living Foster Care:** Supervised apartment living (SAL) offers older youth needing foster care the opportunity to transition to community apartment living while still receiving supervision and assistance. There are two types of living arrangements in the SAL program: 1) cluster site arrangements; and, 2) scattered site arrangements.
 - The cluster site arrangement houses up to six youth on a single site with around the clock supervision anytime more than one youth is present. Youth must be at least 16½ years of age to be eligible for SAL cluster site arrangements.
 - Scattered site arrangements are for youth in their own living arrangement; typically an apartment. Youth must be at least 17 years of age to be eligible for SAL scattered site arrangements.

The SAL foster care program's main goal is to prepare youth to successfully transition to young adulthood by teaching them life skills necessary for successful transition. The DHS contracts with six child welfare agencies across Iowa to provide

SAL services. The total number of youth in a SAL program during SFY 2015 was 180, an increase from 133 during SFY 2014. Of the six contractors, most provide services in Iowa's more urban areas; primarily due to availability of apartment units and landlords willing to rent to youth under the age of eighteen and a richer array of community services.

Table 3(gg) reflects data self-reported by the contractors to the DHS for the SFY 2015 (July 1, 2014 – June 30, 2015). Contractors provide monthly reports used to complete the annual reports.

Table 3(gg): SAL Performance Measures and Data for SFY 2015

Outcome	Performance Measure	Cumulative averages for the six SAL contractors' Contract Performance
Safety	There will be no confirmed or founded cases of abuse or neglect of the children in the SAL contractor's care by the contractor or subcontractor or by other children in the contractor's SAL Foster Care program.	99.92%
Permanency Outcome 1	The contractor will ensure at least twice a month contact with a member of the child's positive support system for 75% of the children served.	97.49%
Permanency Outcome 2	The contractor will ensure that 75% of children served participate in organized community activity at least four (4) times per month.	83.16%
Well-Being Outcome	Eighty percent (80%) of children served comply with satisfactory school attendance leading to a high school diploma or equivalency or have already obtained a high school diploma or equivalency.	95.94%

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, available statewide. A combination of state and federal Medicaid funds provide funding for Iowa's family centered services.

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 2015, Iowa

spent \$34,175 for services and thus far in FY 2016 spent \$3,594 as of March 31, 2016. Decreased spending in this category may be due to usage of other funding sources for services or enhanced connection between families and community resources.

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 then successfully reunited with their children for a year or more. Parent Partners provide support to parents involved with DHS and 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 mentor. 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 occurs by providing families with Parent Partners who are healthy and stable, and model success.

Scope of Parent Partner Activities:

The Parent Partner Approach completed its ninth full year of implementation and third year of the statewide contract in SFY 2015. As of the annual reporting period ending June 30, 2015, there were 144 Parent Partners assigned to 1,539 families in 99 counties. Parent Partners continue to provide support for families involved in Family Treatment Court. The types of support and number of times Parent Partners provided each service to families this year includes, but is not limited to:

- FTDM: 1,226
- Support family in Court: 3,821
- Support parent before/during/after visitation: 962
- Face-to-face contact (not including the items above): 21,529
- Committees related to child welfare: state 41, local 274
- Child welfare DHS new worker orientation: state 4, local 10
- Community Partnership for Protecting Children: state 13, local 331
- Speaking engagements and program awareness: state 5, local 145
- Other meetings, trainings and activities: state 128, local 727

Parent Partners and Diversity:

During the Parent Partner Statewide Steering Committee meeting, each service area assessed the diversity of the Parent Partners in relation to the population and developed and shared a plan for recruiting Parent Partners in order to be more proportionally representative and serve populations more effectively. This plan included recruiting more men and diverse populations to become Parent Partners. Iowa

implemented local recruitment plans and, as a result, there was an increase in participation by men and more diversity. There are now 33 men, 13 African Americans, 6 Latinos, 1 Native American, and 1 Asian American participating as Parent Partners. The effort to incorporate diversity also included management positions. Across the state, there are currently 4 African American Parent Partner Coordinators and 1 African American Service Area Coordinator.

A local Parent Partner Coordinator, as a part of this recruitment plan, was successful in engaging members of the Meskwaki tribe. Currently, a Parent Partner mentors three Native American parents who live on the Meskwaki Settlement and one expressed interest in becoming a Parent Partner. The Elders of the tribe invited the local coordinator to share information about the Parent Partner approach.

Summary of Parent Partner Collaborative Efforts and System Impact:

- Strengths:
 - Well trained Parent Partners successfully provide mentoring supports and involved in hundreds of committees and trainings locally and statewide.
 - Systemically, Parent Partners have a voice in policy and practice.
 - Service Area Steering Parent Partner Committees meet regularly to review referral and intake data and set goals for implementation.
 - Parent Partner Management Team and State Parent Partner Steering Committee regularly review outcome data and administrative data to determine impact. This data analysis serves as a feedback loop for program improvement.
- Opportunities for Improvement and Next Steps:
 - Continue to build capacity and strengthen partnerships in selected areas as needed based on referrals and intake data.
 - Develop on-going financial literacy and career development opportunities for Parent Partners.
 - Increase funding to expand mentoring supports to all out-of-home cases.
 - Explore opportunities to expand mentoring supports to in-home cases and prevention approaches.

Iowa provides *Time-Limited Family Reunification Services* to a child 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 or supervision. 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 Services. For SFY 2016, DHS central office staff removed some of the funding, usually allocated to the five services areas, to include in the Family Safety, Risk and Permanency (FSRP) services contracts since these contracts included facilitation of family team decision-making (FTDM) meetings, which were previously included in the menu of services for Time-Limited Family Reunification Services. For the balance of

the funding, central office staff allocated to the service areas funding 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, the service area's Decategorization (Decat) committee has responsibility for projects funded under Time-Limited Family Reunification Services. The service areas utilize the funds and monitor their contracts.

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

- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who demonstrate the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials demonstrate 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, DHS staff uses mediation 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)
- **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 the Iowa Department of Transportation, transportation provided by Child and Family Advocates, etc.

**Table 3(hh) - Usage of
Time Limited Family Reunification Funds
(SFY 2013 - 2016)**

Services	State Fiscal Year (SFY)			
	2013	2014	2015	2016 (thru 3/31/16)
Access and Visitation Services*	63%	29%	29%	59%
Family Team Decision-Making	5%	54%	55%	--
All Other Counseling	10%	14%	2%	0%
Parent Partners	21%	--	--	--
Substance Abuse (SA) Services	0%	3%	6%	12%
Mental Health (MH) Services	0%	0%	7%	29%
SA and MH Services Combined	0%	0%	0%	0%
Transportation	0%	0%	<1%	0%
Domestic Violence Assistance	0%	0%	<1%	0%

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

Note: Parent Partners is not an available service beginning in SFY 2014 due to funding mechanism change. Family Team Decision-Making is not an available service beginning in SFY 2016 due to statewide contracts.

In SFY 2015, some service areas did not utilize all the funding allocated to them. These funds will be utilized in the FSRP contracts for FTDM facilitation. If reauthorization of these services does not occur or program requirements change, Iowa will re-evaluate utilization of these funds to determine the best possible usage to promote achievement of positive outcomes for children and families served by the child welfare system.

Reimbursement of Legal Fees: If children cannot be reunified safely with the parent from whom they were removed, the children may experience permanency through guardianship or transfer of custody through district court. DHS continues to reimburse legal fees associated with achieving permanency for children through guardianship or a modification of a prior custody order between parents in district court. As shown in Chart 3(g), payment of legal fees was at its highest in 2010, decreased significantly between 2010 and 2011, remained mostly constant between 2011 and 2014 with the exception of SFYs 2012 and 2013, and then increased in 2015. 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 3(g): Legal Fees Paid to Achieve Permanency
(SFY 2010-2016(thru 3-31-16))**



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

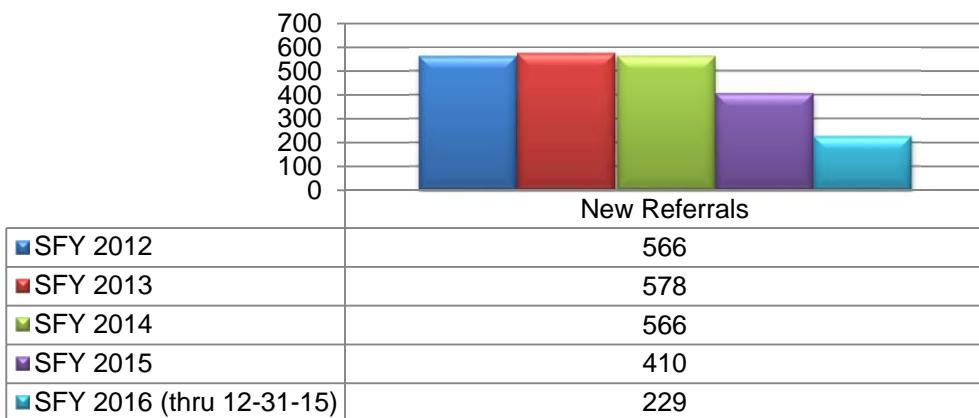
Families can self-refer or be referred by DHS or other provider staff for post-adoption services through Iowa KidsNet. DHS staff and post-adoption support staff strive to meet with families prior to finalization in order to provide information about services that are available.

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 receive any component of post-adoption services. However, Iowa KidsNet tracks the number of referrals received in a month. A contractual requirement for Iowa KidsNet is to contact 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 also tracks 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 reported to DHS if they request post-adoption services. Any information regarding disruptions or dissolutions is reported by the family since Iowa KidsNet may not be involved at that time or know there was a disruption or dissolution.

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

As shown in Chart 3(h), post-adoption support services experienced a decline in new referrals from SFY 2014 to SFY 2015 and this trend may continue in SFY 2016.

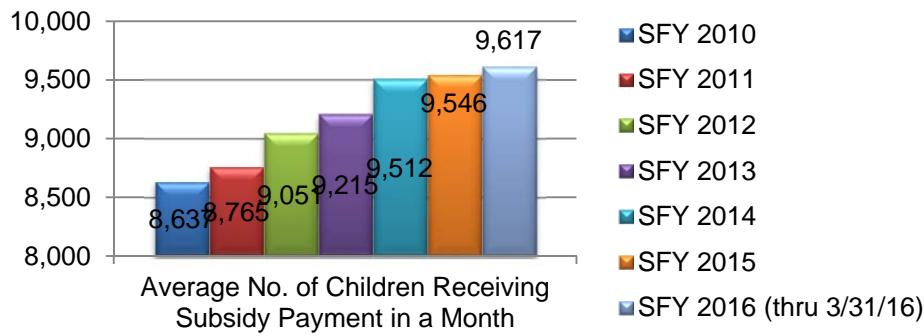
**Chart 3(h): New Referrals for Post-Adoption Support Services
(SFY 2012-2016 (thru 12-31-15))**



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, 2016, an average of 9,617 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 3(i): Average Number of Children Receiving Adoption Subsidy Payment in a Month (SFY 2010 - 2016)



Source: DHS

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

Service Array and Resource Development - Assessment of Strengths and Opportunities for Improvement

Stakeholder Feedback

DHS gathers qualitative data from stakeholders through collaborations, including those mentioned in other sections of this report and previously in this section of the report, with the following focus groups/entities providing feedback of strengths and opportunities for the service array:

- Foster Care Youth (Achieving Maximum Potential (AMP)):
 - February 18, 2016 – The focus group comprised 30 AMP youth, who were of various ages (13-20's), races, and experienced a variety of foster care placement settings (shelter, foster homes, etc.).
 - May 12, 2016 – The focus group comprised 15 AMP youth and then a smaller group of three youth were chosen to explore caseworker visits, caretaker quality, and support services in more depth.
- DHS staff reached out to the Parent Partner Coordinators from all five service areas to gather written feedback, reflected in this section as Parent Partners.
- DHS program manager for Community Care and Family Safety, Risk and Permanency (FSRP) services had a discussion with the contractors this Spring.
- Foster care providers – DHS is in the process of conducting individual interviews of foster parents so no information is available at this time. Information regarding these interviews will be provided in next year's APSR.

Identified strengths:

- Iowa has a wide array of services within its child welfare system.
- Parent Partners feedback:
 - "Keeping services in the most family friendly way is the key to success."
- Youth feedback (positive impacts):
 - "My foster parents actually gave me a place to call home. They gave me a place to spend the holidays."
 - "Mentor showed me the right path instead of jail."
 - "Correction Officer sat me down and explained the system to me and showed me as a fellow black man that the system will keep me locked up if I don't straighten up."
- In conversations with the Community Care contractor, Mid Iowa Family Therapy Clinic, Inc. (MIFTC), the data appears to support that Iowa's Differential Response (DR) System works and the transition to family assessments went very well. It will be interesting to see what the data shows upon increasing the look back period from six (6) months to twelve (12) months for repeat maltreatment. The twelve (12) month timeframe should truly measure how successful families are who participate in service intervention. The challenge is defining success: How do families know they are successful? Does it align with what DHS defines as successful? Or what the Community Care case manager defines as successful? These are questions to consider as we move forward with reviewing and evaluating the data when available.

- In conversations with the SP/FSRP Services contractors, the contractors concurred that the data appears to support that the DR System works. Also contractors achieved identified outcome and performance measures.

Identified opportunities for improvement:

- Parent Partner feedback:
 - “Communication between the family and those services [service providers] to ensure those services...address the needs as the family see's they are needed.”
- Youth feedback:
 - Provide youth more information on clothing allowance, particularly the frequency and approval process for a clothing allowance.
 - Need for more qualified staff in shelters, that understand behavioral problems, which may be more about a need to talk
 - “More people to understand us”
 - “No place for us to hang out outside of programming”
 - Support systems change according to location; some services don't carry over when going from one place to another.
- In conversations with MIFTC, one area needing improvement includes availability of affordable and safe housing for families referred to Community Care, including the ability to obtain furniture so families can furnish their homes. Other areas needing improvement include transportation issues, confusion regarding changes around eligibility for managed care organizations (MCOs), and services/resources available in rural areas.
- In conversations with SP/FSRP contractors, one area needing improvement includes building capacity for FTDM and YTDM meeting facilitators under the current contracts, currently addressed through additional offerings of the training. Another area needing improvement is the current referral process, which is being addressed through recommendations to a consistent automated process. The FSRP Services contractors identified challenges to providing services which include: hiring qualified staff, staff retention, transportation requests, as well as frequency of supervised family/sibling interactions, language barriers, cultural differences, and geographical locations for mental health services, substance use/abuse services/treatment, and Behavioral Health Intervention Services (BHIS).
- Court orders that directly order children into shelter placements, without consideration of possible Child Welfare Emergency Services (CWES) interventions to avoid placement or less restrictive foster care placement settings

Solutions:

- Youth feedback:
 - Volunteers/hired staff to help with transportation issues
 - Coordinate a place for youth to get together and hang out
 - Ways communities can support youth in foster care:
 - Raise funds for clothes, toys, games, books, school supplies, etc.
 - Higher clothing allowance
 - More scholarships
 - “Help find a man to take me to the barber shop”

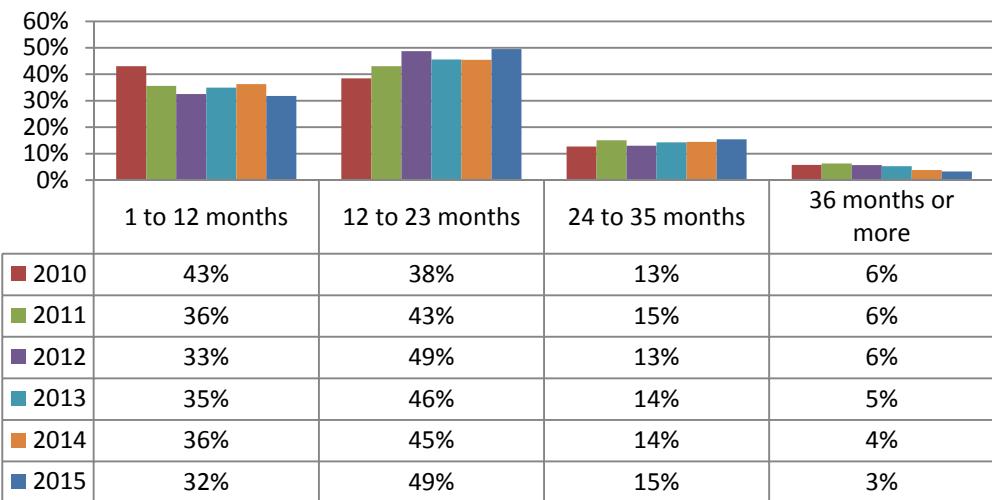
- Be a mentor: someone who has been in the system or knows what it is like to be in foster care
 - “Take me to church”
- MIFTC creatively looks at ways to establish a “free store” that will allow them to accept furniture and other items as donations and keep in a warehouse. As needs are identified during service delivery, items would then be provided to families as appropriate.
- One strategy to address the confusion regarding MCOs is to educate contracted provider staff so they can carry the message forward to the families they work with during the provision of services.
- The Child Welfare Services Workforce workgroup developed under the Child Welfare Partners Committee (CWPC) will focus on the concerns raised by SP/FSRP contractors regarding staff qualifications and staff retention. The current CWPC strategic plan identified a focus area on child welfare service array contracts with the objective to ensure competent and skilled staff to fully meet contractual terms of service. This workgroup will review current contract expectations, staff qualifications, and other necessary components to build a competent, diverse workforce consistent with families served.
- The other identified challenges, raised by Community Care and SP/FSRP contractors, continue to be discussed at both the local and state level to identify strategies to address these barriers. Other entities need to participate in these conversations in order to address these barriers and move forward with improving the child welfare system.
- Work with Iowa Children’s Justice more to address identified court issues

Also see additional opportunities for improvement and solutions identified in Section IX, Chafee Foster Care Independence Program (CFCIP), Local DHS transition committees.

Services for Children under the Age of Five

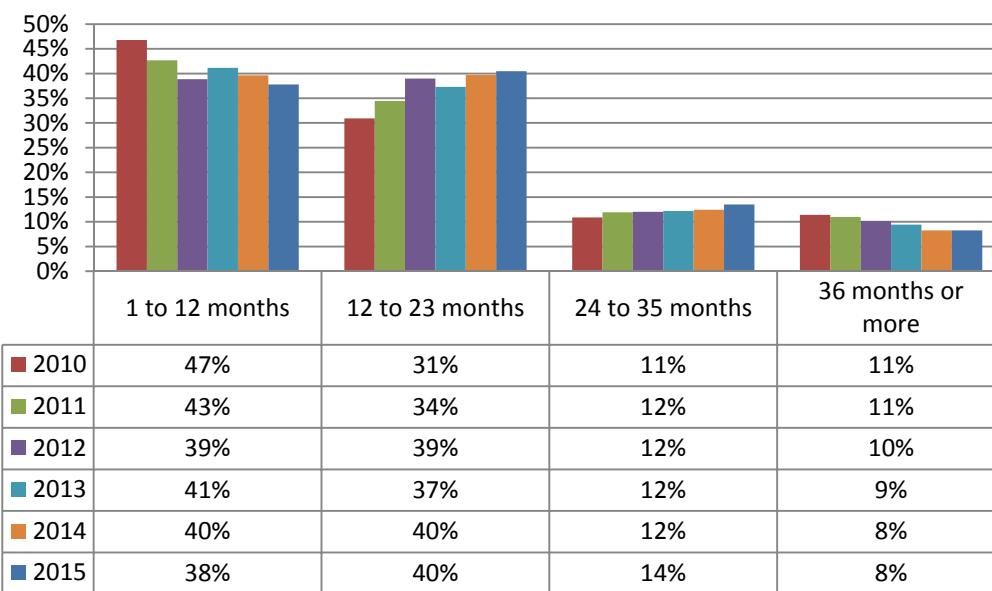
Activities to Reduce Length of Stay for Children under the Age of Five in Foster Care
Iowa continues and will continue to analyze data regarding the length of time children under the age of five are in foster care without a permanent family in order to determine the need for specialized interventions. Chart 3(j) 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 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 3(k) shows that about 38% of all children exit foster care within 12 months and about 40% exit in 12 to 24 months while about 22% tend to stay longer.

Chart 3(j): Children Who Entered Foster Care at Age 4 or less and Exited Care During the Year by Length of Stay



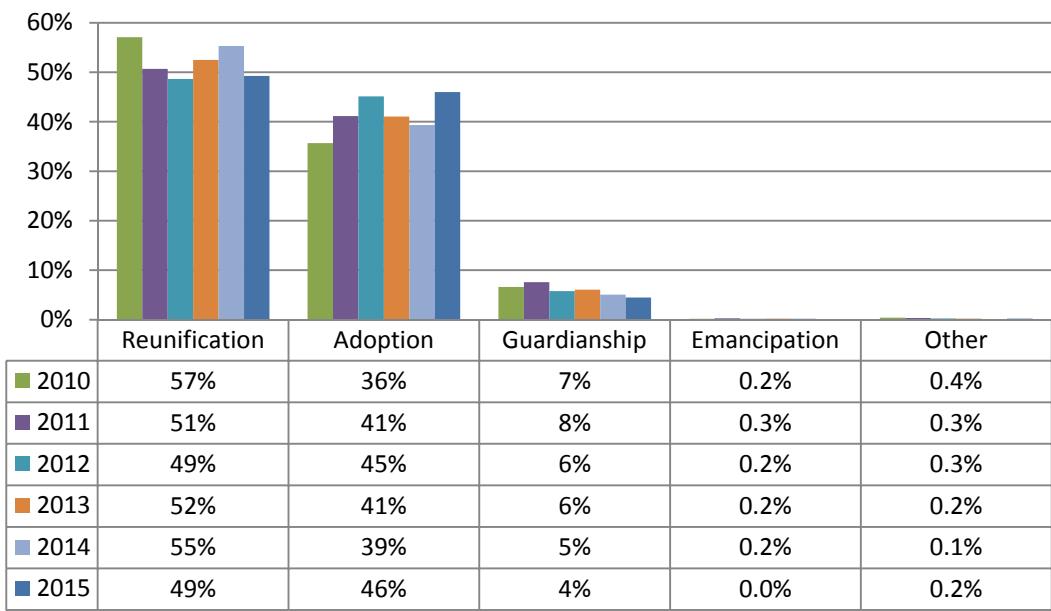
Source: Iowa SACWIS AFCARS Extracts

Chart 3(k): Children Who Exited Foster Care by Length of Stay (FFY2010 to 2015)



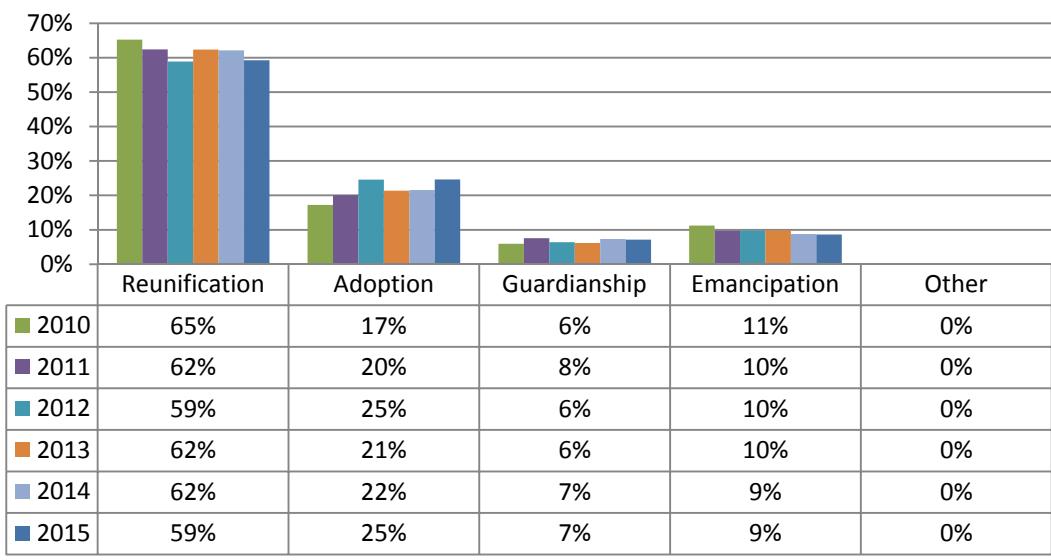
Source: Iowa SACWIS AFCARS Extracts

Chart 3(l): 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 3(m): Exit Reasons of Children Exiting Foster Care (FFY 2010 to 2015)



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 (46% vs 25%) 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 encourages workers and service providers to make referrals. It remains the parent(s) option to seek evaluation and services from EA.

Table 3(ii) 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 3(ii) – 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
2015	279	13.9%
2014	329	13.7%
2013	363	12.9%
2012	382	12.7%
2011	404	14.6%
2010	556	14.8%

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

During SFY 2015, the number of children, following a CPA, who were eligible for a referral and, as a result, received services declined from 329 to 279. However, the percentage of children increased slightly for the second year, 13.7% to 13.9%. 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 the DR system, there are fewer children identified as substantiated “victims”, meaning the number of automated referrals decreased.

Table 3(jj) shows the number of children in foster care on an IFSP.

Table 3(jj) - 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
2015	384	23.2%
2014	405	24.7%
2013	456	27.9%
2012	459	25.5%
2011	788	32.4%
2010	713	29.2%

Source: Iowa Department of Education and DHS

During SFY 2015, the number of children in foster care who received services declined slightly to 384 (from 405 in SFY 2014).

The DHS and the DE continue to work through the EA state team and with Area Education Agencies (entities that provide Early ACCESS services) to build upon existing collaborations between local DHS offices and AEA 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.

Beginning in June 2016, all child protective workers and ongoing case managers will participate in a training that will include Early ACCESS services information and referral options. The DHS continues to explore additional ways to inform the field about Early ACCESS referrals.

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. Additionally, the rollout of SafeCare, described earlier in this section under Community Care, can include children in foster care under the age of 5. Another public service available to families is Head Start and Early Head Start. Social work case managers may discuss these services with families, with the families accessing services through direct application to the programs.

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 have the ability to access support groups through IFAPA and Iowa KidsNet. Training through IFAPA is also open to any adoptive family, including families who adopt from other countries. 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. However, 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 served in FY 2016 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 14 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 Iowa Administrative Code (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 2017 includes all of the above mentioned in numbers two through five. Number one changed to meet the Preventing Sex Trafficking and Strengthening Families Act (SFA) requirements of serving youth currently in foster care who are 14 years of age or older.

The estimated number of youth served in FY 2016 was 4,071; based upon an unduplicated count of 3,311 youth served in foster care ages 14 and older in SFY 2015 and 760 youth served in the aftercare services program in SFY 2015. In SFY 2015, 1,194 children entered care age 14 and older, whereas 1,498 exited foster care at age 14 and older during the same time period.

Collaboration and Program Support

See information below under *Specific Accomplishments Achieved to-date in FY 2016* and *Planned Activities for FY 2017*.

Specific Accomplishments Achieved Since the 2015-2019 CFSP and the 2016 APSR Submission for FFY 2015-2019 CFSP Goals:

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.

- **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) completed and reported on Benchmark 1.1.a in last year's APSR. In light of the Preventing Sex Trafficking and Strengthening Families Act (SFA), Iowa adjusted transition planning efforts to reflect initiation of transition planning no later than age 14, for a child in foster care. Accordingly, updates were made to all guidance documents and tracking tools, including but not limited to; new worker training PowerPoint, provider training tools, TPS transition tracking spreadsheet, Iowa Transition Planning Laws document, and the Eligibility Cheat Sheet document.

At the end of May 2015, DHS established a task team to develop a statewide transition planning protocol training, including products and documents, to be in compliance with SFA. The task team developed the training, training products and documents to complement existing training, training products and documents developed in 2014-2015 for youth in foster care ages 16 and older.

- **Benchmark 1.1.b:** Implement statewide training to DHS service area managers (SAMs), social worker administrators (SWAs), social worker case managers (caseworkers) and juvenile court officers (caseworkers) and caseworker supervisors.

In 2014, the DHS' transition planning specialists (TPS, one for each of the five DHS service areas) along with other staff, including DHS field and policy staff, developed a process to ensure consistent transition planning on a statewide basis based upon best practice across the state and developed standard training products and tools. Because there often is no way of knowing exactly when a youth will exit and there is an assumption that every youth needs help transitioning, DHS provides transition planning supports for all youth age 14 and older in foster care. DHS implemented during the entire reporting period the training developed in 2014, with updates in 2015, to implement SFA. TPSs utilize videos of Iowa youth sharing their perspective of the difficulties they encountered transitioning out of care and insights for caseworkers as they work with teens.

The current training process includes requirements around the five primary components of transition planning: 1) housing; 2) positive support system; 3) education; 4) employment and; 5) health care and access to health care. TPS share 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; and
- a written transition plan for each youth in foster care age 14 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 a high school diploma 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 Casey Life Skills Assessment (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; and
 - 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.

TPS visit DHS county offices throughout their service area on a periodic basis, some monthly and some less frequently, but always as needed to support the area. They provide formal trainings, attend team meetings, and just "take work and camp out" in order to get some work done while being available for questions as needed. TPS train staff at on-going in-service staff trainings and work with caseworkers throughout their area on an individual basis on difficult cases regarding transition needs.

TPSs report more frequent invitations to youth transition decision-making (YTDM) meetings or other youth centered meetings. They encourage case managers to invite them, even if they are not needed at the meeting, in case they want to sit in and observe. TPSs also are available by phone to assist before, during, or after a meeting. TPSs contemplate that as they spend increasing amounts of time with juvenile court officers (JCOs), that some are getting quite good at foster care transition. TPSs speculate that JCOs only work with teens, and therefore, have a focus area on teen development. TPSs wonder if DHS should be using workers who specialize in teenagers as well, to keep them more familiar with the population.

- **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.

TPS partnered with DHS central office staff and the Foster Care Youth Council to develop a DHS training, as described above. Each service area has a TPS who utilizes a variation of the DHS training, to deliver required transition planning information to providers. For example, the Northern Iowa Service Area (including Waterloo) participated in five Transition Planning trainings in the community, including local Foster Parent Association, Area Education Agency (AEA) panel, AEA Transition Fair, Achieving Maximum Potential (AMP), ASK Resource Center and Iowa Foster and Adoptive Parent Association (IFAPA). The experience of using some of the tools in small workshops and presentations in team meetings of partner agencies helped DHS determine the path needed to develop the provider training for year three. DHS identified the Independent Living (IL) Coordinator, the Education and Training Voucher (ETV) Coordinator, and all of the TPS to participate in development of the provider training. Youth and provider representatives also will be invited to participate in the final development and review of the training materials.

- **Benchmark 1.1.d:** Implement care provider training on a statewide basis; training will be on-going.

As required by the SFA, TPSs created and delivered a webinar that addresses changes to transition and reinforces existing practices, such as the new start date for formal transition planning and enhancements to the youth centered transition process. The webinar is available for viewing by DHS/JCS, all providers, and to the public. To achieve this benchmark, additional provider training, similar to earlier training but tailored better for the audience, will be delivered on a statewide basis. Also, follow-up training will be scheduled as needed. The rollout will include direct and/or web-based training for group care facilities, shelter facilities, training for supervised apartment living foster care staff, family foster care and relative care families. Training, to reach foster and relative care families, needs to take various approaches, including training through IFAPA, training conducted during foster family support group meetings, and training for the recruitment and retention contractor staff.

In this reporting period, DHS contracted with Iowa Foster and Adoptive Parents Association (IFAPA) to deliver training to foster parents about the benefits of successful transition of youth in foster care to adulthood. The 2016 conference, entitled "Together We Can", enlists providers, researchers, counselors and others to deliver a message of inclusiveness and support to participants from the foster care and disability systems. Breakout sessions deliver program specific information, such as foster care transition protocol. This conference provided another opportunity for DHS to learn about the training needs of provider caretakers. TPSs will present information on the policy and casework requirements for foster care transition, acknowledging that transitioning to adulthood is a challenging time in a youth's life. The training provides inspiration and ideas for a caretaker to use high expectations, planning, specific transition requirements and deadlines, and ways to engage the child's family in this process. IFAPA partnered with ASK resources on this project. ASK resources is a private non-profit agency with a great deal of experience supporting policies and practices for persons with disabilities. DHS embraced the opportunity to learn from the common aspects as well as the differences in the disability and foster care transition systems. The training offers five opportunities for participants to attend, in various sites across the state.

- **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.

Please see information regarding YTDMs in Section III, Service Description Update, Treatment Services and Foster Care Services, Family Safety, Risk and Permanency (FSRP) Services.

Goal 2: Review and update the transition plan within the case permanency plan.

The second goal of the Chafee program is important, but challenging to implement, which is why DHS set five year benchmarks. Transition plan updates will ensure documentation of federal and state transition requirements, such as the content for the assessment of needs for housing, health, education, employment, and relationships of youth and that transition planning supports and services are in place. Getting it right requires engagement of several internal managers and systems.

DHS' plan for the next reporting period is to engage the DHS Service Business Team (SBT) to prioritize the system change efforts necessary to update the case permanency plan. Also, DHS will identify the necessary DHS staff and partners that need to be represented in the discussion. This would include, but is not limited to, DHS policy, field, and information technology staff, juvenile court, youth, etc.

Goal 3: Utilize NYTD and other existing data to improve service delivery.

Objective 3.1: Analyze the results of existing and on-going data.

As described in last year's APSR, Section IX - Chafee Foster Care and Independence Program (CFCIP), DHS 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 2015. DHS staff accessed data from national youth in transition database (NYTD), the adoption and foster care analysis reporting system (AFCARS), aftercare, and other systems. DHS policy staff hosted the workgroup meetings and will continue to monitor the workgroup for performance and documentation.

The intent of the workgroup remains to utilize existing data to improve programming as well as to identify where we have gaps in data, all in the area of foster care transition. The workgroup will examine services that youth receive in care and compare that information to the outcomes of youth at age 17, 19 and 21. 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 evaluating and possibly tweaking transition services.

- **Benchmark 3.1.c:** Establish necessary written agreements for activities required to analyze data by the end of year 1.

DHS planned and thought an agreement for data sharing activities was necessary to complete the goals. DHS committed to developing such a document by September 30, 2015, if necessary. However, DHS shared data successfully by de-identifying the data and providing the data in aggregate, thereby ensuring non-disclosure of any individual youth's identity. Therefore, a data sharing agreement was not necessary and DHS deletes this benchmark.

- **Benchmark 3.1.d:** Workgroup develops a data analysis plan, including a timeline and on-going activities, and receives leadership approval by end of year 2.

A data analysis plan will be developed by September 30, 2016. Workgroup planning activities will occur this fall.

DHS promised an initial data analysis report for stakeholders, including NYTD and other useful transition data to be shared by September 30, 2016. DHS shared the baseline and follow up of the first full NYTD cohort, with the Youth Policy Institute of Iowa (YPII), which is also an Iowa Aftercare Services Program (Aftercare) subcontractor. YPII handles the data reporting for Aftercare and already began to generate information for the first NYTD cohort. This information, with Aftercare Core Client Outcomes and select AFCARS aggregate data, will comprise the 2016 workgroup dataset.

In years FY 2017-2019, the DHS will continue to provide and review with the data workgroup a data analysis report. The data included and the composition of the report will be determined. The report is a fluid tool, which will adapt over time to meet the needs of the group and to best inform policy and practice in foster care transition.

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.

As described in last year's APSR, Section IX - Chafee Foster Care and Independence Program (CFCIP), DHS staff developed a written document explaining the CFCIP benefits available to youth 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 with the instructions to ensure adoption caseworkers place the document in each adoption packet that adoptive parents receive upon adoption.

Although DHS achieved this benchmark last year, DHS continues to monitor implementation of this practice to ensure all children adopted at age 16 and older have the information. The DHS adoption program manager is confident the document is in the adoption packet and explained to the child and adoptive parent(s). However, DHS will continue to monitor implementation in the next reporting period.

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.

In last year's Annual Progress and Services Report (APSR), Iowa reported child welfare's "kickoff" to work to identify and serve victims through the DHS coordinated *All Roads Lead to Safety Training*, held April 17, 2015, at the Des Moines Botanical Center. The one-day event provided information about the issue, child welfare obligations, and the existing infrastructure for identifying, serving, and supporting victims of trafficking. The event utilized a provider panel and legal expertise to attract a cross system audience. Key policy and practice presentations were flanked by inspirational messages from the Director of DHS and the Iowa Attorney General.

Activities completed to date to implement SFA, sex trafficking:

- 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". Caseworkers who identify a child victim of sex trafficking report to child abuse intake and to local law enforcement immediately. Staff also 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.
- DHS conducted webinar training on child trafficking for all social work case managers (SWCMs), child protective workers (CPWs), service supervisors, social work administrators (SWAs), etc. Completion of the training occurred on July 9, 2015 and the webinar remains on the DHS Training website (Categories, Informational Sessions, Human Trafficking) for viewing by staff.
- Developed, submitted, and implemented Service Requests to report the total number of children and youth (whom the DHS has responsibility for placement, care, or supervision) who are sex trafficking victims, which was completed on September 29, 2015.
 - Implemented child welfare information system (CWIS) changes in Joining Applications and Reports from Various Information Systems (JARVIS):
 - Intake Information Screen and tab in JARVIS and on Additional Information Section of Intake Form
 - Added "HISTORY OR KNOWLEDGE OF HUMAN TRAFFICKING" below the current heading, 'HISTORY OR KNOWLEDGE OF LANGUAGE BARRIERS/DISABILITIES'
 - On the Child Edit Screen of Household Composition Tab for Child Abuse Assessment in JARVIS:
 - Added the question – Was the child a sex trafficking victim? (Answer: Yes or No)
 - Added a "?" button to help CPWs to determine if a child is a sex trafficking victim by listing definition of sex trafficking victim
 - After the question, added a date field entitled "Date Law Enforcement Notified"
- Reviewed the federal Child Welfare Policy Manual regarding claiming title IV-E foster care administrative costs for identification of sex trafficking and for associated case management as administration.

- Enlisted child welfare program managers to educate and train providers on requirements around identification and reporting of child sex trafficking.
- Finalized and trained DHS and provider staff using “Trafficking Indicators”.
- Finalized guidance and trained DHS and provider staff using specific DHS segments of Life of the Case: child abuse intake, child abuse assessment, and case management. The guidance provided an overview of the law, and things to keep in mind. DHS and providers of shelter and group care providers, for example, have a focus area around runaway youth.
 - The information that follows is an excerpt from the guidance provided to DHS staff and providers:
 - ***Primary Factors that Contribute to a Child Running Away***
 - Reason why child is placed out of home (e.g., child kicked out of their parents'/relative's home).
 - Extended lengths of stay in placement.
 - Type of placement (elopement is more likely from group care placement versus foster home placement).
 - Placement that is terminated due to child's behavior.
 - Substance abuse issues.
 - Mental health issues.
 - Youth identifies him/herself as LGBTQ
- **Benchmark 6.1:** Identify advocacy networks and public leaders in the effort to end human trafficking in year 1.

In Iowa, the fight is on against human trafficking, as made clear in Chief Justice Cady's January 2016 State of the Judiciary speech to the Iowa General Assembly,

“We can no longer view human trafficking as a problem for major cities in America. It exists as a dark underworld in many communities across Iowa and is associated with some of Iowa’s most iconic places and events. There is no justice when children are abused and exploited. A prompt, comprehensive and coordinate effort is needed to identify victims of human trafficking and provide the services and protection they need.”⁴

On January 26th, 2016, Governor Branstad signed an Executive Proclamation that “Human trafficking is a form of modern day slavery and is a crime against humanity....and Iowa is committed to protecting victim’s rights and restoring their dignity and freedom”. The proclamation also observed January as National Slavery and Human Trafficking Awareness and Prevention Month.

Additionally, the DHS’ Council on Human Services (Council) reinforced the efforts of DHS by enlisting the division of Adult, Children and Family Services (ACFS) staff to provide a presentation about DHS’ anti-trafficking efforts. The Council meeting notes

⁴ <http://www.desmoinesregister.com/story/news/crime-and-courts/2016/01/13/cady-looks-boost-courts-role-human-trafficking-fight/78732638/>

reflect that ACFS representatives reported on DHS' pre-file legislation, Senate File 2258, to fully implement the SFA.

The bill articulates the following child welfare obligations:

- Identify and make services available for victims and children at risk of sex trafficking.
- Ensure children and youth have adequate social and developmental opportunities and that caretakers apply the 'Reasonable and Prudent Parent Standard'.
- Support youth expected to "age out" of care through improved case management.
- Avoid Another Planned Permanent Living Arrangement (APPLA) for children under the age of 16.

Also discussed at the DHS' Council:

- Identifying sex trafficking victims
- Anti-trafficking efforts
- Indicators of trafficking

The DHS' Council praised and reinforced the DHS' efforts by confirming the prevention of child sex trafficking and the identification of and services to victims of child sex trafficking as vital to the DHS mission to keep Iowa children safe.

DHS remains connected with Mike Ferjak, of the Iowa Attorney General's Office, who continues to be committed to cross system efforts to end trafficking and hold perpetrators accountable. Another strong partner, Captain Curtis Henderson of the Iowa State Patrol, retired. DHS expects a sustained effort from the state patrol and key child advocacy center leadership, who are effective allies in the effort to inform, identify, and serve victims of human trafficking.

DHS extensively utilized resources and trainers from provider networks against trafficking, such as the Polaris Project and the Central Iowa Service Network Against Human Trafficking. DHS is a partner in the growing Central Iowa Services Network Against Trafficking, a group initiated in 2014 in partnership with the Network Against Human Trafficking. Not only does this group have participation from state agency and provider staff, but the faith community strongly participates as well. One may argue that "Dorothy's House" would not have been created without networking with members of this task force. Dorothy's House is a refuge for young adult victims of trafficking. It is run by a former executive, whose compassion for victims drove her to open her home to them, literally. At this point, children are not served (only young adults), but the founder connected with DHS to explore licensing and funding opportunities. Goals of the Task Force include:

- Develop a Human Trafficking victim services network.
- Develop a "wrap-around care" model to facilitate intervention, rescue healing and restoration.
- Assess and build local capacity for victim services.

In recognition of National Human Trafficking Awareness Month (January), the Central Iowa Service Network Against Trafficking held a lunch and learn with a national leader,

Luis CdeBaca, former Ambassador to Monitor and Combat Trafficking in Persons. DHS child abuse and intake policy staff attended, as did other DHS representatives and advocates. Mr. CdeBaca currently leads the Department of Justice's Office of Sex Offender, Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART).

DHS remains connected to the regional Human Trafficking Networks existing in Eastern Iowa (known as Braking Traffik) and Western Iowa (known as the Innocence Lost Task Force). DHS has representation on both networks.

Strong networks with the provider community allows DHS staff to be better informed, so when partners ask questions, staff have the ability to connect them with networks, guidance and inspiration. For example, Achieving Maximum Potential (AMP) has information regarding the prevention of, and identification of victims of child sex trafficking on their website, http://www.ampiowa.org/en/shots_clips/human_trafficking/.

One of the resources our foster parent support contractor provides is this helpful list of things everyone can do when working with teens:

- Contact your local law enforcement office for resources available in your community.
- Educate yourself and the children within your influence with the videos available at www.netsmartz.org.
- Review the Child Safety & Prevention information at www.missingkids.com/safety
- Show teens the Shared Hope International documentary, CHOSEN, the shocking story of girls targeted and trapped in the violent sex industry <https://sharedhope.org/2012/12/18/chosen-to-be-released-in-2013/>
- Bring Polaris Project trainings to your community <http://www.polarisproject.org/>
- If you suspect ANYTHING, call the national hotline: 888-373-7888
- Show your teen Carissa Phelp's documentary <http://carissaphelps.com/documentary/>, and give your teen her book, Runaway Girl.

Objective 6.2: Increase victim identification through coordinated public outreach and awareness efforts.

At the completion of the April 17, 2015 kickoff event, DHS Service Areas began to develop their own plans for outreach and practice change, which means the anti-trafficking kickoff would not be a “one and done”, but a beginning to clarify expectations and create networks for support and ongoing conversations.

- The Eastern Iowa Service Area held a training with Braking Traffik and others in the on February 18-19, 2016 in Davenport. The training, titled “Human Trafficking: Multi-disciplinary Approach”, included professionals such as law enforcement, attorneys, DHS, juvenile court, victim service providers, child welfare providers, health care providers and school social workers/counselors.
- Western Iowa Service Area completed the following local trainings in 2015:
 - Human Trafficking – Modern Day Slavery, June 2015, Diocese of Sioux City
 - Trafficking Education Presentation – Ruth Buckels, July 2015
 - Crime Victim Assistance Division Training – July 2015
 - Human Trafficking Webinar – DHS staff training

- The Centralized Services Area (CSA) Centralized Services Intake Unit (CSIU) gave several products created for the trafficking kickoff to their teams for their use. The CSIU provided the following information regarding accomplishments in 2015:
 - Each supervisory team discussed the child trafficking intake guidance and indicators at their own team meetings. Each intake worker also watched the Braking Traffic video. Staff received information on Human Trafficking books and statistics. The overall feedback was that the information provided was helpful and informative specifically related to Iowa concerns. CSIU provided follow-up example questions to all intake workers in the event they need to ask more clarifying questions. CSIU also added a section to each intake regarding human trafficking concerns.
- **Benchmark 6.2:** Provide training to staff and contractors in year 1.

DHS continues to provide training to staff and contractors:

- DHS added specific requirements within the DHS contract with Iowa State University (ISU) to address sex trafficking in their training. The ISU Child Welfare Research & Training Project offers this training to foster parents and other child welfare providers at least one time in each DHS service area each year.
- DHS plans to continue providing 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.
- At least annually at quarterly Aftercare meetings, DHS addresses anti-sex trafficking activities and provides updates on activities and policies at DHS to identify and serve victims of trafficking. The discussion also holds providers to high expectations for identifying the needs of the population they serve. DHS staff provided Aftercare staff the checklist of signs of trafficking, as well as offered resources such as the national trafficking hotline.
- All child welfare contracts and request for proposal (RFP) development in SFY 2017 will consider the impact of the SFA legislation on programs, e.g. reasonable prudent parent standard, identification and services for trafficking victims, transition supports, training, etc.
- Training completed in 2015:

Table 4(a): Training Related to Public Law 113-183 (09/29/2015)

	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	1X state-wide	1X state-wide	1X state-wide	1X state-wide

Table 4(a): Training Related to Public Law 113-183 (09/29/2015)

	Human Trafficking	Transition Planning for 14 +	APPLA for 16 +	Reasonable and Prudent Parent Standard
Offered	webinar w/ possible local discussion afterward	webinar w/ possible local discussion afterward, 5 local trainings/SA for a total of 25	CIDS presentation	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 Iowa's child welfare information system, DHS developed new tracking processes, including assessment entries for victims of sex trafficking to ensure collection of reliable state level data to accomplish the provisions in the SFA. These changes are in place for identification of victims, at intake, when a child returns from run, or anytime in the life of a case. DHS started collecting this information required by the SFA on October 1, 2015.

Definition of "at risk of being a victim" will influence the process and reported numbers of victims. The working definition is as follows:

- **At risk of being a sex trafficking victim** means a child who is assessed to have one or more of the following potential risk factors:
 - Reason for entry into foster care
 - Length of stay in foster care
 - Type of placement
 - Previous runaway from care
 - Three or more foster care placements
 - Gone from foster care for 30 days or more

Additional information about victims' services can be found throughout this report. In particular, trauma informed care training is available to all DHS staff, entitled SP 442 Trauma Informed Perspective: A 360° View.

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

The DHS completed implementation of required policy, procedure and processes by September 29, 2015. Guidance from the U.S. Department of Health and Human Services (DHHS) and the SFA informed DHS 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.

In the process of developing programs and practices to identify and serve victims, Iowa learned how important some definitions were. When it comes to determination of who receives the necessary assessment and potential services, words have meaning. It is for this reason that DHS trained staff and providers to understand that an individual at risk of being a sex trafficking victim means a child assessed as having one or more risk factors mentioned in the previous section.

Statutory Changes:

Governor Branstad signed [Senate File 2258](#) on April 6th, 2016, which implements the SFA. The bill makes substantial changes to policy in order to implement requirements of the federal law. For this benchmark, the most significant effects are increased identification of and provision of services to victims and children at risk of sex trafficking.

- “Sex trafficking victim” aligns state and federal policy. Defines sex trafficking as child abuse, thereby allowing a determination of child abuse against the perpetrator and services for the victim.
- Also, when DHS identifies a victim, DHS staff must report the case to local law enforcement for criminal investigation within 24 hours.
- Establishes requirements for DHS to identify and document children at risk of trafficking and victims of trafficking in the case file and ensure appropriate services.

The bill also implements SFA requirements related to case planning and transition planning for youth 14 and older, the reasonable and prudent parent standard, and the restriction of another planned permanent living arrangement (APPLA) only for children 16 and older.

Rule Changes: On October 1, 2015, DHS administrative rules adopted implemented the SFA. Affected were amendments and new sections for DHS rule chapters 441 IAC-112, 113, 117, 175 and 202. The rules implemented the procedures for identification and appropriate child welfare response to sex trafficking when the victim is a child, for certain requirements around foster care transition to adulthood and for reasonable and prudent parenting standards for caretakers of such youth.

The DHS’ processes to report and identify victims work. Since the fall of 2015, DHS saw over a dozen children identified as victims of sex trafficking. In all reports where DHS believes trafficking involved a child, DHS conducted a full assessment. Victims of trafficking then have the ability to access necessary trauma informed, restorative services.

Specific Accomplishments Achieved Since the 2015-2019 CFSP and the 2016 APSR Submission (beyond meeting specific CFSP Goals):

Local DHS transition committees: 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 comprising a standing membership 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. 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 it 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 identified, by the transition committee, with the youth and their team of support and then resubmit it to the transition committee. The caseworker and their supervisor receive a copy of the committee's review notes for each case reviewed. Each of the five DHS service areas 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 2015, 452 youth had their transition plan reviewed by a local transition committee.

Opportunities for improvement identified by the local transition committee membership in 2015:

- An ongoing issue continues to be that youth do not understand the significance of their mental health needs and how important it is to remain in treatment after they leave care. They frequently do not understand how it impacts their daily functioning.
- Youth must provide their address to the income maintenance (IM) worker each time they move. When they fail to do this, it can result in their medical coverage termination, which can cause serious complications for youth on medications for physical disabilities or mental health needs.
- There are times that Supplemental Security Income (SSI) is the only funding that a youth has available for living expenses. If the SWCM does not complete the form for the payee to be changed prior to the youth exiting care, there may not be any funds available to pay rent or other living expenses when a youth exits.
- A major difficulty occurs when there is not an adult placement available on the youth's 18th birthday. Funding is not available for an adult placement while the youth is still a minor.

- Many times when the youth reaches the age of 18 they focus on leaving care and refuse to consider remaining in care until they receive their high school diploma or HiSet. If they have no other funding source and are dependent on Preparation for Adult Living Stipend (PAL), they are unable to receive this until they have graduated from high school or have completed the HiSet. Many times youth are unable to think through the consequences and find themselves in unsafe situations or homeless.
- The amount of funds available to a youth in Aftercare is not enough to secure housing that is safe and affordable.
- Lack of placement facilities for intellectual disabled (ID) youth who exhibit sexualized behaviors or are at times aggressive, as they reach age 18.

Solutions identified by local transition committees in 2015 (for caseworkers, TPSs, and DHS leadership, as applicable):

- Supervisors need to improve monitoring to ensure that transition planning starts at age 14 for youth in out of home placements, which includes ensuring the Transition Plan is updated at each case review or after Transition Teams meet. Transition resources need to be continually shared with the youth and documented in the Transition Plan.
- Transition Planning Specialists (TPSs) should continue to provide training to the 17 counties in the Cedar Rapids Service Area (CRSA), including DHS, JCS, Meskwaki Family Services, and the agencies that serve youth in out-of-home placements about the transition planning process and resources.
- Increase the use and effectiveness of joint treatment planning conference (JTPC) calls, as a way to collaborate with needed providers to assist with transition for those youth that are in need of adult services/placements.
- Iowa KidsNet support workers should be encouraging foster parents to complete the free online Casey Life Skills Assessment (CLSA) on all youth in the foster home that are age 14 or older and make sure foster parents know how and use the results of the CLSA to work on life skills with the youth to help prepare them for adulthood.
- Require or highly recommend all foster parents who foster teenagers to take additional training regarding parenting teenagers, including how to engage and actively help these youth learn skills so they are prepared to transition to adulthood.
- Support youth in foster care to get their driver's permit or license, such as assistance with getting needed documentation, funding for driver's education fees (when provided through a private vendor), and getting driving hours for practice.
- Continue the use of another planned permanent living arrangement (APPLA) workers (DHS workers who only take APPLA cases), who are specialized in working with older youth and helping them transition to adulthood.
- DHS workers/JCOs and foster parents should actively encourage and assist youth to participate in achieving maximum potential (AMP) as a way to have extra support and to learn skills to become better advocates.

Next Steps:

- Input from the local transition committees, summarized above, is helpful for DHS policy and training staff to assess whether Iowa is on track with the five year plan.

The concerns identified by the local transition committees are consistent with the goals of Iowa's Chafee Foster Care Independence Program (CFCIP) five year plan.

- As mentioned in Section I, Collaboration, Treatment and Foster Care Services, *System of Care and Child Welfare Services* (pp 15-17), DHS will procure for contracted out-of-homes services, including Foster Group Care, Shelter and Supervised Apartment Living, for a July 1, 2017 effective date. Public meetings and internal discussions continue in Iowa. Iowa remains committed to improving the array of services for children and youth in foster care. Keeping youth close to home, in the most family like setting, and with the service supports they need are just a few of the "guiding principles" of this effort. The information provided from the local transition committees is invaluable to understanding the needs of transitioning youth. The opportunity we have to address transition planning, out-of-home placement options, engagement of family, and normal activities for teens in care is not lost on the transition committees, nor the out-of-home placement services planning committees.

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. In 2015, changes at TransUnion caused the files to be unreadable. As a result, DHS stopped sending files in July 2015. It took several months for the necessary system (information technology (IT)) activities to be prioritized and implemented. While waiting for the system changes, credit reporting stopped. A programmer has been assigned and the "fix" is underway, to get not only TransUnion file transfers working, but Experian and Equifax as well. For example, DHS effectively fixed the file transfer system for TransUnion, tested the system, and sent files to TransUnion in April 2016. Case managers successfully received "hits" and currently working with youth to resolve inaccuracies. TPS resumed their activities to support, train, and problem solve issues with caseworkers.

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.

TPS' facilitate training for 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, they remove any inaccurate credit history 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 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 may

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 given to youth who have an inaccurate credit report removed 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.

TPSs provided caseworkers the following steps to address youth's credit issues:

- Take some time to review the report with the child and consult the family as needed.
- If the report is determined to be accurate and appropriate, please make an entry of "resolved with the child" in the entry screen accessed at a link in JARVIS. OR
- If the report is not associated with the child, please make an entry of "invalid" in the entry screen accessed at a link in JARVIS. OR
- If the report contains inaccurate information about the child, please indicate which items on the credit report need to be addressed and why. Forward a copy to the Transition Planning Specialist in your service area for follow up.

Resources provided to case managers:

- Previous worker training - CC 351 Youth Credit Reporting.
- The Guidance handout in the Transition Information Packet (TIP) page 248.
- Contacts to the DHS child welfare information system (CWIS) Help Desk
- Federal Trade Commission (FTC) documents:
 - Credit Repair – Helping Yourself, available at <https://www.consumer.ftc.gov/articles/pdf-0034-credit-repair.pdf>
 - How to Right a Wrong, Attachment 4A to this report
 - Coping with Debt, available at <https://www.consumer.ftc.gov/articles/pdf-0037-coping-with-debt.pdf>

Iowa Foster and Adoptive Parents Association (IFAPA):

- For state fiscal year (SFY) 2016, DHS earmarked \$60,000 of federal Chafee funds for the Friends of Foster Children Program Grant to be utilized for adolescents in state paid foster care (family foster care, group foster care, supervised apartment living foster care, and shelter care) and living in Iowa who are fourteen (14) years of age or older. The Friends of Children in Foster Care Program helps children in foster care achieve "normalcy" because they can receive funds in order to participate in extra-curricular activities of their choosing.
 - The maximum amount per child that may be spent is \$300 per year.
 - These funds can be used to assist the child in development and connections to their community, educational pursuit, athletic endeavors, and appropriate peer relationships. Examples of acceptable expenditures include: extra-curricular activities (a class trip-fees, a summer camp, band, chorus, athletics, etc.); educational expenses related to significant events and occurrences for adolescents such as: senior pictures, prom, class ring, yearbook, etc.; and other

such expenses which would benefit adolescents in foster care but not covered by the state's foster care or Medicaid program.

- As of April 26, 2016, IFAPA expended over \$25,000 in Chafee grant funds through the Friends program applications for youth. Almost 150 youth received grants through this program so far this fiscal year.
- For SFY 2016, DHS earmarked \$30,000 of federal Chafee funds for training that is not covered by the basic Support Services for Resource Families contract. These additional courses focus on challenges and life after the foster care system. DHS approved two courses and their related materials. IFAPA offers both courses once in each of the five (5) Service Areas.
 - The first course is for Domestic Minor Sex Trafficking and Its Impact on Children in Care to educate foster parents on trafficking of minors, how to prevent victimization, and how to safely and effectively respond to it and report concerns. IFAPA offered this course at the Spring IFAPA Conference.
 - The second course is for permanency for youth getting ready to launch into self-sufficiency. IFAPA designed this course as mini-conferences encouraging both the youth and their caregiver to jointly learn the aspects of transitioning to adulthood. A workshop focuses on the transition of youth from the foster care system and or the special education programs to the world of adulthood. In addition, the workshop provides some basic information and resources about the special education transition process in Iowa and how to participate effectively. Participants increase their understanding of:
 - What "permanency" is and what it means for youth and their lives
 - What the transition process is and why it is important
 - Transition planning strategies and supports
 - Unique grants/scholarship opportunities for youth
 - Life skills assessment
 - How to support and encourage youth's participation in transition planning

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 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.

Since 2002, DHS designated a portion of the state's federal Chafee funding 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, in addition to the case management services for all Aftercare participants, 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 average PAL stipend in SFY 2015 was \$528 a month.

Participation: The total number of unduplicated participants served by Aftercare increased this year, from 699 served in SFY 2014 to 760 served in SFY 2015. Part of the increase is due to the 54 participants who were eligible because of exiting the state training school or detention. Of the 760 young people served this year, 310 entered the program for the first time. Young people participate in the voluntary program for an average of just over two years. The Aftercare statewide coverage afforded young people from 87 counties the opportunity to participate, with a majority of those participating in urban areas.

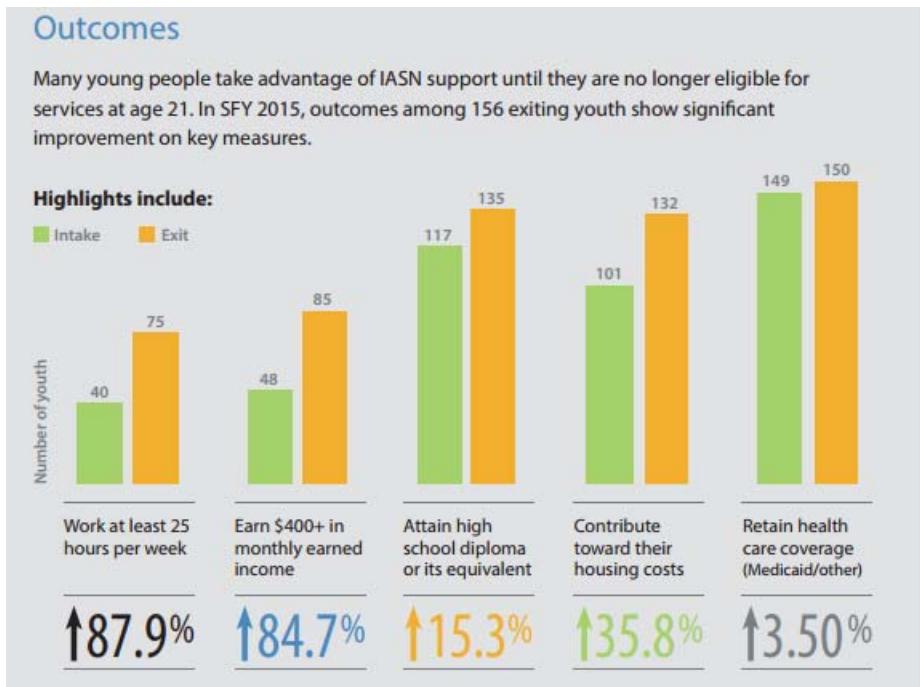
On average, 453 young people participated in Aftercare each month during SFY 2015. Among these youth, an average of 271 youth received PAL, 151 participated in Aftercare without PAL, and 26 per month were youth who aged out of STS or detention.

Services Provided: Aftercare services are designed to help young adults move toward stability and self-sufficiency in five key areas: education, employment, housing, health, and relationships. Each young person participating in Aftercare works individually with a Self-Sufficiency Advocate. These Advocates meet with participating youth face-to-face a minimum of twice a month (often much more frequently), assessing needs and helping youth set goals, identify action steps, and assist youth in achieving those goals. Advocates offer support, guidance, and provide a range of information and services to each youth depending on their unique needs and interests. "Basic" aftercare participants receive case management services (two face to face meetings a month, minimum, to focus on Education, Employment, Health, Housing, and Relationship goals as directed by the participant) and financial support of up to \$1,200 per year. In addition to basic case management services, youth who age out of state paid foster at 18 or older are eligible for an additional living stipend, known as PAL, of up to \$602.70 per month.

Data Collection: YSS subcontracts with the Youth Policy Institute of Iowa (YPII) for quality assurance (QA), which include QA activities, such as annual site visits, file reviews, and extensive training opportunities. The DHS program manager joins the full time QA staff for site visits to each subcontractor annually. YPII also handles all of the data collection, analysis and reporting of status of participants and outcomes. YPII is an excellent partner in data, as evidenced by high quality semi-annual progress reports and annual outcomes reports, all of which can be accessed on the [aftercare website](#). Much of the information and chart is from the Outcomes Summary SFY 2015 report, developed by YPII and endorsed by Youth Shelter Services (YSS) leadership.

Analysis of the outcomes are a comparison between the original intake data collected when youth first accessed services and the last exit interview data for those youth who exited during SFY 2015 and did not return before July 1, 2015.

Chart 4(a): SFY 2015 IASN Outcomes Highlights



Source: Outcome Summary SFY 2015, available at http://www.iowaaftercare.org/PDF%20files/AftercareOutcomeSum_2015_web.pdf.

For more detailed information regarding IASN outcomes for SFY 2015, see Attachment 4B - IASN Outcomes Report 2015.

Planned Activities for FY 2016-2017:

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 the 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 develop a statewide transition planning protocol training, including products and documents, to be in compliance with SFA. Training and training products and documents developed complement what was developed last year for youth in foster care ages 16 and older. During August through September of 2015, caseworkers received the training. Additionally, policy staff finished necessary administrative rule

amendments to Iowa's Transition Planning Program, with rules finalized in process and effective prior to October 2015.

- During FY 2017, 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. The training will be completed in FY 2017 and rolled out to care providers per Benchmarks 1.1.c and 1.1.d. TPS, over the past several years including this past fiscal year, trained some care providers on a case-by-case provision. Training materials utilized from such trainings will be a starting point to development of the comprehensive training documents and materials to be presented on a consistent basis statewide. Training materials and training per se may be dependent upon type of foster care placement.
- DHS staff developed 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 reviews this document with the youth, explaining their rights, and the youth signs the document acknowledging that their rights were explained to them in a way that they understand. Youth receive a copy of the signed document, with the original becoming part of the case plan.
- Credit checks for children in foster care is an important part of removing barriers for youth leaving foster care. DHS will work with Experian, Equifax, and TransUnion technical teams to run credit reports with all three CRAs during 2017. DHS experienced some challenges communicating with the CRAs, in terms of file transfer, but on our way to resolving those issues.
- Effective July 2015, YTDM meetings are available to youth on a consistent statewide basis. TPS answer questions and clarify the intent of the YTDMs to ensure their success. For YTDMs to be successful, youth and others need to understand there are compliance aspects and practical life lessons involved, but all this needs to be done with the youth and a supportive family at the center. We learned that identifying family members and engaging them to participate is an area that requires intentional effort. Iowa will continue to do more of this in 2017.
- Youth Opportunity Passport: Opportunity Passport™ is 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 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. The Opportunity Passport™ will continue to expand to other areas of the state in FY 2017. Iowa will also use Iowa Aftercare Services to promote this practice.
- In 2017, DHS plans to continue funding Iowa Aftercare Services and AMP, through separate contracts with Youth and Shelter Services, Inc., utilizing Chafee funds and state funds. Services will be as described in this report and on the Iowaaftercare.org or AMPiowa.org websites.

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 2017 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 \$500 per youth, 14 years and older, which is an increase from 2015, in order to promote youth activities. DHS expects this additional funding will be for activities to support adolescents in foster care in engaging in band, sports, clubs, and other activities of their choosing.
- Funds reserved promote normalcy through existing connections to AMP and Youth Policy Institute, which initiated efforts to create posters, fliers, and reports to educate about normalcy.
- Funds may be used for training opportunities highlighted in this section, including training of providers on the Reasonable and Prudent Parent Standard and Normalcy, to achieve Iowa goals and implement the newly passed SF2258.
- The title IV-E/IV-B training plan will include training to caseworkers and care providers regarding reasonable and prudent parent standards and expectations.

Please describe policies or practices in place to support or affirm the sexual orientation and gender identities of youth served by the program. This includes ensuring that venues hosting activities or events, providers and other individuals working with you are affirming of their sexual orientation and gender identity.

The Partnership of Iowa Foster Care Youth Councils, Achieving Maximum Potential (AMP), held its 2016 legislative day at the capitol on Monday, January 25, 2016, in Des Moines, Iowa. As part of the legislative agenda, AMP brought back a legislative item from 2015 important to Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) youth. Specifically, AMP youth requested that Iowa ban conversion/aversion/reparative counseling/therapy for LGBTQ youth. The potential risks of conversion/aversion/reparative counseling/therapy are great, including depression, anxiety and self-destructive behavior, since therapist's alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the youth. While this agenda item inspired a bill in 2015, SF334, it did not pass and was not taken up again in 2016. No new legislation was introduced in 2016.

AMP staff also participates in a diversity task force and also a newly formed LGBTQ Youth Best Practice Committee. The AMP website also has a page for LGBTQ youth. DHS central office staff researched applicable practices in other states, reviewed national technical assistance, and polled current foster group care and Child Welfare Emergency Services (CWES) providers about what they implemented. DHS central office staff then shared that information via their quarterly meetings with these contractors and assessed what training was available via DHS and the Child Welfare Provider Training Academy (CWPTA). All this information will inform the upcoming procurement and expectations of each contractor.

Iowa provides training to staff, foster parents, and service providers regarding LGBTQ issues. DHS offers “SW 506 Reaching Higher: Increasing Competency with LGBTQ

Youth" to staff, providers, and community partners. In the past year, the training occurred on December 8, 2015 in Ames, Iowa with 20 registered participants and March 8, 2016 in Sioux City, Iowa with 11 registered participants. For the December 8, 2015 course, nine participants completed post course evaluations representing three DHS staff and six providers. For the March 8, 2016 course, seven participants completed post course evaluations representing six providers and one self-sufficiency advocate. Comments from these evaluations, inclusive of both courses, indicated the courses provided useful information regarding LGBTQ language, how to best engage LGBTQ youth, and that the information was useful to train staff and assist providers in working with this population.

For foster parents, the Iowa Foster and Adoptive Parent Association (IFAPA's) 2016 Fall Conference, which will be held October 28-29, 2016 in Coralville, IA, will have a session entitled, "Creating Supportive Environments for LGBTQ Youth". The goal of the training is to increase participants' skill and comfort in engaging LGBTQ youth. The content of the session includes background on LGBTQ terminology, health disparities experienced by LGBTQ youth, and practical tips for how participants can create a safe and supportive environment where LGBTQ youth can thrive. For more information about the conference, please see IFAPA's website,

<https://ifapa.ejoinme.org/MyEvents/2016FallConference/ConferenceDetails/tabid/570239/Default.aspx>.

For service providers, the CWPTA has a course entitled, "LGBTQ Basics and Best Practice", along with resources tied to the course. For more information about this course and supportive resources, please see CWPTA website,
<http://iatrainingsource.org/article/lgbtq-basics-and-best-practice/?topic=236>.

National Youth in Transition Database (NYTD)

Describe how the state, since the 2015-2019 CFSP submission and 2016 APSR, 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. As the discussion developed, specific focus on education data emerged, which is in part due to the momentum of the college retention workgroup, described in the ETV section of this report. Policy staff will host data meetings, monitor performance, and document work completed.

DHS shared NYTD data, specifically with the Youth Policy Institute of Iowa (YPII), who uses this data and Aftercare data to teach the workgroup and others about what they see in the data, but possibly more importantly, help the workgroup consider what is possible for the data. For example, the workgroup saw only a small percentage of the youth in the NYTD baseline participate in aftercare, which was not expected as we

believe a fairly high percentage of youth who age out of care do go on to participate in aftercare. YPII helps the workgroup contemplate why this could be the case. One possible scenario is some of the youth in the baseline (surveyed at 17) exited soon after the survey and were never eligible for aftercare services. This possibility triggered the workgroup to go back and look at exit dates of NYTD baseline youth for better understanding. The coming year will be used to explore this and other data questions, with implications for services, discharge planning, and program eligibility requirements.

NYTD data became the “go to” data set for exploring the status of youth in foster care. NYTD allows program staff and trainers to pull data about the education status of the baseline population and also look at the likelihood of graduation. One example is how DHS partnership with education and the courts at a state level to address education outcomes for youth in foster care. The Iowa Children’s Justice Education Collaborative, which brings education, court, and child welfare experts and advocates together, benefited from AFCARS and NYTD data through examination of graduation rates. Examining graduation rates of 19 year old youth and 21 year old youth, it became apparent that it takes alumni of foster care a bit longer to get a diploma or equivalency than their same aged peers. Such information informs decision making to improve education outcomes of children in foster care, which is the goal of the Education Collaborative.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP and 2016 APSR submission or NYTD Assessment Review. States are reminded that information related to NYTD can be viewed in “snap shot” format and can be requested by emailing: NYTDinfo@acf.hhs.gov. 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 in Aftercare works individually with a Self-Sufficiency Advocate. The Advocate meets with 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. Beginning in SFY 2011, aftercare began recording the types of services provided to individual youth to satisfy reporting requirements for the National Youth in Transition Database (NYTD). Aftercare uses definitions established by NYTD to document services provided to individual youth and transmits that data to DHS monthly. The Iowa Aftercare Services Network (IASN) annual report, available to the public on the aftercare website, includes the NYTD data. For example, this report included NYTD data from the Aftercare Annual Report 2015, on page 162.

In 2015, DHS continued the contract with Hornby Zeller Associates (HZA), to conduct surveys and report to DHS. With the involvement of HZA, DHS has been 100% successful on federal NYTD performance measures, which may be due, in part, to the options for youth to survey on-line, on the phone, or by mail. It is more likely due to the zealous efforts HZA makes to build relationships with providers and DHS, and to ensure

they keep good records of contact information for youth. All reports indicate HZA is professional with youth and providers. Most importantly, DHS has not received a single complaint from a youth or their family. DHS will be going to an in-state contractor, but that does not detract from the positive review of HZA.

Report activities performed since 2016 APSR submission and planned for FY 2017 to:

- Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

Iowa Foster Care Youth Council Contract (AMP): DHS contracts with Youth and Shelter Services, Inc. (YSS) for the Iowa Foster Care Youth Council, known as “Achieving Maximum Potential” or “AMP”. YSS subcontracts with eight agencies to provide local councils and a variety of youth development, emotional support, and advocacy training to teens in foster care and alumni. The eight partner agencies that facilitate and lead the statewide foster care youth program include: American Home Finding Association (Ottumwa Council), Children’s Square USA (Council Bluffs and Sioux City Councils), Foundation 2 (Cedar Rapids), Four Oaks (Waterloo Council and Iowa City Councils), Francis Lauer Youth Services (Mason City Council), Hillcrest Family Services (Dubuque Council), Youth Shelter Care of North Central Iowa (Fort Dodge Council), and Young House (Mount Pleasant/Burlington Council), as well as Youth & Shelter Services (Ames, Davenport, Marshalltown, Eldora/State Training School, and Mobile Councils), and its branch in Des Moines, known as Iowa Homeless Youth Centers (Des Moines Council).

DHS, through a grant, funded 16 AMP Youth Councils. State funds now exceed Chafee funds available for AMP, evidence of considerable support for youth in foster care and the youth council in particular. At this point, total annual federal Chafee funding is approximately \$57,000 and state funding is approximately \$300,000.

The 2015 DHS appropriation included \$858,187 (new money) to be used for aftercare services and AMP for youth “aging out” of the state training school and Iowa detention centers. The appropriation communicated that, “Transition supports are beneficial for and needed by children adjudicated CINA, but also for youth adjudicated delinquent”. Of the funding, DHS used \$90,000 to implement the AMP approach at the state training school, which provides a support network to males placed there. The funding allowed aftercare to serve 54 additional youth and allowed AMP to place a full time staff at the state training school (STS). For the last year, the AMP staff provides local council meetings to the training school youth.

AMP has links to two consulting agencies, ISU – RISE (Research Institute for Studies in Education) to conduct program assessment (PAAT) and analysis of outcome data, and The Child and Family Policy Center for legislative advocacy. The Partnership is networking with other stakeholders including, but not limited to, the Iowa Foster and Adoptive Parent Association (IFAPA), Iowa KidsNet (IKN), the Iowa Aftercare Services Network (IASN), and group homes/PMICS and shelters.

Youth Engagement: AMP is a youth engagement program summarized by the motto “Nothing about us, without us.” AMP empowers young people to become advocates for themselves and gives them a voice in system-level improvements in child welfare policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making foster care more responsive and effective.

AMP offers local council meetings in most of the metro areas across the state. Youth who attend the meetings begin with introductions and “highs and lows”. This is an opportunity for young people to speak up and share something positive about themselves. A “low” is not required, but is a chance for those who need it to say their struggle out loud and hear from a supportive community that “I have been there and got through it” and “I’m here for you”. This can be a touching exercise managed by the group facilitator.

Once introductions are out of the way, the facilitator shares the evening’s agenda and welcomes the youth to have some (typically volunteer prepared) food. Most AMP meetings have a combination of life skills training or education about programs and some fun activity to keep youth active and engaged in the meeting. After more than ten years providing services through local youth councils, Iowa believes we have established a good set of foundational activities so each facilitator and each group of youth have somewhere to start and then add their unique touches. Meetings conclude with information about the next meeting. All are encouraged to return by the facilitator and peers.

Attendance fluctuates in each council based on many different factors. Recently, AMP staff heard that the youth are connected on Facebook/website so the meeting times become work times for them; the Internet is always “open”. However, even with fluctuations, AMP was able to recruit 1,230 new attendees (July through October 2015). Between July 1, 2015 and October 31, 2015, 1,811 youth signed into an AMP meeting in Iowa.

Whether a youth attends meetings or merely connects via the website or Facebook; leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance are available to youth ages 13 to 21 who have been involved in foster care, adoption, or other out-of-home placements. AMP provides education on life skills that foster care youth need to become relatively self-sufficient, independent adults.

In 2015, DHS funded AMP to send two youth to attend the Foster Club All-Star Program. Through an application process in 2015, AMP selected two young adult AMP participants. Participants attended a two-month youth development and advocacy training in Oregon. They learned public speaking and learned to advocate. The participants got a chance to travel with their peers. This was an opportunity that fit AMP and Iowa values, because youth trained for local and national advocacy will help individuals in the short run and improve the system for children in foster care and

alumni. Even though both youth shared what they learned with youth upon returning, they also reported that the environment was not well coordinated and the support they received from staff was less than they needed. For example, one of the young people felt he was judged by others and did not feel staff was supportive of his need to feel safe there. Although AMP's experience with Foster Club has been generally positive, staff will consult with the young people who attended and will work closely with Foster Club to ensure AMP's youth will have the support they need, before sending other youth to Foster Club again.

Recruitment and Outreach: AMP is designed and delivered to be a way for youth in foster care to participate and feel good about the experience. It is educational, positive, strength focused, and a way for youth to stay connected, get better, or give back.

- Participants have many opportunities to share their strengths and creativity. All the council facilitators take the extra time to ask youth about their areas of interest and if they want to participate, give, share, teach, or support their council in this area. AMP youth volunteer for what they are comfortable sharing. No youth is forced or required to do any activity for AMP.
- The Des Moines Art Council gave the Des Moines AMP Council many “artistic meetings” in the past year under a grant they received, which was extended to 2016. They do a project at Variety AMP Camp each year as well. Added to this is a new partnership this fall with the Science Center of Iowa that shares Sunday afternoon time with AMP youth and they do science experiments. The youth love it.
- 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 18-25, 2015. Thirty-six youth attended.
- AMP applied for and received a second Variety Grant for a leadership/transitions camp. The 4-H Camp in rural Boone County hosted AMP and contributed a lot of the skill building programming. 2016 will be the fourth camp and partnership with 4-H/ISU Extension, and the 4-H Campground will be the location. To give back to the 4-H Campground, Ames AMP participates in the annual campground clean-up weekend in April. Ten youth and staff helped this year. AMP involved ten alumni mentors from the Aftercare program, to assist at this year's Variety AMP Camp. The week long AMP Camp has been held in 2013, 2014, 2015, and will happen again in 2016.
- The State Training School AMP hosted poetry, yoga, art, CrossFit and more on the weekends for youth at the school.

To recruit more youth to the youth council, staff and youth:

- Put a meeting calendar on the AMP website - scheduling out a month or two in advance so work schedules are set up around the AMP needs.
- Get the council agenda posted at least two days in advance.
- Put meeting agendas out in the school newsletters/announcements. (AMP completed a school packet and shared it within the school districts where there are operating councils. It is an informational packet, as well as an invitation to come to AMP).

- AMP maintains a list of all Guidance Counselors in Iowa and an electronic AMP brochure to share with them periodically.
- AMP hosts a Press Conference in January at the Capitol to highlight the AMP legislative agenda. Media partners cover this event.
- Facilitators call individual foster homes that host teens and invite them to AMP. With the help of Iowa KidsNet, AMP is able to connect by phone to foster homes with teens. Each council made contact with their homes.
- At the State Training School, AMP staff utilized a \$10 phone card as an AMP recruitment invitation to an initial meeting and to participate in AMP on site. Over 120 JCO youth in Iowa received the phone card and met with the site facilitator.
- In order to engage youth at all levels of care, as well as to ensure cultural and ethnic diversity, AMP uses meeting locations on residential grounds, community grounds, and/or treatment sites. 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.
- The AMP traveling facilitator is bilingual. Other Councils have access to community support people, who are bilingual and accessed as needed. AMP also accesses 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 reach adopted, guardianship, and kinship youth who are no longer connected to the system, AMP provides advertisements and articles in the Iowa Foster and Adoptive Parent Association's (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.
- AMP reached out to TPS and Iowa Aftercare Services (Aftercare). AMP shared educational materials and asked them to share it with youth with whom they are involved.

Annual statewide conference for youth (ages 13 through 20 years old) in foster care and alumni: The DHS contract for the Iowa Foster Care Youth Council requires at least one annual conference for youth in foster care and alumni. The 2016 Spring Conference, entitled Plugged in and Charging!, occurred on April 16, 2016 at Indian Hills Community College in Ottumwa, IA. Of the 153 individuals who attended, over 100 were youth in foster care or alumni. The event occurred at a community college in a strategic and intentional effort to get youth onto a campus and expose them to the environment, to programming and the people to take the fear out of attending college via exposure and making connections. All the selected presenters were known youth

advocates in Iowa, who targeted their presentations on youth overcoming obstacles and achieving dreams. The youth selected to attend two of seven college program sessions taught by faculty in that program. For example, interested youth saw a dental office, complete with chairs, lab coats, working ex-rays, and more. Participants had a chance to look into a “dental dummy’s” mouth with a dentist’s mirror. The afternoon sessions included goal-setting, financial aid, planning and preparation and flanked by inspirational messages from leaders (and one cute puppy).

This day was a true adult/youth partnership. College success remains a fear and a challenge for child-welfare and juvenile justice youth. Knowing this, the youth and adult planning committee selected topics and a format to address some of the biggest challenges. The evaluations confirmed this was a great event for youth and they asked for this type of event twice a year.

Below is a sample of the survey results from participants:

- Did this conference add to your dreams or give you a new dream to consider?
Explain.
 - Yes, *it made me want to try even harder to change the system.*
 - Yes. Do more! *Do better! Keep doing what I'm doing but invest more, try harder.*
 - Yes! *I dream of college aide.*
 - Yes, *I discovered a beautiful place to go to college with interesting major options.*
 - *It encouraged me to go back to school.*
 - *Continue to work on and talk about mentorship program in Fort Dodge.*
 - Yes because *looking at the college class and the color class made me look at myself and my education differently.*
 - *It added to my dreams.*
 - Yes, *because I can come here for college.*
 - Yes because *it add that being a nurse.*
 - *It gave me some different outlooks on other topics that I might consider after leaving community college.*

Source: AMP end of conference evaluations from adult and youth participants

Internet Engagement: Since AMP is not in every community and not every teen in foster care can attend a group meeting for a variety of reasons, DHS and AMP work to ensure all teens in care and alumni have an opportunity to connect through AMP through the AMP website, AMP Facebook page, and a Twitter feed. From July through December 2015, AMP staff added several pages and regular blog posts to the website. In addition, staff revised or updated photos and copy on existing pages to reflect new content. The www.ampiowa.org site has 243 pages. During this period, there were 25,810 visits to the site with an average of 140.27 visits a day. There were a total of 75,452 page views with an average of 410.07 page views occurring every day.

- The most common key words entered into various search engines yielding hits on the AMP web site were AMP, Achieving Maximum Potential, income for youth aging out of foster care, amp model human trafficking, and I'm hiding all the tears behind my smile. The homepage was the most visited page, followed by Contact Us, Who We Are, the AMP Blog, and then the AMP Near You page.

- Youth in each local council have the ability to update their local council page, which allows them to learn from and teach each other. AMP received a technology grant from the Carver Foundation for \$25,000. AMP used these funds to purchase each council a laptop, a projector, a recorder, speakers, screen, and power-strip. This equipment allows the councils to update their websites at council meetings, as well as to prepare and present power points, presentations, trainings, and many other promotional tools for their council.
- On the main website, there is an “Amplified Poets” poetry book, which includes written works submitted by youth featuring 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.
- At last count, there were 228 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 maintains an integrated and exciting web presence. To that end, the contracted agency, YSS, and AMP personnel update and maintain the site, <http://www.ampiowa.org>, on a regular basis to add new content and keep the search engine optimized by these activities. YSS designed, developed, and secured hosting for the AMP website using a premium content management system that allows AMP staff and youth to manage the website’s content with no programming knowledge required.

Videos: AMP youth continue to utilize a 2015 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 was released and shared with trainers, child welfare program supervisors, caretakers, and the public. This DVD will join the others on the AMP website for free and easy distribution.

AMP youth developed a permanency DVD, 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. AMP updated this DVD, in at least two formats for website sharing, features it 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 and reconnect after being in the system. AMP youth support the PP philosophy that healthy connections can be learned and developed no matter the past experience.

AMP Anti-Trafficking Efforts: AMP is fully aware that youth become victims of human trafficking in Iowa. With this knowledge comes the responsibility to educate and protect

Iowa's youth by educating them about who, when, why, and how they can be trafficked. Through education, there is hope AMP can offer a layer of protection for these youth. AMP educates all youth they meet through local councils or presentations about ways they can get help, if they need it. With each presentation completed by the AMP Director, Ruth Buckels, AMP asks those in attendance to share the information with ten more people. AMP publishes human trafficking information and a hot line number on AMP's website. AMP challenges the foster care system and the community, because some estimates indicate 60% of people in the trafficking industry came out of the child welfare system ([Source](#)).

In the fall of 2015, AMP/YSS became the host program/agency for Teens Against Human Trafficking (TAHT), which is not funded by DHS, but DHS supports the partnership. Because local fundraising was successful, TAHT created a full-time position and an hourly position to get teams set up in as many central Iowa schools as possible. AMP/Teens Against Trafficking determined that working in the schools is the best youth-to-youth outreach. For AMP, the opportunity to work in schools to engage more children in foster care is a huge "win" and the fact that they can also further their goal to raise awareness and get help for youth in foster care exposed to human trafficking is simply ideal.

Legislative Advocacy: The AMP legislative advocacy, from agenda writing to bill signing, is one of the most time intensive and far reaching focus areas. AMP and DHS Partner, with the Child and Family Policy Center, raised the bar in terms of youth understanding and engagement in changing the foster care system. Youth have opportunities in local council meetings to learn advocacy skills and how the legislative process works. They also have facilitated brainstorming sessions to develop legislative agenda items. Representatives joined DHS policy staff to discuss the agenda items to see if some of the items could be addressed without statutory change.

AMP youth have the opportunity annually in January to meet their legislators for a "Day On the Hill". In addition to this event, youth learn to advocate in committee meetings, emails, and calls to the Capitol. The AMP distributes the agenda widely through emails and youth handing them to lawmakers and advocates. This year, AMP received requests for the Agenda before they came out.

In the past two years, AMP youth received a standing ovation from the legislators (both the Iowa House of Representatives and Iowa Senate) after their introduction and given credit for their work. Bills that AMP influenced through successful advocacy in 2015 are as follows:

- SF292, Sealing of Confidentiality Records, signed by Governor on April 24, 2016. - Juvenile court social records shall be confidential. They shall not be available to the public and may only be inspected by or disclosed to the following: (1) The judge and professional court staff, including juvenile court officers. (2) The child's counsel or guardian ad litem. (3) The county attorney and county attorney's assistants. (4) The superintendent or the superintendent's designee of the school district for the school attended by the child or the authorities in charge of an accredited nonpublic school

attended by the child. (5) A member of the armed forces of the United States who is conducting a background investigation of an individual pursuant to federal law. (6) The statistical analysis center for the purposes stated in section 216A.136. (7) The state public defender.

- SF412, Juvenile Court Services up to age 21, signed by Governor April 24, 2016 - Juvenile court services may provide follow-up services for a child adjudicated to have committed a delinquent act upon the child reaching eighteen years of age until the child is twenty-one years of age, if the child and juvenile court services determine the child should remain under the guidance of a juvenile court officer. Follow-up services shall be made available to the child, as necessary, to meet the long-term needs of the child aging into adulthood.
- HF372/SF370, Court Appointed Special Advocates and Confidentiality of Information of Foster Children, signed by Governor March 31, 2016 - The information and records of child who is receiving foster care or who is under the court's jurisdiction and the child's family when relating to services provided or the foster care placement are not public records, they are confidential. A court appointed special advocate may attend family team decision-making meetings or youth transition decision-making meetings upon request by the family or child and disclose case-related observations and recommendations relating to a child or a child's family while attending the meetings. A court appointed special advocate may disclose case-related observations and recommendations to the agency assigned by the court to supervise the case, to the county attorney, or to the child's legal representative or guardian ad litem.

Performance: 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. The DHS program manager holds quarterly meetings to discuss performance on child welfare and council goals, capacity to serve youth, and coordination of services.

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.

AMP Youth Survey: In accordance with the DHS contract, Council facilitators invite AMP members to complete a short, written survey during the course of a regularly scheduled Council meeting. Completing the survey is voluntary and youth may skip some survey questions or choose not to participate at all. Because young people may join AMP at any time during the year, there are frequently youth attending meetings who are new to AMP or who attended only a few AMP meetings or events when the survey was administered. In order to allow all youth the opportunity to complete a survey, but also take into account length of young people's involvement, the survey asks how long youth have been involved in AMP and includes an option of "this is only my first meeting."

A total of 164 youth from twelve of the sixteen local AMP Councils completed surveys during November and December 2015. The local Council facilitators collected the surveys, without reviewing them to ensure anonymity, and sent them to the lead agency for data entry.

The survey invited youth to rate a variety of aspects of their local AMP Council meetings from Excellent (5) to Poor (1). The areas covered include logistical features of local meetings (e.g., location and frequency), activities and discussion topics, and the youth's overall experience as a member of AMP. As in past surveys, youth rated all aspects of their local Council quite high, with the vast majority giving each area an "excellent" or "very good" rating, including 79.8% who assessed their overall experience in AMP at that level. The survey also included two issues tied to contract performance measures: the AMP leaders' understanding of the foster care system and opportunities to learn about supports and services available to youth. In both cases, 79% of youth rated those aspects of AMP as Excellent or Very Good.

Table 4(b): 2015 Youth Satisfaction Survey

	Average Rating	5 Excellent	4 Very Good	3 Average	2 Fair	1 Poor
Location and time of meetings	4.25	84	41	34	3	1
Frequency and length of meetings	4.17	72	57	28	2	4
Amount of youth involvement in making decisions in AMP	4.20	73	48	37	2	0
AMP leader's understanding of the foster care system*	4.23	90	38	27	5	2
Relationship between AMP members and adult leaders	4.27	86	41	27	6	1
Opportunities to learn about supports and services available to you*	4.25	78	51	30	4	0
Topics discussed at AMP meetings	4.28	81	45	34	1	0
Activities during AMP meetings	4.29	90	35	34	4	0
Leadership opportunities for youth in AMP	4.26	79	45	34	2	0
Your overall experience as a member of AMP	4.31	89	41	28	4	1

Source: AMP Semi-Annual Youth Survey Report Fall 2015 *DHS Contract Performance Measure

The AMP survey also included two separate questions. They are related to the youth having a positive relationship with an adult through AMP and opportunities for leadership. Both provide data for contract performance measures. Youth involved in AMP longer were much more likely to respond affirmatively to both of these performance measure questions. For example, among youth involved for six months or more, 83% reported they have a positive relationship with an adult through AMP and 79% reported they had leadership opportunities. The table below shows the exact contract questions and response percentages.

Table 4(c): Youth Survey Questions Related to Contract Performance Measures

QUESTION	YES	NO	NOT SURE
Do you have at least one significant, positive relationship with an adult through AMP?	63.0%	15.4%	21.6%
In the past year, has AMP given you at least one experience where you practiced leadership?	58.1%	17.5%	24.4%

Source: AMP Semi-Annual Youth Survey Report Fall 2015

AMP Contract Performance Measures (2015):

- **Performance Measure 1⁵:** 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.**
 - Of 163 responses, 129 (79%) of youth surveyed rated AMP on informing them of supports and services available to them from very good to excellent. Including youth who marked the average rating (159 of 163) AMP is at 97.5%.
 - **At least 80% of participants report the youth council, when surveyed by the contractor, report the council staff understand the Foster Care System.**
 - Of 162 responses, 128 (79%) of the youth surveyed rated their facilitator from very good to excellent on understanding the Foster Care system. Including the youth who marked the average rating (155 of 162) AMP is at 95.6%.
- **Performance Measure 2⁶:** 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:**
 - During the negotiation process, the agreed upon baseline was from July 2011 with 176 youth attending. DHS and YSS agreed to continue reporting the number of signatures, which means the numbers represent multiple participations from some youth. SFY 2015: 5,096 youth signed into AMP meetings. One-thousand-one-hundred-forty-six (1146) new youth attended AMP for the first time in this fiscal year in the 318 meetings held.
- **Performance Measure 3: Youth Development**
 - **More than 50% of youth will experience a leadership role during the contract year, as indicated by a Contractor administered youth survey question, "In the past year, has the council given you at least one experience where you practiced leadership?"**
 - AMP surveyed 164 youth in November and December of 2015. Youth were asked, "In the past year, has AMP given you at least one experience where you practiced leadership?"
 - 58.1% answered "yes"
 - 17.5% answered "no"

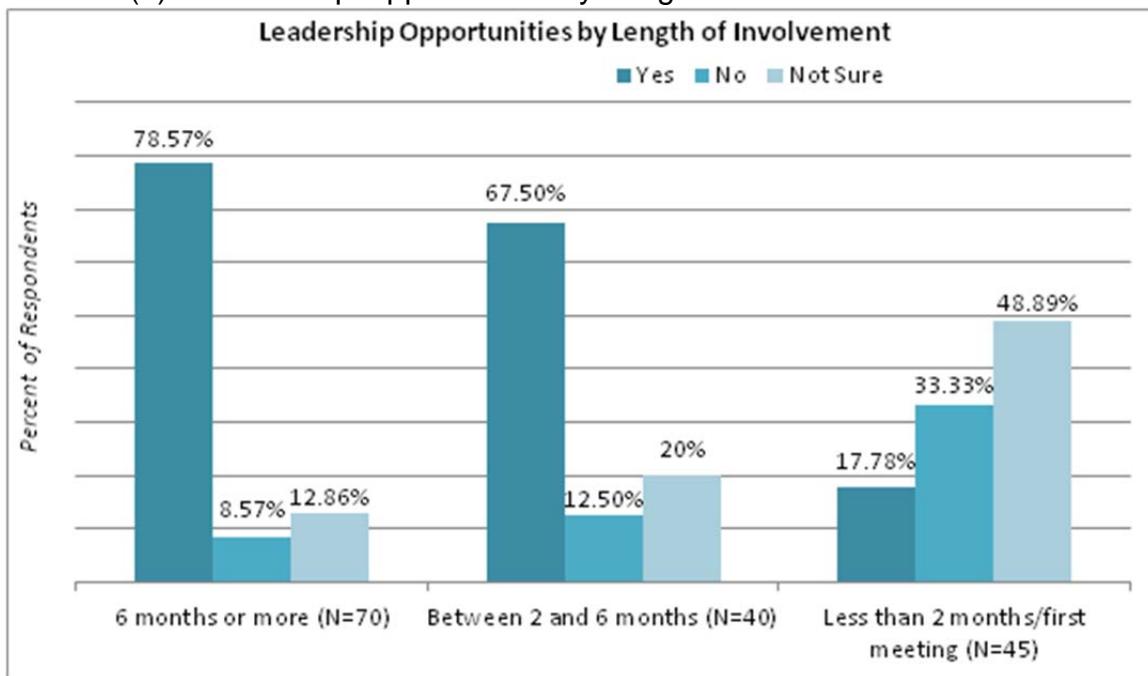
⁵ Source: AMP Semi-Annual Youth Survey Report Fall 2015

⁶ AMP Local Council Sign In Sheets Totaled for the Year

- 24.4% answered “not sure”

It was interesting to see the breakout by length of participation, below. This was done because some AMP staff noted that the youth who have been with us longer are more interested in leadership opportunities. The data here is important to the program as we need to find different ways to provide a "leadership opportunity", that appeal to the newer participants.

Chart 4(b): Leadership Opportunities by Length of Involvement



Source: AMP Semi-Annual Youth Survey Report Fall 2015

- **Performance Measure 4: Permanency**
 - **At least 80% of participants will identify a Significant Adult Relationship during the Contract year.**
 - Youth were asked, “Do you have at least one significant, positive relationship with an adult through AMP?”
 - 63.0% answered “yes”
 - 15.4% answered “no”
 - 21.6% answered “not sure”
 - New or first time participants reduced the percentages. Survey results showed 83.1% of youth attending AMP for more than 6 months have a positive relationship with an adult. This would seem to indicate some youth find their significant adult relationships at or through AMP.

The Youth Policy Institute engaged youth in foster care and alumni, utilizing funding from a grant from Jim Casey Youth Opportunities Initiative, to assist with the implementation of the federal “normalcy” legislation. Nearly 500 young people in

Aftercare or AMP completed the survey in October and November 2015 that asked questions about their involvement in clubs, groups, sports, or basic things every teen may do, like hang out with friends or go to the mall. Youth from Cedar Rapids and Des Moines AMP councils gave examples of activities missed while they were in shelter, group care, or in foster homes. Problems identified included delays due to not finding someone to sign for sports, dances, or driver's education. This effort resulted in a [report](#), by Youth Policy Institute's Carol Behrer and Courtney Grotenhuis, and a [flier](#) for legislators and others. The flier is similar to an infographic, because of the simple graphics and easy to read data. The project reminds us that living away from family is not as it should be and challenges the system, "When Normal Ain't Normal" for our children in foster care. The personal experiences of youth were used to advocate for normalcy for children in foster care in Iowa.

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 plays 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.

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.

Improving reporting and use of data: In 2017, DHS plans to contract with the Division of Criminal and Juvenile Justice Planning (CJJP), Department of Human Rights, to survey youth, track data, and create reports for the NYTD federal requirement. CJJP effectively promotes research based practices in the arena of juvenile justice. They also increasingly promote best practices in child welfare. Through grant projects and oversight of state level coalitions, like the statutorily recognized Iowa Collaboration for Youth Development (ICYD), CJJP makes an impact on child welfare and juvenile justice. The appeal of CJJP is their extensive experience evaluating and reporting data to the public, state agencies and lawmakers. While the current contractor is excellent, they do not have staff in Iowa, nor do they generate reports that are readily available for the public or child welfare staff. DHS believes such an intergovernmental contract will help to increase NYTD participation rate, access to data, and ability to use that data to improve services.

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 foster care at 18 or older, which was previously limited to state paid foster care but expanded in 2014 to include 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. Iowa has not seen an increase in number of youth who participate in Aftercare services at age 18, because of the expansion of pre-services, but youth are connected to Aftercare earlier, which allows the youth to build a relationship with the Aftercare advocate prior to exit and the DHS/JCS caseworker to share expectations and transition plans with Aftercare. Iowa DHS recently selected Youth and Shelter Services Inc. to continue the contract for Iowa Aftercare Services in 2017.

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 her mother speaks on the subject of trafficking and other youth issues. 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. Participants of the April 17, 2015, *All Roads Lead to Safety* training, hosted by DHS, viewed the DVD. By request, DHS purchased the video for all of the DHS service areas.

Chafee funded contracts, including AMP and Aftercare, require youth satisfaction surveys because we value the input of young people as to what is working and what needs to change. It is for this reason that DHS regularly enlists the assistance of AMP youth to join focus groups or otherwise act as consultants.

- Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act).

DHS and Iowa Department of Public Health (IDPH) collaborates on the Community Adolescent Pregnancy Prevention (CAPP) program to promote evidence-based programs and ensure services are not duplicated. In addition, IDPH consults with foster care youth programs (AMP and Aftercare) to keep abreast of program updates, leverage resources, make linkages and share data between agencies.

The IDPH receives federal funding for the Abstinence Education Grant Program (AEGP). Iowa's priority population for the AEGP includes youth residing in areas with high teen birth rates and a high percentage of youth in foster care. IDPH completed a prioritization process to look at multiple indicators to identify the areas of the state where youth were most at risk.

Iowa began planning efforts for the Workforce Innovation and Opportunity Act of 2014 (WIOA) in early 2015 with the formation of a WIOA Steering Committee. The Steering Committee was appointed by the Governor's Office in partnership with Iowa Workforce Development. The Steering Committee included representatives from all of the Core Partner programs, the Governor's Office, Iowa Workforce Development and other key program staff. This group was tasked with overseeing WIOA planning efforts in Iowa. The steering committee developed a strategy to ensure effective communications, created a planning timeline, established additional work groups and provided oversight for Iowa's WIOA planning and implementation efforts.

One result of the youth services committee is that key WIOA representatives have been participating in Chafee data workgroups. Similarly, DHS connections with IDPH on the pregnancy prevention efforts, identified above, have afforded us the connections to help out on grant projects and for input into new programming.

In terms of private business connections, there are Future Fest projects, which have been occurring for a couple years in Cedar Rapids, but are being expanded into other areas as well. The Future Fest events rely on private human services programs to coordinate and private colleges to host, but there are also opportunities emerging for banking, potential employers and others to participate as mentors, trainers, and generally, resources for youth. For more information about Future Fest, please refer to the following website: <http://cbs2iowa.com/news/local/future-fest-aims-to-help-foster-children-survive-during-adulthood>

Graduation Open House projects in Waterloo provide an opportunity for the larger community to engage with system youth in celebrating the achievement of high school completion. The Open House project began in Black Hawk County in 2009 and has assisted more than 72 youth celebrate their achievement through donations of gifts such as microwaves, dishes, towels, comforters, kitchen items, and gift cards from area businesses and organizations. The celebration space is donated by Hawkeye

Community College. Juvenile judges, social workers, providers and other community members attend various forms of community celebrations for youth in care.

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 and data on their retention and degree obtainment. More information about ETV is below in the “coordinate” section.

While ETV is not a homeless program, the ability to retain youth in higher education will allow them to access funds to help with housing. The ETV report that follows this section explains efforts to identify and implement services, supports, or process changes to help retain students in college or job training, which impacts housing stability and reduces homelessness.

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 speak 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.

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 2015 is as follows.

- Child Welfare Advisory Committee
- Child Welfare Permanency Committee
- DHS Human Services Council
- Education collaborate
- Juvenile Justice Re-Entry Grant Project
- New DHS Caseworker Training
- Iowa Youth Dream Team Facilitator in Training

In 2015, 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. DHS has strong membership on this grant project out of the Office of Juvenile Justice and Delinquency Prevention. AMP is also involved.

AMP joined DHS policy staff late in 2015, to make DHS aware of AMP's policy agenda. Young people from AMP councils across the state combined to come up with their idea of positive change for foster care programs in Iowa. Some of their early ideas were things that needed to be addressed in policy (trafficking) and some were effectively handled in contract changes or training. See AMPIowa.org for more information about

the AMP legislative agenda and bills that have been passed with the help of youth voice.

Transition Planning Specialists (TPS): 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 to DHS staff, as well as youth and public and private partners. Despite an already heavy load making sure all the transition requirements are met (plans completed, etc), the TPSs manage 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.
- Increase connection to workforce centers and be active on the State Plan for Workforce Innovations and Opportunities Act, so children in foster care and alumni are able to receive the supports needs to help them achieve education and career goals.
- 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. In particular, states are asked to address the activities they are undertaking in collaboration with grantees funded by ACF’s Family and Youth Services Bureau and other programs to prevent homelessness and adolescent pregnancy.
 - *In the 2017 APSR, provide information on services and supports provided to youth in transition from foster care to prevent their becoming homeless and the specific actions the state child welfare agency has taken to support the community response to youth homelessness, particularly among youth exiting foster care after the age of 18. Describe the degree to which the state agency contracts with or partners with programs funded by the Runaway and Homeless Youth Act (RHYA)(including Transitional Living Programs). For more information*

on programs funded by RHYA, please see:
[*http://www.acf.hhs.gov/programs/fysb/programs/runaway-homeless-youth.*](http://www.acf.hhs.gov/programs/fysb/programs/runaway-homeless-youth)

DHS has a close working relationship with the Iowa FYSB Homeless programs. All of the FYSB funded providers in Iowa are also DHS contracted child welfare providers. A list of the providers can be found at the following link:
<http://www.acf.hhs.gov/programs/fysb/grants/iowa-rhy>.

For example, the Shelter, Iowa Aftercare, and AMP contractor, Youth and Shelter Services (YSS), receives four sources of FYSB funding: the TLP grant, MGH grant, Basic Center, and Street Outreach. All programs function and are structured based on the regulations of their particular grant. Some of the strategies implemented to ensure our FYSB funded programs and our child welfare programs learn from each other, are as follows:

- All staff receives training and spends time shadowing each different program, in order to refer our youth to the program best meeting their needs.
- Aftercare staff has on-call duties for a weekend for the TLP sites. They know the referral process and can often access an emergency bed as long as the bed is not occupied for their youth at either TLP locations.
- Aftercare also spends time with Outreach going out on the streets and in homeless camps with the outreach workers. Aftercare staff has the ability to refer their youth for meals. Youth get supplies and a warm lunch and dinner every day if they chose to do so at the Outreach location.
- There is a monthly coordinator meeting where the Lead Aftercare staff and TLP and Outreach coordinators come together and discuss common youth, challenges, success, new community connections/partnerships they can share, and any other resource information or applicable staffing/client issues.
- Community providers access a common (CW/TLP) meeting space and provide trainings including Primary Health Care, EFR, CFI, Evelyn Davis, DHS, Iowa State Extensions for living skills classes, etc. There are shared opportunities for youth cooking classes, financial classes, wellness, parenting, self-care, trauma, health etc. because community partners seem excited to discuss what services they provide and how to collaborate to serve the youth.
- Staff from our TLP and Aftercare sites participate on community boards and attend community meetings such as the COCB, Coordinated Intake committee, Services committee, Director's Council, Provider's Council, JAPA, homeless coalition meetings, Primary Health Care coordinated intake meetings, etc. Different coordinators and program directors go to different meetings and use the all staff meetings as a time to share information.

Iowa Finance Authority Partnership for 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 \$450 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.

In SFY 2015, Aftercare participants in 18 different counties utilized almost \$98,000 from this program to help cover their housing costs. On average, 28 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 \$450.00. This is an increase from last year, when the maximum was \$350. DHS accepted the suggestion from youth and advocates in aftercare, that the cost of housing has gone up and therefore youth need more money to become housing stable. In SFY 2015, the rent subsidy averaged \$274.42 per month.

- *If applicable, please also describe efforts to support sites utilizing Family Unification Program (FUP) vouchers for youth or efforts to support the new demonstration project that allows communities to participate in a demonstration between the FUP and HUD's Family Self-Sufficiency Program.*

DHS partners with the Des Moines Housing Authority to administer a federal Housing and Urban Development funded program; the aptly named, Family Unification Program (FUP), which helps families struggling to stay together mainly through housing stability. The Des Moines Housing Authority and DHS created a Memorandum of Understanding (MOU), which was most recently signed February of 2015 extending the MOU to December 1, 2018. Iowa DHS identifies families and youth, then the Des Moines Housing Authority awards up to 100 vouchers to assist FUP qualified applicants. DHS established and implement a system to identify FUP eligible families and FUP eligible youth within the agency's caseload and to make appropriate referrals to DMMHA. Joint efforts are to involve landlords and the community in identifying local housing units, counseling services and expanding services when necessary for additional needs. We believe this program is effective at preventing child abuse and neglect, as well as avoiding the unnecessary separation of children from their families. Foster care transition programs benefit from the opportunity to empower youth aging out of the foster care system to seek and obtain housing units and to become self-sufficient.

- In the 2017 APSR, provide information on how the child welfare agency is partnering with FYSB-funded grantees or others to educate youth in foster care about pregnancy prevention.

Early childbearing and parenting are relatively common among youth who age-out of foster care. While just less than 10% of youth entered Aftercare as parents, by the time they exited, 32.1% were parents⁷. Working with participants on healthy relationships and parenting are key activities of Iowa's Chafee program. However, it is clear Iowa needs to do more to help teens avoid unwanted pregnancies or prepare for parenting, if necessary.

Nearly 20% of females who enter Aftercare report having an unintended pregnancy. According to data provided by the National Conference of State Legislators, teen pregnancy in Iowa is 19.8% (2014)⁸.

Table 4(d): Risk Factors/Challenges Presented at Intake			
Percent responding “yes” they:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Have ever had an unintended pregnancy (females only – N=131 in SFY 2015)	29.1%	20.8%	19.08%

Source: Iowa Aftercare Services Annual Report 2015, available at <http://www.iowaaftercare.org/PDF%20files/IASN%20Outcomes%20Report%202015.pdf>

Utilizing the Community Adolescent Pregnancy Prevention (CAPP) grants described on page 93 of this report, DHS contracts for the delivery of curriculum-based, comprehensive sexuality education program to adolescents in the covered service area of the grantee that focuses on the sexual risk and protective factors of adolescents; the delivery of program strategies that address the nonsexual risks and protective factors to adolescents (e.g., youth development programs, programs to enhance school performance; programs that facilitate strong connections to family, school, and faith communities); and educate adolescents on family planning services.

Providers in programs, such as the Iowa Foster Care Youth Council (AMP), believe in prevention of unwanted pregnancies through utilizing quality information and programs delivered at the community level. Hillcrest, an eastern Iowa AMP provider, highlights their connection to teen prevention, as a way to inform staff and youth, as well as provide access to needed training and resources.

⁷ Source: Iowa Aftercare Services Annual Report 2015, available at <http://www.iowaaftercare.org/PDF%20files/IASN%20Outcomes%20Report%202015.pdf>

⁸ Source: <http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx>

DHS supports struggling families by providing services including counseling, parenting classes, and facilitates the delivery of health and mental health services.

% responding "yes"	Table 4(e): State Fiscal Year (SFY) 2015 Pregnant and Parenting Youth Who Aged Out of Foster Care in Iowa					
	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Are you a parent?	9.6%	32.1%	10.7%	34.4%	5.9%	23.5%
Are you currently pregnant, given birth or fathered a child in the last year?	11.5%	24.4%	9.0%	25.4%	20.6%	20.6%
Does your child live with you or have joint custody? (as a % of those who indicated they were a parent)	78.6% (N=14)	88.5% (N=52)	75.0% (N=12)	88.4% (N=43)	100% (N=2)	88.9% (N=9)

Source: Iowa Aftercare Services Annual Report 2015, available at <http://www.iowaaftercare.org/PDF%20files/IASN%20Outcomes%20Report%202015.pdf>

As mentioned, we recognize more work needs to be done to understand the issue of teen pregnancy and to assist parenting teens to be strong parents. The Iowa Chafee program will achieve this through the following:

- Continue to prioritize relationship building and parenting skills training in the Iowa Aftercare Program.
- Continue to fund and expand the Community Adolescent Pregnancy Prevention (CAPP) grant projects. This program works with teens to educate them on reproductive health care, with the goal of reducing the number of pregnancies.
- DHS will promote CAPP and other proven programs with the population of youth in foster care.
- Partner with Iowa Department of Public Health to investigate and fund other youth programs, based in research with rigorous evaluation of the programs to prevent teen pregnancy and related consequences.

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 work together when they see common legislative goals. Bullying is one example. 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 a grant from the 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. Multiple task teams are currently developing recommendations for improved transition policy and practice. The experience of looking at the supports in juvenile justice and child welfare, when it comes to services and supports for teens, has been enlightening and informative for all involved. It is likely we will see better and more frequent youth centered planning, improved consistency across the state, and provider networks that value and share lessons from evidence based programs.

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. Iowa College Aid is innovating to help potential and existing students better understand the processes and expectations around college application and enrollment. They are using technologically advanced systems and tools. 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 2014 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 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.
- 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)
- Identified tri-chairs from education, courts, and child welfare to lead the groups in the previous bullet.
- Researched other state "snapshots" and reports, which assisted the Collaborative to develop common understanding of the breadth and intent of the initial report.
- DHS consulted DE when developing "normalcy" strategies, including a form to facilitate implementation of decision making by caretakers, using the Prudent Parent Standard, as directed by the Strengthening Families Act.
- Determined a plan for local data sharing agreements, through consultation with the Attorney General's office. This will be helpful, as education considers authorization of the Every Student Succeeds Act.
- Improved the structure and accountability of the Iowa Children's Justice Education Collaborative. The Children's Justice State Council is expecting recommendations in July of 2016 from three workgroups created to address data needs, education stability, and education performance of children in foster care (more information about the Collaborative is on page 164 of this report).

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). IHH provides integrated, whole-person care to Medicaid-eligible individuals living with a serious mental illness and to children with serious emotional disturbances. The IHH works with the individual's assigned Managed Care Organization (MCO) to ensure that all health and mental health care needs are met.

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 community-based 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 community-based case management 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 Public Consulting Group (PCG) 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. TPS guide case managers for older children in foster care to contact PCG and apply for SSI, if there is any indication the child may qualify. PCG, 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. PCG 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 EMIYA program. The aptly named EMIYA (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. EMIYA expanded effective January 2014. Iowa is seeing more youth participating in the EMIYA program, as evidenced by an increase of 164 from July 2014 (354 participating) to our highest ever in April 2015 (518 participating). As of the writing of this section (April), Medicaid for those who aged out of care and are under age 26 has passed 700 youth.

Iowa Aftercare Services, Iowa Foster and Adoptive Parents Association (IFAPA) are strong partners with DHS and Iowa Medicaid Enterprise to raise awareness and break through barriers. Aftercare quarterly meetings have been and will continue to be used to discuss medicaid enrollment and problem solve. Health care coverage is a necessity for most of our youth and the provider partners seem to have taken it as a challenge to get and keep youth connected to Medicaid or other health care. The Iowa Aftercare Services Annual Report 2015 shows that 95% of participants have retained their health care coverage under Medicaid or other insurance prior to exiting the program.

- 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 is in responses to accomplishments earlier in this report. However, below are 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.

DHS partnered with Braking Traffick, an advocacy organization for victims of human trafficking in Eastern Iowa, for a two day mutli-disciplinary event on February 18-19, 2016. It occurred in Davenport, Iowa, but drew a crowd from Eastern Iowa and Western Illinois. The event had a reasonable amount of trauma informed training, forensic interviewing, pathology of trafficking, and informed methods of responding to victims in various settings. Most importantly, the event was intentional about cross system education and collaboration. Strong attendance and important subject matter has DHS and others considering replicating the event.

- Training was provided to the Iowa Aftercare Services Network in 2015 and 2016 about their responsibilities to identify sex trafficking and report to law enforcement. The aftercare program commits to making sure all individuals working with youth are aware of the signs of trafficking, are able to use a trauma informed response, and in order to prevent trafficking, utilize the aftercare self-sufficiency planning infrastructure to make sure housing, health, education, employment, and relationships are stable so participants are not as vulnerable to trafficking. Related to this, DHS also trained aftercare staff to understand and employ the Secretary of State's address protection program, Safe at Home, for victims of domestic violence.
- AMP advocates for identification and supports for victims of trafficking. AMPIowa.org has extensive information to inform youth and advocates about the need to recognize there is a problem, identify solutions, and ensure supports are available.

- 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. In particular, describe any policies or practices in place to train foster parents, adoptive parents, workers in group homes and case managers to support and affirm lesbian, gay, bisexual, transgender or questioning (LGBTQ) youth and/or address the unique issues confronting LGBTQ youth. Please note that 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 2016-2017*, will center primarily on SFA 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 have been completed 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. DHS will develop training for provider audiences and revise existing training as needed. 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 increased and will continue to occur during 2017. 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.

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 requesting 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 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 caseworkers receive training on, coordination, and sharing of all CFCIP related programs and resources to ensure youth on their caseload, including Indian children, 14 years and older, 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 14 years of age and older 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 14 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 14 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 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 14 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 and is reviewed and updated with the overall case plan at a minimum of every 6 months. TPS 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 14 years and older 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 14 years of age and older.

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 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 TPS, who are in the field and work with the tribes and caseworkers working with tribal youth eligible for Chafee services, tribes have not raised concerns about 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. An intergovernmental contract, administered by DHS, ensures there is one full time Coordinator, employed by the Iowa College Student Aid Commission.

Each year Iowa's ETV application is available online beginning in January. Students also must complete the FAFSA and the Iowa Financial Aid online application annually, and awards are made until funding is depleted. Students renewing their awards prior to March 1st receive priority consideration. Once all funds for a particular academic year are committed, a waiting list is started, if needed, but has not been needed for the past few years. 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 are no dorms available) the students then receives any remaining funds to assist in paying for the costs of attendance. New this year, the ETV program expanded to fund graduate studies as long as the students still meet the age criteria. Priority will be given to the undergraduate student funding in the case of a waitlist. Iowa College Aid also works to enhance the Iowa Financial Aid Application and is in the process of converting over to a new Scholarship and Grants system, which will allow the flexibility to extend the deadlines for the application dates for the Iowa Financial Aid Application for ETV, which will assist foster students in the future and enhance eligibility for the program.

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 and AMP. Students in Iowa receive information about ETV's existence 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 learn 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) with a yearly allocation of \$500,000. The application for the ETV program was 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 with substantial financial aid.

Collaboration:

The ETV program continues to collaborate with: Iowa Foster Care Youth Council; college and university financial aid staff; other state scholarship and grant program administrators; Iowa Aftercare Network; DHS Transition Planning Specialists and program administrators; Gear Up, and; AMP. 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 to enhance support and success for students attending DMACC. One of the Casey project goals is to do outreach to former foster youth currently enrolled at DMACC. We continue to explore ways to share information between the Casey project and the ETV population at DMACC to link the two together.

Program support:

The ETV Coordinator provides technical assistance, upon request, to college/university staff, Iowa Aftercare Network staff, as well as the TPS and DHS policy 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).

Activities continue regarding making additional improvements to the DHS website, to services provided to students transitioning to college out of foster care, and to continue to work on retention issues. There were a variety of efforts to provide students with additional information about and assistance with the financial aid process. These efforts include the United States Department of Education (USDOE) FAFSA Completion Pilot, which provides school districts with real-time information about individual students' FAFSA completion status and the privately-funded College Goal Sunday, which offers students across the country individualized assistance with FAFSA completion. Last year Iowa's ETV program had a 95% FAFSA completion rate for all applicants.

Further details about Iowa's ETV program can be found at:

<https://www.iowacollegeaid.gov/content/education-and-training-voucher-etv-grant> or
<http://dhs.iowa.gov/transitioning-to-adulthood>.

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.

In Iowa, there continues to be a need for developed, targeted outreach for minority males, African-American and Hispanic males, who experience lower graduation and college attendance rates. The ETV Coordinator will continue to distribute ETV outreach information to high school guidance counselors, JCO, State Training Schools, Aftercare, Probation and Parole services, homeless shelters, and community activist in areas with high minority populations. The ETV program translated the Your Course to College and ETV brochures into Spanish to assist both students and parents with the college planning process. The ETV coordinator participated in the webinar, "Latino Males in Higher Education: Action For Progress", Excelencia in Education, which discussed the

current trends for Latino males in higher education and the growing gender gap in educational attainment. College leaders in this area discussed not only what we know, but also what we can do to accelerate college and university enrollment and completion among Latino males.

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.

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 updated the DHS website with clear instructions and a direct link to the FAFSA and Iowa Financial Aid Application.

The ETV Coordinator sent ETV information to all of the Chief JCO's in Iowa to distribute to their JCO staff, Eldora State Training School staff, high school guidance counselors, TPS and 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, which previously did not receive information in the past. Additionally, the ETV Coordinator presented and distributed ETV information and college planning resources at the Juvenile Court Officers Annual Conference for the last couple years.

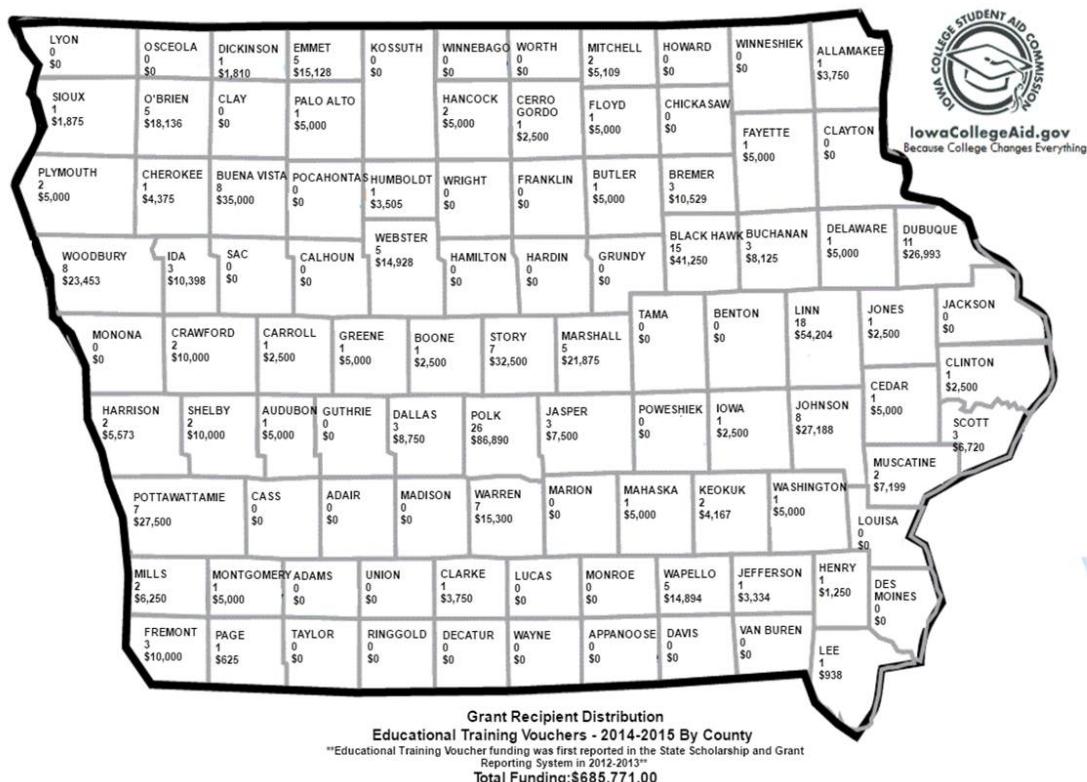
Benchmark 1.1.e: Continue to send reminder emails and texts to students, Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network and AMP reminding them to apply for their FAFSA and complete 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.

New this year to Iowa, Iowa implemented text messaging outreach to improve college enrollment and retention. Text messages will be sent to students' mobile phone and contain important information regarding affordability, financial aid, deadlines, loan options, and the option of requesting help. By implementing text outreach to students, Iowa hopes these texts will prompt students to complete tasks they had not yet done or inform them about something they had not realized they needed to do. This intervention cost approximately 5 cents per message sent. The desired effects of this outreach intervention will help assist students with college enrollment and persistence to degree attainment by sending them reminders, helping them to successfully navigate into college, and also accessing additional supports if needed.

Benchmark 1.1.f: Continue to monitor application numbers; by end of year 2, monitor application numbers by DHS service area or county.

See County Map Below



Source: Iowa College Student Aid Commission

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.

Iowa College Student Aid Commission conducted a study on retention and credential attainment of recipients of the state-administered Education and Training Voucher (ETV) Program. The focus of this study was retention and credential attainment outcomes of two cohorts of high school graduates, who had been in foster care and applied for ETV funding for their first year of college.

Brief Overview of Methodology: Using ETV application records and information available from the National Student Clearinghouse (NSC), Iowa College Student Aid Commission staff conducted an analysis of the outcomes of four cohorts of first-time college students who had been in the Iowa foster care system. In each cohort, all students who applied for ETV funding for the corresponding academic year were matched to the NSC to obtain data on the retention and credential attainment rates. Of the 636 records submitted to the NSC for all four cohorts, 523 matches returned (82% match rate).

Table 4(f): Cohort applications, NSC matches, and NSC matches awarded/not awarded ETV in their 1st year of college

	Total Applications	NSC Match	1 st Year in College Matches	1 st Year in College Matches Awarded	1 st Year in College Matches Not Awarded
2004-05	104	87	54	44	10
2005-06	128	101	62	51	11
2006-07	181	151	93	73	15
2007-08	223	184	125	109	11
<i>Total</i>	<i>636</i>	<i>523</i>	<i>334</i>	<i>277</i>	<i>47</i>

Source: Iowa College Student Aid Commission

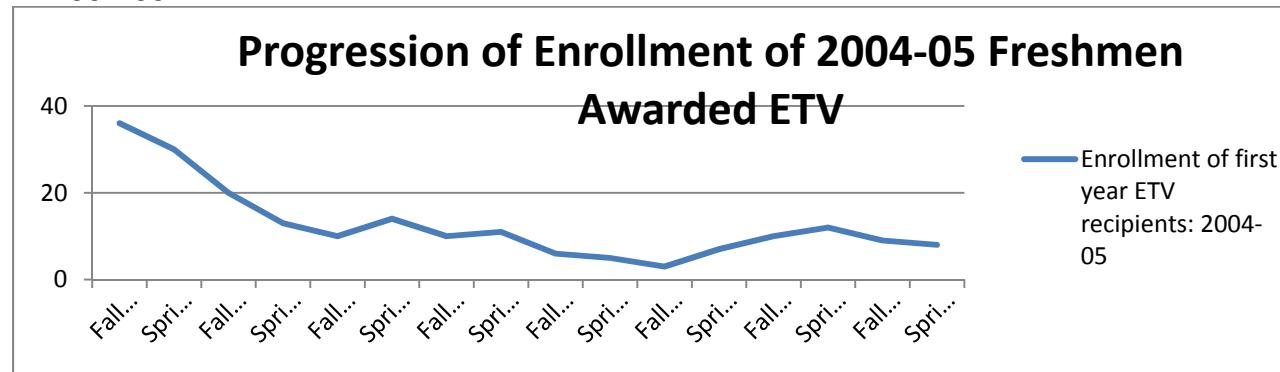
Summary of Retention and Credential Attainment: 2004-05 Cohort: Of the 44 students that awarded ETV funds for the 2004-05 academic year, 36 attended in the fall of 2004, 20 attended in the fall of 2005 (for a second year of college), and 10 attended in the fall of 2006 (for a third year of college). Interestingly, an enrollment jump occurred in the fall of the 7th year with 22% (10 students) of the original cohort enrolled in some type of postsecondary education, and remained steady in the 8th year with approximately 20% (9 students) of the original cohort enrolled.

Table 4(g): Progression of students awarded/not awarded ETV funds as college freshmen in the 2004-05 academic year.

Awarded ETV for the 2004-05 Academic Year	Fall 2004 (Yr 1)	Fall 2005 (Yr 2)	Fall 2006 (Yr 3)	Fall 2007 (Yr 4)	Fall 2008 (Yr 5)	Fall 2009 (Yr 6)	Fall 2010 (Yr 7)	Fall 2011 (Yr 8)
Awarded: 44	36	20	10	10	6	3	10	9
Not Awarded: 10	6	5	5	3	6	4	3	1

Source: Iowa College Student Aid Commission

Chart 4(a): Visual overview of the fall and spring enrollment progression of freshmen awarded ETV funds in 2004-05



Source: Iowa College Student Aid Commission

Of the original 44 students awarded ETV in 2004-05, 6 received some type of postsecondary credential by the spring of 2010 (6 years later). Of the original cohort, approximately 13.6% of the original 44 students obtained a postsecondary credential 6 years later.

Table 4(h): Credentials Conferred within 6 years

Degree Type	Unduplicated Students
Associate's Degree	1
Bachelor's Degree	4
Associate's & Bachelor's Degree	1
TOTAL	6

Source: Iowa College Student Aid Commission

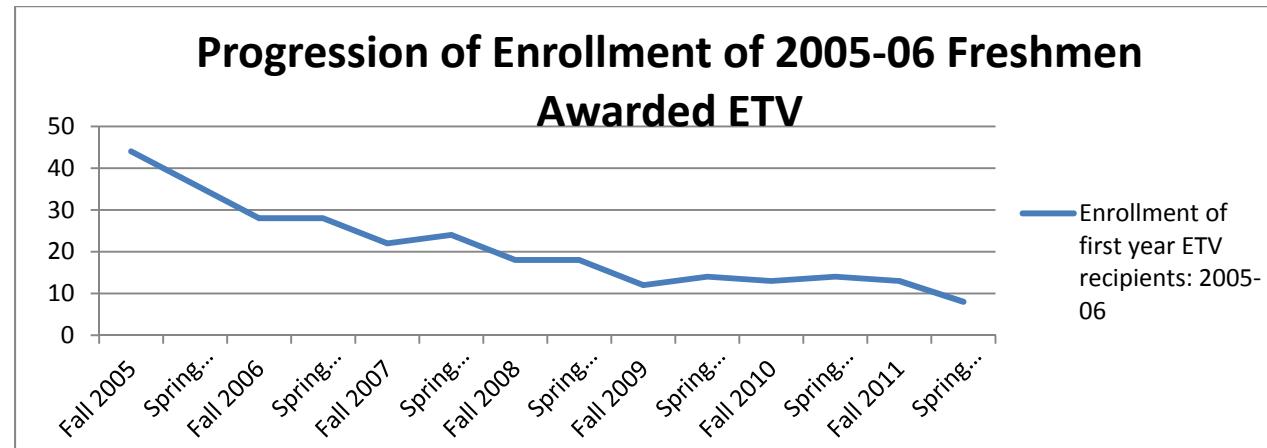
Summary of Retention and Credential Attainment: 2005-06 Cohort: Of the 51 students awarded ETV funds for the 2005-06 academic year, 44 attended in the fall of 2005, 28 attended in the fall of 2006 (for a second year of college), and 22 attended in the fall of 2007 (for a third year of college). Enrollments became more steady in years 5 (Fall 2009) through 7 (Fall 2011), with 23.5% (12 students), 25.5% (13 students), and 17.7% (9 students) of the original cohort enrolled each fall respectively.

Table 4(i): Progression of students awarded/not awarded ETV funds as college freshmen in the 2005-06 academic year

Awarded ETV for the 2005-06 Academic Year	Fall 2005 (Yr 1)	Fall 2006 (Yr 2)	Fall 2007 (Yr 3)	Fall 2008 (Yr 4)	Fall 2009 (Yr 5)	Fall 2010 (Yr 6)	Fall 2011 (Yr 7)
Awarded: 51	44	28	22	18	12	13	9
Not Awarded: 11	2	2	2	2	1	3	1

Source: Iowa College Student Aid Commission

Chart 4(b): Visual overview of the fall and spring enrollment progression of freshmen awarded ETV funds in 2005-2006



Source: Iowa College Student Aid Commission

Table 4(j): Credentials Conferred within 6 years

Degree Type	Unduplicated Students
Diploma & Associate's Degree	1
Certificate & Associate's Degree	1
Associate's Degree	4
Bachelor's Degrees	4
TOTAL	10

Source: Iowa College Student Aid Commission

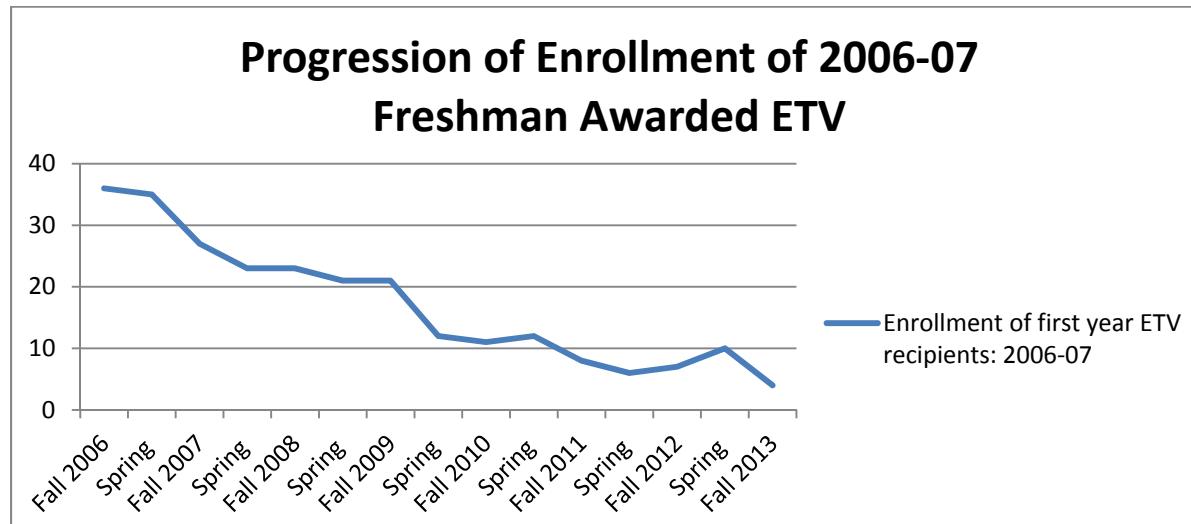
Summary of Retention and Credential Attainment: 2006-07 Cohort: Of the 73 students awarded ETV funds for the 2006-07 academic year, 36 attended in the fall of 2006, 27 attended in the fall of 2007 (for a second year of college), and 23 attended in the fall of 2008 (for a third year of college).

Table 4(k): Progression of students awarded/not awarded ETV funds as college freshmen in the 2006-07 academic year

Awarded ETV for the 2006-07 Academic Year	Fall 2006 (Yr 1)	Fall 2007 (Yr 2)	Fall 2008 (Yr 3)	Fall 2009 (Yr 4)	Fall 2010 (Yr 5)	Fall 2011 (Yr 6)	Fall 2012 (Yr 7)	Fall 2013 (Yr 8)
Awarded: 73	36	27	23	21	11	8	7	4
Not Awarded: 15	11	6	3	2	3	1	2	2

Source: Iowa College Student Aid Commission

Chart 4(c): Visual overview of the fall and spring enrollment progression of freshmen awarded ETV funds in 2006-07



Source: Iowa College Student Aid Commission

Of the original 73 awarded ETV in 2006-07, 9 received some type of postsecondary credential⁹ by the spring of 2012 (6 years later). Of the original cohort, approximately 12.3% of the original 73 students obtained a postsecondary credential 6 years later.

Table 4(l): Credentials Conferred within 6 years

Degree Type	Unduplicated Students
Associate's Degree	2
Bachelor's Degrees	6
Master's Degrees	1
TOTAL	9

Source: Iowa College Student Aid Commission

⁹ Includes certificates, diplomas, Associate's Degrees, Bachelor's Degrees, and Master's Degrees.

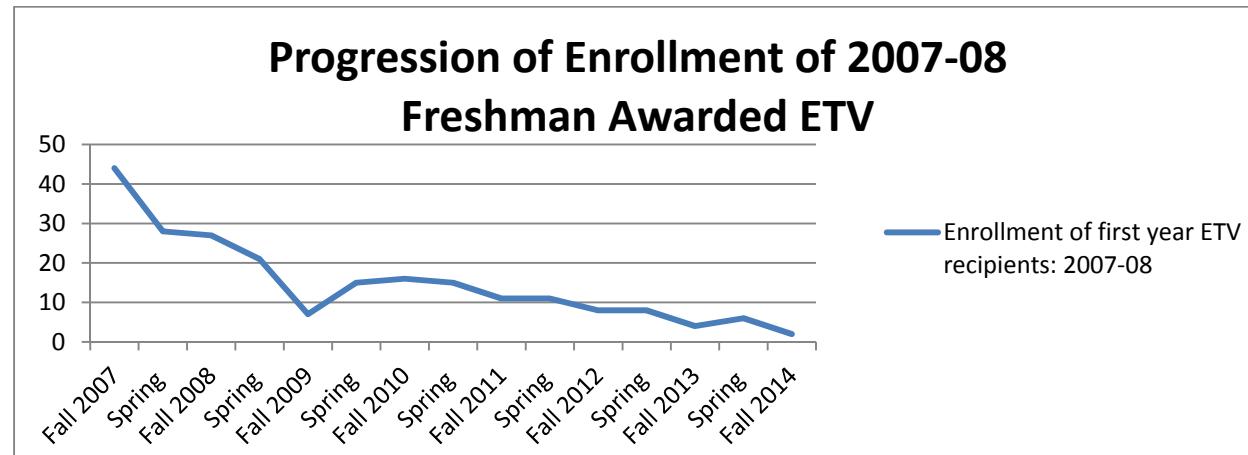
Summary of Retention and Credential Attainment: 2007-08 Cohort: Of the 109 students awarded ETV funds for the 2007-08 academic year, 44 attended in the fall of 2007, 27 attended in the fall of 2008 (for a second year of college), and 7 attended in the fall of 2009 (for a third year of college) enrolling each fall respectively.

Table 4(m): Progression of students awarded/not awarded ETV funds as college freshmen in the 2006-07 academic year

Awarded ETV for the 2007-08 Academic Year	Fall 2007 (Yr 1)	Fall 2008 (Yr 2)	Fall 2009 (Yr 3)	Fall 2010 (Yr 4)	Fall 2011 (Yr 5)	Fall 2012 (Yr 6)	Fall 2013 (Yr 7)	Fall 2014 (Yr 8)
Awarded: 109	44	27	7	16	11	8	4	2
Not Awarded: 11	1	1	3	4	3	3	3	1

Source: Iowa College Student Aid Commission

Chart 4(d): Visual overview of the fall and spring enrollment progression of freshmen awarded ETV funds in 2007-08



Source: Iowa College Student Aid Commission

Of the original 109 students awarded ETV in 2007-08, 6 received some type of postsecondary credential¹⁰ by the spring of 2013 (6 years later). Of the original cohort, approximately 5.5% of the original 109 students obtained a postsecondary credential 6 years later.

Table 4(n): Credentials Conferred within 6 years

Degree Type	Unduplicated Students
Bachelor's Degrees	5
Master's Degrees	1
TOTAL	6

Benchmark 2.1.b: The ETV coordinator along with other CFCIP policy staff started to form a retention committee by end of year 1.

The ETV Coordinator and CFCIP policy staff formed the committee, with meetings initiated in August 2015. Meetings are monthly and hosted by the ETV coordinator. A DHS facilitator assists, as needed. The teams include:

- Terri Bailey, Youth & Shelter Services, Achieving Maximum Potential (AMP) Assistant Coordinator;
- Kara Lynn Regula, Social Worker VI, Department of Human Services;
- Nancy Ankeny-Hunt, Special-Education-Consultant, Department of Education;
- Doug Wolfe, Program Planner, Department of Human Services;
- Aftercare Advocates;
- Transition Planning Specialists;
- Higher Education advisor from DMACC;
- WIOA;
- YPII;
- Guardian Scholars;
- Iowa Homeless Youth Shelter;
- Ralph Albee-STS;
- and current and former students receiving the ETV Grant.

¹⁰ Includes certificates, diplomas, Associate's Degrees, Bachelor's Degrees, and Master's Degrees.

SECTION V: PROGRAM SUPPORT

Describe the state's training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/APSR goals and objectives since the submission of the 2016 APSR. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year. (See 45 CFR 1357.16(a)(5).)

Training

The training plan referenced in *Section IX: Targeted Plans, Training Plan* describes training available through the Iowa Department of Human Services (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. The 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 2015 – March 2016 that supported meeting goals and objectives listed in the FFY 2015-2019 CFSP.

Goal 1: **Children abused or neglected will be safe from re-abuse in their own homes or in their foster care placements.**

Objective: **Reduce the reoccurrence of child maltreatment through Differential Response and services provided.**

Course: *SW 020, Foundations of Social Worker 2 Practice*

This training is a pre-requisite course prior to workers receiving cases, unless given an exception. Iowa updated this course in the fall of 2015 to add content regarding reasonable accommodations. Specifically, training staff:

- incorporated a discussion about what services are available throughout the state in regards to reasonable accommodations;
- added two handouts on this topic to the course; one is an overview document while the other reflects Iowa Court of Appeals Decisions; and
- added to the curriculum two examples of cases overturned due to lack of reasonable accommodations.

Training staff ask participants to complete a 14-item pre/post-test as part of the training. Analyses of the pre-post test scores reflects data from participants (N=28) who completed the training during FY 2016. Overall,

the mean score for the pre-test was $M = 8.9$ ($SD = 1.2$). The mean score for the post-test was $M = 12.1$ ($SD = 1.8$). A paired sample pre- and post-test indicates a significant improvement in post-test scores ($M = 3.2$, $SD = 2.3$, $p = <.001$). These results indicate participants' scores improved significantly after completing the training.

In addition, staff asks participants to complete a 5-item online post-training evaluation assessment. For May 2015, scores from 9 respondents averaged 3.24 on a 4-point scale (1 = strongly disagree to 4 = strongly agree). For the revised evaluation tool used for October and December 2015 and February and March 2016, the average of 17 respondents on 4-items measured on a 5-point scale (1 = strongly disagree to 5 = strongly agree) was 4.47; the average for the one-item net promotor score, with 0 being the lowest and 10 the highest, was 8.31.

As a result of the feedback in the 30 day follow-up phone calls, training staff are in the process of restructuring SW 020 in FY 2017 to incorporate time for on-the-job learning and transfer of knowledge in between classroom training sessions. This model requires learners to work closely with their supervisors and mentors as well as complete assignments outside of the classroom before training and during field time. Training staff will be reviewing and updating the pre- and post-tests for this course in the coming year to account for the change in course structure.

Course: *CP 200, Basic Training for Child Protective Workers*

Iowa offers this training as a five day classroom training and it is part of the New Social Worker Training Series. In the fall of 2015, training staff updated the course to add content regarding reasonable accommodations. Training staff incorporated discussion about what services are available throughout the state in regards to reasonable accommodations. Additionally, training staff added three handouts on this topic to the course:

- Reasonable Accommodations Overview
- Protecting the Rights of Parents and Prospective Parents with Disabilities
- Worker Tip Sheet on Reasonable Accommodations

Participants complete a 38-item pre/post-test as part of the training. The test covers content in six areas including a general overview, interviewing techniques, family characteristics, legal aspects, policies, and safety constructs. Analyses of the pre-post scores reflects data from participants ($N=12$) who completed the training during FY 2016. Overall, the mean score for the pre-test was $M = 26.6$ ($SD = 4.1$) and the mean score for the post-test was $M = 31.2$ ($SD = 3.9$). A paired sample t-test indicates test scores were significantly higher ($p = <.001$) after the training ($M = 4.6$, $SD = 3.3$). Regarding differences within each content area, significant

improvements were in the overview ($M = .27$, $SD = .18$, $p = <.001$) and policy ($M = .17$, $SD = .24$, $p = .03$) content areas. These results indicate participants' overall scores significantly improved after the training, and content areas with the largest improvements included the overview and policy sections.

In addition, 6 participants completed the online post-training evaluation. On the evaluation tool used for July, November and December 2015, the average of responses to the 4-items measured on a 5-point scale (1 = strongly disagree to 5 = strongly agree) was 4.61; the average for the one-item net promotor score, with 0 being the lowest and 10 the highest, was 9.33.

Course: *SP 403, All Roads Lead to Safety: Strategies to End Trafficking in Iowa*
This multidisciplinary learning opportunity explored how Iowa can help victims of trafficking. As a result of this training, participants increased understanding about what human trafficking looks like. The training addressed intake and assessment approaches as well as best practices for working with law enforcement related to the trafficking of our youth.

Ninety-nine (99) DHS staff, law enforcement, child welfare and trafficking advocates attended the event, which occurred on April 17th, 2015 and preceded the all DHS staff mandatory *Human Trafficking Webinar*.

Course: *Human Trafficking Webinar*
This mandatory webinar for child protective workers, social work case managers, and supervisors addressed the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) and implications for DHS child welfare practice. Two-hundred-seven (207) individuals viewed this webinar.

Webinar objectives were:

- Basics of P.L. 113-183 in regards to human trafficking.
- What human trafficking looks like in Iowa.
- Practice guidelines for intake staff, SW3s, SW2s, and supervisors to stay in compliance with the federal law.

Course: *Safe and Together Model Training Series*
The Safe and Together Model Suite of Tools and Interventions is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaborators and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including

recent correlations with a reduction in out of home placements in child welfare domestic violence cases.

Model Principles:

1. Keeping the child safe and together with the non-offending parent
2. Partnering with the non-offending parent as the default position
3. Intervening with the perpetrator to reduce risk and harm to child

Critical Components:

1. Perpetrator's pattern of coercive control
2. Actions taken by the perpetrator to harm the child
3. Full spectrum of the non-offending parent's efforts to promote the safety and well-being of the child
4. Adverse impact of the perpetrator's behavior on the child
5. Role of substance abuse, mental health, culture and other socio-economic factors

Staff facilitated the Safe and Together series of trainings from June through November 2015. The series has three categories based on the differing audience types, including:

- SP 525 Community Meeting - Overview of Safe and Together – There were ten sessions with 904 total participants.
- SP 625 Academy Training - Safe and Together Model – There was one session with 43 participants.
- SP 825 Safe and Together Model Supervisor Training – There were four sessions with 132 total participants.

A total of 455 DHS staff responded to the online evaluation for the sessions offered in October and November 2015. On the evaluation tool, the average score of respondents to the 4-items measured on a 5-point scale from 1 = strongly disagree to 5 = strongly agree was 3.48; the average for the one-item net promotor score, with 0 being the lowest and 10 the highest, was 5.60.

Course: *SP 851, Mental Health, Substance Abuse, and Domestic Violence for Supervisors - Screening and First Steps*

This mandatory course for supervisors occurred on December 14 – 15, 2015 with 79 registered participants. This new course provided the foundation for identifying caregiver and child(ren) needs when screening for referrals to mental health, substance abuse and domestic violence resources. The training included guidance for supervisors to utilize a functional screening tool that enhances engagement techniques in a trauma-informed manner for information gathering and the process for documentation of efforts to connect families with resources based on their needs.

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.

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 permanence.

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 DHS 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.

Permanency Roundtables trainings occurred twice in 2015. During the September session, 21 individuals completed the training. Participants created, discussed, and implemented Permanency Action Plans for 16 children and families in Iowa. During the November session, 34 individuals completed the training. Participants created, discussed, and implemented Permanency Action Plans for 7 children and families of Iowa. These participants planned future Permanency Roundtables to develop Permanency Action Plans for an additional 25 children and families in Iowa.

Course: *Reasonable and Prudent Parent Webinar*

This mandatory webinar for child protective workers, social work case managers, and supervisors addressed the P.L. 113-183 reasonable and prudent parent requirements and implications for DHS practice. One-hundred-ninety-six (196) individuals viewed this webinar.

Webinar objectives:

- Define the Reasonable and Prudent Parent Standard.
- Explain what the law requires and how that relates to workers and foster care providers working together as Iowa implements the law.
- Illustrate the significance of understanding and considering age and developmental appropriateness when making decisions about what children and youth in foster care should be able to do.

Course: *Transition Planning 14+ Webinar*

This mandatory webinar for child protective workers, social work case managers, and supervisors addressed the P.L. 113-183 transition

planning requirements and implications for DHS practice. This webinar occurred on August 6th and 144 individuals viewed the webinar.

Webinar objectives:

- Specifics of the law that lowers the age of transition planning requirements for youth in out-of-home placement from age 16 to age 14 and older.
- Casework practice implications.
- Tools to assist caseworkers in meeting the new requirements for transition planning.

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.

Course: *Supervisory Seminar: Family Interaction Planning*

Family interaction planning is essential to enhancing the child's experience when there is involvement of DHS. This approach serves a framework for improving the involvement of parents and children in case planning. Ninety-two (92) staff members registered for this webinar on July 14, 2015.

The seminar builds upon the foundational Practice Bulletin, which outlines best practices for family interaction planning including:

- Children removed from their parents need to see them as soon as possible to reduce feelings of grief and loss, ideally within 24 hours of placement.
- Interactions should be frequent and based on the age of the child. The younger the child, the more frequent the interaction.
- Interaction should be developmentally appropriate, culturally responsive, and offer parents opportunities to demonstrate increased caretaker capacity.
- DHS workers, providers, parents, and other team members should work collaboratively to develop a Family Interaction Plan that offers a variety of activities for parents and children to maintain connections in the most natural setting possible.
- The entire team should review Family Interaction Plans at regular intervals to evaluate progress, address any concerns, and make revisions.

Following the webinar, participants respond as teams to questions related to how they will implement these practices in their Service Areas. To earn

the certificate of completion, Iowa requires response to the questions. Each person in the team who collectively responded to the discussion questions received a certificate. The certificates are issued on an individual basis versus at a team level. All service areas should have been represented in attendance for the Supervisory Seminar.

Course: *Supervisory Seminar: Quality Case Visits in Child Welfare*
Sixty-four (64) staff members registered for this supervisory seminar on April 14, 2015. This seminar directly addresses the objective of improving the frequency and quality of DHS staff visits with children and parents. This webinar emphasized that quality visits should examine not only the progress and engagement of families, but also the assistance and guidance of the agency and caseworker. Evaluation is critical to determining if current services and supports meet the needs of the family, and then measuring the results of those efforts on the family's functioning.

The seminar builds upon the foundational Practice Bulletin, which outlines how to evaluate the quality of the visit by asking the following questions:

- What went well during the visit?
- What were the challenges during the visit?
- Was safety and risk fully assessed?
- What progress was made on the case plan goals since the last visit?
- Was progress toward meeting the permanency goal fully assessed?
- What was the non-custodial parent's level and frequency of involvement with the child?
- Are there specific domain areas that need to be revisited with the family?
- What needs/challenges/goals need to be followed up on?

Following the webinar, participants respond as teams to questions related to how they will implement these practices in their Service Areas. To earn the certificate of completion, Iowa requires response to the questions. Each person in the team who collectively responded to the discussion questions received a certificate. The certificates are issued on an individual basis versus at a team level. All service areas should have been represented in attendance for the Supervisory Seminar.

Course: *SW 507 Race: The Power of an Illusion – The House We Live In*
This course is a 6-hour day of learning, listening, and courageous conversations for DHS workers and community members. The goal is for participants to understand how racial/ethnic disparities manifest across a broad spectrum of child and family well-being indicators and the importance of having "courageous conversations" about race, equity, and child welfare. This course relates to the objective of improving the frequency and quality of DHS staff visits with children and parents. The

quality of DHS interactions increases when staff has a heightened understanding of the role race and culture play within family dynamics.

Course objectives:

- Understand how racial/ethnic disparities manifest across a broad spectrum of child and family well-being indicators and the importance of having "courageous conversations" about race, equity, and child welfare.
- Explain how our institutions and courts used public policy and inconsistent logic to define race and give different racial and ethnic groups vastly unequal opportunities and access to life chances.
- Define the different levels of racism and understand how institutional and structural racism impact decisions, policies and practices in child welfare and the perpetuation of stereotypes about children and families of color.
- Utilize statistics from relevant data to create a clearer picture of disproportionality and disparity in Iowa.
- Identify how you can contribute to ensuring racially equitable treatment for children of color in Iowa's child welfare system.

Training staff asks participants to complete a pre/post paper survey at the end of the 6-hour training day. The sessions occurred August 2015 to January 2016 and included 346 participants (137 DHS and 198 non-DHS). The six pre-post survey items asked about disparity, interpretation, culture, feelings, discrimination, and conversation. All items measure on a 4-point scale (1 = strongly disagree to 4 = strongly agree). Overall, participants' ratings on all learning objectives were significantly higher after the learning exchange session. These results indicate participants have varying comfort levels in discussing race-related issues and recognizing how historical racism still impacts people of color today. Iowa believes there is a need for future research into the effects of base-level awareness, knowledge, and comfort in having courageous conversations to create safe and inclusive environments.

Training staff qualitatively analyzed the open-ended responses collected from 86 DHS staff who responded to the online evaluation for sessions offered between August and October 2015. Respondents comprised primarily SW2s (52%) and SW3s (29%). The majority of participants reported enhanced level of knowledge and awareness after the training. They said the delivery style and content was appropriate and effective. They expressed a desire for more training on the topic with specific examples from the field, discussion of policy, and links to community resources. They identified a need to acknowledge diversity not only of clients and communities served, but diversity within workplace, peers, and colleagues.

Technical Assistance

DHS front line staff and supervisors receive technical assistance 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 provided clarifications regarding relative notifications, system updates, credit reporting for foster care youth, implementation of Medicaid Modernization and processes related to foster care youth, etc. 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.

Describe the technical assistance and capacity building needs that the state anticipates in FY 2017 in support of the CFSP/APSR goals and objectives. Describe how capacity building services from partnering organizations or consultants will assist in achieving the identified goals and objectives. (See 45 CFR 1357.16(a)(5).) States that have engaged with the Capacity Building Center for States are encouraged to reference needs and planned activities that were documented during assessment and work planning.

Partnering Organizations or Consultants

Iowa received technical assistance from the following organizations or consultants:

- Friends National Resource Center – Technical assistance provided to DHS for Iowa's child abuse prevention programs. Iowa anticipates this TA will continue into FFY 2017. (See *Section III, Service Description Update, Prevention, Iowa Child Abuse Prevention Program (ICAPP) and Community Based Child Abuse Prevention (CBCAP) program for more information.*)
- National Resource Center for Diligent Recruitment – Iowa will be requesting TA from this resource center to assist with Iowa's diligent recruitment plan for the recruitment

and retention of foster and adoptive families. Iowa believes this TA may continue into FFY 2017.

- Casey Family Programs – DHS received TA from Casey Family Programs:
 - to develop the Child Welfare Partners Committee strategic plan (See *Section I, Collaboration, Intervention, Child Welfare Partners Committee (CWPC).*);
 - to examine national and Iowa data and provide research based best practices and strategies to decrease foster care entries, decrease lengths of stay, and increase permanency for Iowa's child welfare population, particularly minority children (projected to continue into FFY 2017);
 - to provide TA regarding the impact of H.R.5456, Family First Prevention Services Act of 2016, on Iowa's child welfare system and how to best leverage funding authorized in the Act (projected to continue into FFY 2017); and
 - to assist local community assessment of needs through survey development and focus group participation (projected to continue into FFY 2017).
- State of Illinois and Children's Bureau Region VII Program Specialist for Iowa – DHS received information from the State of Illinois that their education and training voucher (ETV) program covers graduate studies. Iowa's ETV Coordinator contacted Iowa's Children's Bureau Region VII Program Specialist to confirm that federal policy allows ETV programs to cover graduate studies, which allowed Iowa to change its ETV program to accommodate graduate studies. (See *Section IV, Chafee Foster Care Independence Program (CFCIP), Education and Training Voucher.*)
- Alliance for Strong Families and Communities provided TA to service providers and stakeholders regarding the upcoming procurements discussed in *Section I, Collaboration, Treatment and Foster Care Services, System of Care and Child Welfare Services.* Iowa anticipates that a small part of the TA will continue into FFY 2017 to continue assistance related to the procurements through supporting Iowa's paradigm shift for services procured and providing feedback to DHS.
- DHS contracted with IKASO Consulting LLC to assist in the procurement process, such as helping DHS consider how to structure payments, understanding how to develop performance measures reflective of safety, permanency, and well-being outcomes for children and families, and drafting the request for proposals (RFPs). The TA may continue into the first month of FFY 2017. (See *Section I, Collaboration, Treatment and Foster Care Services, System of Care and Child Welfare Services for more information.*)

Capacity Building Center for States

DHS staff met with Capacity Building Center for States (CBCS) staff, including their contractor, in the last year to develop a work plan. The work plan has three main items:

- CBCS will assist Iowa in the development of a strong sense of partnership and understanding between DHS and the legal community around children's issues.
- CBCS will assist Iowa in building capacity in the areas of resources, infrastructure, knowledge and skills, and engagement and partnerships to develop a highly qualified workforce who has a thorough understanding of public child welfare and social work principles.

- CBCS will provide a consultant to assist Iowa in determining the root causes for performance on monthly caseworker visitation and assist in the development of a plan to address identified issues.

DHS staff met with CBCS and contractor staff to discuss data related to monthly caseworker visits with children. After the meeting, DHS staff provided to CBCS and their contractor staff additional information and data they requested regarding caseworker visits. Contractor staff developed a caseworker visit survey to identify underlying barriers to completing caseworker visits. However, at this time, Iowa will not pursue surveying caseworkers. No other work related to the work plan occurred this past year. *For more information on caseworker visits, see Section VI, Monthly Caseworker Visits, in this report.* Iowa will continue to work with the CBCS staff on items in the work plan. Additionally, the DHS anticipates requesting CBCS assistance related to national data and information regarding human trafficking and fetal alcohol spectrum disorder as indicated in Iowa's CAPTA Report.

Describe child and family services related research, evaluation, management information systems, and/or quality assurance systems that have been implemented or updated since the submission of the 2016 APSR or will be implemented or updated in the coming year. Specify any additions or changes in services or program designs that have been found to be particularly effective or ineffective based on the state's evaluation of programs. (See 45 CFR 1357.16(a)(5).)

Evaluation and Research

Parent Partners

The DHS first implemented the Parent Partner mentoring program in four pilot sites in 2007. DHS designed the pilot to provide better outcomes regarding re-abuse, length of placement, and reunification. The Parent Partner Program expanded to all 99 counties in Iowa. Researchers from the University of Nebraska-Lincoln's Center on Children, Families and the Law (UN) provide quarterly reports on families involved with the Parent Partner Program. UN staff retrieves the data in these reports 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 of families entering and exiting the Parent Partner Program, family self-assessments, and fidelity to the Parent Partner model.

- Summary of Parent Partner Collaborative Efforts and System Impact Strengths:
 - Well trained Parent Partners successfully provide mentoring supports and participate in hundreds of committees and trainings locally and statewide.
 - Systemically, there is an expectation that Parent Partners have a voice in policy and practice.
 - Service Area Steering Parent Partner Committees meet regularly to review referral and intake data and set goals for implementation.

- Parent Partner Management Team and State Parent Partner Steering Committee regularly review outcome data and administrative data to determine impact. This data analysis serves as a feedback loop for program improvement
- Opportunities for Improvement and Next Steps:
 - Continue to build capacity and strengthen partnerships in selected areas as needed based on referrals and intake data.
 - Develop on-going financial literacy and career development opportunities for Parent Partners.
 - Increase funding to expand mentoring supports to all out-of-home cases.
 - Explore opportunities to expand mentoring supports to in-home cases and prevention approaches.

See Attachment 5A – Parent Partner Quarterly Report, January – March 2016.

Partnering with University of Northern Iowa for Technical Assistance and Training Focused Disproportionality and Disparity.

Drs. Michele Devlin and Mark Grey, Professors at the University of Northern Iowa, provide extensive training and technical assistance to DHS on issues related to cultural diversity, rapidly changing demographics, and disparities in child welfare outcomes. For this year, they served almost 900 people with their DHS-sponsored projects around the state of Iowa. They conducted numerous professional trainings with child welfare employees and related professionals on how to reduce disparities among vulnerable populations in the child welfare system.

Drs. Devlin and Grey are also regular participants on the statewide DHS Cultural Equity Alliance Steering Committee, and provide assistance to the Data Subcommittee and Diverse Populations Subcommittee. They were instrumental in planning and conducting Courageous Conversations, or community participatory forums, where local citizens can provide ideas and strategies to reduce disparities in the child welfare system. These two faculty members regularly provide updates to DHS on new cultural and linguistic populations in the state so that DHS can be more proactive in its operations to meet the needs of these new groups. The work of Drs. Devlin and Grey with the DHS also leveraged their working with other state agencies. They are frequent trainers and technical assistants on related issues now affecting the Public Safety, Public Health, Education, Criminal Justice, and related sectors in state government.

SafeCare

On February 9, 2016, Georgia State University/National SafeCare Training and Research Center (NSTRC) hosted an informational webinar. NSTRC received grants from the Agency for Healthcare Research (AHRQ) and the Patient-Centered Outcomes Research Institute (PCORI) to provide training to several sites and to conduct an effectiveness trial comparing SafeCare to usual child welfare service.

- The National SafeCare Training and Research Center (NSTRC) offers training and implementation support as part of their research project. The purpose of this webinar was to provide information on SafeCare and the AHRQ/PCORI grant. The

DHS Community Care/FSRP Services program manager and representatives from Community Care and FSRP Service contractors participated on this webinar.

- On March 4, 2016, representatives from Community Care and FSRP Services along with DHS central office staff, including leadership, assigned program manager, and assigned service contract specialist, participated in a conference call to discuss interest in SafeCare and identify next steps. The current Community Care contractor, Mid Iowa Family Therapy Clinic (MIFTC), shared they completed an application for submission to the NSTRC and were open to having other contractors join in on the application prior to submission. MIFTC completed the application on behalf of both Community Care and FSRP Services for their service area and four other FSRP Service contractors joined the application as they would like to implement SafeCare. Applications were due to the NSTRC mid-March for review and acceptance. Due to the timing of this report, there is no information available regarding the selection process. If Iowa is selected, this will be addressed in next years' report.

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 continues to be to free up caseworker time in documenting visits in order that the frequency and quality of visits increase.

Iowa is exploring data matching between the child welfare system and the juvenile justice system to capture visits for juvenile justice children in foster care placement. Currently, juvenile court services (JCS) staff enter their visit information into their system and then JCS staff gives DHS local staff a piece of paper to enter the information into JARVIS/FACS (Iowa’s child welfare information system). Since this process involves multiple hands, it is possible that not all the visits are in the administrative data. The goal is to ensure that all caseworker visits with children in foster care (DHS and JCS) are in the administrative data in order to reach federal performance requirements, which will eliminate the current federal financial participation rate reduction for IV-B funding. Iowa plans to utilize some of the Monthly Caseworker Visit Grant for this effort.

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 over the last several years. Iowa's performance for the percentage of visits occurring in the child's residence recently decreased but still exceeds the federal requirement of 50%.

**Table 6: Monthly Caseworker Visits with Children in Foster Care
(FFY 2012-2016)**

Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016*
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	9,177	8,653	6,735
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	56,573	56,748	28,593
The total number of complete calendar months children spent in foster care	69,844	70,310	69,428	66,207	33,121
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	40,800	19,852
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	82%	86%	86%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%	72%	60%

Source: SACWIS

*October 1, 2015-March 31, 2016

Within the past year, Iowa collaborated with the Capacity Building Center for States (CBCS) to review Iowa's data to determine underlying factors behind our monthly caseworker visit performance and to obtain information from states similar to Iowa that are successful in meeting the federal performance criteria. To date, DHS staff and CBCS staff met once in person, in January 2016, to discuss data provided regarding caseworker visits. At that time, the initial analysis showed:

- no DHS Service Area met the 95% requirement, which indicated Iowa should continue to consider universal interventions; and
- there were opportunities to implement targeted interventions for children in foster care who are over the age of 12, placed out of state, placed in a group home, and placed in an institution.

E-mail communication occurred between CBCS staff, their contractor, and DHS staff to provide further explanation of the data previously provided. Iowa anticipates this collaboration will continue through the rest of FFY 2016 and possibly into FFY 2017.

CBCS staff also assisted DHS staff by developing a caseworker visit survey. Discussions with the DHS Service Business Team (SBT) and Social Work Administrators (SWAs) led to the decision to not implement the survey at this time. Approximately ten years ago, DHS staff conducted a time study to determine how long it takes a caseworker to see all the children and parents on their caseload. The result was 218.5 hours/month to visit everyone. Assuming 4.3 weeks/month x 40 hours/week = 172 hours, DHS staff would need an extra 46.5 hours per month to see everyone. The results of the time study did not in any way attempt to account for time to complete documentation, case plans, court reports, attend hearings, etc.

Iowa plans to:

- explore how visits could be made for children placed out of state, either through the Interstate Compact on the Placement of Children or through DHS staff travelling to conduct the out of state visits;
- utilize the system of care and child welfare services re-procurements to hopefully place children closer to home and in family like settings, whenever possible;
- implement the JCS/DHS system interface so that all visits conducted by JCS staff for children on their caseload in foster care are in the administrative data;
- continue to work on recruitment and retention of foster homes who will accept adolescents so more foster care children 12 and over experience a family setting while in foster care, when appropriate;
- stress the importance of monthly 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 continues to request from the CBCS information from successful states strategies they employed. DHS staff would utilize the information to explore development of additional strategies for improving performance.

SECTION VII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Iowa received \$126,152 in adoption incentive funds for federal fiscal year (FFY) 2015. Of that amount, DHS will add \$75,000 to the Recruitment and Retention contract in state fiscal year (SFY) 2017 in order to expand Caring for Our Own, a pre-service relative training so that relatives may become licensed foster parents. The funds will allow at least one session in SFY 2017 in each service area in addition to already planned PS-MAPP sessions. Cedar Rapids and Des Moines will have two sessions. DHS staff continues to plan on how to utilize the remainder of the FFY 2015 funds and any funds that Iowa might receive in the next FFY.

SECTION VIII: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Describe the process used to gather input from tribes since the submission of the 2016 APSR, 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 developed a strong working relationship for Meskwaki families involved in state court proceedings and tribal court proceedings. Mylene Wanatee, Director of Meskwaki Family Services, and DHS leadership for Linn and Tama Counties discuss ongoing case specific and systemic issues, as needed.

Meskwaki Family Services is the contractor for the Indian Child Welfare Act (ICWA) Training and Technical Assistance contract. DHS and Meskwaki partners together to develop strategies for monitoring and improving ICWA compliance. Meskwaki Family Services experienced a change in staff but continue to focus on case reading for ICWA compliance, and participation in statewide workgroups.

DHS actively participates in monthly meetings in Sioux City involving tribes domiciled in other states but who 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 Iowa 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 DHS ICWA program manager receives information regarding ICWA compliance concerns and makes policy or practice changes, in concert with field staff, as needed.

According to Iowa's statewide automated child welfare information system (SACWIS) data, as of March 31, 2016, 173 or 2.9% of all children placed in out of home care identified themselves as multi-racial with one identified race as Native American. Of these children, 109 identified themselves as Native American only.

Of the 109 children in out of home care identified as Native American only:

- Ninety-four percent (94%) were in family like settings including family foster care, relative care, pre-adoptive care, or in a trial home visit period.

- Eighty-eight (88) children received case management by DHS under state court jurisdiction.
- Six (6) children received case management by Juvenile Court Services due to delinquency adjudication.
- Fifteen (15) children received case management by Meskwaki Family Services under tribal court jurisdiction.

Of the children who identify themselves as Native American, or multi-racial including Native American, 65% reside in Woodbury County in northwest Iowa. Children identified as Meskwaki and are under tribal court jurisdiction account for 8.7% of all American Indian children in care in Iowa.

As seen in Table 8(a), the number of Native American children in out of home care in Woodbury County rose significantly in 2015.

Table 8 (a): Woodbury County Native American Children in Foster Care or Relative Care

Year	Statewide Total	Woodbury County	Percent of total	Woodbury County Children Only			
				Number In Foster family care	Percent	Number In Relative Care	Percent
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%
March 2016	173	113	65%	47	42%	43	38%

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/APSR. Describe any barriers to this coordination and the state's plans to address these barriers.

The ICWA Training and Technical Assistance Contract uses case reading to determine ICWA compliance and to develop training based on the case reading results. DHS staff pulled data for all children identified as American Indian/Alaska Native from the DHS SACWIS. DHS excluded cases under tribal court jurisdiction, delinquent, and in-home cases from the sample. DHS and Meskwaki agreed that Meskwaki Family Services would read a random sample of cases from Woodbury County and case read 100% of all other cases across the state. The timeline for completion of the case reading and a report of findings is June 30, 2016.

ICWA training occurred on June 11, 2015. The purpose of the training was to train designated DHS staff as ICWA experts in their area. Approximately 30 staff attended the day long training. There will be no training in SFY 2016. DHS anticipates upcoming

policy and practice changes based on the federal notice of proposed rulemaking (NPRM) and the supplemental notice of proposed rulemaking (SNPRM) and will tailor training based on those changes. Training will also address deficiencies found in the case review process.

Provide an update, since the submission of the 2016 APSR, 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. DHS and Meskwaki finalized a State/Tribal Agreement in 2006, which outlines Tribal and DHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. DHS and Meskwaki Family Services finalized a protocol 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 the cases of children under tribal court jurisdiction, but for whom DHS pays for services, may be subject to federal review through an IV-E Eligibility Review or through a Child and Family Services 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 has responsibility 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 explains case planning requirements including required federal language in case plans. Tribal law also includes periodic review and reporting requirements by Meskwaki Family Services. Tribal law addresses case requirements to prevent children's removal from their home, to achieve reunification, and to achieve permanency.

Meskwaki Family Services staff will have 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 P.L. 113-183 and DHS will provide any technical assistance requested by Meskwaki Family Services.

DHS will continue to engage Meskwaki tribal representatives in the CFSR process ongoing 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, which includes providing credit reports to children age 14 or older and in foster care.

There are several tribes 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 for children under the jurisdiction of the tribal court of these tribes. Children under state court jurisdiction are eligible for all child welfare services. DHS pays for these services and manages these cases in collaboration with the child's tribe. Children under the jurisdiction of a tribal court in another state would receive services 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. Iowa determines compliance through periodic case readings, case consultation with tribal representatives, and annual training. DHS will include in its planning for a new SACWIS the ability to track ICWA cases for compliance with ICWA requirements.

The Training and Technical Assistance contract held by Meskwaki Family Services requires annual case reading for ICWA compliance. DHS utilized Iowa's SACWIS to develop a list of 148 children in out of home care who identified as Native American for case reading. Of the 148 children, 52 children were removed from the case reading list because the child was under tribal court jurisdiction (18), adjudicated delinquent (6), or returned home (18). Of the remaining 96 children, 62 resided in Woodbury County. Through a random sample, DHS selected 11 Woodbury County cases for review. A total of 44 cases statewide were reviewed during SFY 2016.

Of the 44 total cases reviewed, 9 met ICWA criteria. Two of the children were not enrolled until after termination of parental rights so some areas were not applicable.

- Strengths were:
 - Initial and early inquiries on Native American heritage.
 - Contact with tribes.
 - Incorporating Native American ancestry and/or tribal affiliation into the case plan.
 - Involving parents in case plan development.
 - Documentation of active efforts.
 - Placement with relatives.
- Opportunities for improvement were:
 - Consistent use of qualified expert witnesses.
 - Efforts to preserve families and prevent placement.
 - Documentation of observing placement preference hierarchy.
 - Overall documentation of meeting ICWA requirements in all areas.

Provide an update to the specific steps outlined in the 2015-2019 CFSP/2016 APSR to improve or maintain compliance with ICWA that includes tribal input. Describe the activities completed and accomplishments achieved since submission of the 2016 APSR. 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:

- Renew 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 SFY 2017 and SFY 2018 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 IV, of this report.

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. Transition planning staff for youth age 14 and older also meets regularly with Meskwaki Family Services staff to provide resources and assistance with transition planning for youth in foster care.

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 2017 APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2017 APSR.

The DHS will provide this APSR directly to the director of Meskwaki Family Services and to the director of Four Directions in Sioux City.

SECTION IX: IMPROVEMENT PLAN UPDATE

Improvement Plan Update

Revisions to Goals, Objectives, and Interventions

There were no revisions this reporting period to the Goals, Objectives, or Interventions. However, revisions were made to the benchmarks, where indicated, based upon current performance.

Implementation Supports

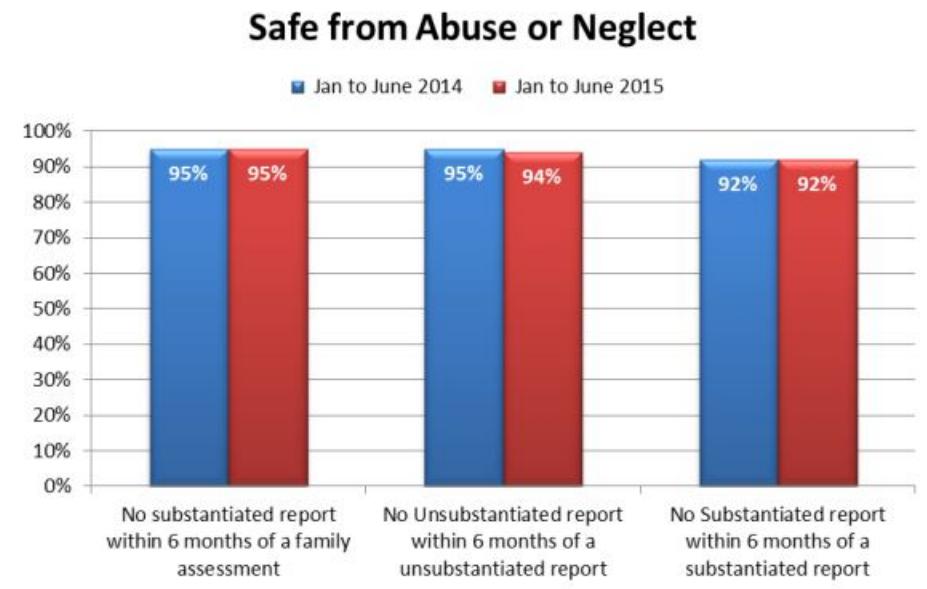
Iowa does not identify any additional supports needed at this time.

Progress Made to Improve Outcomes

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 9(a): Differential Response and Recurrence of Maltreatment



Source: Differential Response System Overview, Calendar Year 2015, available at http://dhs.iowa.gov/sites/default/files/DR_System_Overview_CY2015.pdf.

The data confirmed that children who received a Family Assessment (FA) were as safe as those who received a Child Abuse Assessment (CAA). Ninety-five percent (95%) of children who received a FA did not experience a substantiated report within six months, 94% of children who had an unsubstantiated CAA did not experience a substantiated report within six months, and 92% of children who had a substantiated CAA did not experience another substantiated report within six months. The data confirmed that the most serious cases received a child abuse assessment.

**Table 9(a): National Safety Data Indicators
Child and Family Services Review (CFSR) – Round 3**

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance	FFY 2015
Recurrence of Maltreatment (Date Source: NCANDS)	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%*	11.0%
Maltreatment in Foster Care (Data Source:	Of all children in foster care during a 12-month period, what is the rate of	8.50 or less victimizations per 100,000	15.89**	14.9

**Table 9(a): National Safety Data Indicators
Child and Family Services Review (CFSR) – Round 3**

NCANDS & AFCARS)	victimization per day of foster care?	days in foster care
---------------------	--	------------------------

Source: SACWIS (NCANDS/NCANDS & AFCARS)

*FFY 2012 **FFY 2013 – Source: CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

Benchmark 1.1.2: By end of year 2, achieved interim performance benchmark of 10.9%.

While Iowa made progress in reducing the recurrence of maltreatment from an observed performance of 11.3% to 11.0%, performance does not meet the interim benchmark set. Iowa believes it might be somewhat unrealistic to expect a 4-5% reduction in observed performance for the benchmark each year. Therefore, Iowa revised the performance benchmarks for years 3 through 5 to:

- By end of year 3, 10.7%
- By end of year 4, 10.4%
- By end of year 5, 10.2%

In meeting these revised interim performance benchmarks, Iowa will remain on target to meet the Program Improvement Plan (PIP) Improvement Goal of 10.2% established by the federal Children's Bureau.¹¹

Benchmark 2.4.2: By end of year 2, achieved interim performance benchmark of 15.39.

Iowa made good progress in reducing the maltreatment in foster care measure from an observed performance of 15.89 to 14.9, which met this year's interim performance benchmark and came close to meeting the benchmark for year 3 (14.89). Continued positive progress in ensuring children's safety while they are in foster care will keep Iowa moving forward to accomplish the Program Improvement Plan (PIP) Improvement Goal of 14.36 established by the Children's Bureau.¹²

Benchmark 2.1.2: By end of years 2 through 5, achieved/maintained performance benchmark of 9% or lower.

Due to the look back period of 12 months, no data is available until August 2017. Since no data is available for this performance measure, Iowa deleted benchmarks 3 through 5 and changed benchmark 2 to reflect "By end of year 5, achieved performance benchmark of 9% or lower".

Safety Plan Services:

As a part of the current contract, there is a contract performance measure implemented to evaluate effectiveness of the services related to maltreatment:

¹¹ Source: Performance - CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

¹² Ibid.

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

Table 9(b): Safety Plan Services (April 2015 – June 2015)

	FY 15 Q4	FY 15 Q4 PM2
# Cases	Maltreatment	
Total FY 15 - Q4	159	9
Percent FY 15 Q4 – No Maltreatment		94.34%

Data Source: DHS - Numbers are based on cases that closed April through June 2015 (Statewide)

Table 9(c): Safety Plan Services (July 2015 – March 2016)

	FY 16	FY 16 Q1 – Q3 PM2
# Cases	Maltreatment	
Total FY 16 Q1 – Q3	445	49
Percent FY 16 - No Maltreatment		88.99%

Data Source: DHS - Numbers are based on cases that closed July through March 2016 (Statewide)

Tables 12(a) and 12(b) shows contractor performance for performance measure two. During the time period of April – June 2015, Safety Plan Services contractors provided services on 159 cases. Of these 159 cases, contractors achieved 94.34% on performance measure two with nine (9) cases resulting in a child in the household who was a victim of a new incident of child abuse which was later confirmed, not placed or founded. During the time period July 2015 – March 2016, Safety Plan Services contractors provided services on 445 cases. Of these 445 cases, contractors achieved 88.99% on performance measure two with 49 cases resulting in a child in the household who was a victim of a new incident of child abuse which was later confirmed, not placed or founded.

Benchmark 2.2.2: By end of year 2, established baseline performance and performance benchmarks for years 3 through 5.

Although there is no specific performance goal percentages included in the Safety Plan Services and FSRP Services contracts, Iowa's ultimate goal is that 91% or more of cases do not experience a recurrence of maltreatment. Based upon the data presented above, the following are interim benchmarks for years 3 through 5:

- By end of year 3, 89%.
- By end of year 4, 90%.
- By end of year 5, 91%.

Benchmark 2.3.2: By end of year 2, established baseline performances a) & b) and performance benchmarks for years 3 through 5, a) & b).

Due to the look back period of 12 months, no data is available until August 2017. Since no data is available for this performance measure, Iowa deleted benchmarks 3 through 5 and changed benchmark 2 to reflect established baseline performance in year 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.

**Table 9(d): National Permanency Data Indicators
Child and Family Services Review (CFSR) – Round 3**

National Data Indicator	Description of National Data Indicator	National Standard	Iowa Observed Performance	FFY 2015
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%**	47.8%
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*	4.3
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%**	13%

Source: SACWIS (AFCARS)

*12 month period = FFY 2013B & 2014A (AFCARS) **12 month period = FFY 2011B & 2012A (AFCARS)

– Source: CFSR Round 3 Statewide Data Indicators – Workbook, available at <https://training.cfsrportal.org/resources/3105>.

Benchmark 2.5.2: By end of year 2, achieved interim performance benchmark of 9.9%.

In FFY 2015, achieving permanency increased for children entering foster care within 12 months and exiting within 12 months. However, more children re-entered foster care within 12 months, which suggests that services to maintain the children's permanent living situation may need enhancing. Iowa will conduct further analysis to determine why re-entry occurred for these children and interventions to achieve improvement.

As a result of the latest performance data, Iowa revised the interim performance benchmarks for years 3 through 5 to:

- By end of year 3, 12.7%.
- By end of year 4, 12.4%.
- By end of year 5, 12.1%.

Iowa will provide information regarding the additional analysis in next year's APSR.

Benchmark 3.5.2: Years 2 through 5, maintain performance of 4.12 or lower.

In FFY 2015, children experienced more placement moves per 1,000 days in foster care, which means Iowa no longer meets the federal requirements for this measure. Iowa will conduct further analysis to determine why placement moves increased, particularly considering the various plan, do, check, act (PDCA) projects implemented across the state over the last several years to increase placement stability for children in foster care.

Iowa will provide information regarding the additional analysis in next year's APSR.

Table 9(e): Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2016)

Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016*
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	9,177	8,653	6,735
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	56,573	56,748	28,593
The total number of complete calendar months children spent in foster care	69,844	70,310	69,428	66,207	33,121
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	40,800	19,852
The percentage of monthly visits by caseworkers with children in foster care under the responsibility	79%	76%	82%	86%	86%

**Table 9(e): Monthly Caseworker Visits with Children in Foster Care
(FFY 2012-2016)**

Reporting Requirement	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016*
and care of the state.					
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%	72%	60%

Source: SACWIS *October 1, 2015-March 31, 2016

Although DHS staff experienced progress in conducting monthly caseworker visits with children in foster care, Iowa remains challenged in meeting the 95% federal requirement.

Please see *Section V, Monthly Caseworker Visit Formula Grants* for information on Iowa's efforts to increase monthly caseworker visits with children.

Table 9(f): Case Reviews – Well-Being Outcomes 1, 2 and 3

Item	FFY 2015 – Q4	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance**
	Well-Being Outcome 1				
12: Needs and Services of Child, Parents, and Foster Parents	40.5%	48.6%	51.3%	47%	45%
13: Child and Family Involvement in Case Planning	56.8%	43.2%	61.1%	54%	49%
14: Caseworker Visits with Child	27.0%	51.4%	53.8%	44%	65%
15: Caseworker Visits with Parents	21.2%	11.1%	20.0%	17%	43%

Source: DHS Case Reviews

*For CFSR Round 3, these items included medication monitoring for children in foster care.

** Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

Table 9(g): Item 15: Caseworker Visits With Parents

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
15: Mother – Frequency of Visits	51%	29%	48%	43%	54%
15: Mother – Quality of Visits	58%	37%	39%	45%	--
15: Father – Frequency of Visits	45%	25%	31%	34%	27%
15: Father – Quality of Visits	29%	35%	36%	33%	--

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

Benchmark 3.1.1a: By end of year 2, 36% of cases demonstrate monthly, quality caseworker visits with children.

Benchmark 3.2a.2a1: By end of year 2, 40% of cases demonstrate monthly, quality caseworker visits with mother.

Benchmark 3.2b.2b1: By end of year 2, 26% of cases demonstrate monthly, quality caseworker visits with father.

Iowa met the benchmark for caseworker visits with children but did not meet the benchmarks related to caseworker visits with mother and father. The overall data for caseworker visits with parents shows a three quarter average of 17%. However, when examining the individual sub-items, frequency and quality for both parents' performance exceeded the average and the interim benchmark goal.

As a result of the latest overall performance data, Iowa revised the interim performance benchmarks (caseworker visits with children only) for years 3 and 5 to:

- Children:
 - By end of year 3, 45%.
 - By end of year 5, 50%.

Benchmarks for mother and father will remain the same until DHS further analyzes the data.

Table 9(h): Item 12 Breakdown

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
12: Needs and Services of Child, Parents, and Foster	40.5%	48.6%	51.3%	47%	45%

Table 9(h): Item 12 Breakdown

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
Parents					
12A: Needs and Services of Child	73.0%	78.4%	84.6%	79%	92%
12B: Needs and Services of Parents	51.5%	52.8%	58.3%	54.2%	--
Mother	76%	64%	69%	70%	65%
Father	56%	69%	53%	59%	56%
12C: Needs and Services of Foster Parents	57.1%	75.0%	75.0%	69%	71%

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

Benchmark 3.3.1: By end of year 2, 60% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.

Iowa did not meet the benchmark. Although individual sub-items for children and foster parents met the 60% goal, the sub-item for parents did not. Engagement with fathers continues to be a challenge for Iowa's child welfare system.

As a result of the latest performance data, Iowa revised the interim performance benchmarks for years 3 and 5 to:

- By end of year 3, 50%.
- By end of year 5, 55%.

Table 9(i): Item 13 Breakdown

Item	FFY 2015 – Q4 (Jul – Sep 2015)	FFY 2016 – Q1 (Oct – Dec 2015)	FFY 2016 – Q2 (Jan – Mar 2016)	Average of the 3 Quarters	CFSR Round 2 Performance*
<i>Well-Being Outcome 1</i>					
13: Child and Family Involvement in Case Planning	56.8%	43.2%	61.1%	54%	49%
13: Child Involvement in Case Planning	56.8%	43.2%	61.1%	54%	76%
13: Mother Involvement in Case Planning	78.8%	70.6%	75.8%	75%	67%
13: Father Involvement in Case Planning	56.3%	59.4%	69.2%	61%	56%

Source: DHS Case Reviews

* Source: Iowa CFSR Final Report, available at

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/Blob/958.pdf?w=NATIVE%28%27DT+ph+is+ %27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Iowa%27%27+and+RPERIOD+%3D +%27%272nd++Round+CFSR%27%27+and+DOC_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

Benchmark 3.4.1: By end of year 2, 60% of cases demonstrate concerted efforts to involve parents and children in case planning.

Overall performance for this benchmark reflects 54% average for all three quarters, below the interim goal of 60%. However, Iowa met the benchmark for mother and father's involvement in case planning but came 6% short on involving children in case planning. Improvement in caseworker visits and utilization of family team decision-making (FTDM) meetings should assist Iowa in meeting interim performance benchmarks.

As a result of the latest performance data, Iowa revised the interim performance benchmarks for years 3 and 5 to:

- By end of year 3, 55%.
- By end of year 5, 60%.

There are no family team decision-making (FTDM) benchmarks during this reporting period.

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 in the benchmarks, which were 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	1: Recurrence of Maltreatment = Number of children in the denominator who had another substantiated or indicated report of maltreatment within 12 months of their initial report Number of children with at least one substantiated or indicated report of maltreatment in a 12-month period	1: By end of year 1 , established baseline, performance goal, and interim performance benchmarks for years 2 through 5. 2: By end of year 2 , achieved interim performance benchmark of 10.9%. 3: By end of year 3 , achieved interim performance benchmark of 10.7%. 4: By end of year 4 , achieved interim performance benchmark of 10.4%. 5: By end of year 5 , achieved interim performance benchmark of 10.2%.	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
	<p>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.</p> <p>2: Safety Plan Services: Children will not suffer maltreatment during Safety Plan Services.</p>	<p>statewide contract and established performance benchmarks for years 4 and 5.</p> <p>2: By end of year 5, Achieved performance benchmark of 9% or lower.</p> <p>1: By end of year 1, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.</p> <p>2: By end of year 2, established baseline performance and performance benchmarks for years 3 through 5.</p> <p>3: By end of year 3, achieved interim performance benchmark of 89%.</p> <p>4: By end of year 4, achieved interim performance benchmark of 90%.</p> <p>5: By end of year 5, achieved interim</p>	<p>Service Contracts</p> <p>Service Contracts</p> <p>Service Contracts</p> <p>Service Contracts</p> <p>Service Contracts</p>	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
		performance benchmark of 91%.						
	3: Family Safety, Risk & 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***. ¹³ (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)	1: By end of year 1, defined performance goal and measurement within statewide contract. 2: By end of year 5, established baseline performances a) & b).	Service Contracts Service Contracts	X X		X X	X X	

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 twelve (12) consecutive months, without any confirmed, not placed 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 twelve (12) 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
	consecutive months of their reunification date.							
	4: Children's Bureau – Maltreatment in Foster Care = 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 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	1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5. 2: By end of year 2, achieved interim performance benchmark of 15.39. 3: By end of year 3, achieved interim performance benchmark of 14.89. 4: By end of year 4, achieved interim performance benchmark of 14.36. 5: By end of year 5, achieved interim performance benchmark of 13.86.	NCANDS & AFCARS	X		X	X	X
	5: Children's Bureau – Re-Entry to Foster Care in 12 Months= Number of children in the denominator who re-entered foster care within 12 months of their	1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5. 2: By end of year 2, achieved interim	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
	<p><u>discharge from foster care</u></p> <p>Number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship</p>	<p>performance benchmark of 9.9%.</p> <p>3: By end of year 3, achieved interim performance benchmark of 12.7%.</p> <p>4: By end of year 4, achieved interim performance benchmark of 12.4%.</p> <p>5: By end of year 5, achieved interim performance benchmark of 12.1%.</p>	AFCARS	X		X	X	X
3: Caseworker Visits	<p>1: Cases will demonstrate monthly, quality caseworker visits with children.</p> <p>2a: Cases will demonstrate monthly, quality caseworker visits with mother.</p> <p>2b: Cases will demonstrate monthly, quality caseworker visits with father.</p>	<p>1a: By end of year 2, 36% of cases demonstrate monthly, quality caseworker visits with children.</p> <p>1b: By end of year 3, 50% of cases demonstrate monthly, quality caseworker visits with children.</p> <p>1c: By end of year 5, 55% of cases demonstrate monthly, quality caseworker visits with children.</p> <p>2a1: By end of year 2, 40% of cases demonstrate monthly, quality caseworker visits with mother.</p> <p>2a2: By end of year 3, 41% of cases demonstrate</p>	Case Reviews – Item 14 Case Reviews – Item 14 Case Reviews – Item 14 Case Reviews - Item 15 Case Reviews		X	X	X	X
					X	X	X	X
					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>monthly, quality caseworker visits with mother.</p> <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>- Item 15</p> <p>Case Reviews – Item 15</p>		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>2: By end of year 3, 50% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</p>	<p>Case Reviews – Item 12</p> <p>Case Reviews – Item 12</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
		3: By end of year 5 , 55% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.	Case Reviews – Item 12		X	X	X	X
	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. 2: By end of year 3 , 55% of cases demonstrate concerted efforts to involve parents and children in case planning. 3: By end of year 5 , 60% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13 Case Reviews – Item 13 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 Of children who enter foster	1: By end of year 1 , established baseline, performance goal, and interim performance benchmarks for years 2 through 5. 2: Years 2 through 5 , maintain performance of 4.12 or lower.	AFCARS 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
	care in a 12-month period, the total number of days 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.	<p>1: By end of year 1, statewide contract(s) will be awarded.</p> <p>2: By end of year 3, evaluate FTDM performance and its impact to improving CFSR outcomes.</p>	Service Contracts Service Contracts		X	X	X	

SECTION X: 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 XI: STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See 2016 CAPTA Report

Sources of Data on Child Maltreatment Deaths

Table 11(a) : Child Maltreatment Deaths – FFY 2010-2015

Federal Fiscal Year (FFY)	Number of Deaths
2015	12*
2014	8
2013	5
2012	6
2011	10
2010	7

Data Source: SACWIS (child deaths that were listed as being the result of abuse)

*Prior to 2015, the data only includes child deaths that were listed as being the result of abuse. In 2015, the data also includes child deaths that listed abuse as a contributing factor.

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 accepted child death cases, the DHS works with local law enforcement and/or the Department of Criminal Investigation (DCI) in a joint assessment/investigation. 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 the medical examiner conducts 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 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), which the state medical examiner appoints 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.
- In every child death case that the DHS assesses for child abuse, the Iowa Department of Public Health (IDPH's) Bureau of Vital Statistics records all child deaths and at times births with a death occurring shortly after birth. Because law enforcement generally takes the lead on these death investigations, they generally provide the documentation to Vital Statistics.

However, DHS does not receive reports on all child deaths. The majority of Iowa children die by natural means, which includes prematurity, congenital anomalies, infections, cancers, and other illnesses. In 2012, 192 natural deaths comprised 60% of

all Iowa child deaths.¹⁴ Natural manners of death are not child abuse and do not meet standards for reporting.

The Iowa Child Death Review Team considers other manners of death, such as accidents, suicides, homicides, and undetermined deaths as preventable. Iowa Code section 232.70 requires mandatory reporters to report such suspected child abuse to DHS. When DHS receives and accepts a report of a child fatality for assessment, staff assigns a one hour response time 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 11(b): Annual Reporting of Education and Training Vouchers Awarded		
	Total ETVs Awarded	Number of New ETVs
Final Number: 2014-2015 School Year (July 1, 2014 to June 30, 2015)	633	448
2015-2016 School Year* (July 1, 2015 to June 30, 2016)	417	254

*Estimated

Inter-Country Adoptions

Iowa's automated information system tracks:

- The number of children 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, no additional children adopted from another country entered foster care.

¹⁴ Iowa's Child Death Review Team, Report to the Governor and General Assembly, 2012 Annual Report, available at https://iosme.iowa.gov/sites/default/files/documents/2016/02/child_death_review_team_annual_report_2012_0.pdf.

SECTION XII: FINANCIAL INFORMATION

Payment Limitations: Title IV-B, Subpart 1

In FFY 2005, Iowa expended \$724,000 under title IV-B, subpart 1, for foster care maintenance. Iowa will allocate the same amount for foster care maintenance in FFY 2017. Iowa did not and does not use title IV-B, subpart 1, funds for child care or adoption assistance payments.

In FFY 2005, Iowa utilized \$231,334 state expenditures, non-federal funds, for foster care maintenance payments as state match for title IV-B, subpart 1. Iowa will apply the same amount of non-federal funds expended for foster care maintenance payments as state match in FFY 2017.

Payment Limitations: Title IV-B, Subpart 2

Iowa does not utilize 20% of the PSSF funds for family preservation. Iowa utilizes Temporary Assistance for Needy Families (TANF) and state appropriations to fund Iowa's main family preservation service, Family Safety, Risk and Permanency (FSRP) Services. 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 approximately 31% of PSSF funds for the family support category to provide services to prevent child abuse or neglect.

Financial information comparing FY 2014 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 12: Comparison of FY 2014 State/Local Spending and 1992 Base Year Spending

Category	FY 2014	FY 1992
Family Preservation	7,956	-
Family Support	704,190	581,841
Family Reunification	185,303	-
Adoption Promotion	173,043	-
Other Service Related Activities	184,660	-
Total Administration	46,733	-
Total	1,301,884	581,841

Source: DHS

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. Iowa updated the FY 1992 baseline to reflect that change in the use of these funds.

CAPPAC CURRENT MEMBERSHIP AND CONTACT INFORMATION

Representative	Name	Agency/Email Address	Term Expires
Citizen (Changed from Provider 2014)	Amy Alvarez	United States Probation amyalvarez249@gmail.com	6/30/2016
Provider*	Lisa Bellows	Mid-Iowa Family Therapy Clinic lisa.bellows@miftc.com	12/31/2017
Citizen*	LaTasha DeLoach	Johnson County Social Services lmassey@co.johnson.ia.us	12/31/2017
Citizen	Rev. Kevin Frey	Trinity Lutheran Church Kfrey91@rconnect.com	6/30/2016
Citizen/Provider*	Lucas Sulentic	Lutheran Services in Iowa (LSI) luca.sulentic@lsiowa.org	12/31/2017
Provider*	Nancy Wells	Iowa Chapter of Children's Advocacy Centers nwellsiccac@gmail.com	12/31/2017
Ex Officio			
ICAPP Administrator	Stephen Scott	Prevent Child Abuse Iowa sscott@pcaiowa.org	NA
ICAPP Administrator	Abby Patterson	Prevent Child Abuse Iowa apatterson@pcaiowa.org	NA
ICAPP Program Manager	Lisa Bender	Iowa Department of Human Services lbender@dhs.state.ia.us	NA

*Appointments confirmed by Council on Human Services, 2/11/15

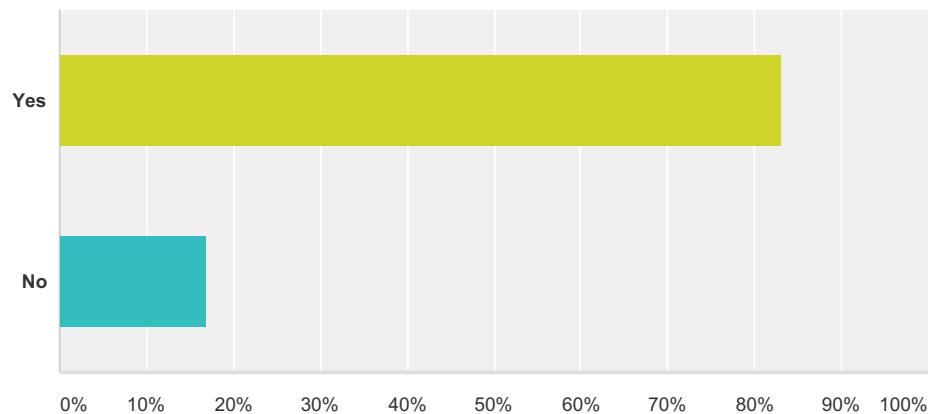
DHS PROGRAM MANAGER CONTACT

Lisa Bender, LMSW
 Child Abuse Prevention and Treatment Program Manager
 Iowa Department of Human Services
 Division of Adult, Children and Family Services
 Hoover State Office Bldg., 5th Floor
 1305 E Walnut Street
 Des Moines, IA 50319-0114
lbender@dhs.state.ia.us
 Phone: (515) 281-8787
 Fax: (515) 281-6248

Required Representative	Name	Years on CPC	2nd Term Ends June 30th	Organization
Individual with Experience Working with Children with Disabilities	Beverly Saboe, RN	24	2017	University of Iowa Hospitals and Clinics, Iowa City (retired)
Health Care Professional	Sue Tesdahl, LISW	24	2017	St. Luke's Child Protection Center, Cedar Rapids (retired)
Law Enforcement	Robert Greenlee	24	2017	Waterloo PD (retired)
Health Care Professional	Resmiye Oral, MD	14	2017	University of Iowa Hospitals and Clinics, Child Protection Program, Iowa City
Health Care Professional	Chaney Yeast, LMSW, JD (Vice Chair)	14	2017	Blank Children's Hospital, Des Moines
Child Advocate – Defense Attorney	Jerry Foxhoven (Chair)	11	2018	Drake Law School, Middleton Clinic, Des Moines
Child Advocate	Stephen Scott	10	2018	Prevent Child Abuse Iowa, Des Moines
Individual with Experience Working with Children with Disabilities	Cheryll Jones, ARNP, CPNP	8	2018	Ottumwa Regional Center CHSC, Ottumwa
Health Care Professional	Barb Small, RN	8	2018	Mercy Child Protection Center, Sioux City
Health Care Professional	Regina Butteris, MD	7	2018	St. Luke's Child Protection Center, Cedar Rapids
Representative of Parents' Groups	RaeAnn Barnhart	5	2019	Partnership for Safe Families, Parent Partner Program, Cedar Rapids
Health Care Professional	Kenneth McCann, DO	5	2019	Child Protection Center Blank Children's Hospital, Des Moines
Child Advocate and Legal	Josephine Gittler	5	2019	College of Law, University of Iowa, Iowa City
Judiciary	Sylvia Lewis	5	2019	Senior Judge, Sixth Judicial District, Johnson Co.
Individual Experienced in Working with Homeless Youth	Stephen Quirk	5	2019	Youth Emergency Services & Shelter, Des Moines
Parent	Kayla Stevenson	5	2019	Parent Partner Ally
Judiciary	Mary Timko	4	2019	Associate Judge, Third Judicial District, Buena Vista Co.
Prosecuting Attorney	Andrea Vitzthum	3	2019	Polk County Attorney's Office, Des Moines
Adult Former Victim of Child Abuse or Neglect/Victim Advocate	Leslie Marquez	3	2019	N/A
Court Appointed Special Advocates	James Hennessey	2	2020	Iowa Department of Inspections and Appeals
Child Protective Services/Coordinator	Tracey Bradley	0	N/A (Ex-Officio)	Iowa Department of Human Services

Q1 Have you had a child placed with you in the last 12 months?

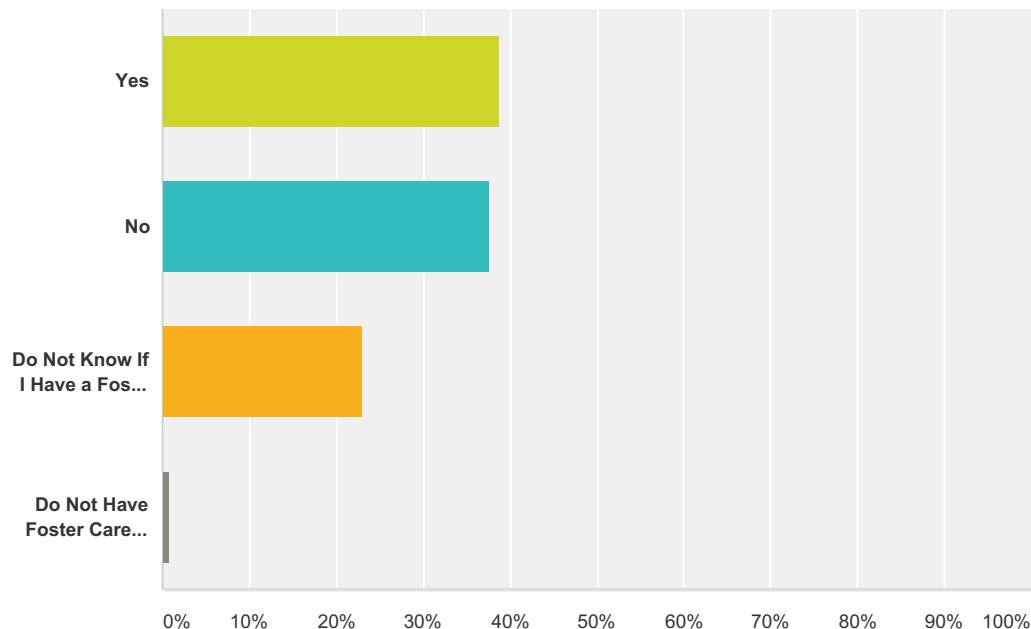
Answered: 308 Skipped: 2



Answer Choices	Responses	
Yes	83.12%	256
No	16.88%	52
Total		308

Q2 Thinking about the child placed with you in the last 12 months, did you receive a notice of a foster care review board meeting with respect to that child? A Foster Care Review Board is a group of citizens who meet to review the cases of children in foster care.

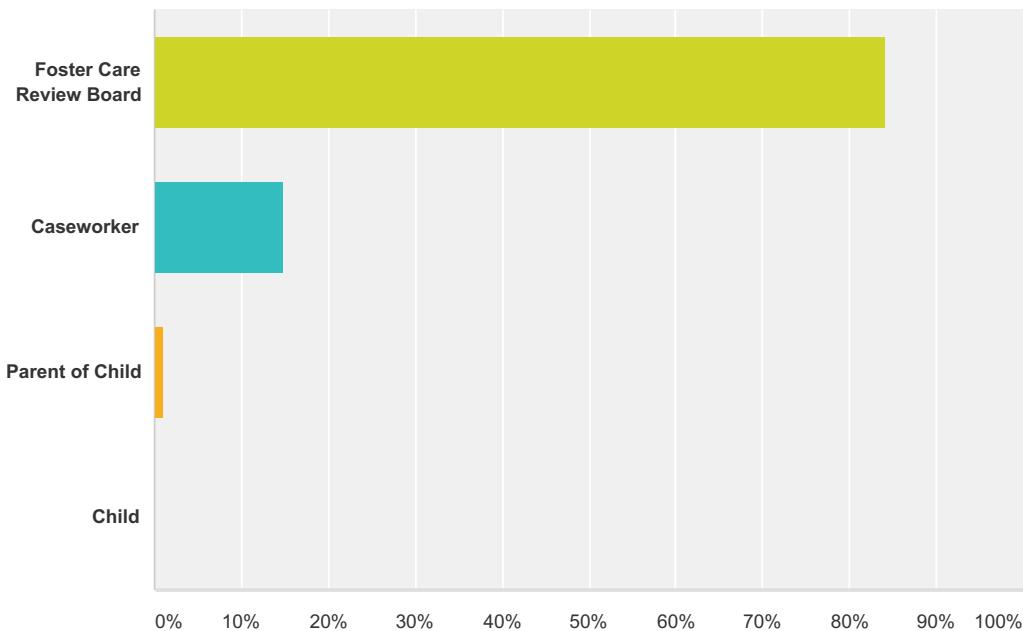
Answered: 258 Skipped: 52



Answer Choices	Responses	
Yes	38.76%	100
No	37.60%	97
Do Not Know If I Have a Foster Care Review Board	22.87%	59
Do Not Have Foster Care Review Board in My Area	0.78%	2
Total		258

Q3 How were you notified of the foster care review board meeting?

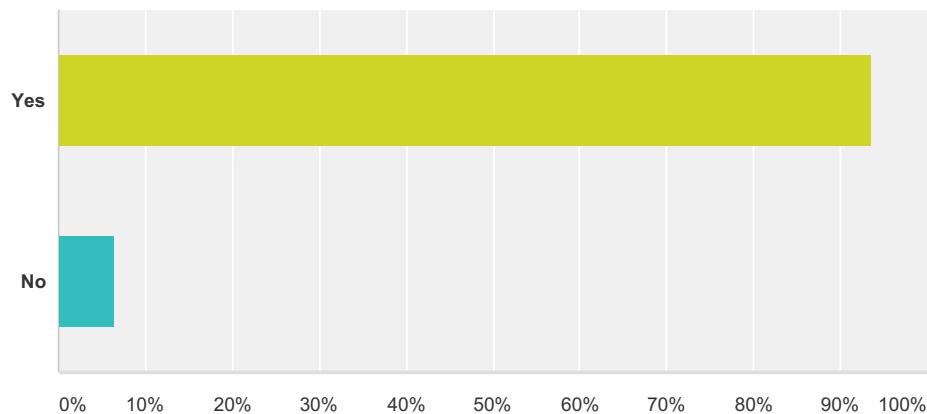
Answered: 88 Skipped: 222



Answer Choices	Responses	
Foster Care Review Board	84.09%	74
Caseworker	14.77%	13
Parent of Child	1.14%	1
Child	0.00%	0
Total	88	

Q4 Has the foster care review board meeting been held?

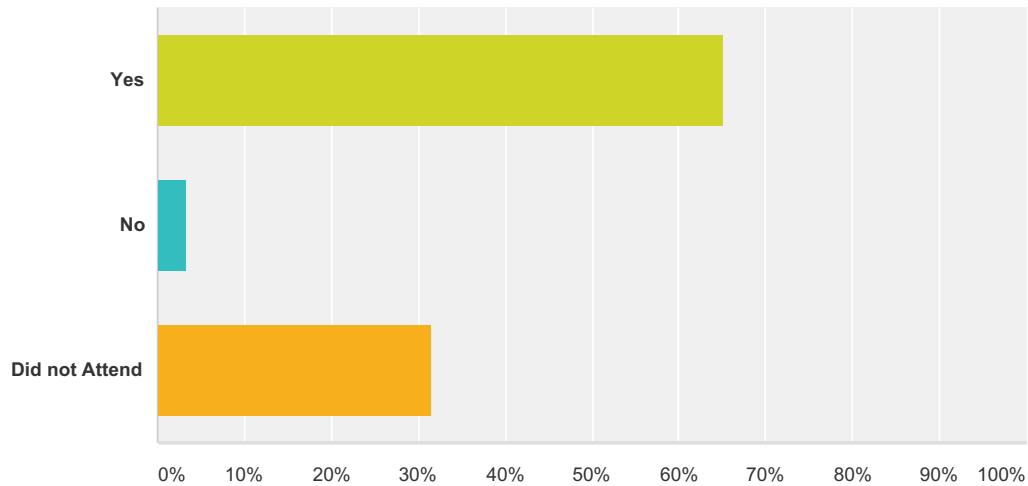
Answered: 94 Skipped: 216



Answer Choices	Responses	
Yes	93.62%	88
No	6.38%	6
Total		94

Q5 Were you given an opportunity to speak during the foster care review board meeting?

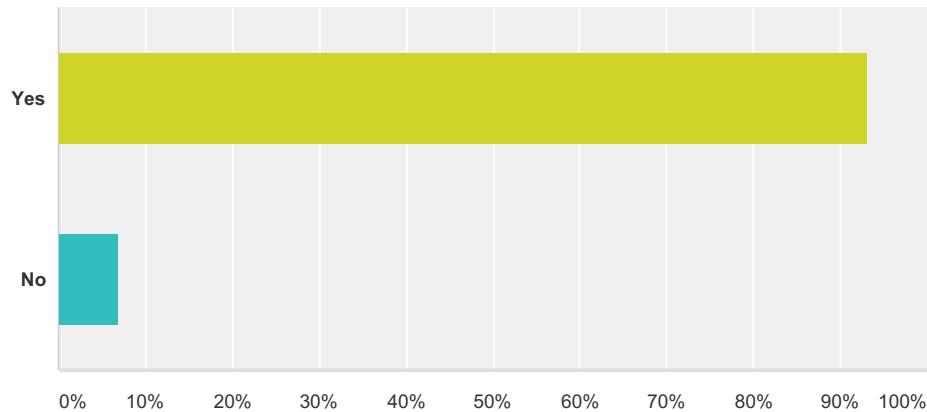
Answered: 89 Skipped: 221



Answer Choices	Responses	
Yes	65.17%	58
No	3.37%	3
Did not Attend	31.46%	28
Total		89

Q6 Do you believe your opinions were reflected in the foster care review board's recommendations?

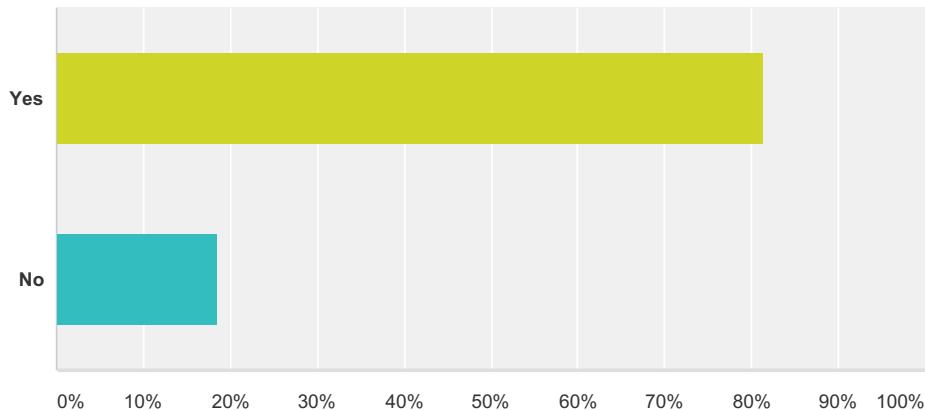
Answered: 58 Skipped: 252



Answer Choices	Responses	
Yes	93.10%	54
No	6.90%	4
Total		58

Q7 Since you were unable to attend, were you encouraged to write a letter to the foster care review board?

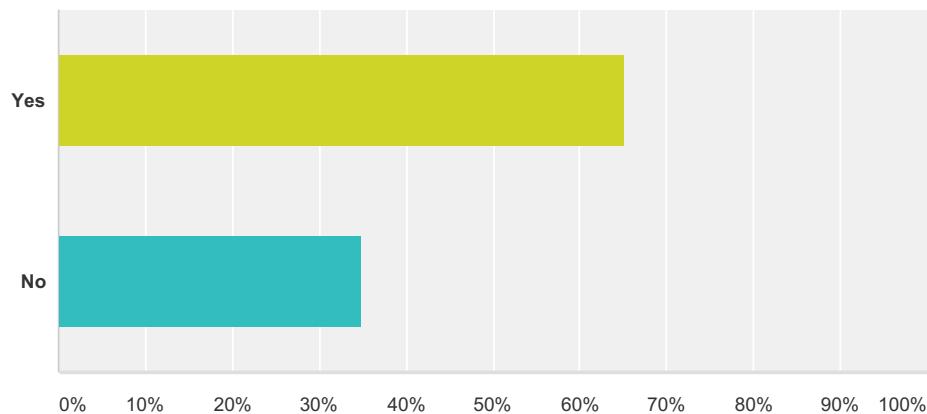
Answered: 27 Skipped: 283



Answer Choices	Responses	
Yes	81.48%	22
No	18.52%	5
Total		27

Q8 Did you write a letter to the foster care review board?

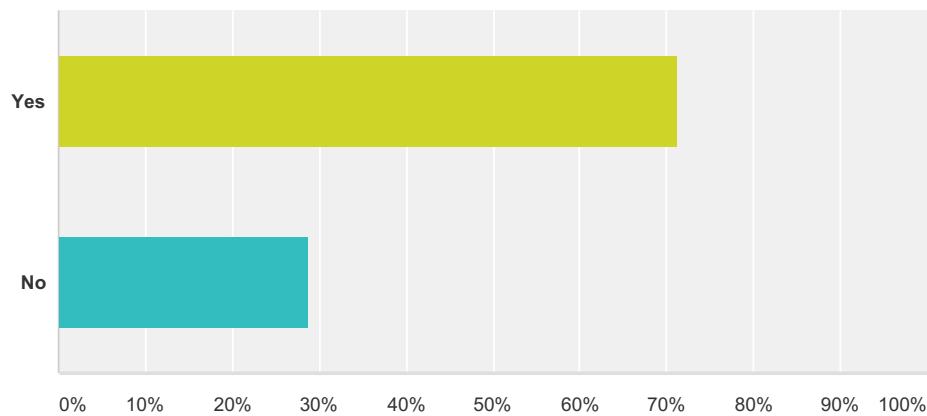
Answered: 23 Skipped: 287



Answer Choices	Responses	
Yes	65.22%	15
No	34.78%	8
Total		23

Q9 Thinking about the child placed with you in the last 12 months, did you receive notices of court hearings with respect to that child?

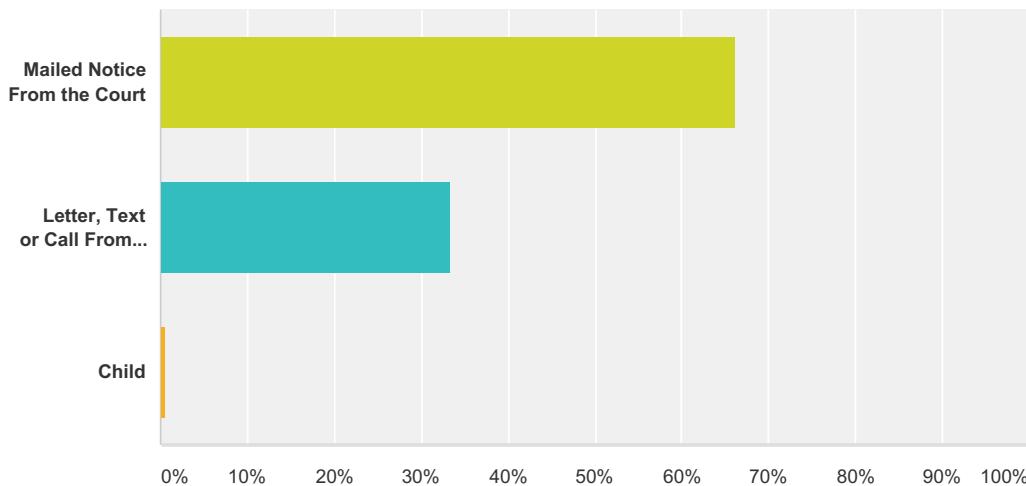
Answered: 253 Skipped: 57



Answer Choices	Responses	
Yes	71.15%	180
No	28.85%	73
Total		253

Q10 How were you notified of the court hearing?

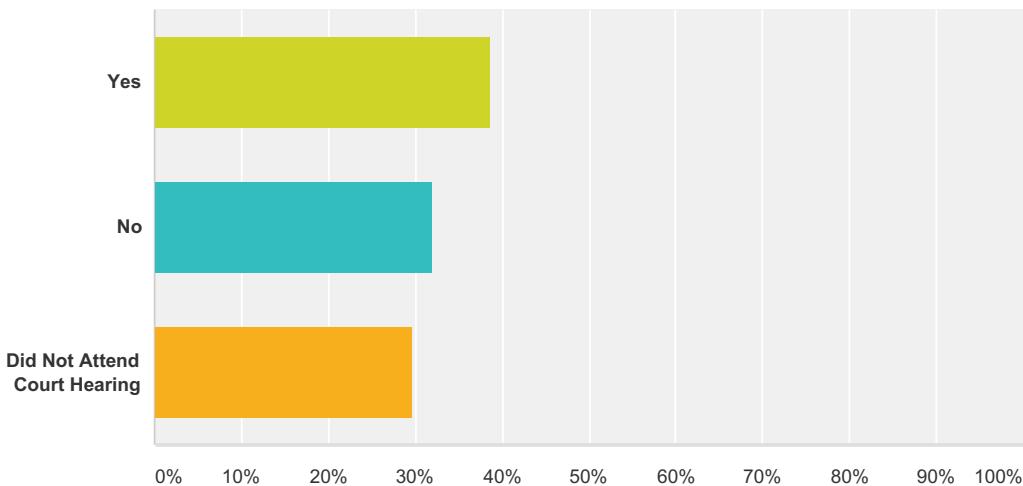
Answered: 171 Skipped: 139



Answer Choices	Responses
Mailed Notice From the Court	66.08% 113
Letter, Text or Call From Caseworker	33.33% 57
Child	0.58% 1
Total	171

Q11 Were you given an opportunity to speak during the court hearing?

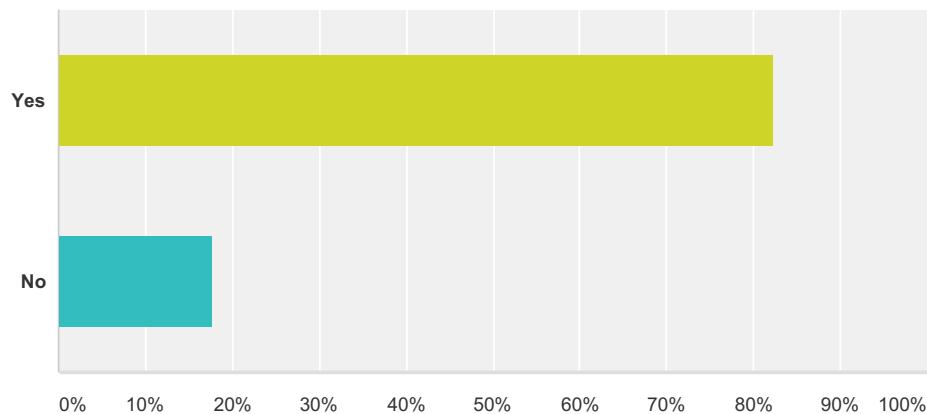
Answered: 179 Skipped: 131



Answer Choices	Responses	
Yes	38.55%	69
No	31.84%	57
Did Not Attend Court Hearing	29.61%	53
Total		179

Q12 Do you believe your opinions were reflected in the judge's recommendations?

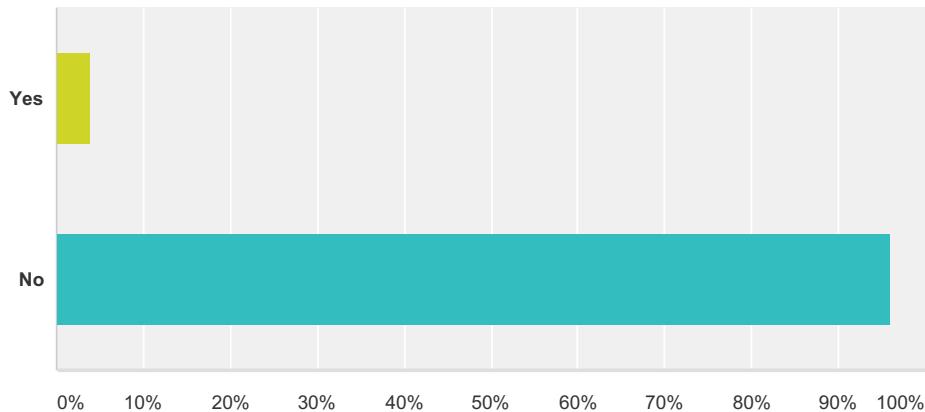
Answered: 68 Skipped: 242



Answer Choices	Responses	
Yes	82.35%	56
No	17.65%	12
Total		68

Q13 Since you were unable to attend the court hearing, were you encouraged to write a letter to the court?

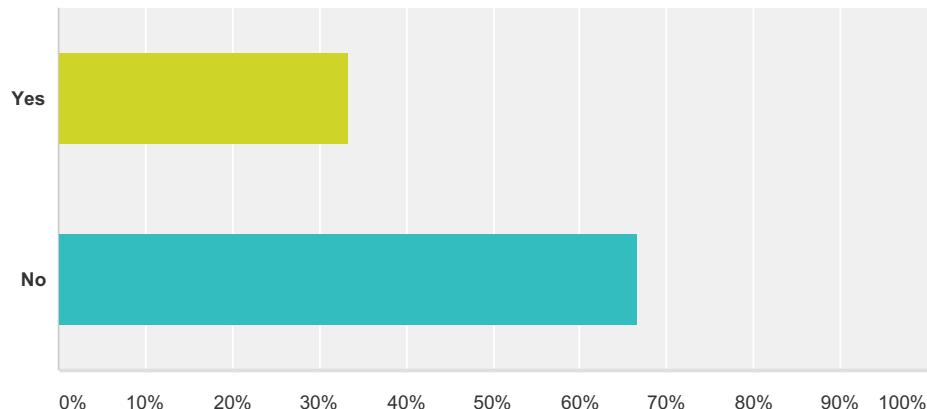
Answered: 51 Skipped: 259



Answer Choices	Responses	
Yes	3.92%	2
No	96.08%	49
Total		51

Q14 Did you write a letter to the court?

Answered: 3 Skipped: 307



Answer Choices	Responses	
Yes	33.33%	1
No	66.67%	2
Total		3

Q15 Comments:

Answered: 114 Skipped: 196

FY 2016 CHILD WELFARE PROVIDER TRAINING ACADEMY PLAN

(Submitted September 23, 2015/
Revised October 15, 2015)

- FL—Front-line child welfare providers
- FLS—Front-line child welfare supervisors
- LP—Live Presentation
- WC—Web Course and/or webinar
- RL—Access only to Relias Users

- B—Basic/New Worker
- I—Intermediate/More Experienced Worker
- A—Advanced/Supervisory Level Worker
- R—Regions (Western, Central, Eastern)

Course # And Title	Brief Course Syllabus	Audience	Style	Times Offered	# of Days
CW 1001 Facebooking, Googling and Tweeting-Cyber Ethics for Social Workers Anthony President	This training increases awareness of social networking and how it has become a way of life for many. Daily we may social network for fact finding, fun or fitting in with a Social Networking Community. When it comes to the Social Work profession, is there an Ethical line that is not to be crossed? Should Social Workers “friend” Birth Parents, Foster Parents or Youth? Should we Google Birth Parents to uncover additional information on them? Do Social Workers have the right to tweet their ideas as freely as anyone else? These and other questions will be explored in this look at Cyber Ethics and Social Work.	FL & FLS: B & I	LP	R	3
CW 1002 Everyday Ethics for Social Workers Anthony President	Everyday, Social Workers are responsible for what they do; fail to do, and what they influence others to do. It is essential that sound ethics guide our everyday behavior and performance in our work duties. Learn the social work values that can help us make ethical decisions throughout our workday; the four common unethical behaviors that even well intentioned workers may make and useful strategies to test our decisions before we take action to insure ethical outcomes.	FL & FLS: B & I	LP	R	3
CW 1003 Overview of Child Maltreatment Anthony President	This training provides detailed information on the origins of Child Welfare, Current Legal mandates, and role of Children and Family Services. The four major categories of child maltreatment along with the indicators for each, and the profile of abusive parents. The purpose of this training is to build a rudimentary understanding of the impact of child maltreatment on abused children, natural families and American society.	FL & FLS: I & A	LP	R	3
CW 1004 The Ins and Outs of Power Struggles Jim Still-Pepper	Whether it is an all out battle of the wills, or button pushing or manipulation, this training will explore the “battles” staff, parents, foster parents and children often engage in. This training will identify power sources, discover ways of disengaging and develop discipline authority. The format of the training creates buy-in and makes the information much more relevant to each individual situation.	FL & FLS: B & I	LP WC	R	5
CW 1005 Beyond Bully	The new generation of bullying is vastly different from the stereotyped playground bully. This training will explore the three major groups of people	FL & FLS:	LP WC	R	5

Jim Still-Pepper	involved in the bully process and participants will discover ways of intervening to curb the negative effects of bullying. We will cover everything from verbal intimidation, to the physical and sometimes deadly results of bullying. This training will focus on building skills that will create walls of protection for our youth.	B & I			
CW 1006 Anger Resolution	This training examines a youth's anger. Participants will gain knowledge on how to communicate with the youth and their family in developing the case plan. The participants will gain case management tools and practical steps to deal with the emotion of the angry youth.	FL & FLS: B & I	LP WC	R	5
Jim Still-Pepper					
CW 1007 A Fresh Look at Culture and Diversity;; Not your Grandmother's Culture and Diversity	This training highlights the level of awareness on cultural issues in the child welfare system. The workshop explores how culture impacts the way one sees his or her environment, co-workers, agency clients and the overall child welfare practice. The goals of the training include: increasing workers' awareness of their own cultural background; understanding how elements of culture influence both the co-workers and family's behavior and how the client's culture manifests in child-rearing practices.	FL & FLS: B & I	LP WC	R	5
Daniel Houston					
CW 1008 Drugs and the Brain	This training will inform and empower healing by identifying brain function related to substance use. By tackling the brain functions it allows substance use disorders to be managed. The training is presented in lay terms with the purpose of universal understanding. The attendees of the training will identify three levels of the brain, basic understanding of normal brain function, identify path of each substance and areas of impact and explore healing methods and timelines.	FL & FLS: I & A	LP WC	R	5
Angela Davis					
CW 1009 Generations Next Surviving and Parenting through the Teen Toxic Culture	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.	FL & FLS: B & I	LP WC	R	5
Mike McGuire					
CW 1010 Foundation of Understanding Trauma	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.	FL & FLS: B & I & A	LP	R	3
Frank Grijalva and Others					
CW 1011 Self Care of Understanding Trauma	An expansion of Level 1 Trauma. The course 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	FL & FLS: B & I & A	LP	R	5

Frank Grijalva and Others	themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.				
CW 1012 Safety multimodal designed for stabilization of system involved youth-KINNECT	Safety may be perceived differently by each child and because of his or her history. This training is based on a trauma informed multimodal multidisciplinary curriculum designed for stabilization of system involved youth. This training will explore a child's view of what is meant by: physically safe, socially safe, safety in flight, fight and freeze, and how ones self begins with safety.	FL & FLS: B & I & A	LP	R	10
Frank Grijalva and Others					
CW 1013 Motivational Interviewing Brian Lowery	This training will educate social workers that Motivational Interviewing is 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.	FL & FLS: B & I	LP WC	R	5
CW 1014 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 WC	R	5
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, LPC	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	This course will provide a basic understanding of the different types of anxiety disorders that are common today and current research on anxiety disorders. Participants will go through exercises to better understand how to implement and provide case management, for those who suffer from anxiety.	FL & FLS	RL	Access to Relias Learning Users	Daily

Kevin Fawcett, Ph.D.				
RL 005 Attachment Disorders: Theoretical and Treatment Issues	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
Joseph Solomita, LCSW				Daily
RL 006 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
RL 007 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
RL 008 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
RL 009 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
RL 010 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
RL 011 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
RL 012 Introduction to Trauma-	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	FL & FLS	RL	Access to Relias Learning

Informed Care Cheryl Sharp, MSW, IMWT, CPSST	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.			Users	
RL 013 Motivational Interviewing Mark Witte, LMSW, MLFT	In this course, participants will learn about the motivational interviewing 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.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 014 Overview of Bipolar Disorder in Youth for Children's Services Paraprofessionals Suzanne Gaetjens-Oleson, MACP, LCMHC	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.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 015 Overview of Substance Abuse for Paraprofessionals in Behavioral Health and Social Service Agencies Michelle Reeder	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. You will receive clear, concrete information about substance abuse work best practices In addition to learning about different levels of use (abuse vs. dependence), the knowledge you will gain in this training, and you will be well-prepared to work more effectively with consumers that have substance abuse concerns.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 016 Trauma Informed Treatment for Children with Challenging Behaviors Julie Collins, MSW, LCSW	This course offers a foundation of trauma informed care and how to work with children who have been traumatized. Discussion includes defining complex trauma, 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.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 017 Provider Resiliency and Self-Care: An Ethical Issue	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	FL & FLS	RL	Access to Relias Learning Users	Daily

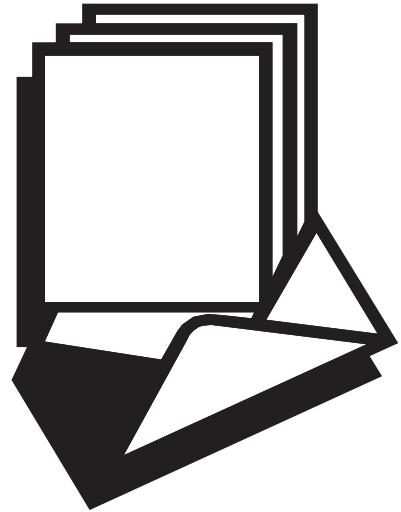
Jenna Ermold, Ph.D.	functioning and increase resilience.				
RL 018 Working with Youth: A Strength-Based Perspective Charles Applestein, MSW	This course describes the strength-based approach for working with troubled children and teenagers. It covers the key concepts and how to use messages and self-esteem building activities when working with youth. The course also explains how to use messages to help youth make more effective decisions. 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. It will increase the 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	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. The course looks at ways to strengthen the family unit and work toward permanency for clients.	FL & FLS	WC	Unlimited Access	Daily
WC 006 Child Sexual Abuse: A Judicial Perspective	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.	FL & FLS	WC	Unlimited Access	Daily

WC 007 Collaboration, Consistency & Cultural Competency	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.	FL & FLS	WC	Unlimited Access	Daily
WC 008 Developmental Perspectives on Child Sexual Behavior in Children and Adolescents	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.	FL & FLS	WC	Unlimited Access	Daily
WC 009 The Emotional Effects of Domestic Violence on Children	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.	FL & FLS	WC	Unlimited Access	Daily
WC 010 Working with the Non-Offending Caregiver	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.	FL & FLS	WC	Unlimited Access	Daily
WC 011 Effects of Abuse & Neglect – A Focus on Typical Development	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.	FL & FLS	WC	Unlimited Access	Daily
WC 012 When It Is In the Family: How to Handle Sibling Sex Abuse	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 we implement a plan that is in the victim's best interest; and how should we approach families that are resistant to help.	FL & FLS	WC	Unlimited Access	Daily
WC 013 The Intersection of Domestic	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	FL & FLS	WC	Unlimited Access	Daily

Violence and Child Victimization	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'.				
WC 014 Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Workers	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.	FL & FLS	WC	Unlimited Access	Daily
WC 015 The Medical & Developmental Effects of Domestic Violence on Children	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.	FL & FLS	WC	Unlimited Access	Daily

FTC FACTS for Consumers

How to Right a Wrong



Most companies want to make you happy so you'll come back and recommend them to your friends. But when you find a company that's not making the grade, how do you resolve the problem?

This brochure explains your rights when it comes to mail and telephone order shopping, unordered merchandise, and door-to-door sales. It also tells you how to write an effective complaint letter and lists some resources for additional help.

Mail and Telephone Order Sales

Shopping by phone or mail can be a convenient alternative to shopping at a store. But if your merchandise arrives late or not at all, you have some rights.

By law, a company should ship your order within the time stated in its ads. If no time is promised, the company should ship your order within 30 days after receiving it.

If the company is unable to ship within the promised time, they must give you an "option notice." This notice gives you the choice of agreeing to the delay or canceling your order and receiving a prompt refund.

There is one exception to the 30-day rule. If a company doesn't promise a shipping time, and you're applying for credit to pay for your purchase, the company has 50 days to ship after receiving your order.

Fair Credit Billing Act (FCBA)

You're protected by the FCBA when you use your credit card to pay for purchases.

Billing Errors

If you find an error on your credit or charge card statement, you can dispute the charge and withhold payment on the challenged amount while the charge is in dispute. The error might be a charge for the wrong amount, for something you did not accept, or for an item that was not delivered as agreed. Of course, you still must pay any part of the bill that isn't in dispute, including the finance charges on the undisputed amount.

Facts for Consumers

If you decide to dispute a charge:

- write to the creditor at the address indicated on the monthly statement for “billing inquiries.” Include your name, address, credit card number, and a description of the billing error.
- send your letter in a timely fashion. It must reach the creditor within 60 days after the first bill containing the error was mailed to you.
- the creditor must acknowledge your complaint in writing within 30 days after receiving it, unless the problem has been resolved. The creditor must resolve the dispute within two billing cycles (but not more than 90 days) after receiving the letter.

Unsatisfactory Goods or Services

You also may dispute charges for unsatisfactory goods or services. To take advantage of this protection, you must:

- have made the purchase in your home state or within 100 miles of your current billing address. The charge must be for more than \$50;
- make a good faith effort first to resolve the dispute with the seller. However, you are not required to use any special procedure to do so.

Note that the dollar and distance limitations don't apply if the seller is the card issuer or if a special business relationship exists between the seller and the card issuer.

Unordered Merchandise

If you receive merchandise you didn't order, federal law says you can consider it a gift. You can't be forced to pay for the item or return it.

If you decide to keep the merchandise, you may want to send the seller a letter stating your intention, even though you're not legally obligated to do so. Your letter may discourage the seller from sending you repeated bills, or it may clear up an error. It's a good idea to send the letter by certified mail and keep the return receipt and a copy of the letter. These records will help you establish later, if necessary, that you didn't order the merchandise.

Two types of merchandise may be sent legally without your consent: free samples that are clearly marked as such; and merchandise mailed by charities asking

for contributions. In either case, you may keep the shipments.

Door-to-Door Sales

Shopping at home can be convenient and enjoyable. But there may be times when you change your mind about an in-home purchase.

The FTC's Cooling-Off Rule gives you three days to cancel purchases of \$25 or more made at your home, workplace or dormitory, or at facilities rented by the seller on a temporary short-term basis, such as hotel or motel rooms, convention centers, fairgrounds, and restaurants.

Some Exceptions

Some types of sales can't be canceled even if they occur in locations normally covered by the Rule. The Rule does not cover sales that:

- are under \$25;
- are for goods or services not primarily intended for personal, family, or household use. The Rule applies to courses of instruction or training;
- are made entirely by mail or telephone;
- are the result of prior negotiations at the seller's permanent location where the goods are sold regularly;
- are needed to meet an emergency. Suppose insects suddenly invade your home, and you waive your right to cancel the contract;
- are made as part of your request for the seller to do repairs or maintenance on your personal property (purchases made beyond the maintenance or repair request are covered).

Also exempt from the Rule are sales that involve:

- real estate, insurance, or securities;
- automobiles, vans, trucks, or other motor vehicles sold at temporary locations, provided the seller has at least one permanent place of business;
- arts and crafts sold at fairs or locations such as shopping malls, civic centers, and schools.

Under the Rule, the salesperson must tell you about your cancellation rights at the time of sale. The salesperson also must give you two copies of a

cancellation form (one to keep and one to send back) and a copy of your contract or receipt. The contract or receipt should be dated, show the name and address of the seller, and explain your right to cancel. The contract or receipt must be in the same language that's used in the sales presentation.

How to Cancel a Door-to-Door Sale

To cancel a sale, sign and date one copy of the cancellation form. You don't have to give a reason for canceling the purchase. Mail it to the address given for cancellations, making sure the envelope is post-marked before midnight of the third business day after the contract date. (Saturday is considered a business day; Sundays and federal holidays are not.) Because proof of the mailing date and receipt are important, consider sending the cancellation form by certified mail so you can get a return receipt. Keep the other copy of the cancellation form for your records. If the seller did not provide cancellation forms, write your own cancellation letter.

If You Cancel

If you cancel your purchase, the seller has 10 days to:

- cancel and return any promissory notes or other negotiable instruments you signed;
- refund all your money and tell you whether any product left with you will be picked up; and
- return any trade-in.

Within 20 days, the seller either must pick up the items left with you, or reimburse you for mailing expenses, if you agreed to send back the items. If you received any goods from the seller, you must make them available to the seller in as good condition as when you received them. If you don't make the items available—or if you agree to return the items but don't—you remain obligated under the contract.

Problems

Try to resolve your dispute with the seller first. Make sure you act quickly. Some companies may not accept responsibility if you fail to complain within a certain period of time.

Send a letter of complaint. A letter is important because it puts your complaint on record and lets the company know you are serious about pursuing the dispute. An effective complaint letter may look

something like the sample on the next page. Be sure you keep a copy for your records.

If you can't get satisfaction, consider contacting the following organizations for further information and assistance.

- State and local consumer protection offices.
- Your local Better Business Bureau (BBB).
- Action line and consumer reporters. Check with your local newspaper, TV, and radio stations for a contact.
- Postal Inspectors. Call your local U.S. Post Office and ask for the Inspector-in-Charge.
- The Federal Trade Commission. To file a complaint, visit ftc.gov or call toll-free, 1-877-FTC-HELP (382-4357); TTY: 1-866-653-4261. Although the FTC does not intervene in individual disputes, the information you provide may indicate a pattern of possible law violations requiring action by the Commission.
- Mail/telephone orders only. Write: Direct Marketing Association (DMA), 1111 19th Street, NW, Washington, DC 20036.
- Door-to-Door sales only. The Direct Selling Association (DSA) can help you with your complaint if the door-to-door seller is a member. Write: Direct Selling Association, 1275 Pennsylvania Ave, NW, Washington, DC 20004.

Dispute Resolution Programs

You also may want to consider dispute resolution programs. A popular way to settle disagreements, a dispute resolution program can be quicker, less expensive, more private, and less stressful than going to court. Many businesses, private organizations, and public agencies offer these programs. Two resolution techniques are mediation and arbitration.

Through mediation, you and the other party try to resolve the dispute with the help of a neutral third party — a mediator. In the course of informal meetings, the mediator tries to help resolve your differences. The mediator doesn't make a decision; it's up to you and the other party to reach an agreement. The mediator is there to help you find a solution.

Facts for Consumers

In arbitration, you present your case before an arbitrator, who makes a decision. Arbitration is less formal than court, though you and the other party may appear at hearings, present evidence, or call and question each other's witnesses. The decision may be binding and legally enforceable in court.

Contact the following organizations for dispute resolution options in your area: local and state consumer protection offices, small claims courts, BBBs, and bar associations.

For More Information

If you're not sure what federal agency has jurisdiction over your inquiry or complaint, contact the Federal Citizen Information Center's (FCIC) National Contact Center at 1-800-FED-INFO (333-4636) Monday through Friday 8:00 a.m. to 8:00 p.m. eastern time.

The FTC works for the consumer to prevent fraudulent, deceptive, and unfair business practices in the marketplace and to provide information to help consumers spot, stop, and avoid them. To file a complaint or to get free information on consumer issues, visit ftc.gov or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters consumer complaints into the Consumer Sentinel Network, a secure online database and investigative tool used by hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

SAMPLE COMPLAINT LETTER

(Your address)
(Your City, State, Zip Code)

(Date)

(Name of Contact Person)
(Title)
(Company Name)
(Street Address)
(City, State, Zip Code)

Dear (Contact Person):

On (date), I purchased (or had repaired) a (name of the product with the serial or model number or service performed). I made this purchase at (location, date, and other important details of the transaction).

Unfortunately, your product (or service) has not performed well (or the service was inadequate) because (state the problem).

Therefore, to resolve the problem, I would appreciate your (state the specific action you want). Enclosed are copies (copies, NOT originals) of my records (receipts, guarantees, warranties, cancelled checks, contracts, model and serial numbers, and any other documents).

I look forward to your reply and a resolution to my problem, and will wait (set a time limit) before seeking third-party assistance. Please contact me at the above address or by phone (home or office numbers with area codes).

Sincerely,

(Your name)
(Your account number)

FEDERAL TRADE COMMISSION	ftc.gov
1-877-FTC-HELP	FOR THE CONSUMER

Federal Trade Commission
Bureau of Consumer Protection
Division of Consumer and Business Education



ON YOUR OWN BUT NOT ALONE

Annual Outcomes Report for State Fiscal Year 2015

Prepared and Submitted by:



Carol Behrer, Executive Director
with Steve Elfvin of Rocket Science, Ltd.
September 2015

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

INTRODUCTION

The Iowa Aftercare Services Network (IASN) provides services and support to help youth and young adults who exit foster care at or near the age of 18 make a successful transition to adulthood. Since 2002, IASN has assisted more than 3,000 young people with this transition.

Youth and Shelter Services, Inc. (YSS) holds the contract with the Iowa Department of Human Services to provide services for this population and has served 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. In addition to YSS, the agencies in the Network and the location of their primary offices are:

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)

For further information on these agencies and the counties they serve for the Aftercare Network, see the Network's website at www.iowaaftercare.org. YSS also subcontracts with the Youth Policy Institute of Iowa (YPII) to provide statewide coordination, policy development, quality assurance, and evaluation services for the Network. One of YPII's responsibilities is the analysis of Aftercare data and the submission of this required annual report on the performance of the Network and the outcomes achieved.

Funding for aftercare services in Iowa comes from federal and state sources. Since 2002, a portion of the state's federal Chafee Foster Care Independence Program (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. Beginning with SFY 2015, the Iowa Legislature made youth aging out of the Boys State Training School and detention facilities eligible for aftercare and PAL services and provided a third funding stream to ensure that these youth could also receive assistance as they transition to adulthood. These three funding streams are combined in the DHS contract.

The DHS aftercare contract to YSS requires annual reporting on the services provided and outcomes of the youth and young adults who participate in Aftercare and PAL programs. This information is used both to assess the impact of the services being delivered to eligible youth and to fulfill state and federal reporting requirements. Data presented in this annual report are primarily drawn from an on-line data collection system that was designed specifically for the IASN and is maintained by the Youth Policy Institute of Iowa with the assistance of Steve Elfvin of Rocket Science, Ltd.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Organization of the Report

This report is organized into four parts and is similar to previous years' reports to facilitate year-to-year comparison.

Part I provides three-year trend information from intake interviews with youth when they first access Aftercare services. This information is provided to help readers understand the characteristics of youth as they leave formal foster care and begin aftercare services.

Part II of the report looks at demographic and other characteristics of all 760 participants who were served during SFY 2015. In addition, this part includes a brief summary of data on "services provided" that is collected by IASN as part of the state's obligation to report this information for the National Youth in Transition Database (NYTD). This part also summarizes the reasons youth exited the program during the year.

Part III of the report examines outcomes of 156 participants who exited services during the year and did not return for services prior to June 30, 2015 and for whom we have complete exit data. Data on outcomes in the areas of employment, resources, housing, education, relationships, parenting, high risk behaviors, health care coverage, and essential documents are presented as required by the DHS contract. The outcomes reported do not include any youth from the STS or detention that may have exited during the year.

Part IV of the report is a new section summarizing the first year of Aftercare services to youth who aged out of the State Training School and detention centers in the state. Fifty-four youth from these settings entered Aftercare in SFY 2015 and most were continuing to receive services at the end of the year. Descriptive data, rather than outcomes, is presented for the inaugural year of Aftercare services to this population.

Aftercare and PAL are voluntary programs. Eligible young adults are allowed to initiate and discontinue services as they choose, and it is possible for youth to have multiple entries and exits from the program. Data is collected through individual interviews with the participants each time they enter or exit IASN services. To assess outcomes, data from the very first interview with the youth is compared with their last exit interview during the fiscal year for which this report is generated. Outcomes are only reported for youth who did not return to services prior to the end of the fiscal year.

Efforts are made to ensure the accuracy of the data, but because the information is based largely on self-reports by youth and many of the topics covered in the participant interviews are sensitive, some young people may not provide truthful, consistent or accurate answers. Although aggregate data is quite consistent year-to-year, the data should be interpreted with caution especially on questions related to risky behaviors and other sensitive topics. Further, data is entered by multiple interviewers and there may be some data entry errors that are not detected, resulting in some margin of error in the results presented in this report.

Key Data and Findings

The total number of unduplicated participants served by the Aftercare Network increased this year to 760 youth, from 699 served in SFY 2014. This increase includes 54 participants from the newly eligible

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

population of youth exiting the State Training School (STS) or a detention facility as their last placement prior to aging out. This year's increase reverses a trend of serving fewer youth each year since participation peaked in SFY 2011 when 788 youth were served.

Of the 760 young people served this year, 310 entered the program for the first time, including 256 from foster care placements and 54 from the STS/detention. This is an increase from the 244 new intakes in SFY 2014, also reversing a four-year downward trend of first-time participants in Aftercare that has paralleled a similar decline in the number of youth who have age out of care each year in Iowa.

Young people participate in the voluntary program for an average of just over two years. The Network's statewide coverage afforded young people from 87 counties the opportunity to participate, with a majority of those in urban areas.

On average, 453 young people participated in Aftercare each month during SFY 2015. Among these youth, an average of 271 were receiving PAL, 156 were participating in Aftercare without PAL, and 26 had exited the STS or detention (11 in Aftercare only and 15 who received PAL).

Intakes: Young people enter Aftercare services with a variety of risk factors or potential barriers to a successful transition to adulthood. Highlights from intake interviews with the 256 young people who accessed Aftercare **from a foster care or relative/other suitable placement** for the first time in SFY 2015 include:

- The average age of new participants was 18.4 years, with youth ranging in age from 18.0 to 20.7 when they first accessed services. Among new participants, 85% first came to Aftercare at age 18, including 75% who accessed services within six months of their 18th birthday.
- There was an increase in the proportion of referrals from Juvenile Court Services from 23% of all new intakes in SFY 2014 to 31% of all intakes in SFY 2015 (not including those referred from the STS or detention).
- 10 percent of youth entered Aftercare as parents;
- One-fifth reported having been homeless sometime in the last two years;
- 63.3% of new participants had a high school diploma (an increase from 58.6% the previous year) and 5.1% had an equivalent (GED or HiSET) (a decrease from 9.8% last year);
- More than half of youth entered Aftercare without jobs;
- 62.1% of youth reported that they had been referred for or received a mental health assessment, counseling or therapy in the year prior to accessing Aftercare, and 60.2% had been prescribed medication for the ongoing maintenance of physical or mental health.
- A significant number of these young adults have attempted suicide or inflicted self-harm. Of new participants, 28.5% reported a previous suicide attempt and 34.4% reported other self-harming behavior.

Outcomes: Aftercare services are designed to help young adults move toward stability and self-sufficiency in five key areas: education, employment, housing, health, and relationships. A variety of

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

measures are used to assess progress in these outcome areas. Outcomes are analyzed by comparing the original intake data collected when youth first accessed services with the last exit interview data for those youth who exited during state fiscal year 2015 and did not return before July 1, 2015. Note, that youth served by Aftercare from the STS or detention as their last placement are not included in this year's outcome analysis. This provides an unduplicated group of **156 youth** on which data is reported for the year, including **122 PAL** participants and **34** young people who did not receive PAL (referred to as **AC only** participants). Highlights from the SFY 2015 outcomes include:

- The percentage of youth working at least 25 hours a week nearly doubled from 25.6% at intake to 48.1% at exit.
- The percentage of participants with \$400 or more in monthly earned income (before public assistance) increased from 29.5% at intake to 54.5% at exit.
- 86.5% of Aftercare participants had earned at least a high school diploma or its equivalent, compared to only 75% of the same youth at intake.
- At exit, all but 14.7% of participants are contributing toward their housing costs; compared to 37.2% who were not paying for housing at intake.
- More than 95% have retained their health care coverage under Medicaid or other insurance.

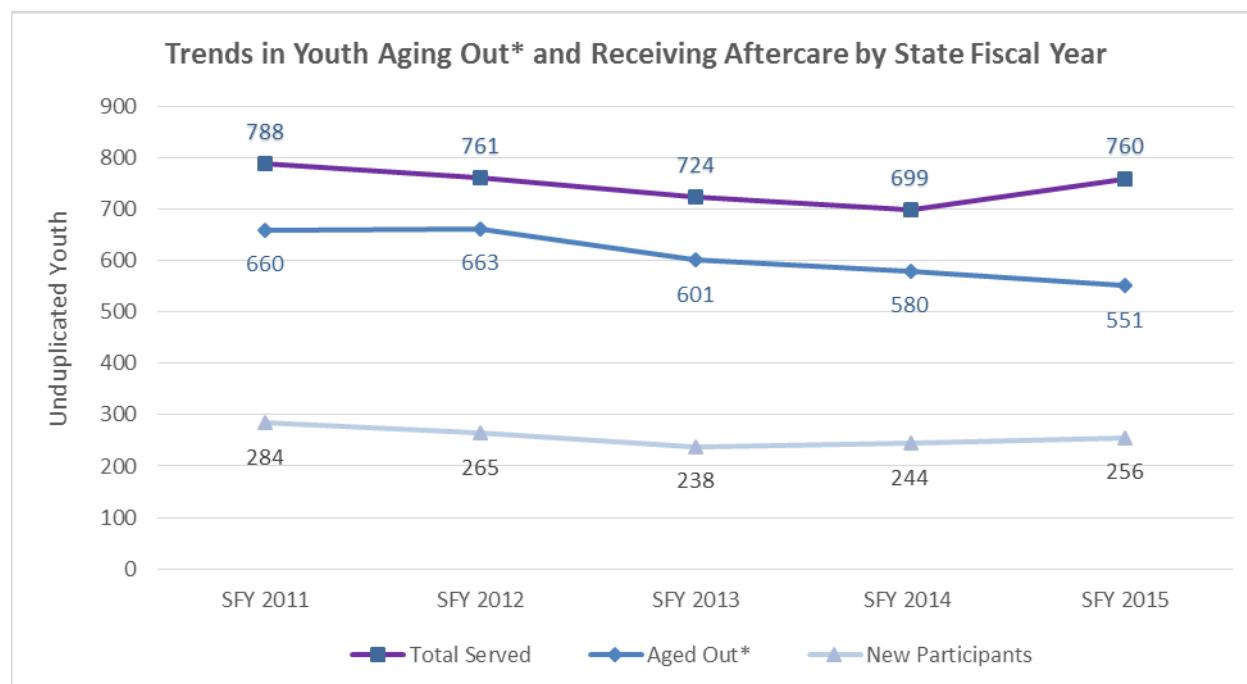
The remainder of this SFY 2015 Annual Outcomes Report shares further information and data about the characteristics and outcomes of the young adults who voluntarily participate in Aftercare Services in Iowa. For further information, readers are invited to contact the Youth Policy Institute of Iowa.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

PART I: Characteristics of New Intakes

A total of 760 young adults were served by the Aftercare Network in State Fiscal Year 2015, reversing a gradual decline in the total number served over the previous five years. Of the 760 youth served, 256 accessed services for the first time during the fiscal year, which was a slight increase from the previous year's intakes of 244.

Based on data from the Iowa Department of Human Services, over the last five year an average of 611 youth per year have exited Iowa foster care at age 17.5 or older making them "age-eligible" for Aftercare services.¹ Over the same timeframe, on average, 257 youth per year have accessed Aftercare services. A number of other variables affect a young person's eligibility for Aftercare and PAL, so not all youth who leave foster care at age 17.5 or older are eligible. Conversely, youth adopted from foster care after age 16 may also be eligible for Aftercare, but may not be reflected in this data. Further, young people do not necessarily access Aftercare the same year as they age out. In the chart below, the two trends provide a general indication of the proportion of eligible youth accessing Aftercare services.



The remainder of this part highlights characteristics of young people at the time they accessed Aftercare services over the last three state fiscal years. This trend data is helpful in understanding the circumstances of youth as they emancipate from foster care in Iowa, typically at age 18. To be consistent with previous year's data, the SFY 2015 numbers do NOT include newly eligible youth whose

¹ The DHS data provided this year and the "aged out" numbers presented in the accompanying chart take into account only age at exit from placement to estimate the number of older youth exiting foster care who become eligible for Aftercare by fiscal year. While this data provides a proxy for the number of youth who age out, there are several additional variables that affect eligibility for Aftercare services that are not reflected in this data. This graph should therefore be interpreted with caution.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

last placement was the State Training School or detention. Similar characteristics of this subpopulation is presented in Part IV of this report.

Age at Intake: Most youth first access Aftercare at age 18 soon after exiting foster care. In SFY 2015, the average age of new intakes was 18.4 years, with youth ranging in age from 18.0 to 20.7 at intake. As was the case the previous year, among new participants in SFY 2015, 85% first came to Aftercare at age 18, including 75% who accessed services within six months of their 18th birthday. At the same time, young people do access Aftercare any time before their 21st birthday. During the most recent fiscal year, 83% of new participants began receiving services within three months of exiting formal foster care, although young people may access Aftercare any time before their 21st birthday. In SFY 2015, twenty-five 19-year olds accessed services for the first time and eleven first received services at age 20. For 7% of new participants last year, more than one year had lapsed between their exit from foster care and their intake into Aftercare.

Case Management while in Foster Care: In Iowa, young people may be placed in foster care as a result of a delinquency proceeding, as well as those who enter foster care as a Child in Need of Assistance (CINA). If placed in care because of delinquency, a young person's case is most often managed by a Juvenile Court Officer rather than a DHS Social Worker. Regardless, youth are eligible for Aftercare if all other eligibility criteria are met. There was an increase in the proportion of youth accessing Aftercare from Juvenile Court Services in SFY 2015 to 31%. In previous years, approximately three-fourths of youth accessing Aftercare services had a DHS Social Worker as their primary case manager; while about one-fourth had a Juvenile Court Officer managing their case.

FOSTER CARE CASE MANAGEMENT			
While in foster care, primary case management was provided by a:	SFY 2013 (N=229)*	SFY 2014 (N=244)*	SFY 2015 (N=256)
DHS Social Worker	77.3%	71.3%	62.1%
Juvenile Court Officer	22.7%	23.3%	31.3%
Both DHS and JCO involvement	N/A	5.4%	5.9%

*Case worker information was missing or unknown for a small number of participants. Dually-managed cases (*i.e.*, both DHS and JCO involvement) were not identified in SFY 2013.

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 when services are just beginning and participants have not yet established a trusting relationship with their Self-Sufficiency Advocate, results should be interpreted with caution.

Consistently, more than half of the young people participating in Aftercare have mental health issues and a quarter have some history of alcohol or substance abuse. In SFY 2015, more than three-fifths of youth (62.1%) reported that they have been referred for or received a mental health assessment, counseling or therapy in the last year, and 46.3% have been prescribed medication for the ongoing maintenance of physical or mental health.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Among the other challenges and high-risk behaviors reported at intake by new participants in SFY 2015 were the following:

- 10 percent of youth entered Aftercare as parents;
- One-fifth reported having been homeless sometime in the last two years;
- Reported illegal behaviors included stealing (29.6%); selling drugs (16.7%); and gang involvement (11%).

RISK FACTORS/CHALLENGES PRESENTED AT INTAKE			
Percent responding “yes” they:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Have been referred for or received a mental health assessment, counseling or therapy in the last year	56.72%	59.43%	62.11%
Have been referred for or received an alcohol or substance abuse assessment or counseling in the last year	25.21%	22.95%	17.19%
Have ever attempted suicide	23.53%	25.41%	28.52%
Have ever inflicted self-harm in other ways	28.99%	29.92%	32.42%
Have ever had an unintended pregnancy (females only – N=131 in SFY 2015)	29.1%	20.8%	19.08%
Are a parent	10.92%	6.56%	10.55%
Have been homeless in the past two years	17.99%	18.44%	20.31%
Have been incarcerated or detained in the past two years	35.71%	37.3%	37.50%
Have been hit, punched, shoved, or hurt by partner in the past two years	14.29%	10.66%	11.72%

Education: Iowa allows youth to continue in voluntary foster care through age 19 to complete high school. For a variety of reasons, however, many youth do not take advantage of that option. While about the same number of youth entered Aftercare with a high school credential in SFY 2015 compared to SFY 2014, the proportion with a regular high school diploma increased to 63.28% and those with a equivalency decreased to 5.08%. Again in SFY 2015, just under one-third of young people entered Aftercare without a high school credential. Many of these youth continue pursuing a high school diploma or equivalent while in Aftercare.

EDUCATION			
Highest education credential received:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
High School Diploma	60.92%	58.61%	63.28%
H.S. Equivalency (GED or HiSET)	14.29%	9.84%	5.08%
Vocational certificate or license	0.42%	0.41%	0.39%
None of the Above	24.37%	31.15%	31.25%

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Employment and Income: Among youth accessing Aftercare in SFY 2014, a little under half (45.7%) are employed at least part-time at the time they started receiving services. Conversely, more than half (53.1%) of youth report having \$0 monthly earned income when they first begin services.

EMPLOYMENT			
Current employment status:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Employed (average 35+ hours per week)	5.88%	9.02%	10.94%
Employed (average 25-34 hours per week)	14.29%	14.34%	13.67%
Employed (less than 25 hours per week)	19.75%	18.44%	21.09%
Unemployed, actively seeking employment	35.29%	35.25%	28.91%
Unemployed, long-term disability	0.42%	1.64%	1.17%
Not in work force	21.85%	18.44%	23.05%
Other	2.52%	2.87%	1.17%
MONTHLY INCOME			
Gross monthly income w/out PAL:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
\$0	56.30%	56.97%	53.13%
\$1 - \$799	39.92%	33.62%	36.72%
\$800 - \$1,199	2.52%	5.33%	7.03%
\$1,200 or more	1.26%	4.10%	2.73%

Banking and Credit: In SFY 2015, slightly over half of the youth exiting foster care and accessing Aftercare report having a checking or debit account and 55% report having a savings account. While an improvement over previous years, young people transitioning from foster care to adulthood generally 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. Very few (less than 10 percent) have ever received their credit report.

BANKING and CREDIT			
Percent responding “yes” they have:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
A Checking or debit account	47.9%	45.9%	52.3%
A Savings account	41.6%	47.95%	55.1%
Received their credit report	N/A	N/A	8.2%

Essential Documents: As in past years, the majority of young people accessing Aftercare have many of the documents essential to being independent. In SFY 2015, 80.5% had their birth certificate and 85.6% had their Social Security Card, although this was a slight decrease in the percentage of youth who reported having these essential documents in the prior year. Fewer than half, however, have a driver’s license at intake into Aftercare, reflecting the difficulty young people have in obtaining a driver’s license while in care, and only two-thirds have a state ID.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

ESSENTIAL DOCUMENTS

Percent responding "yes" they have the following documents:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Birth certificate	78.99%	84.02%	80.47%
Social Security Card	86.13%	88.52%	85.55%
Driver's license	46.22%	42.62%	45.31%
State ID or passport	67.23%	70.9%	67.97%

Health: Automatic enrollment to continue Medicaid coverage for youth aging out of foster care in Iowa has been largely successful, as more than 90% of young people accessing Aftercare over the last three years report that they have Medicaid. Health insurance is critical as three-fifths of young people accessing Aftercare have been prescribed medication for ongoing maintenance of physical or mental health, in addition to other typical health care needs. Challenges of maintaining that coverage remain, however, even though this population is eligible up to the age of 26. Tobacco use remains disproportionately high among this population.

HEALTH

Percent responding "yes":	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Have a primary care physician	72.27%	63.93%	69.92%
Have Medicaid	91.6%	92.21%	94.92%
Had been prescribed medication for ongoing maintenance of physical or mental health within the last year	52.52%	57.79%	60.16%
Had used tobacco in the last 30 days	45.8%	44.26%	40.23%
Had used alcohol to intoxication in the last 30 days	10.5%	9.84%	7.42%

Housing: Overall young people accessing Aftercare feel safe in their current housing and only a small percentage (5.1% in SFY 2015) report being "homeless" when entering services. But housing is less than stable, as more than a third indicated that they plan to move within a month.

HOUSING

Percent responding "yes" they:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Are paying for housing	57.13%	57.79%	55.86%
Have name on a lease agreement	23.95%	21.31%	22.66%
Are moving next month	39.08%	34.84%	37.50%
Are currently homeless	5.88%	5.74%	5.08%

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Permanency: Even though Aftercare participants have aged out of foster care, they have maintained connections to family and other supportive adults. As shown in the table below, young people overwhelmingly report having at least one person (either in their family or a non-family member) who will always be available to them. Having and strengthening these relationships is key to their long-term success.

PERMANENCY – SUPPORTIVE RELATIONSHIPS			
Percent responding “yes” there is an:	SFY 2013 (N=238)	SFY 2014 (N=244)	SFY 2015 (N=256)
Adult family member who I will always be able to turn to for support...	86.97%	85.25%	83.20%
Adult, non-family member, who I will always be able to turn to for support...	94.54%	92.62%	92.97%

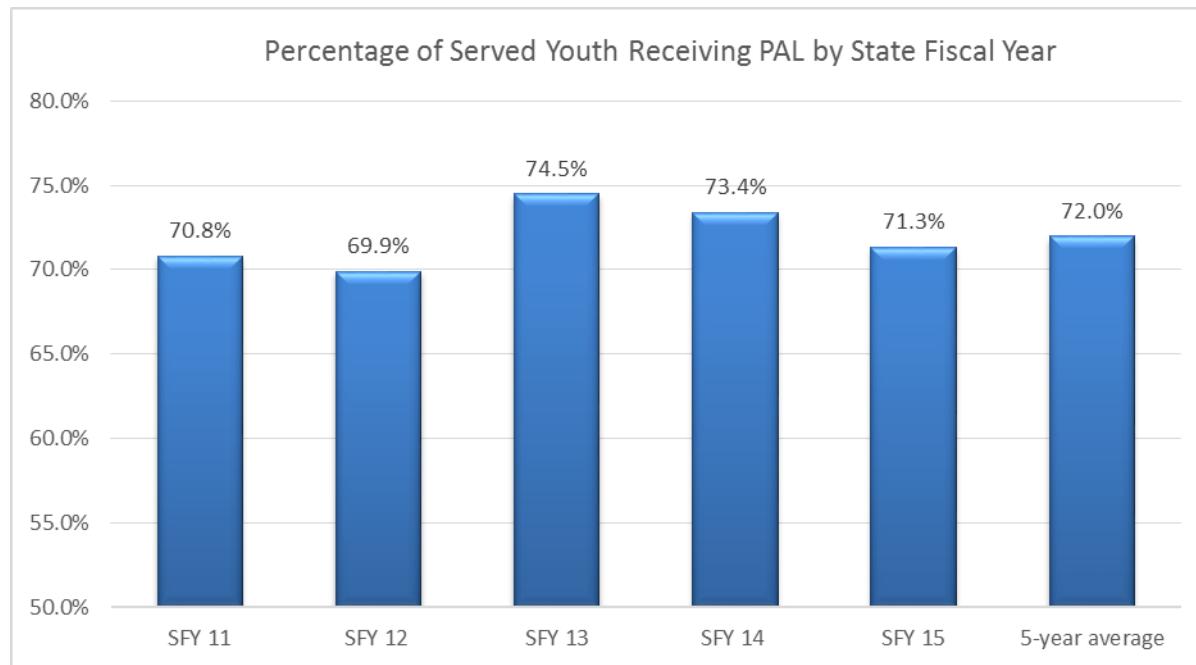
Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

PART II – Characteristics of All Youth Served in SFY 2015

Unduplicated Number Served: A total of 760 young people were served by IASN during SFY 2015, reversing a gradual decline in the number of participants served. Among the total number served, 310 accessed services for the first time during state fiscal year 2015, including 54 who aged out of the State Training School (STS) or a detention center who were eligible for the first time. At the close of the fiscal year, 502 youth had open aftercare cases, including 42 from the STS population.

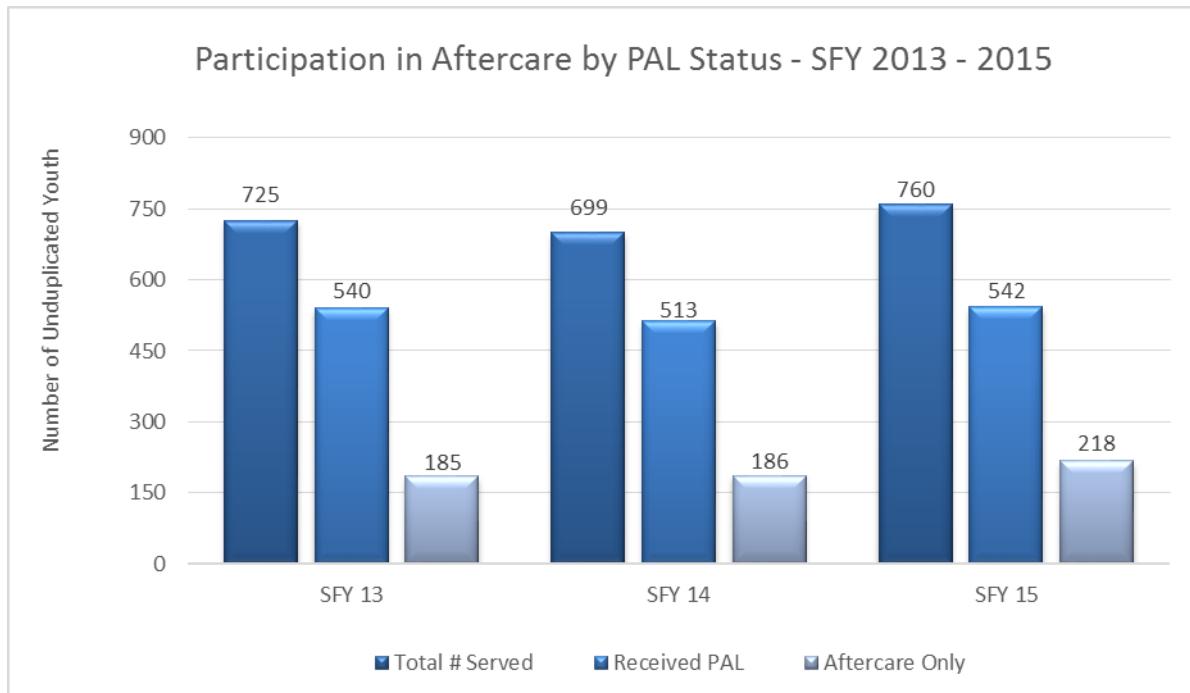
Aftercare and PAL are voluntary programs, and eligible young adults are able to initiate and discontinue services as they choose. In a small number of instances, agencies will discontinue services for young people who fail to meet the requirements and self-responsibility expectations of the program. In either case, young people may re-enter services when they are ready. This leads to a fair amount of turnover in program participation as youth may enter and exit services multiple times before their 21st birthday. In SFY 2015, 147 youth returned for services after a break in their participation.

PAL Participation: The proportion of the served population in Aftercare that receives a PAL stipend for at least a portion of the time they participate has remained fairly steady over the last several years, averaging 72% over the last five state fiscal years. Of the 760 youth served in SFY 2015, 542 or 71.3% met requirements and received a PAL stipend for at least a portion of the time they participated; the remaining 218 youth did not receive PAL during the year.



In the tables and charts throughout this report, columns designated "Aftercare Only" or "AC Only" refer to youth who did not receive a PAL stipend while participating in Aftercare services during the report year.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

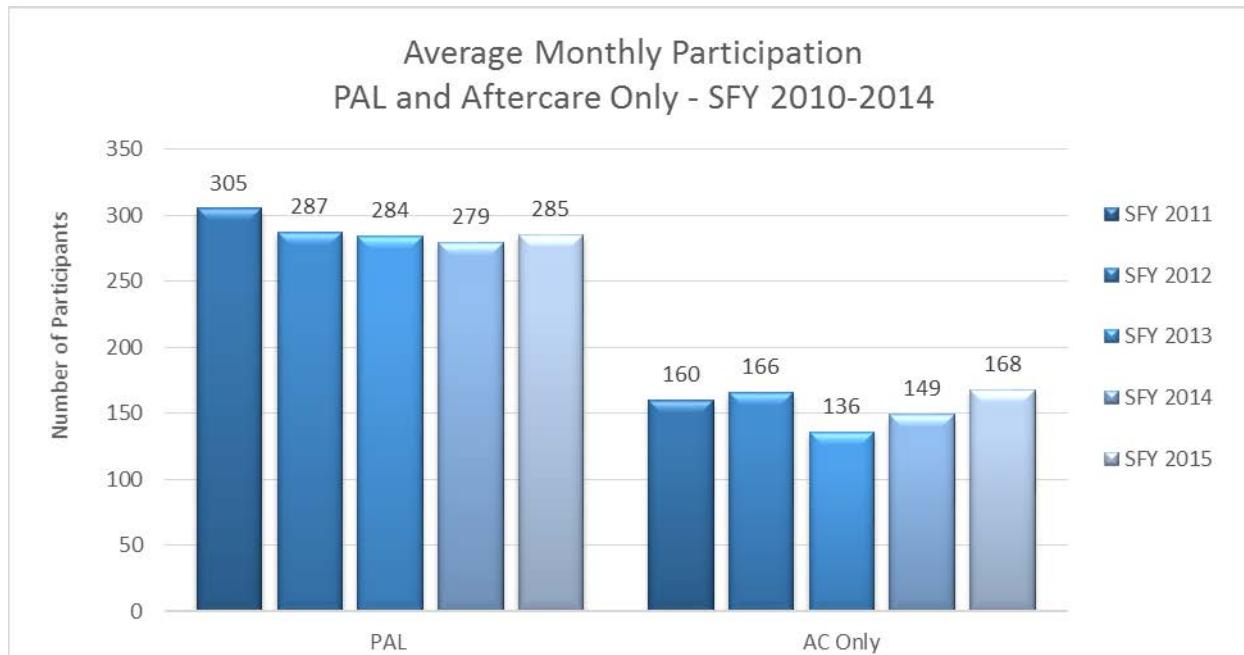


Eligibility criterion for just Aftercare (without PAL) allows some youth to qualify for general case management services and support but not the monthly financial assistance offered by the PAL program. Among the 218 youth served by IASN in SFY 2015 who did not receive PAL during the year, 97 were eligible **only** for Aftercare Basic. Of those, 71 left state-paid foster or STS before their 18th birthday or had not been in placement for six of the twelve months prior to aging out; 19 aged out of a non-licensed relative care placement; and 7 were adopted or placed in guardianship after the age of 16.

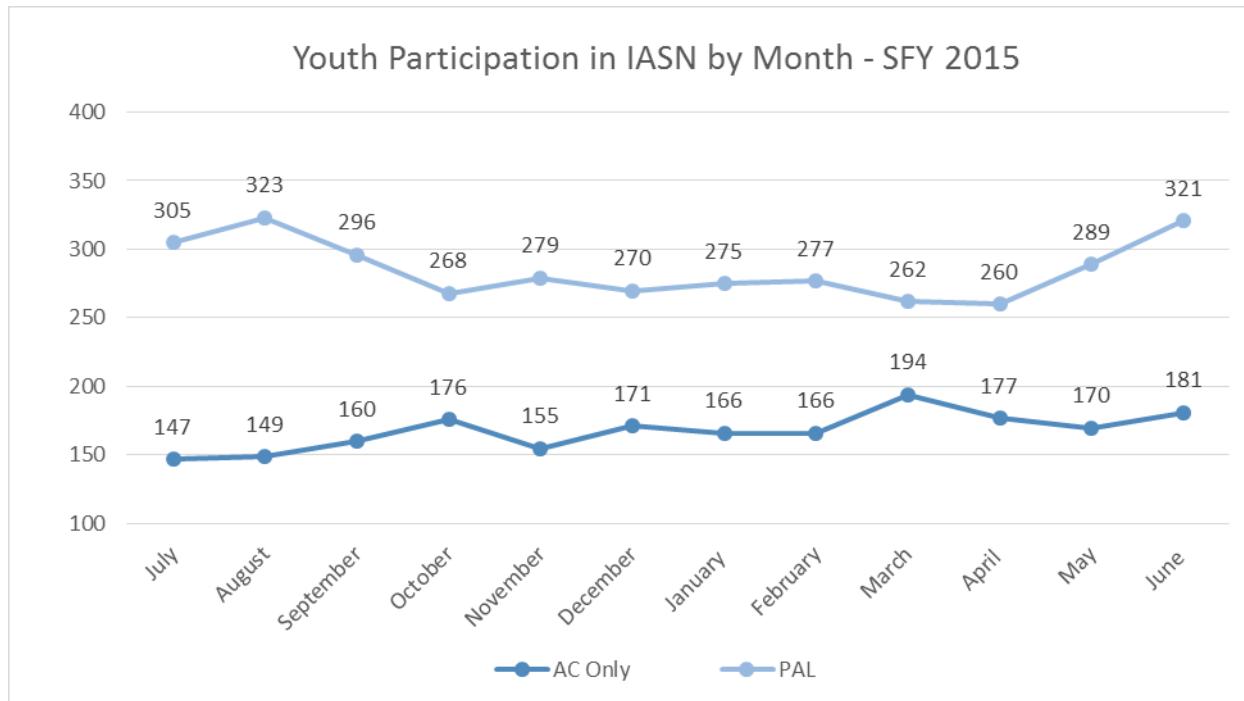
The remaining 121 youth receiving Aftercare Only during the year met the age and foster care exit requirements for PAL, but did not qualify for the PAL program because they were either still eligible for voluntary foster care (*e.g.*, they had not yet completed high school and were under age 20); they were not meeting the education and employment requirements of PAL; or their income (earned or unearned) was too high to qualify for the needs-based PAL stipend. Many of these youth may qualify for PAL at some point in the future as their circumstances change. Similar to previous years, of all young people served in SFY 2015, 87% met the foster care exit age and placement requirements for PAL, while 71.3% actually received PAL for at least one month.

Average Monthly Participation: On average, 453 young people participated in Aftercare each month during SFY 2015, an increase of 25 youth on average from the previous year. Of those, an average of 285 received PAL and 168 received Aftercare only (*i.e.*, did not receive a PAL stipend). Some of the increase from the previous year, including all and more of the increase in average PAL participation, is the result of the new eligibility group from the STS and detention.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015



The number being served in Aftercare and PAL changes monthly as young adults access and exit services and shift between PAL and Aftercare Only. In SFY 2015, monthly enrollment in PAL ranged from a low of 260 in April 2015 to a high of 323 in August 2014. Participation in Aftercare Only services ranged from a low of 147 in July 2014 to a high of 181 in June 2015. Monthly participation trends, which are shown in the chart below, were impacted this year by the gradual start-up and increasing participation of the STS/detention eligible population.



Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Gender and Race: Demographic data recorded from participants at the time of intake includes gender, age, race and ethnicity. Shown below are the gender and race/ethnicity of the 760 youth served by the Aftercare Network in SFY 2015 and disaggregated by whether youth received PAL. In SFY 2015 the proportion of males receiving services increased given the eligibility of youth from the STS/detention that are predominantly males. This year, nearly an equal number of males and females utilized aftercare services, although females were more likely to receive PAL.

The majority of participating youth are White (78.6%), a slight decrease from the previous year when 82% of participants were White. A sizeable percentage identify themselves as African American (21.6%), Multi-racial (11.8%), or American Indian (5%). Of all youth served in SFY 2015, 92 (12.1% of all participants) identified themselves as Hispanic or Latino. Although 5% identified as American Indian, only 1.8% knew that they were a member of a federally recognized tribe, while 2.2% did not know.

GENDER	Total Served (N=760)		Received PAL (N=542)		AC Only (N=218)	
	N	%	N	%	N	%
Male	372	49%	254	47%	118	54%
Female	388	51%	288	53%	100	46%
RACE* / ETHNICITY						
	N	%	N	%	N	%
White	597	79%	429	79%	168	77%
African American	164	22%	117	22%	47	22%
American Indian	38	5%	29	5%	9	4%
Asian	7	1%	5	1%	2	1%
Native Hawaiian	6	1%	5	1%	1	.5%
Multi-Racial	90	12%	70	13%	20	9%
Unknown/Declined	9	1%	5	1%	4	2%
Ethnicity – Latino/Hispanic	92	12%	74	14%	18	8%

* Youth can identify with more than one race, therefore, percentages will not add up to 100%.

Age: As described above, most youth first access Aftercare at age 18 soon after exiting foster care. In SFY 2015, the average age of new intakes was 18.4 years, with youth ranging in age from 18.0 to 20.7 at intake. As was the case the previous year, among new participants in SFY 2015, 85% first came to Aftercare at age 18, including 75% who accessed services within six months of their 18th birthday. In SFY 2015, twenty-five 19-year olds accessed services for the first time and eleven first received services at age 20. At any given time, about an equal number of 18, 19 and 20 year olds are participating in Aftercare.

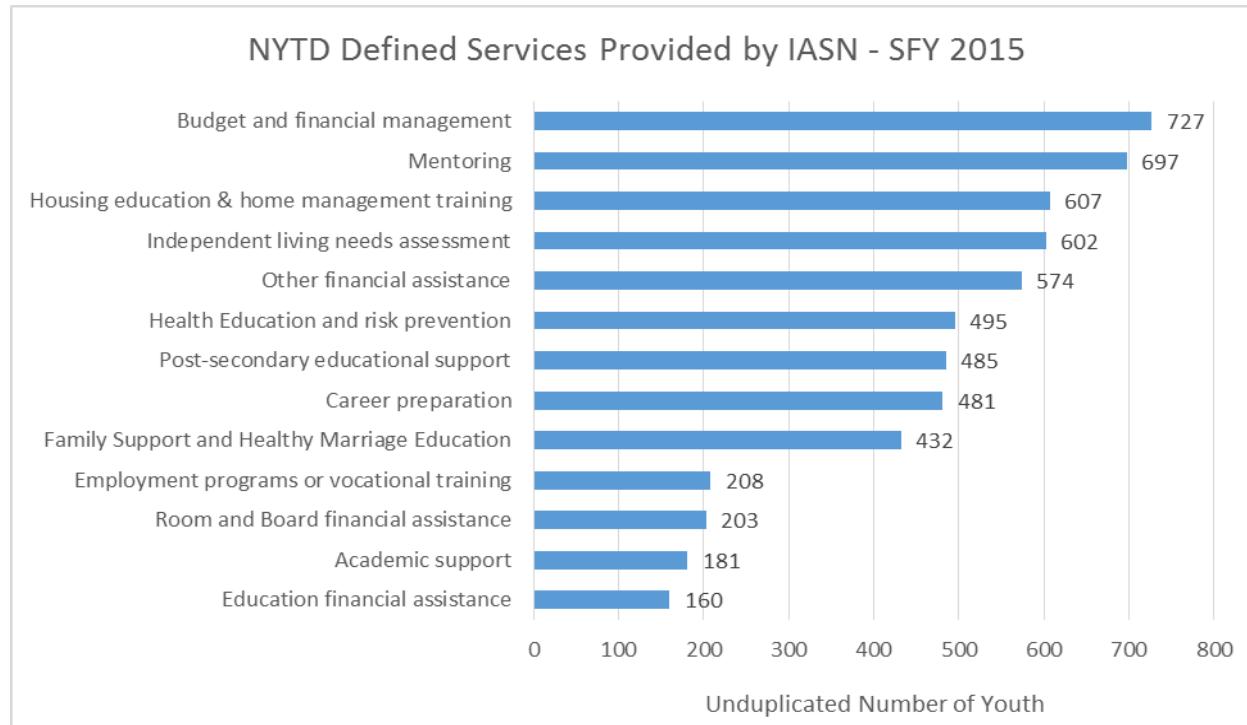
The average age of exiting participants was 20.6. Of 156 young people who completed an exit interview during the year, 115 (74%) were age 21 (or within two months of turning 21), essentially aging out of Aftercare. Among the exiting youth who completed an exit interview, 10.3% were still 18 years old, and 16.7% were 19 to 20.7, all of whom could potentially return for services before their 21st birthday. Youth who exited services without completing an exit interview were somewhat younger, with an average age of 19.7. Nearly three-quarters of these youth (73.3%) were under the age of 20.5, suggesting that many may return for one or more additional episodes of service.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Serious Emotional Disorder: Historically, more than half of all youth accessing the Aftercare Network each year come to the program with a history of mental health assessment, diagnosis and treatment. In SFY 2015, 59% of the 760 youth served had been diagnosed with one or more Serious Emotional Disorders (SED) prior to leaving foster care (see table below). More than one-third of the 447 participants in Aftercare with a reported mental health disorder had more than one DSM-IV-TR Diagnosis; while 25% were diagnosed with Depression (or other Depressive or Mood disorder); 23% had Behavior Disorders (including ADHD); and 10% had PTSD or Acute Stress/Anxiety disorders.

	Total Served (N=760)		Received PAL (N=542)		AC Only (N=218)	
	N	%	N	%	N	%
SED	447	59%	316	58%	131	60%
Non-SED	272	36%	198	37%	74	34%
Not Reported	41	5%	28	5%	13	6%

Services Provided: Each young person participating in Aftercare works individually with a Self-Sufficiency Advocate. These Advocates meet with participating youth face-to-face a minimum of twice a month (often much more frequently), assessing needs and helping youth set goals, identify action steps, and assist youth in achieving those goals. Advocates offer support, guidance, and provide a range of information and services to each youth depending on their unique needs and interests. 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). IASN uses definitions established by NYTD to document the services that are provided to individual youth, and transmits that data to DHS monthly. The graph below shows the total number of youth during the year who received each NYTD service at least once.



Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Of the 760 youth participating in Aftercare in SFY 2015, 96% received budget and financial management services and 92% received mentoring services. Similar percentages of youth in Aftercare received these same two services last year, reflecting the emphasis on financial management in the program and the mentoring relationship Aftercare Advocates establish with participating youth. In addition to assessing and helping youth meet basic needs with financial assistance, advocates also work with youth on housing, health, post-secondary education, career preparation and family support issues. Any participant receiving a PAL stipend or Aftercare vendor payment is recorded as receiving "other financial assistance." "Room and board financial assistance" includes vendor payments used specifically for housing and the Chafee-funded rent subsidy program.

Reasons for Exit: When young people leave Aftercare services, their reason for exiting is documented by the Self-Sufficiency Advocate who has been working with the youth. The table below shows the circumstances for all youth who exited Aftercare during the year and did not return prior to July 1, 2015 (N=260). Of these youth, 176 completed an exit interview. The remaining 84 exiting youth discontinued services without an interview. In these cases, the reason for exit is based on the Self-Sufficiency Advocates' knowledge of the youth's last circumstances. Many of these youth remain age-eligible and may return for services. The average duration of participation for all youth exiting services (with or without an interview) was 1.6 years, although this may include some disruptions in participation.

The most prevalent reason for discontinuing services in SFY 2015 was that the participant was turning 21 and was no longer eligible for services (this is especially true of PAL participants). Nearly half (46.2%) of all exits were the result of the young person turning 21. Voluntarily discontinuing services while still eligible are moving are other common reasons that young people are exited from services.

Reason for exit	All Exits (N=260)		Received PAL (N=184)		AC Only (N=76)	
	N	%	N	%	N	%
Turned 21 – end of eligibility	120	46.2%	99	53.8%	21	27.6%
Not meeting self-responsibility requirements	34	13.1%	21	11.4%	13	17.1%
Moved (including moving temporarily and potential transfers)	34	13.1%	24	13.0%	10	13.2%
Voluntarily chose to end services	24	9.2%	11	6.0%	13	17.1%
Incarcerated	4	1.5%	4	2.2%	0	0%
Achieved self-sufficiency	2	0.8%	1	0.5%	1	1.3%
Joined Military	2	0.8%	2	1.1%	0	0%
Died	1	0.4%	1	0.5%	0	0%
Other	14	5.4%	8	4.4%	6	7.9%
Unknown/Missing	25	9.6%	13	7.1%	12	15.8%

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Among Aftercare Only participants, 27.6% “aged out” of Aftercare. Other common reasons for those participants not receiving PAL to be discharged from the program was for failing to meet self-responsibility requirements and voluntarily ending services, which were each cited by 17.1% of exiting Aftercare Only 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 could also be interpreted as voluntarily choosing to end services. These young people may return for services if they have not reached age 21. See table above for additional details.

Youth with less than three months of service: While many youth have multiple entries and exits from services, a smaller number never seem to fully engage with the program. In SFY 2015, 30 (11.5%) of the 260 exits from the program were of youth who participated for less than three months and did not return before the end of the fiscal year. Many of these young people may re-enter services at a later date. *These youth, even if they completed an exit interview, are excluded from the following outcomes analysis.*

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

PART III – Outcomes of Youth Exiting Aftercare

The overall purpose of Iowa's Aftercare and PAL programs is to assist young people who age out of foster care or other court-ordered placement make a successful transition to adulthood. The challenges facing this population, as well as poor outcomes among those who do not receive continued support, are well-documented. The services and supports offered by the Iowa Aftercare Services Network are designed to help these young adults move toward stability and self-sufficiency in five key areas: education, employment, housing, health, and relationships. A variety of measures are used to assess progress in these outcome areas.

As in past years' outcomes analyses, we compare the original intake data collected when youth first accessed services with the last exit interview data for those youth who exited during State Fiscal Year 2015 after at least three months of participation and who did not return before July 1, 2015. This provides an unduplicated group of youth on which data is reported for the year. It should be noted that some of the youth included in this analysis may have already returned for services after the close of the fiscal year or could yet return if they are not yet age 21. Exit data is available for 156 young people who completed an exit interview with Aftercare staff during SFY 2015 and who did not return before the end of the fiscal year (June 30, 2015). Note, that this analysis does not include youth who aged out of the State Training School (STS) or a detention center. Outcomes for this population of youth will be included in future years. See Part IV for additional information on the characteristics of these youth.

The average age of these 156 youth was 18.5 at intake and 20.6 at exit. Of the young people completing exit interviews, 72.4% were age 21 at exit and are no longer eligible for services. The average length of time between when this population first accessed services and their SFY 2015 exit is just over two years. Of the youth exiting services and on which data is included in this Part, 65% were involved with Aftercare over a period of two years or more, and 50% were involved over a period of at least 2.5 years, although this may include some interruptions of service prior to their last exit.

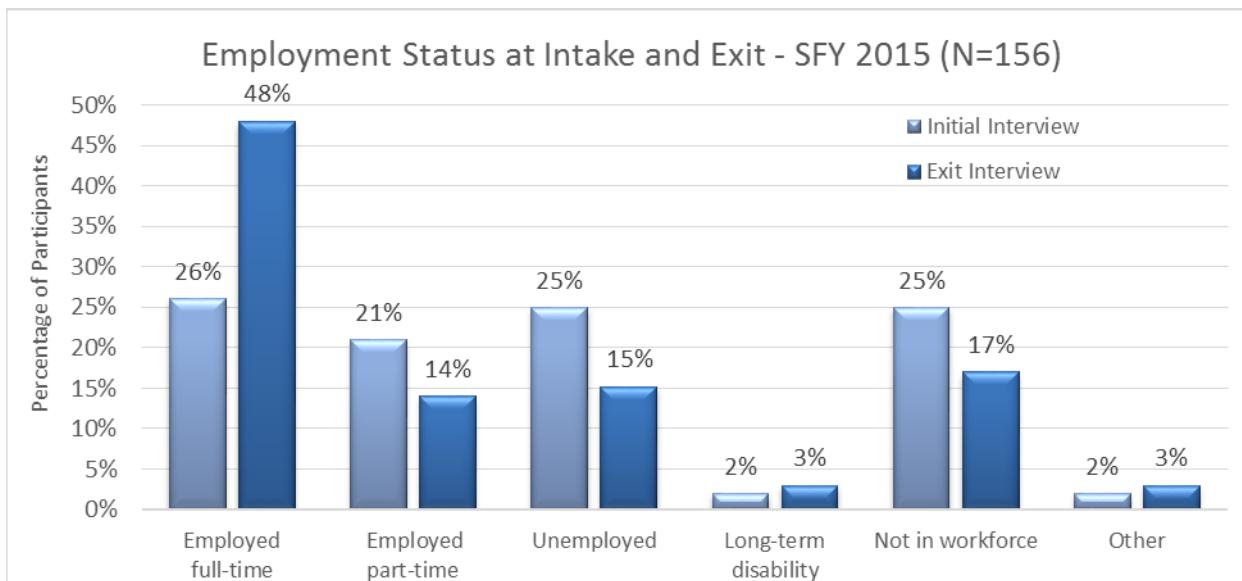
Specific questions from the Core Client Outcomes database are used to assess progress in nine outcome areas identified by the Department. For purposes of this analysis and report, we define those youth who met the qualifications and received a PAL stipend for at least one month as a PAL participant. Of the 156 total participants for whom data is reported, 122 (78%) are included in the PAL population, and 34 (22%) are in the Non-PAL (*i.e.*, Aftercare (AC) Only) grouping. Data is presented for all 156 youth combined, as well as for the 122 PAL participants and 34 AC Only participants separately for each of the indicators.

Outcome data on the following measures are presented in the following tables and charts:

- Employment
- Resources to meet living expenses
- Monthly Income
- Housing
- Safe and Stable Housing
- Housing Security
- Education
- Positive Relationships
- Children and Parenting
- High Risk Behaviors
- Health Insurance Coverage
- Essential Documents

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Employment: Aftercare participants have benefited from the continuing recovery of the overall economy, with employment gains from intake to exit better than recent years. Among the participants that exited services in SFY 2015, 25.6% were employed full-time when they first accessed services. At exit, 48.1% of participants were employed full-time (at least 25 hours per week), and another 14.1% were employed less than 25 hours per week. The percentage of participants “unemployed” declined from 25% at intake to 15.4% at exit in SFY 2015. Those not in the workforce (which may include full-time students) decreased from 25% at intake to 17.3% at exit. Specific percentages of exiting participants by employment status, and a breakdown by PAL and AC Only participants, are shown in chart and table below. Labor force participation, in general, is higher at both intake and exit among PAL participants than AC Only participants which may largely be the result of the requirements of the PAL program to be either working or enrolled in school.



Employment	All (N=156)		PAL (N=122)		Basic (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Employed full-time*	25.6%	48.1%	27.1%	54.1%	20.6%	26.5%
Employed part-time*	20.5%	14.1%	24.6%	13.1%	5.9%	17.7%
Unemployed	25.0%	15.4%	26.2%	14.7%	20.6%	17.7%
Long-term disability	1.9%	2.6%	0%	0%	8.9%	11.8%
Not in workforce	25.0%	17.3%	19.7%	14.8%	44.1%	26.5%
Other	1.9%	2.6%	2.5%	3.3%	0%	0%

* Full time employment is defined as employed 25 or more hours per week. Employed part-time represents those employed less than 25 hours per week.

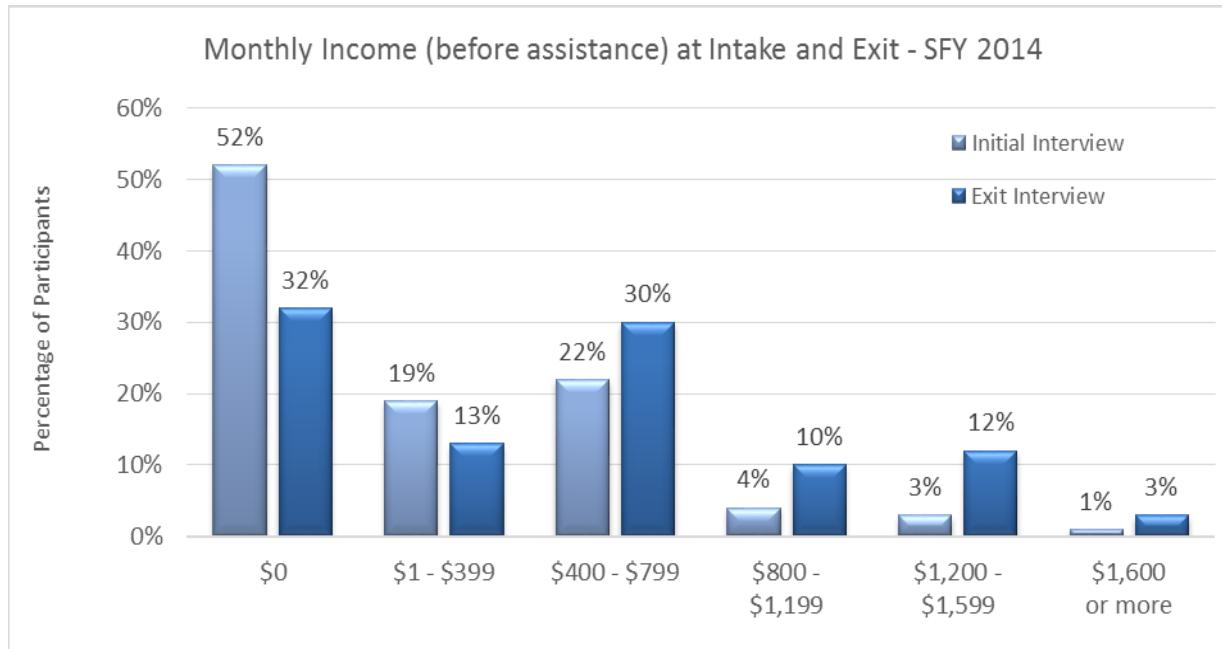
Two new questions related to employment were added to the Aftercare database/interview protocol in SFY 2015. While intake data on these questions is not yet available to assess change, the exit interviews show that more than 57% of exiting participants had been continuously employed for at least six months at some point in their lives, including 41% who had been continuously employed for one year or more. The majority of these young people (52.7%) have worked in four or more places by the time they exit Aftercare.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Resources to Meet Living Expenses: Achieving full economic self-sufficiency by age 21 is difficult for all young people, and especially so for those without family support. While making progress toward economic self-sufficiency, fewer than half of young adults exiting Aftercare report having enough money to cover their expenses when considering their earned income alone. For these reasons, a major task of Aftercare is to assist participants in accessing the public assistance and other resources for which they are eligible. When taking into consideration income and other assistance, this percentage increases to 71.8% of all exiting participants. The gains from intake to exit is particularly dramatic for Aftercare Only participants.

Resources	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Has enough money to cover needed expenses with earned income alone	16.7%	48.1%	16.4%	50.0%	17.7%	41.2%
Has enough money to cover needed expenses with income and other assistance	53.9%	71.8%	63.9%	74.6%	17.7%	61.8%

Monthly Income: More than half (52%) of young people enter Aftercare with \$0 monthly income (before counting any public assistance that they may be receiving). While having enough income to be fully self-sufficient by the time they exit services is frequently beyond the reach of these young adults, participants demonstrate substantial increases in their earnings. The percentage of participants with \$400 or more in monthly earned income (before public assistance) increases from 29.5% at intake to 54.5% at exit, while those with no earned income (which may include full-time students) decreases from 52% to 32% from intake to exit.



Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

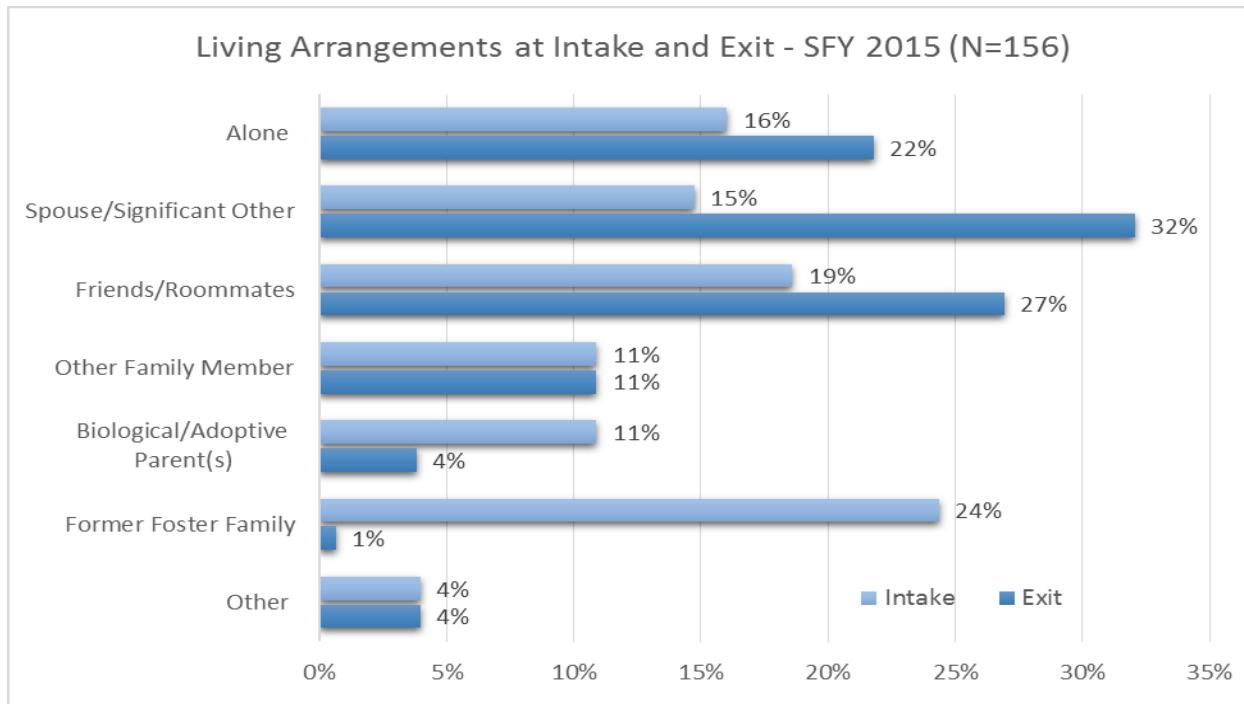
Safe and Stable Housing: With limited income, finding affordable housing is often a major challenge for Aftercare participants. As is true for many young adults, youth who age out of foster care frequently rely on friends or family for a place to live or to share housing expenses. The most common housing arrangements at intake are living in someone else's apartment or house and paying rent (39.1%) or living with someone else but not contributing toward rent or living expenses (23.7%). By the time they exit services, there is an increase in the number of young people who have more formal agreements and have sole responsibility (23.1%) or shared responsibility (40.4%) for rent.

Housing	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
University housing (residence hall, sorority/fraternity)	3.2%	3.2%	4.1%	4.1%	0%	0%
Apartment or house (sole responsibility for rent)	15.4%	23.1%	17.2%	21.3%	8.8%	29.4%
Apartment or house (shared responsibility for rent)	11.5%	40.4%	10.7%	42.6%	14.7%	32.3%
Someone else's apt or house paying rent	39.1%	18.0%	40.2%	18.0%	35.3%	17.7%
Someone else's apt or house, not paying rent or living expenses, couch surfing	23.7%	9.0%	23.8%	9.0%	23.5%	8.8%
Couch surfing (moving from house to house)*	N/A	3.2%	N/A	3.3%	N/A	2.9%
Transitional facility, shelter, or other supported housing arrangement	2.6%	1.9%	0.8%	0.8%	8.8%	5.9%
Street/outdoors	0%	0.6%	0%	0%	0%	2.9%
Other	4.5%	0.6%	3.3%	0.8%	8.8%	0%

When entering Aftercare care, 24.4% of these youth reported that they were currently living with a former foster family; 18.6% are living with friends or roommates; 14.7% were living with a boyfriend/girlfriend; and 16% were living alone. At exit, fewer young people live with former foster families (less than 1%) or biological/adoptive parents (3.9%). More were living with a spouse or significant other (32%); with friends/roommates (26.9%); or were living alone (21.8%) at exit. See chart below for additional details.

Iowa Aftercare Services Network -- Annual Outcomes Report

July 1, 2014 through June 30, 2015



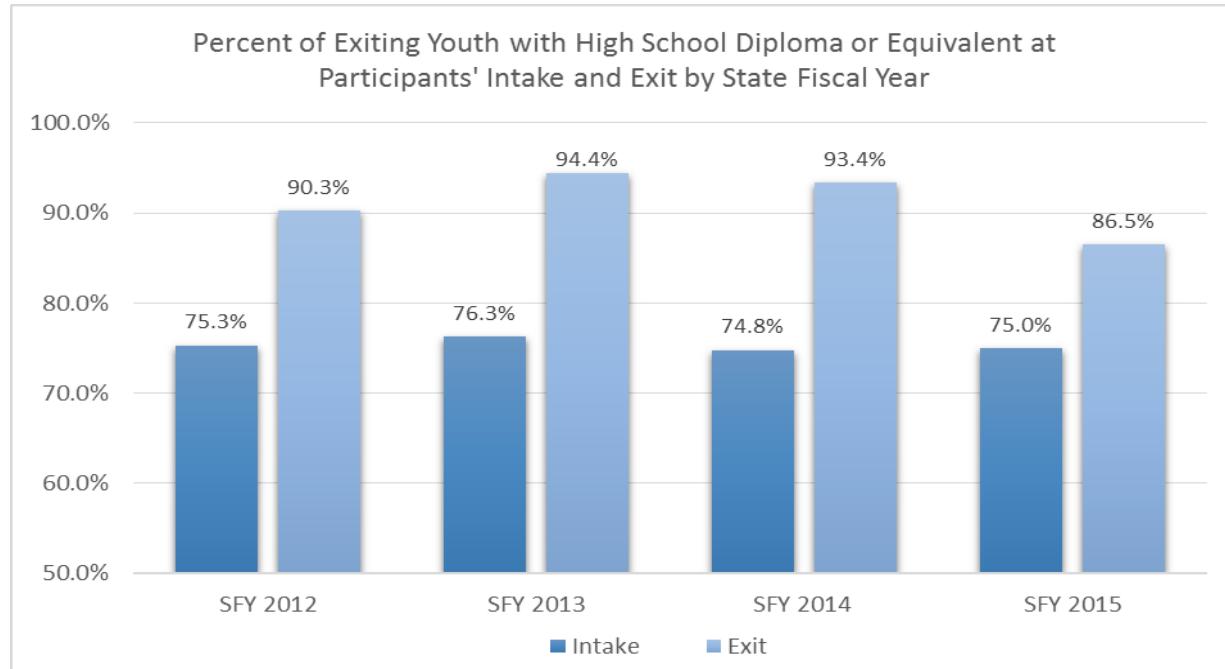
Housing Security: Housing security among Aftercare participants increases from intake to exit. Overall, young people feel safe in their living arrangement – 97% or young people report feeling safe in their living arrangement when first accessing Aftercare and when exiting. Similarly, about 97% of participants report that their housing is structurally safe at both intake and exit.

In other housing areas, there is more significant change from intake to exit. The proportion of participants who have their name on a lease more than doubles, from 23.1% at intake to 62.2% at exit. Having keys to their current home also increases dramatically, from 53.2% at intake to 82.7% at exit. While in Aftercare, participants are accumulating basic household items needed to live independently (from 55.8% at intake to 86.5% at exit).

At exit, all but 14.7% of participants are contributing toward their housing costs; compared to 37.2% who were not paying for housing at intake. At exit, the median amount participants are paying toward housing is around \$350 a month, although 20% are paying more than \$500 per month for rent/housing. Affordable housing remains a challenge for many participants, with 37.8% reporting that more than half of their income goes toward rent and utilities at exit and 28.2% reporting that they are behind on their rent or utility bills.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Education: Youth in foster care or other out-of-home placements often struggle academically, and many are behind in school for a variety of reasons. When turning 18, youth may sign a voluntary placement agreement to stay in foster care to complete high school. Many, however, do not take advantage of that option, and about 25% of youth enter aftercare without a high school diploma or equivalent. Over the last four years (see chart below), young people have consistently demonstrated considerable progress in the area of education while in Aftercare.



In SFY 2015, on exit, 86.5% of Aftercare participants had earned at least a high school diploma or its equivalent. The drop in high school completion rate by exiting participants from the previous years may be at least partially attributable to the change from the GED test to the HiSET, which tends to be more difficult to pass. Many Aftercare participants also complete some college while receiving services, although college retention and success remains very challenging for many youth exiting foster care.

Education	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
% Attending School *	30.8%	28.8%	33.6%	28.7%	20.6%	29.4%
Highest level of education completed						
10 th grade or less	4.5%	2.6%	2.5%	0.8%	11.8%	8.8%
11 th grade	21.8%	10.3%	13.9%	4.1%	50.0%	32.4%
12 th grade	72.4%	52.6%	82.8%	56.6%	35.3%	38.2%
College freshman	1.3%	17.3%	0.8%	18.9%	2.9%	11.8%
College sophomore	--	15.4%	--	17.2%	--	8.8%
College junior	--	1.9%	--	2.5%	--	--
College completion**	--	--	--	--	--	--

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Highest Credential Received						
None	25.0%	13.5%	14.7%	5.7%	61.8%	41.2%
GED or HiSET	9.6%	8.3%	12.3%	10.7%	--	--
High School Diploma	65.4%	70.5%	73.0%	77.1%	38.2%	47.1%
Vocational Cert or license	--	2.6%	--	1.6%	--	5.9%
AA degree	--	5.1%	--	4.9%	--	5.9%

* Percent attending school includes youth who responded that they were enrolled full-time (school only); employed and enrolled; or enrolled in career prep or internship.

** College completion may include community or junior college.

Positive Relationships: Having positive social relationships and networks that support the healthy development of young people is critical 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. In periodic surveys of all participants in Aftercare, many participants recognize that they could use more supportive adults in their lives.

	All (N=156)		PAL (N=122)		AC Only (N=34)	
% responding "yes"	Initial	Exit	Initial	Exit	Initial	Exit
Has a positive relationship with supportive adult family member	88.5%	86.5%	89.3%	94.3%	85.3%	88.2%
Has a positive relationship with supportive non-family adult	93.6%	94.9%	86.1%	95.9%	91.2%	91.2%

Children and Parenting: Early childbearing and parenting are relatively common among youth who age-out of foster care. While just under 10% of youth entered Aftercare as parents, by the time they exited, 32.1% are parenting. Working with participants on healthy relationships and parenting are key activities of Aftercare Self-Sufficiency Advocates. At exit, 88.5% of the parenting participants have their children living with them.

% responding "yes"	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Are you a parent?	9.6%	32.1%	10.7%	34.4%	5.9%	23.5%
Are you currently pregnant, given birth or fathered a child in the last year?	11.5%	24.4%	9.0%	25.4%	20.6%	20.6%
Does your child live with you or have joint custody? (as a % of those who indicated they were a parent)	78.6% (N=14)	88.5% (N=52)	75.0% (N=12)	88.4% (N=43)	100% (N=2)	88.9% (N=9)

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

High Risk Behaviors: The prevalence of selected high risk behaviors among Aftercare participants are presented in the tables below. Given the sensitive nature of many of the risk behavior questions on which young people are asked to self-report, caution should be used in interpreting and drawing conclusions from this data.

	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
% responding "yes"						
Suicide*						
Made Plans to commit suicide past 12 months	7.7%	5.1%	4.9%	4.1%	17.7%	8.8%
Attempted suicide past 12 months	5.1%	3.2%	2.7%	2.7%	14.7%	5.9%
Incarcerated or Detained in Jail or detention facility last 2 years	27.6%	19.9%	24.6%	17.2%	38.2%	29.4%
Homeless in last 2 years	10.3%	18.6%	9.8%	17.2%	11.8%	23.5%

*One youth at intake and two at exit declined to answer questions related to suicide.

% responding "yes"	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Substance Use in last 30 days						
Tobacco	41.0%	44.9%	41.8%	47.5%	38.2%	35.3%
Alcohol to Intoxication	10.9%	14.1%	12.3%	17.2%	5.9%	2.9%
Marijuana	7.7%	7.1%	8.2%	8.2%	5.9%	2.9%

Tobacco use, in particular, is high among the population of young people served by Aftercare, with nearly half of participants indicating that they use tobacco, which is substantially higher than their same-age peers. Self-reported use of alcohol to intoxication and marijuana use among this population is lower among Aftercare participants than their same age peers.²

Health Insurance Coverage: Most young people in Aftercare rely on Medicaid for their health insurance coverage. A small number of youth exiting Aftercare have insurance other than Medicaid, including 1.3% who have employer provided insurance, 1.9% who report that they are paying for their own insurance, and 6.4% who report other insurance coverage. Among exiting participants, 3.2% report that they do not have health insurance.

² For comparison data see, for example, the Monitoring the Future national survey results from the Institute for Social Research at the University of Michigan for prevalence of use of alcohol, tobacco, and marijuana among the overall population of young adults.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Beginning in 2014 as a result of provisions in the Affordable Care Act, youth who age out of foster care remain eligible for Medicaid until age 26. This provision extends to those young adults who aged out prior to 2014 and are not yet 26. This change is important for the many young people who previously lost their Medicaid coverage at age 21. Young people who age out of foster care may also be eligible for other Medicaid coverage groups or government health insurance programs.

Health Insurance	All (N=156)		PAL (N=122)		AC Only (N=34)	
	Initial	Exit	Initial	Exit	Initial	Exit
Enrolled in Medicaid	92.3%	95.5%	94.3%	96.7%	85.3%	91.2%
Insured (other than Medicaid)						
Employer provided	0%	1.3%	--	0.8%	--	2.9%
Private pay/self-provided	0.6%	1.9%	0.8%	0.8%	--	5.9%
Other insurance	5.1%	6.4%	4.9%	1.6%	5.9%	11.8%
No medical insurance	4.5%	3.2%	3.2%	4.8%	2.9%	8.8%

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. Getting and maintaining a valid driver's license remains a challenge for many of these young adults.

	All (N=156)		PAL (N=122)		AC Only (N=34)	
% responding "yes"	Initial	Exit	Initial	Exit	Initial	Exit
Knows how to obtain:						
Birth certificate	81.4%	94.2%	85.3%	95.9%	67.7%	88.2%
Social Security card	84.6%	95.5%	88.5%	97.5%	70.6%	88.2%
Medical records	71.2%	94.9%	73.8%	96.7%	61.8%	88.2%
Education records	80.8%	96.2%	85.3%	99.2%	64.7%	85.3%
Has in their possession:						
Birth certificate	83.3%	86.5%	86.9%	88.5%	70.6%	79.4%
Social Security card	90.4%	94.2%	93.4%	94.3%	79.4%	94.1%
Driver's license	53.9%	68.6%	58.2%	73.0%	38.2%	52.9%

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

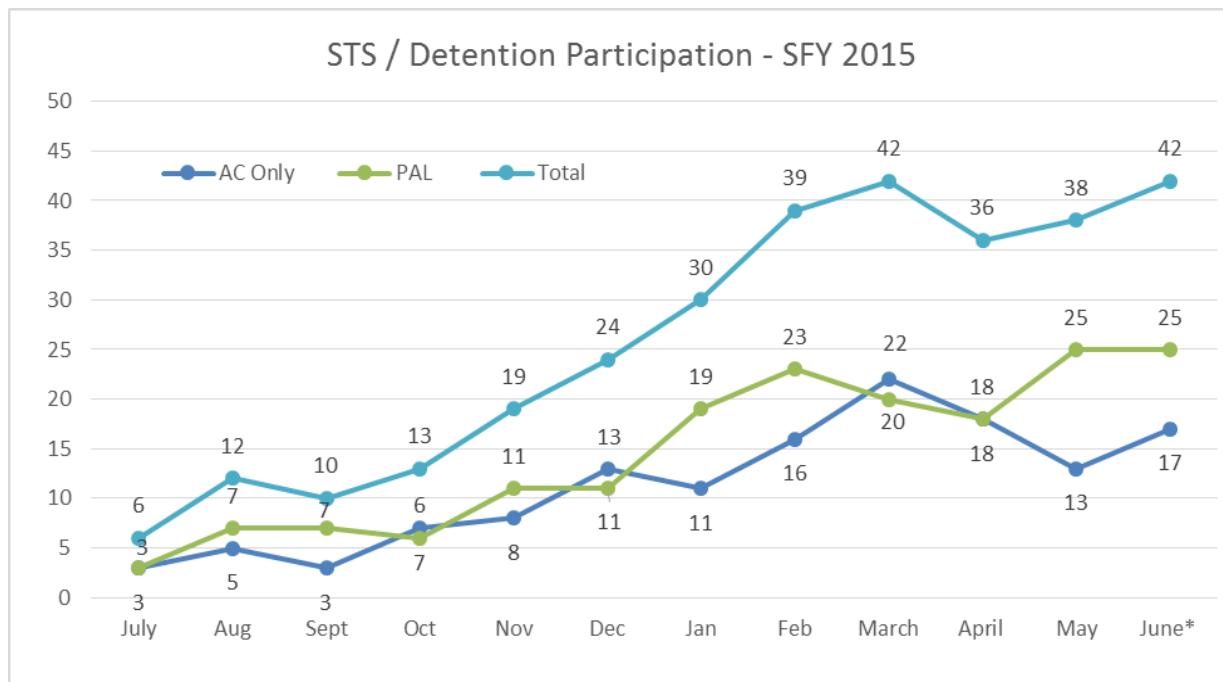
Part IV: State Training School and Detention Center

As a result of legislation enacted in the spring of 2014, SFY 2015 marked the first year that statewide, comprehensive aftercare services were available to youth who aged out of the State Training School (STS) or detention centers. This part of the report summarizes the first year of Aftercare services to this population as they returned to their communities.

The intent of the Iowa Legislature and the Department of Human Services (DHS) was that young people aging out of the State Training School or a detention center would have access to follow-up services essentially the same as those for youth exiting a foster care or other suitable placement at or near age 18. For this reason, DHS elected to utilize the Iowa Aftercare Services Network infrastructure to provide services to this population, amending the contract to Youth and Shelter Services accordingly.

The Iowa Aftercare Services Network responded quickly to incorporate this new population of eligible young people into its services. Outcome to Juvenile Court Officers, the State Training School, and detention centers was initiated almost immediately to ensure that the availability of aftercare services was widely known. More importantly, working closely with DHS and the STS, Youth and Shelter Services was able to hire and place a full-time employee on site at the STS to identify and inform students there about Aftercare and make referrals to local Self-Sufficiency Advocates in the communities where the students would be returning. To be eligible, youth from these placements need to meet all other eligibility criteria for Aftercare Only or the Preparation for Adult Living (PAL) program.

Making the connection between the exiting students and an Aftercare Advocate prior to students discharge from the STS has been largely successful. During SFY 2015, 75 youth from the STS were referred and 72% of those accessed Aftercare services. As with any new program, participation of a new group begins slowly and builds through the course of the year as shown in the chart below.



Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Of the 310 new intakes into Aftercare during SFY 2015, forty-nine (49) were transitioning from the State Training School and five (5) were last placed in a detention center prior to accessing Aftercare. As is the case with the existing Aftercare/PAL program, youth may choose to start and discontinue services on a voluntary basis, creating a certain amount of turnover in participation. Of the fifty-four youth who accessed services from these placements, forty-two (80.8%) were continuing to receive services at the end of the fiscal year.

Given the new eligibility of this population for Aftercare services, descriptive information, rather than outcome data, is presented for the inaugural year of Aftercare services for these participants. All data presented in the following tables is based on Initial intakes into Aftercare during SFY 2015. The tables below present characteristics of Aftercare intakes from the STS/Detention in comparison to the SFY 2015 intake information from the previously eligible population of young people who age out of foster care or other court-ordered placements. Some data on all youth served in SFY 2015 is also presented for comparison purposes.

Gender and Race: The STS only serves boys, so participants accessing Aftercare from the STS are all male. The last placement of two females accessing Aftercare in SFY 2015 was a detention center. In addition to being predominantly male, participants from the STS/Detention were somewhat more likely to be youth of color (see table below for more detail).

	STS Detention Intakes (N=54)		Foster Care Intakes (N=256)		Total Served SFY 15 (N=760)	
GENDER	N	%	N	%	N	%
Male	52	96%	127	50%	372	49%
Female	2	4%	129	50%	388	51%
RACE* / ETHNICITY	N	%	N	%	N	%
White	36	67%	195	76%	597	79%
African American	16	30%	60	23%	164	22%
American Indian	2	4%	16	6%	38	5%
Asian	--	--	5	2%	7	1%
Native Hawaiian	--	--	2	1%	6	1%
Multi-Racial	5	9%	35	14%	90	12%
Unknown/Declined	1	2%	1	<1%	9	1%
Ethnicity – Latino/Hispanic	9	17%	34	13%	92	12%

* Youth can identify with more than one race, therefore, percentages will not add up to 100%.

Mental Health: Historically, more than half of participants in Aftercare have been diagnosed with a Serious Emotional Disorder (SED) while in placement. Similarly, half of youth accessing Aftercare from the STS/detention population had a mental health diagnosis. Youth from STS/detention were somewhat more likely to have been diagnosed with ADHD or other behavior disorders (35% among STS youth versus 23% among youth from a foster care

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

placement), and less likely to have a diagnosis of depression or other depressive/mood disorder (9% among STS youth; 27% among foster care youth).

	STS Detention Intakes (N=54)		Foster Care Intakes (N=256)		Total Served SFY 15 (N=760)	
Mental Health	N	%	N	%	N	%
SED	27	50%	158	62%	447	59%
Non-SED	25	46%	85	33%	272	36%
Undisclosed	2	4%	13	5%	41	5%

Placement Experience: Most young men placed at the State Training School have had prior placements, either as a result of delinquency or child in need of assistance, and those accessing Aftercare have a similar pattern in the number and duration of placement. The majority of both populations reported being in care or placement for more than two years; and from 1 to 5 placements.

Two-thirds of the youth accessing Aftercare from the STS/detention reported that they spent most of their time while in placement at the STS; another 17% indicated that most of their time in placement was in a group home and 7% indicated detention.

	STS Detention Intakes (N=54)		Foster Care Intakes (N=256)		Total Served SFY 15 (N=760)	
How Long in Placement	N	%	N	%	N	%
Less than 6 months	1	2%	8	3%	25	3%
6 months to a year	9	17%	32	13%	94	12%
1 to 2 years	12	22%	52	20%	150	20%
More than 2 years	29	54%	162	63%	483	64%
Not sure	3	6%	2	1%	8	1%
How Many Placements	N	%	N	%	N	%
1 or 2	16	30%	83	32%	266	35%
3 to 5	25	46%	94	37%	275	36%
6 to 10	8	15%	47	18%	137	18%
10 or more	2	4%	30	12%	68	9%
Not sure	3	6%	2	1%	14	2%

The following tables compare the characteristics of youth accessing Aftercare in SFY 2015 from the State Training School with those of transitioning from a foster care placement. Similar, three-year trend data is reported on the foster care youth in Part I of this report.

Risk Factors: While the STS/detention population is similar to other young people who have aged out of foster care or other placement, there are some distinct differences when it comes to risky behaviors or risk factors (see table on next page).

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

By definition, almost all of the STS/detention intakes reported having been incarcerated in the previous two years, compared to 37.5% of other youth at intake. Among STS/detention youth, 11.11% reported involvement in gang activity in the past two years, compared to less than 5% of other youth at intake.

Similar proportions of the STS/detention intakes had been referred for or received a mental health assessment, counseling or therapy in the last year as youth from other placements, but they were significantly more likely to have been referred for or received an alcohol or substance abuse assessment or counseling in the last year than other Aftercare intakes.

Fewer than 10% of youth accessing Aftercare from the STS/detention reported having ever attempted suicide (compared to 28.52% of intakes from foster care placements); and even fewer had ever inflicted self-harm in other ways (compared to nearly a third of the foster care population at intake). Similar percentages of STS/Detention intakes reported being a parent, or having been homeless.

RISK FACTORS		
Percent responding "yes" they:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Have been referred for or received a mental health assessment, counseling or therapy in the last year	61.11%	62.11%
Have been referred for or received an alcohol or substance abuse assessment or counseling in the last year	51.85%	17.19%
Have ever attempted suicide	9.26%	28.52%
Have ever inflicted self-harm in other ways	3.7%	32.42%
Are a parent	12.96%	10.55%
Have been homeless in the past two years	18.52%	20.31%
Have been incarcerated or detained in the past two years	96.3%	37.50%
Involved in gang activity in the past two years	11.11%	4.69%
Have been hit, punched, shoved, or hurt by partner in the past two years	5.56%	11.72%

Education: As shown in the table below, almost 75% of young people accessing Aftercare from a placement at the STS or in detention have a high school credential, somewhat more than those exiting other foster care placements. Of these youth, just over half have earned a high school diploma, while 18.52% have an equivalency credential (either a GED or HiSED). A lower percentage overall of youth from foster care placements have completed high school at the time they access Aftercare, but they are more likely to have a traditional diploma (63.28%) than its equivalent (5.08%).

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

EDUCATION		
Highest education credential received:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
High School Diploma	53.7%	63.28%
H.S. Equivalency (GED or HiSET)	18.52%	5.08%
Vocational certificate or license	1.85%	0.39%
None of the Above	25.93%	31.25%

Employment and Earnings: Nearly two-thirds of youth exiting the STS/detention are unemployed and actively seeking work, compared to less than one-third of youth from other placements, and more than 80% report \$0 of monthly earned income when accessing Aftercare. With a juvenile record, these young adults have an additional barrier to employment. Only a small minority of these youth have established a bank account.

EMPLOYMENT		
Current employment status:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Employed (average 35+ hours per week)	11.11%	10.94%
Employed (average 25-34 hours per week)	1.25%	13.67%
Employed (less than 25 hours per week)	3.7%	21.09%
Unemployed, actively seeking employment	64.81%	28.91%
Unemployed, long-term disability	--	1.17%
Not in work force	14.81%	23.05%
Other	3.7%	1.17%
MONTHLY INCOME		
Gross monthly income w/out PAL:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
\$0	81.48%	53.13%
\$1 - \$799	9.26%	36.72%
\$800 - \$1,199	7.41%	7.03%
\$1,200 or more	1.85%	2.73%
BANKING and CREDIT		
Percent responding "yes" they have:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Checking or debit account	16.67%	52.3%
Savings account	22.22%	55.1%
Received their credit report	5.56%	8.2%

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Essential Documents: Similar percentages of Aftercare intakes of youth from the STS/detention and other foster care placements have their birth certificates, social security cards, and/or a state ID. However, very few (only 14.81%) youth exiting the STS/detention have a driver's license, suggesting that transportation will likely be a major challenge as they make the transition to adulthood.

ESSENTIAL DOCUMENTS		
Percent responding "yes" they have the following documents:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Birth certificate	79.63%	80.47%
Social Security Card	85.19%	85.55%
Driver's license	14.81%	45.31%
State ID or passport	66.67%	67.97%

Health Care: Not having immediate access to Medicaid (or other health insurance) emerged as a major challenge for young people exiting the State Training School during the first year of Aftercare services for this population. Just over one-third of youth accessing Aftercare from the STS/detention report having Medicaid (compared to nearly all of the youth transitioning from a foster care placement. Many youth are taking prescription medications while in placement, and leave the STS with a very limited supply of medication. Not being able to schedule appointments with physicians and not having insurance to help pay for medications can become a significant problem for many of these youth and barrier to a smooth transition.

HEALTH		
Percent responding "yes":	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Have a primary care physician	62.96%	69.92%
Have Medicaid	35.19%	94.92%
Had been prescribed medication for ongoing maintenance of physical or mental health within the last year	46.3%	60.16%
Had used tobacco in the last 30 days	46.3%	40.23%
Had used alcohol to intoxication in the last 30 days	12.96%	7.42%

Housing: Youth returning to their communities from the STS or detention are more likely to be living with their parents or other family members than youth who are transitioning from a foster care placement. They are less likely to be paying for housing or to even have a key to their current home. Forty percent of these youth expect to move within a month, but of those very few have a solid plan on where they will be moving.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

HOUSING		
Percent responding "yes" they:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Are paying for housing	40.74%	55.86%
Have name on a lease agreement	14.81%	22.66%
Have keys to my current home	33.33%	59.38%
Are moving next month	40.74%	37.50%
Are currently homeless	3.7%	5.08%
Living Arrangement – Percent living with:		
Alone (no other adults)	5.56%	12.89%
Parent(s) (biological or adoptive)	35.18%	14.06%
Other family	25.92%	19.14%
Former foster family	--	15.63%
Friends/roommates	12.96%	26.56%
Significant Other (boyfriend/girlfriend)	9.26%	8.2%
Other	11.11%	3.52%

Supportive Relationships: Having positive, adult relationships is a major protective factor for all youth and young adults. While more youth from the STS/detention report a family member is available to support them than their foster care peers; fewer report having positive relationships with non-family members in the community.

SUPPORTIVE RELATIONSHIPS		
Percent responding "yes" there is an:	STS/Detention Intakes (N=54)	Foster Care Intakes (N=256)
Adult family member who I will always be able to turn to for support...	90.74%	83.20%
Adult, non-family member, who I will always be able to turn to for support...	83.33%	92.97%

Conclusion

The Iowa Aftercare Services Network provides services and supports to some of the most vulnerable young people in our state – those who have been involved in the child welfare or juvenile justice system and have aged out around the age of 18. Successfully navigating the transition to adulthood can be challenging for all young people, but it is even more overwhelming for those who have limited, if any, family support and numerous other barriers to a secure and stable future.

Iowa Aftercare Services Network -- Annual Outcomes Report
July 1, 2014 through June 30, 2015

Over the last thirteen years, Iowa Aftercare Services have evolved to offer an effective model to address both the immediate needs and long-term goals and aspirations of the young adults it serves. Beyond simple case management, individually tailored Aftercare services provided by dedicated, caring Self-Sufficiency Advocates support these emerging adults by:

- Ensuring that their basic needs are met
- Providing social and emotional support and connections
- Working with them to establish goals and develop action plans; and
- Helping them develop the knowledge and skills necessary to become competent adults.

The efforts of the Aftercare Network pay-off in improved results among the participating youth. Many young people take advantage of this support until they are no longer eligible for services at age 21. Again in SFY 2015, outcomes among exiting youth show significant improvement in a variety of areas. Highlights include:

- The percentage of youth working at least 25 hours a week nearly doubled from 25.6% at intake to 48.1% at exit.
- The percentage of participants with \$400 or more in monthly earned income (before public assistance) increases from 29.5% at intake to 54.5% at exit.
- 86.5% of Aftercare participants had earned at least a high school diploma or its equivalent, compared to only 75% of the same youth at intake.
- At exit, all but 14.7% of participants are contributing toward their housing costs; compared to 37.2% who were not paying for housing at intake.
- More than 95% have retained their health care coverage under Medicaid or other insurance.

While the emerging adults who participate in Aftercare will continue to face challenges as they make their own way, the support they received while in Aftercare has positioned them for a more successful future.

About the Youth Policy Institute of Iowa: Founded in 2000, the Youth Policy Institute of Iowa (YPII) works to expand and improve the delivery of services and supports for Iowa youth by partnering with public and private entities throughout the state. YPII is involved in a wide range of initiatives, but specializes in policies and programs affecting youth transitioning from adolescence to adulthood, particularly those who have been involved in child welfare (foster care) or juvenile justice systems. See www.ypii.org for more information.

For Further Information:

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6200 Aurora Avenue, Suite 206E
Des Moines, IA 50322
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www.ypii.org and www.iowaaftercare.org

AMP YOUTH SURVEY RESULTS

November – December 2015

METHODOLOGY

AMP members are invited to complete the short, written survey during the course of a regular Council meeting. The surveys are collected and sent by Council facilitators to the YSS for data entry. A total of 164 surveys were returned in November and December 2015.

Surveys are intended to be anonymous and sent to YSS without review by the local Council facilitator, but facilitators do have access to the surveys in the normal course of administering it. Not being able to guarantee confidentiality may affect how some young people respond to the survey.

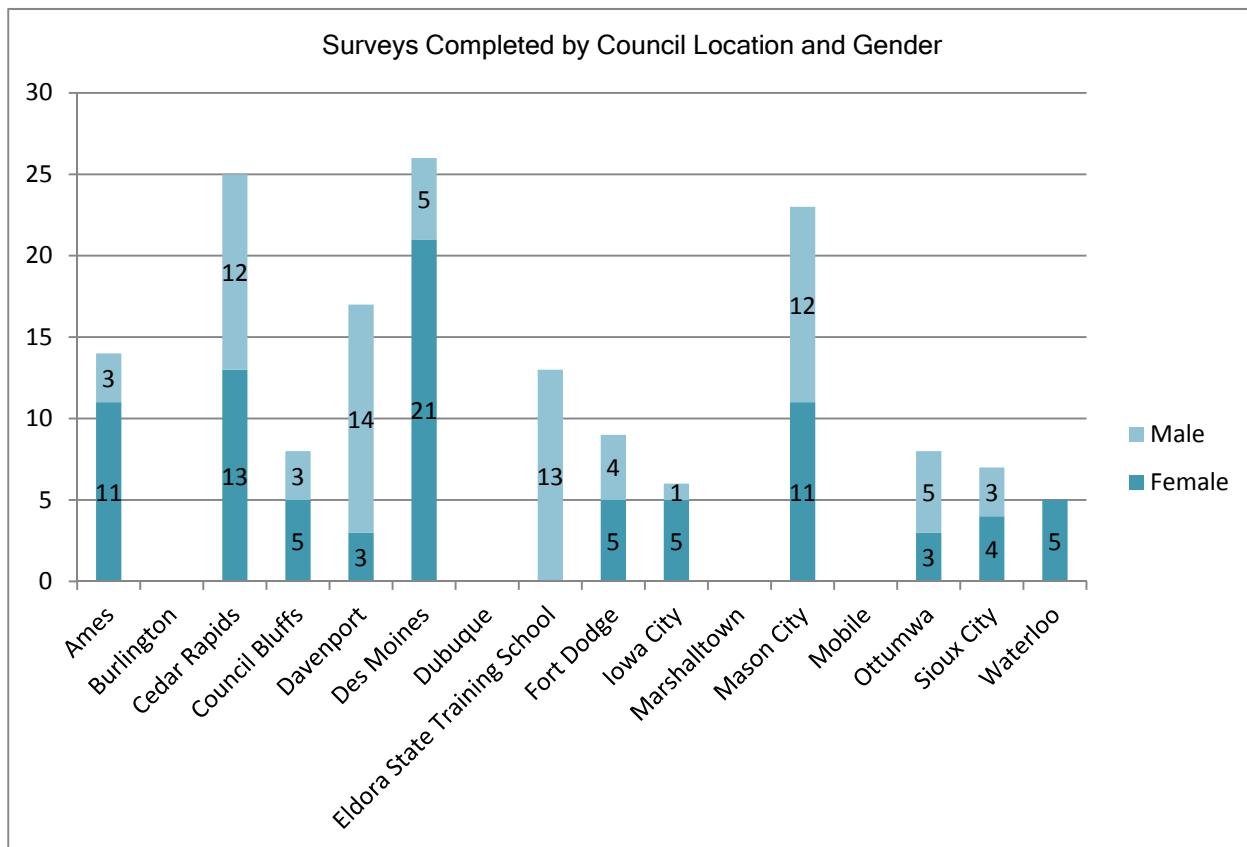
Completing the survey is voluntary and youth may skip some survey questions or choose not to participate at all. Because young people may join AMP at any time during the year, there are frequently youth attending meetings who are brand new to AMP or who have attended only a few AMP meetings or events when the survey is administered. In order to allow all youth the opportunity to complete a survey, but also take into account length of young people's involvement, the survey asks how long youth have been involved in AMP and includes an option of "this is only my first meeting."

For these reasons, caution should be used when drawing definitive conclusions from the survey and results should be considered in combination with other methods of assessing the quality and effectiveness of AMP.

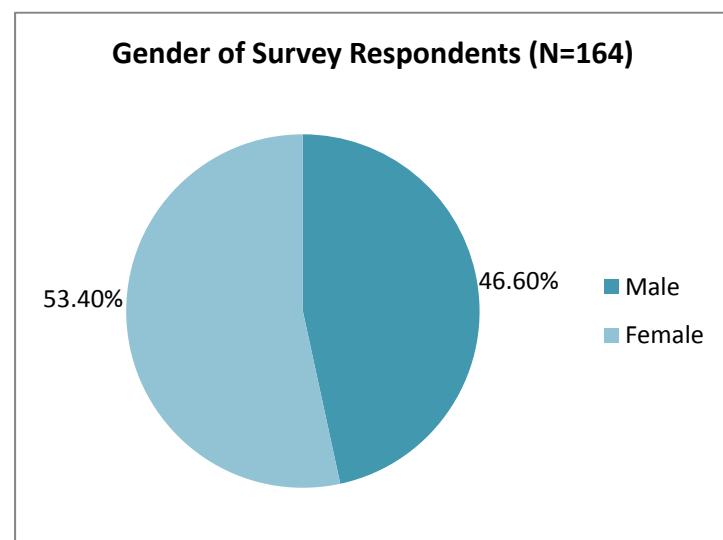
Part 1: November – December 2015 Survey Results

CHARACTERISTICS OF YOUTH

A total of 164 youth from twelve of the sixteen local AMP Councils completed surveys during November and December 2015. The number of surveys received from individual Councils ranged from 26 from the Des Moines Council to 5 from the Waterloo Council (see graph below).

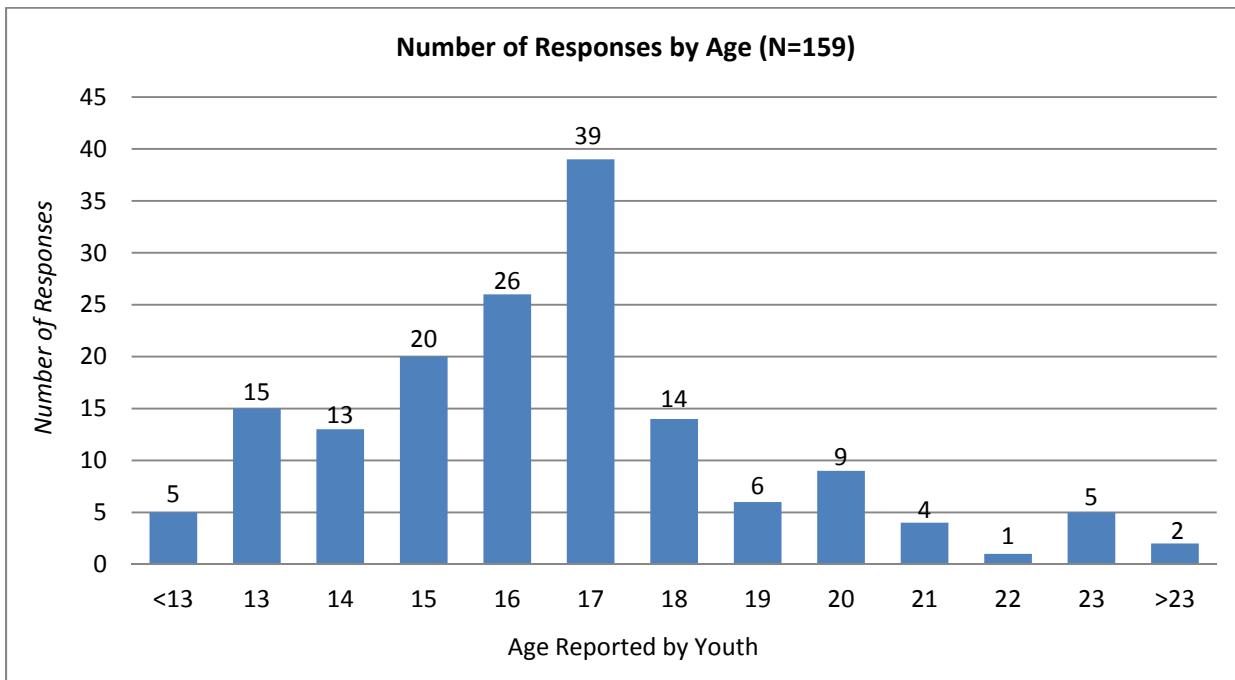


GENDER: Limited demographic information is requested from respondents, including gender, age, and how long youth have been involved in AMP. Both boys and girls participate in AMP relatively equally. Overall, in this survey administration, just over half of the respondents were female.



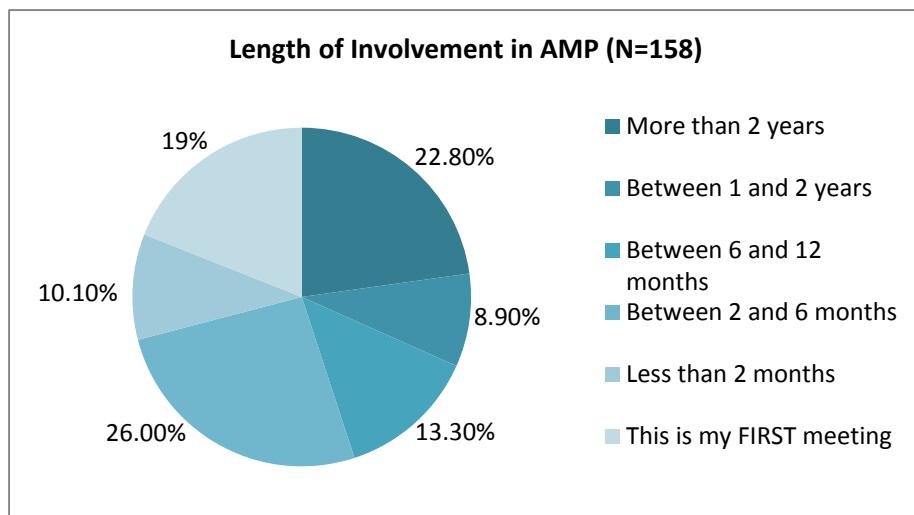
AMP Satisfaction Survey Results

AGE: AMP is intended for youth ages 13 and up who have been involved in foster care, adoption or other out-of-home placements. The ages reported by survey respondents ranged from **age 10 to 27**, although very few are outside the expected age range of 13 to 21. **39.6% of the respondents are ages 16 or 17**, which is 10% less to the last survey administration in April-May 2015.



DURATION OF INVOLVEMENT

INVOLVEMENT: Among the 158 survey respondents in November and December 2015 who reported their length of involvement in AMP, more than one-quarter reported being involved for one year or more. As in the past, the survey responses demonstrate that new members are welcome to join AMP at any time.



AMP Satisfaction Survey Results

YOUTH'S ASSESSMENT OF AMP

The survey invites youth to rate a variety of aspects of their local AMP Council meetings from Excellent (5) to Poor (1). The areas covered include logistical features of local meetings (e.g., location and frequency), activities and discussion topics, and the youth's overall experience as a member of AMP.

As in past surveys, youth rate all aspects of their local Council quite high, with the vast majority giving each area an "excellent" or "very good" rating, including 79.8% who assessed their overall experience in AMP at that level.

The rating question includes two issues tied to contract performance measures – the AMP leader's understanding of the foster care system; and opportunities to learn about supports and services available to you. In both cases, 79% of youth rated those aspects of AMP as Excellent or Very Good.

	Average Rating	5 Excellent	4 Very Good	3 Average	2 Fair	1 Poor
Location and time of meetings	4.25	84	41	34	3	1
Frequency and length of meetings	4.17	72	57	28	2	4
Amount of youth involvement in making decisions in AMP	4.20	73	48	37	2	0
AMP leader's understanding of the foster care system*	4.23	90	38	27	5	2
Relationship between AMP members and adult leaders	4.27	86	41	27	6	1
Opportunities to learn about supports and services available to you*	4.25	78	51	30	4	0
Topics discussed at AMP meetings	4.28	81	45	34	1	0
Activities during AMP meetings	4.29	90	35	34	4	0
Leadership opportunities for youth in AMP	4.26	79	45	34	2	0
Your overall experience as a member of AMP	4.31	89	41	28	4	1

*DHS Contract Performance Measure

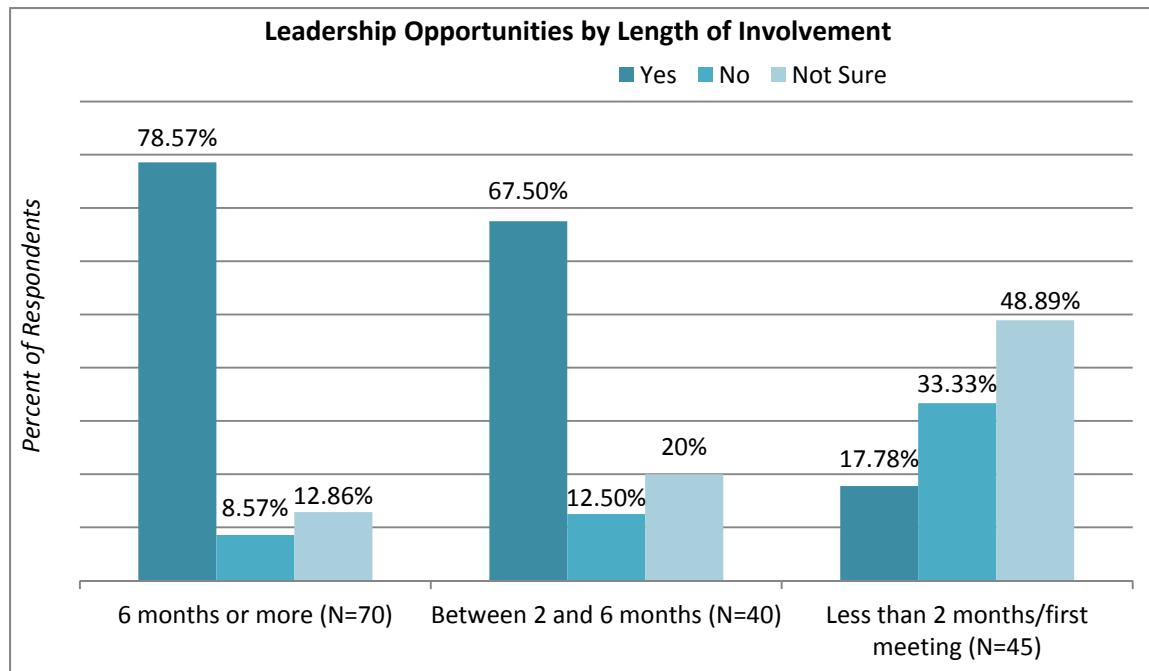
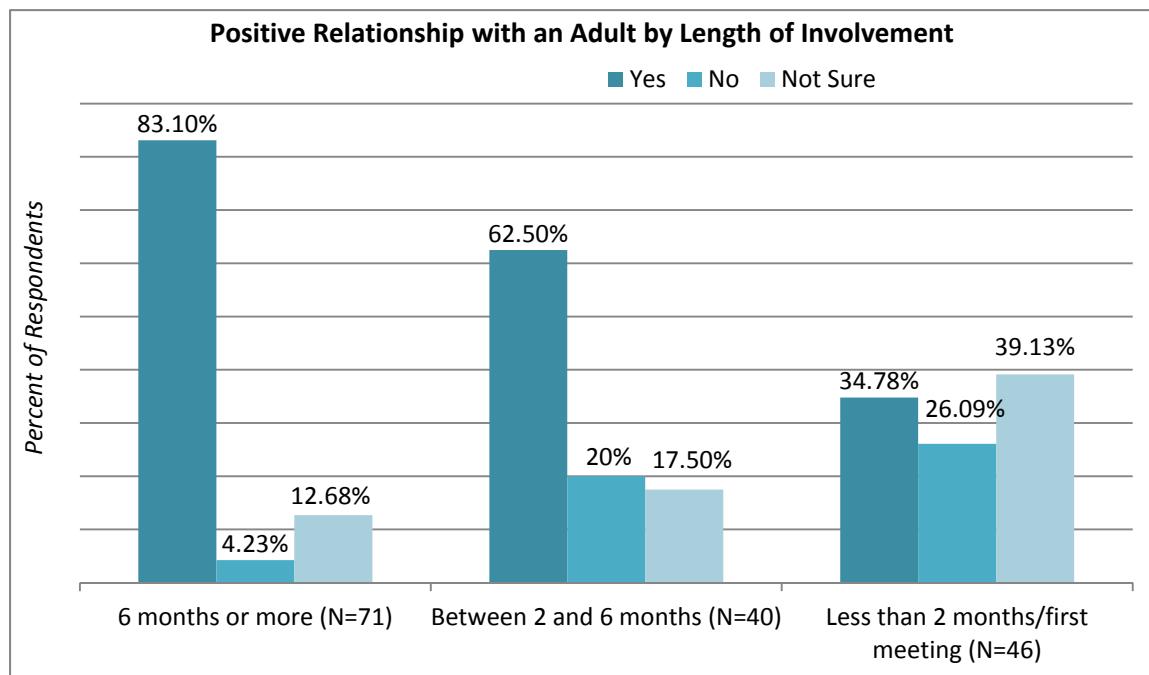
ADDITIONAL PERFORMANCE MEASURES

The survey also includes two separate questions related to the youth having a positive relationship with an adult through AMP and opportunities for leadership, in order to provide data for two other contract performance measures. The exact questions and response percentages are shown in the table below.

AMP Satisfaction Survey Results

	YES	NO	Not Sure
Do you have at least one significant, positive relationship with an adult through AMP?	63.0%	15.4%	21.6%
In the past year, has AMP given you at least one experience where you practiced leadership?	58.1%	17.5%	24.4%

Youth who have been involved in AMP longer are much more likely to respond affirmatively to both of these performance measure questions. For example, among youth involved for six months or more, 83% reported that they have a positive relationship with an adult through AMP; and 79% report that they have had leadership opportunities.

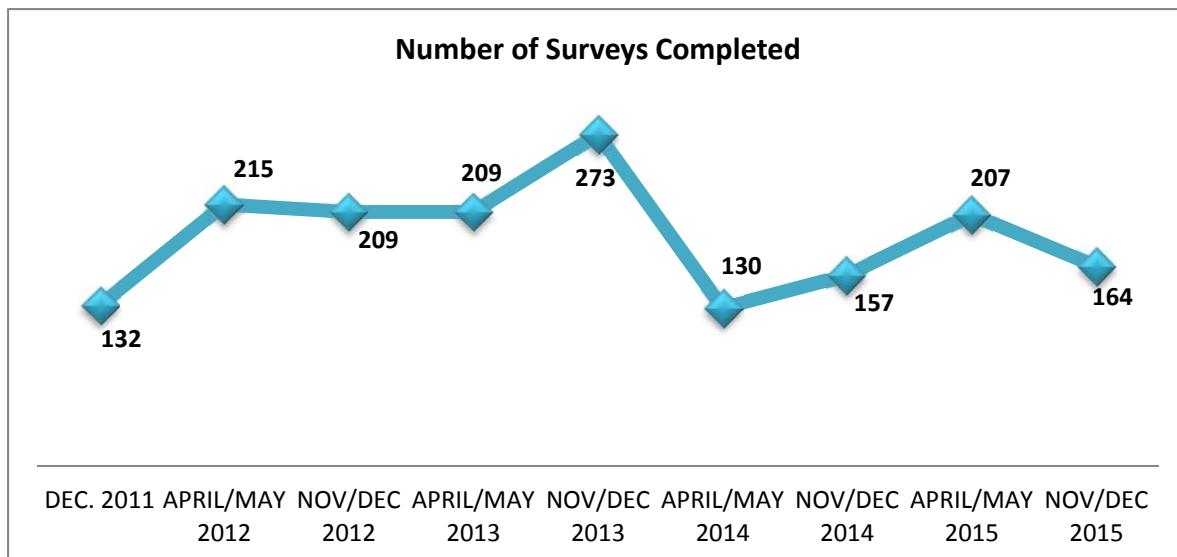
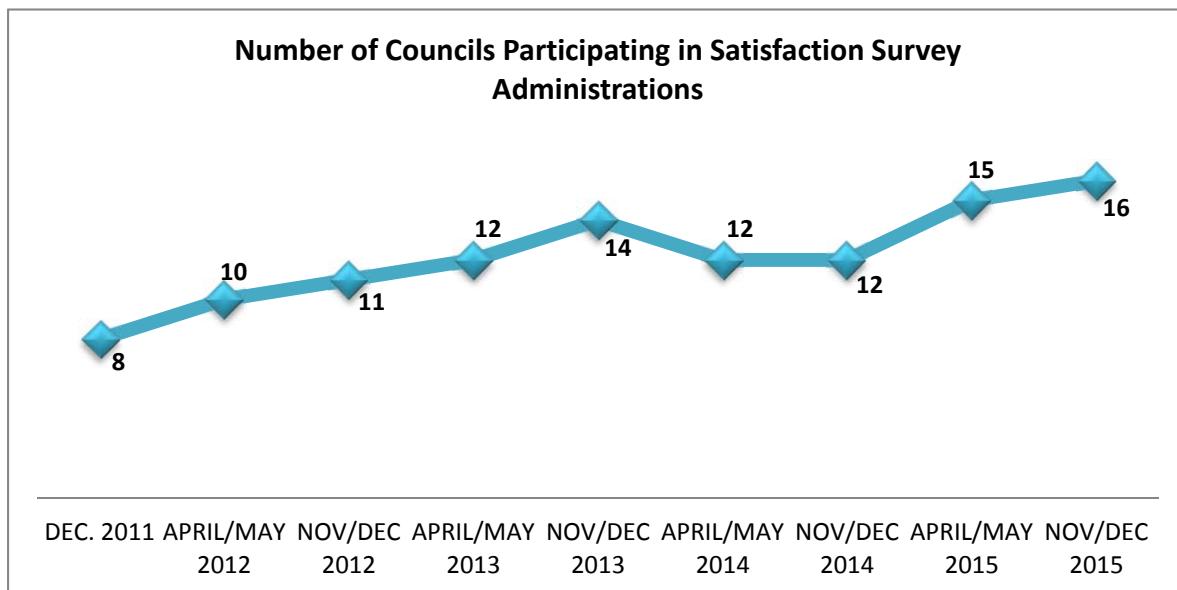


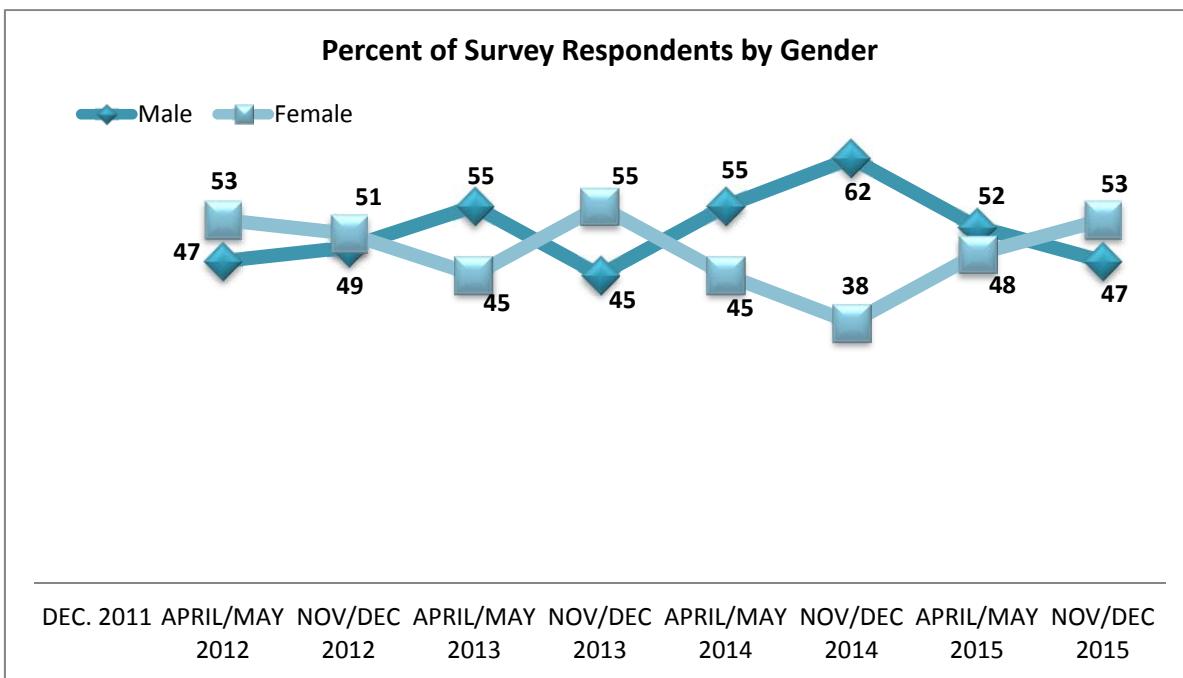
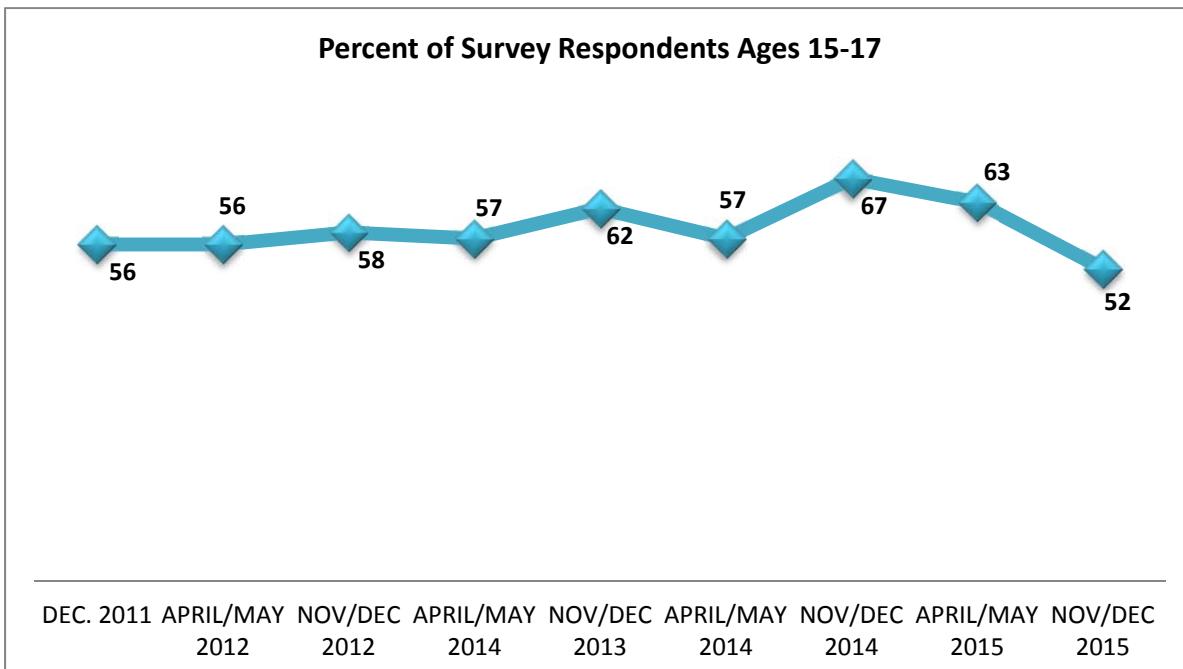
AMP Satisfaction Survey Results

OPEN-ENDED QUESTIONS

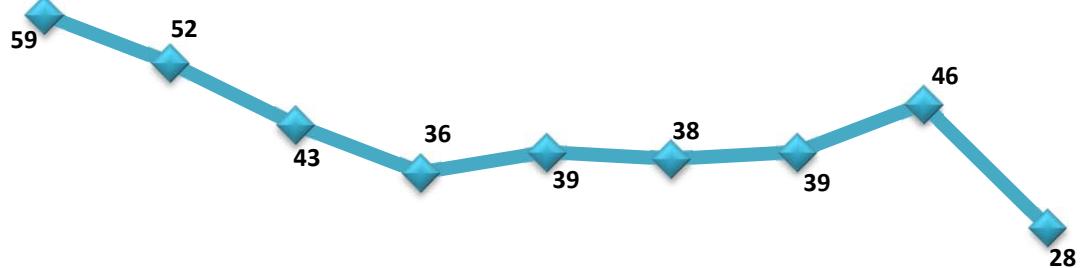
Finally, the survey gave youth the opportunity to respond to two open-ended questions. At the request of the AMP state coordinator, the questions in this administration were: “*What have you learned in AMP you can share with another youth in the system?*” and “*What information can AMP provide to help you reach your dreams?*” In response, many youth provided positive feedback about their experience in AMP. Getting information about resources available after foster care was a common theme about how to help them reach their dreams. Complete responses to the open ended questions are shared with the AMP state coordinator.

Part 2: Four-Year Trends

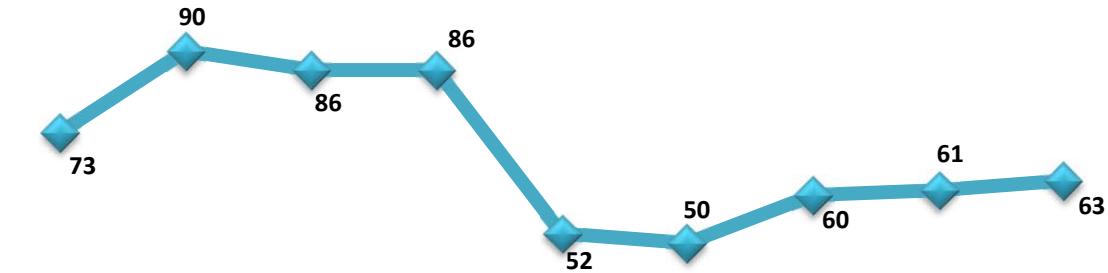




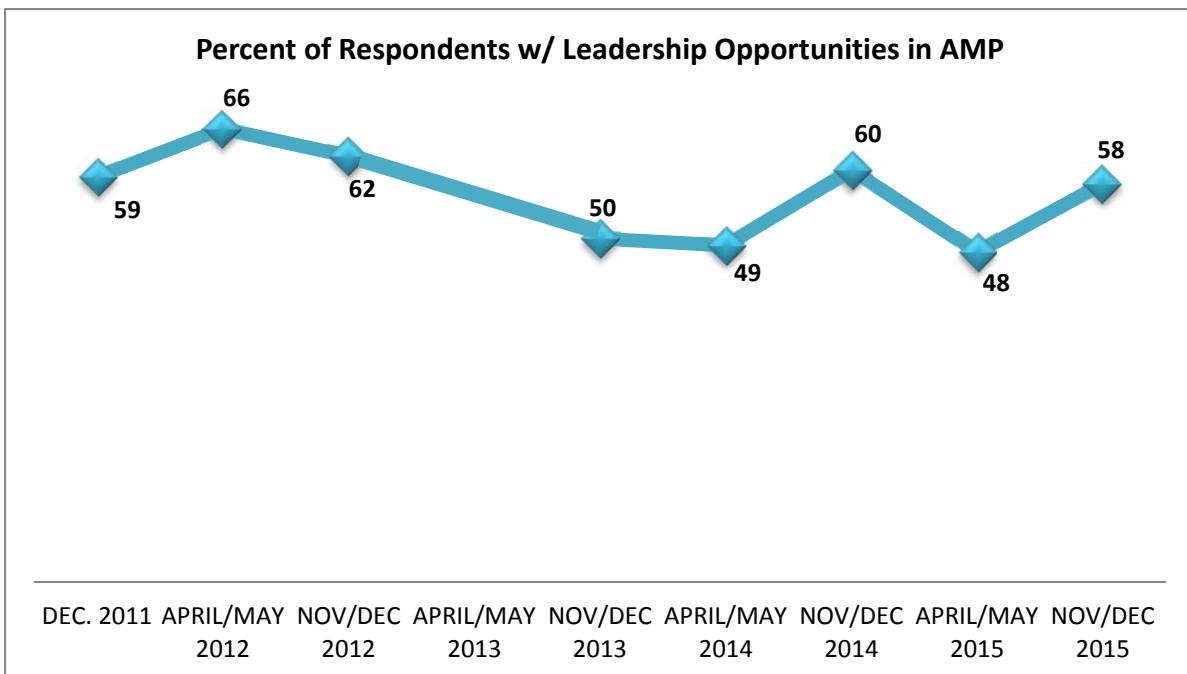
Percent of Respondents involved in AMP for 6 months or more



Percent of Respondents w/ Positive Adult Relationship in AMP



DEC. 2011 APRIL/MAY NOV/DEC APRIL/MAY NOV/DEC APRIL/MAY NOV/DEC APRIL/MAY NOV/DEC
2012 2012 2013 2013 2014 2014 2015 2015



Iowa
Parent
Partner
Quarterly
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2016

January 2016
through March
2016



Iowa Parent Partner Quarterly Report

January 2016-March 2016

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 **299** parents between January 1st, 2016 and March 31st, 2016. 246 (82.3%) identify as Caucasian, 26 (8.7%) identify as African American, 2 (.7%) identify as American Indian or Alaskan Native, and 1 (.3%) identify as Asian. The remaining parents identify as multiracial or other. As of March 31st, 2016, **961** intakes are open in the Online Parent Partner Database.

New Intakes by Service Area: January 1st, 2016 – March 31st, 2016

Service Area	Number of New Intakes
Des Moines	110 (36.8%)
Cedar Rapids	71 (23.7%)
Western	68 (22.7%)
Northern	39 (13.0%)
Eastern	11 (3.7%)

260 cases closed between January 1st, 2016 and March 31st, 2016. 214 (82.3%) identify as Caucasian, 25 (9.6%) identify as African American, 6 (2.3%) identify as American Indian or Alaskan Native, and 2 (.8%) identify as Asian. The remaining parents identify as multiracial or other.

Closed Cases by Service Area: October 1st, 2015 – December 31st, 2015

Service Area	Number of Closed Cases
Des Moines	77 (29.6%)
Cedar Rapids	57 (21.9%)
Western	37 (14.2%)
Northern	48 (18.5%)
Eastern	41 (15.8%)

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 **245.8 days** for cases that closed between January 1st, 2016 and March 31st, 2016. The median time between the date the intake was created and the date the case was closed was **212.5 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	276.5	239.0
Cedar Rapids	238.4	205.0
Western	292.7	269.0
Northern	237.1	224.5
Eastern	166.8	140.0
Statewide	245.8	212.5

Family Self-Assessments

Entry Self-Assessments

310 family entry self-assessments were entered in the Online Parent Partner Database between January 1st, 2016 and March 31st, 2016. The average and median self-assessment for entry assessments is shown in the table below. Parents rated themselves the highest at entry on their ability to effectively manage their situation to keep their child(ren) safe, their ability to find community resources to keep children safe, that they have others who will support positive choices and changes they make, and their ability to talk reasonably and honestly with others about their situation and problems. Parents rated themselves the lowest at entry on their comfort when talking with their DHS worker or other service providers.

Family Self-Assessment				
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Entry Assessment		
		Average	Median	N
1	I am able to find community resources to keep children safe.	4.3	5.0	310
2	I am able to complete the steps necessary to get the community resources I need.	4.2	4.5	310
3	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	4.4	5.0	310
4	I am able to make the appropriate decisions for myself and family.	4.2	4.0	310
5	I have others who will listen when I need to talk about my problems.	4.0	4.0	309
6	I have others who will support positive choices and changes I make.	4.3	5.0	309
7	I talk reasonably and honestly with others about my situation and problems.	4.3	5.0	309
8	If there is a crisis in my life I have someone I can talk to.	4.1	4.0	309
9	I am able to effectively speak up for myself and family to DHS and other service providers.	4.1	4.0	309
10	I am able to listen to DHS and other service providers and understand their concerns with my situation.	4.1	4.0	310
11	I feel comfortable when talking with my DHS worker or other service providers.	3.8	4.0	310

Retrospective and Exit Self-Assessments

102 parents completed a family self-assessment upon exiting the Parent Partner program between January 1st, 2016 and March 31st, 2016. This represents **only 39%** of the cases that were closed in this time period. To show a complete picture of families who complete the Parent Partner program, it is important that as many families as possible complete the self-assessments as possible. Better response rates will make sure all families are represented in the data included in this report. In addition, a large number of assessments had missing data or “don’t know” responses indicated. An effort to decrease the amount of missing data will improve the quality of the data in this report.

The average self-assessment for entry, retrospective, and exit ratings for these parents is depicted below. Parents with missing data or who responded “I do not know” were removed from analyses. Parents rated themselves highest at both exit and retrospectively on their ability to find community resources to keep children safe, their ability to make appropriate decisions for themselves and their family, and they have someone to talk to if they have a crisis in their life; parents rated themselves lowest on their comfort when talking with their DHS worker or other service providers.

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	100	3.1	57	4.7	69
2	I am able to complete the steps necessary to get the community resources I need.	4.3	100	2.8	57	4.6	69
3	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	4.4	100	3.1	57	4.6	69
4	I am able to make the appropriate decisions for myself and family.	4.2	100	3.0	57	4.7	69
5	I have others who will listen when I need to talk about my problems.	4.0	100	2.7	57	4.5	69
6	I have others who will support positive choices and changes I make.	4.2	100	3.0	57	4.6	69
7	I talk reasonably and honestly with others about my situation and problems.	4.1	100	3.0	57	4.6	69
8	If there is a crisis in my life I have someone I can talk to.	4.1	99	3.1	57	4.7	69
9	I am able to effectively speak up for myself and family to DHS and other service providers.	4.2	100	2.8	57	4.6	69
10	I am able to listen to DHS and other service providers and understand their concerns with my situation.	4.1	100	2.9	57	4.6	69
11	I feel comfortable when talking with my DHS worker or other service providers.	3.7	100	2.6	55	4.5	69

Retro and Exit Comparisons

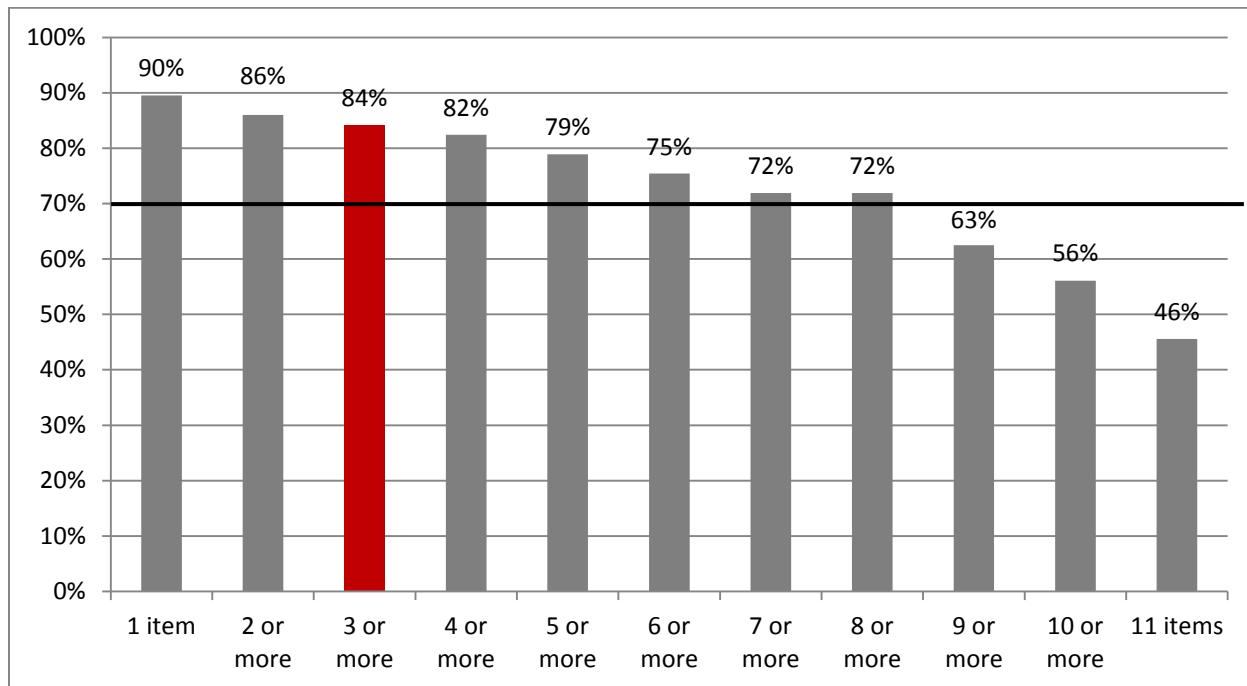
Family self-assessment scores from retrospective to exit are compared in the table below. Only self-assessments that had data for both a retrospective and an exit rating for the measure are included in each analysis; if the data is missing or the parent selected “I don’t know,” the data is not included. 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.	3.1	4.6	57
2*	I am able to complete the steps necessary to get the community resources I need.	2.8	4.6	57
3*	I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.	3.1	4.5	57
4*	I am able to make the appropriate decisions for myself and family.	3.0	4.6	57
5*	I have others who will listen when I need to talk about my problems.	2.7	4.5	57
6*	I have others who will support positive choices and changes I make.	3.0	4.6	57
7*	I talk reasonably and honestly with others about my situation and problems.	3.0	4.6	57
8*	If there is a crisis in my life I have someone I can talk to.	3.1	4.7	57
9*	I am able to effectively speak up for myself and family to DHS and other service providers.	2.8	4.5	57
10*	I am able to listen to DHS and other service providers and understand their concerns with my situation.	2.9	4.5	57
11*	I feel comfortable when talking with my DHS worker or other service providers.	2.6	4.4	55

Percentage of Families with At Least 1-point Increase from Retro to Exit on At Least Three Measures

57 parents completed both an exit self-assessment and a retrospective self-assessment between January 1st, 2016 and March 31st, 2016. This represents **only 21.9%** of the families with a closed intake during this time period. These results must be interpreted with caution due to the low response rate. 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. **48** (84.2%) parents met this performance measure.

Percent of Families with At Least a One-Point Increase on Self-Assessment Items



Family Feedback: Fidelity and Family Outcomes

Parent Partners entered data for 110 Family Feedback forms for families exiting the Parent Partner program between January 1st, 2016 and March 31st, 2016. This represents **only 42.3%** of closed cases during that time period. In addition, a large number of feedback forms included missing data or “don’t know” responses. Efforts should be made to decrease the amount of missing data to provide an adequate picture of the families who are completing the Parent Partner program. Parents with missing data or who responded “I don’t know” are excluded from the following analyses. Parents report that their Parent Partner always is encouraging to them (85.7%), always supports them at gatherings (85.5%), and always coaches them on what to expect in the process (84.3%).

Family Feedback: Fidelity Checklist							
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	Avg.
1	My parent partner encouraged me to fulfill my case plan activities.	0 (0%)	0 (0%)	0 (0%)	13 (18.6%)	57 (81.4%)	4.8
2	My parent partner had regular face to face visits with me.	0 (0%)	0 (0%)	1 (1.4%)	16 (22.9%)	53 (75.7%)	4.7
3	My parent partner had other communication and contact with me.	0 (0%)	0 (0%)	2 (2.9%)	15 (21.4%)	53 (75.7%)	4.7
4	My parent partner advocated for me for needed resources.	0 (0%)	0 (0%)	0 (0%)	16 (22.9%)	54 (77.1%)	4.8
5	My parent partner was encouraging to me and my family.	0 (0%)	0 (0%)	0 (0%)	10 (14.3%)	60 (85.7%)	4.9
6	My parent partner connected me with Community Resources.	0 (0%)	0 (0%)	2 (2.9%)	15 (21.7%)	52 (75.4%)	4.7
7	My parent partner helped me connect with the community.	0 (0%)	0 (0%)	4 (5.9%)	16 (23.5%)	48 (70.6%)	4.7
8	My parent partner coached me on communication strategies.	0 (0%)	0 (0%)	3 (4.3%)	17 (24.6%)	49 (71.0%)	4.7
9	My parent partner supported me at FTM, court, treatment, and other gatherings.	0 (0%)	0 (0%)	1 (1.4%)	9 (13.0%)	59 (85.5%)	4.8
10	My parent partner coached me on what to expect throughout this process.	0 (0%)	0 (0%)	0 (0%)	11 (15.7%)	59 (84.3%)	4.8
Total (out of a possible score of 50)						47.6	68

Parents reported the most significant improvement on their willingness to make changes (69.6%), their level of personal responsibility and accountability (65.2%), and their knowledge of what needs to be done for custody of their children (63.8%).

Family Feedback: Family Outcomes							
	Statement Rated on a scale of 1 (<i>decreased</i>) to 4 (<i>significant improvement</i>)	Decreased (1)	Remained the Same (2)	Some Improvement (3)	Significant improvement (4)	Average	Number
1	Please rate your relationship with people who are able to connect you with resources.	2 (2.9%)	9 (13.0%)	26 (37.7%)	32 (46.4%)	3.3	69
2	Please rate your relationship with people who support your positive changes.	1 (1.5%)	9 (13.2%)	27 (39.7%)	31 (45.6%)	3.3	68
3	Please rate your level of communication with your DHS worker.	2 (2.9%)	15 (21.7%)	24 (34.8%)	28 (40.6%)	3.1	69
4	Please rate your level of communication with your attorney(s).	1 (1.5%)	9 (13.2%)	31 (45.6%)	27 (39.7%)	3.2	68
5	Please rate your ability to advocate appropriately for yourself and your family.	1 (1.4%)	7 (10.1%)	18 (26.1%)	43 (62.3%)	3.5	69
6	Please rate your knowledge of what needs to be done for custody of your children.	0 (0%)	4 (5.8%)	21 (30.4%)	44 (63.8%)	3.6	69
7	Please rate your ability to get to appointments on time.	1 (1.4%)	11 (15.9%)	21 (30.4%)	36 (52.2%)	3.3	69
8	Please rate your ability to find community resources for your family.	0 (0%)	9 (13.0%)	23 (33.3%)	37 (53.6%)	3.4	69
9	Please rate your knowledge of who to contact with needs or concerns regarding your case.	0 (0%)	7 (10.1%)	22 (31.9%)	40 (58.0%)	3.5	69
10	Please rate your level of personal responsibility and accountability for your actions.	1 (1.4%)	4 (5.8%)	19 (27.5%)	45 (65.2%)	3.6	69
11	Please rate your willingness to make changes.	3 (4.3%)	3 (4.3%)	15 (21.7%)	48 (69.6%)	3.6	69
	Total (out of a possible score of 44)					37.4	67

Parent Partner: Fidelity and Family Outcomes

Parent Partners completed 222 fidelity checklists between January 1st, 2016 and March 31st, 2016. 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 were encouraging to the family (65.9%) and encouraged the family to fulfill their case plain activities (64.3%).

Parent Partner: Fidelity Checklist							
Statement Rated on a scale of 1 (<i>never</i>) to 5 (<i>always</i>)		Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)	Average
1	I encouraged the family to fulfill their case plan activities.	0 (0%)	2 (1.2%)	12 (7.0%)	47 (27.5%)	110 (64.3%)	4.6
2	I had regular face to face visits with the family.	1 (.6%)	11 (6.5%)	29 (17.1%)	52 (30.6%)	77 (45.3%)	4.1
3	I had other communication and contact with the family.	0 (0%)	7 (4.1%)	24 (14.1%)	63 (37.1%)	76 (44.7%)	4.2
4	I advocated for the family for needed resources.	2 (1.2%)	6 (3.6%)	25 (14.8%)	51 (30.2%)	85 (50.3%)	4.3
5	I was encouraging to the family.	0 (0%)	3 (1.8%)	12 (7.1%)	43 (25.3%)	112 (65.9%)	4.6
6	I connected the family with Community Resources.	4 (2.4%)	8 (4.8%)	33 (19.9%)	59 (35.5%)	62 (37.3%)	4.0
7	I helped the family connect with the community.	2 (1.2%)	9 (5.5%)	39 (23.6%)	55 (33.3%)	60 (36.4%)	4.0
8	I coached the family on communication strategies.	2 (1.2%)	5 (3.0%)	24 (14.3%)	49 (29.2%)	88 (52.4%)	4.3
9	I supported the family at FTM, court, treatment, and other gatherings.	3 (1.8%)	8 (4.7%)	16 (9.5%)	39 (23.1%)	103 (60.9%)	4.4
10	I coached the family on what to expect throughout this process.	2 (1.2%)	2 (1.2%)	15 (8.9%)	47 (27.8%)	103 (60.9%)	4.5
Total (out of a possible score of 50)						43.0	160

Parent Partners perceived the most significant improvement in parents' knowledge of who to contact with needs or concerns (37.8%) and knowledge of what needs to be done for custody of their children (36.8%).

Parent Partner: Family Outcomes							
Statement Rated on a scale of 1 (<i>decreased</i>) to 4 (<i>significant improvement</i>)		Decreased (1)	Remained the Same (2)	Some Improvement (3)	Significant Improvement (4)	Average	Number
1	Relationship with people who are able to connect them with resources.	11 (7.1%)	34 (21.8%)	65 (41.7%)	46 (29.5%)	2.9	156
2	Relationship with people who support their positive changes.	8 (5.2%)	41 (26.5%)	59 (38.3%)	46 (29.9%)	2.9	154
3	Level of communication with their DHS worker.	12 (7.8%)	42 (27.3%)	52 (33.8%)	48 (31.2%)	2.9	154
4	Level of communication with their attorney(s).	7 (4.8%)	36 (24.7%)	56 (38.4%)	47 (32.2%)	3.0	146
5	Ability to advocate appropriately for themselves and family.	13 (8.2%)	32 (20.3%)	58 (36.7%)	55 (34.8%)	3.0	155
6	Knowledge of what needs to be done for custody of their children.	11 (7.1%)	37 (23.9%)	50 (32.3%)	57 (36.8%)	3.0	156
7	Ability to get to appointments on time.	9 (5.8%)	49 (31.4%)	44 (28.2%)	54 (34.6%)	2.9	156
8	Ability to find community resources for their family.	6 (3.9%)	41 (27.0%)	51 (33.6%)	54 (35.5%)	3.0	152
9	Knowledge of who to contact with needs or concerns regarding their case.	3 (1.9%)	41 (26.3%)	53 (34.0%)	59 (37.8%)	3.1	156
10	Level of personal responsibility and accountability for their actions.	15 (9.6%)	45 (28.7%)	42 (26.8%)	55 (35.0%)	2.9	157
11	Willingness to make changes.	14 (9.0%)	37 (23.7%)	49 (31.4%)	56 (35.9%)	2.9	156
Total (out of a possible score of 44)						33.1	136

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 6 of 10 checklist items. Parents reported more other forms of communication, advocating for needed resources, connecting with Community Resources, helping connect with the community, coaching on communication strategies, and coaching on what to expect throughout the process. Items with an asterisk (*) 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.	4.8	4.7	61
2	Regular face to face visits.	4.7	4.6	61
3*	Other communication and contact.	4.7	4.4	61
4*	Advocated for needed resources.	4.8	4.4	60
5	Encouraging	4.9	4.8	61
6*	Connected with Community Resources.	4.8	4.2	59
7*	Helped connect with the community.	4.7	4.1	58
8*	Coached on communication strategies.	4.7	4.4	60
9	Supported at FTM, court, treatment, and other gatherings.	4.9	4.8	59
10*	Coached on what to expect throughout this process.	4.8	4.6	61
Total (out of a possible score of 50)*		47.7	44.8	58

Parents reported greater improvement than did Parent Partners on 1 out of 11 Family Outcome measures. Families perceive more improvement on their knowledge of what needs to be done for custody of their children. Families and Parent Partner perceive similar levels of improvement on the other 10 items. Items with an asterisk in the table below are statistically significant.

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	Relationship with people who are able to connect with resources.	3.3	3.3	58
2	Relationship with people who support positive changes.	3.3	3.4	54
3	Level of communication with DHS worker.	3.1	3.2	57
4	Level of communication with attorney(s).	3.3	3.2	54
5	Ability to advocate appropriately.	3.5	3.4	58
6*	Knowledge of what needs to be done for custody of children.	3.6	3.4	57
7	Ability to get to appointments on time.	3.3	3.2	58
8	Ability to find community resources.	3.4	3.4	56
9	Knowledge of who to contact with needs or concerns regarding the case.	3.5	3.4	58
10	Level of personal responsibility and accountability.	3.6	3.4	58
11	Willingness to make changes.	3.6	3.4	57
	Total (out of a possible score of 44)	37.4	37.0	49

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	.42*
	Parent report of Fidelity Checklist	.43*
	Parent report of Family Outcomes	.06
Parent Partner report of Family Outcomes	Parent report of Fidelity Checklist	.20
	Parent report of Family Outcomes	.46*
Parent report of Fidelity Checklist	Parent report of Family Outcomes	.47*

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.
- With increasing Parent Partner perceptions of fidelity to the Parent Partner model, there is also increasing parent perceptions of fidelity to the parent Partner model. This means Parent Partners and parents perceive similar levels of fidelity to the model.
- There is no relationship between Parent Partner reports of fidelity and parent reports of improvement on family outcomes.
- There is no relationship between parent perceptions of fidelity to the Parent Partner model and Parent Partner report of family outcomes.
- 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 parent perceptions of fidelity to the Parent Partner model, there is more improvement on the family outcomes from the parents' perspective.

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, 2016

**Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Foster and Adoptive Parent Diligent Recruitment
Plan**

State of Iowa
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PROGRESS AND ACCOMPLISHMENTS

A stakeholder group comprised staff from DHS, Iowa KidsNet, the Iowa Foster and Adoptive Parent Association, and foster and adoptive families met to discuss the strengths, weaknesses, opportunities and threats of the recruitment and retention system. The group identified key areas of focus:

- Improving communication between DHS, providers and foster families
- DHS, provider, and foster parent training on cultural responsiveness and better understanding of DHS, provider and foster/adoptive parent roles.
- Culturally diverse recruitment, especially LGBTQ affirming families and non-white families
- Understanding and using data
- Building and improving partnerships

DHS is also holding stakeholder meetings to obtain input into the upcoming re-procurement of the Recruitment and Retention contract and other child welfare contracts. Foster and adoptive family input will be obtained through focus groups or individual structured interviews. Youth and family input is also being sought through holding focus groups. The input from the stakeholder groups and focus groups will be used by DHS to structure the upcoming Request for Proposals (RFP) to improve outcomes for children in family foster care.

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 withdraw or no longer remain licensed.

The below tables illustrate the achievement, as of the end of SFY 2015 Quarter 3.

Table 1: SFY 2015 Baseline, Target, and Achievement for Number of All Licensed Foster Families

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

Table 2: SFY 2015, Baseline, Target, and Achievement for Number of Licensed Non-white Foster Families Only

Service Area	Baseline	FY 2015 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, five Native American families became licensed in Woodbury County.

Except for the addition of this section and minor editing, there are no substantive 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 include:
 - Providing orientation sessions for interested families;
 - Providing pre-service training, 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 support 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 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 the 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 are established to improve practice around safety and stability. Performance measure targets are 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.

DHS staff and the contractor's leadership review quarterly progress towards achieving the identified targeted goals. 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 entered or exited a foster home each week. DHS staff provide to Iowa KidsNet at the end of each fiscal year the age, race, and ethnicity data regarding children in family foster care and race and ethnicity data on foster families. 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 Recruitment and Retention contract will change significantly in the next procurement based on two key decisions. The first is that the recruitment and retention contract and the support services and training contracts will merge into one contract. The second is that the contract will be based on geographic locations with each service area having at least one contractor. Due to these changes in how the contract will be executed in the next state fiscal year, new initiatives and changes in strategies will be minimal. However, input from the stakeholder groups and guidance from the Diligent Recruitment Navigator will be relied on as resources for the upcoming procurement.

The tables below provide the most recent data regarding age, race and ethnicity for children in family foster care:

Table 1: Children in Licensed Foster Family Care as of 3-31-16 by Service Area, County, and Age Group											
Service Area	County Size	# of Counties	0 to 5	%	6 to 11	%	12 to 15	%	16+	%	Total
Western	Rural	14	36	18%	24	20%	10	17%	11	18%	81
	Small	14	56	29%	41	34%	21	36%	19	32%	137
	Metro	2	104	53%	57	47%	27	47%	30	50%	218
	All Counties	30	196		122		58		60		436
Northern	Rural	15	31	24%	19	23%	15	27%	16	25%	81
	Small	11	76	58%	44	54%	29	52%	35	55%	184
	Metro	1	24	18%	19	23%	12	21%	13	20%	68
	All Counties	27	131		82		56		64		333
Eastern	Rural	2	3	2%	1	2%	0	0%	0	0%	4
	Small	6	79	50%	30	50%	22	46%	5	24%	136
	Metro	2	77	48%	29	48%	26	54%	16	76%	148
	All Counties	10	159		60		48		21		288
Cedar Rapids	Rural	6	5	3%	13	25%	4	5%	6	12%	28
	Small	9	51	29%	37	37%	25	34%	21	40%	134
	Metro	2	120	68%	51	50%	45	61%	25	48%	241
	All Counties	17	176		101		74		52		403
Des Moines	Rural	7	6	3%	4	3%	5	8%	6	13%	21
	Small	6	39	20%	22	17%	10	15%	12	25%	83
	Metro	2	149	77%	104	80%	51	77%	30	63%	334
	All Counties	15	194		130		66		48		438
Total	Rural	45	81	9%	61	12%	34	11%	39	16%	215
	Small	46	301	35%	174	35%	107	35%	92	38%	674
	Metro	8	474	55%	260	53%	161	53%	114	47%	1009
	All Counties		856		495		302		245		1898

Table 2: Children in Licensed Family Foster Care as of 3-31-16 by Service Area, County Size and Race

Service Area	County Size	# of Counties	American Indian / Alaskan Native	%	Asian	%	African American	%	Native Hawaiian / Pacific Islander	%	White	%	Multi-race	%	Unable to determine	%	Total
Western	Rural	14	0	0%	0	0%	8	22%	0	0%	66	21%	2	7%	5	23%	
	Small	14	5	14%	1	20%	16	43%	0	0%	104	34%	3	11%	8	36%	
	Metro	2	30	86%	4	80%	13	35%	2	100%	138	45%	22	81%	9	41%	
	All Counties	30	35		5		37		2		308		27		22		436
Northern	Rural	15	0	0%	0	0%	3	7%	0	0%	76	29%	0	0%	2	11%	
	Small	11	1	100%	1	100%	14	34%	0	0%	148	57%	9	82%	11	61%	
	Metro	1	0	0%	0	0%	24	59%	1	100%	36	14%	2	18%	5	28%	
	All Counties	27	1		1		41		1		260		11		18		333
Eastern	Rural	2	0	0%	0	0%	0	0%	0	0%	4	2%	0	0%	0	0%	
	Small	6	0	0%	0	0%	12	24%	1	100%	109	53%	7	33%	7	78%	
	Metro	2	0	0%	2	100%	38	76%	0	0%	92	45%	14	67%	2	22%	
	All Counties	10	0		2		50		1		205		21		9		288
Cedar Rapids	Rural	6	3	100%	0	0%	0	0%	0	0%	20	7%	4	9%	1	13%	
	Small	9	0	0%	0	0%	11	16%	0	0%	116	42%	3	7%	4	50%	
	Metro	2	0	0%	0	0%	58	84%	1	100%	140	51%	39	84%	3	87%	
	All Counties	17	3		0		69		1		276		46		8		403
Des Moines	Rural	7	2	100%	0	0%	1	1%	0	0%	18	6%	0	0%	0	0%	
	Small	6	0	0%	1	14%	9	13%	0	0%	72	23%	1	5%	0	0%	
	Metro	2	0	0%	6	86%	60	86%	1	100%	225	71%	22	95%	20	100%	
	All Counties	15	2		7		70		1		315		23		20		438
Statewide	Rural	45	5	12%	0	0%	12	4%	0	0%	184	13%	6	5%	8	10%	
	Small	46	6	15%	3	20%	62	23%	1	17%	549	41%	23	18%	30	10%	
	Metro	8	30	73%	12	80%	193	72%	5	83%	631	46%	99	77%	31	40%	
	All Counties		41		15		267		6		1364		128		77		1898

Table 3: Children in Licensed Family Foster Care as of 3-31-16 by Service Area, County Size and Ethnicity

Service Area	County Size	# of Counties	Hispanic	%	Non-Hispanic	%	Unable to determine	%	Total
Western	Rural	14	8	12%	66	19%	7	23%	
	Small	14	10	15%	120	35%	7	23%	
	Metro	2	47	72%	154	45%	17	54%	
	All Counties	30	65		340		31		436
Northern	Rural	15	24	53%	54	20%	3	13%	
	Small	11	18	40%	151	57%	15	65%	
	Metro	1	3	7%	60	23%	5	22%	
	All Counties	27	45		265		23		333
Eastern	Rural	2	0	0%	4	2%	0	0%	
	Small	6	12	86%	110	44%	14	58%	
	Metro	2	2	14%	136	54%	10	42%	
	All Counties	10	14		250		24		288
Cedar Rapids	Rural	6	3	7%	24	7%	1	6%	
	Small	9	7	17%	122	35%	5	29%	
	Metro	2	31	76%	199	58%	11	65%	
	All Counties	17	41		345		17		403
Des Moines	Rural	7	1	2%	20	6%	0	0%	
	Small	6	2	4%	78	23%	3	8%	
	Metro	2	50	94%	248	72%	36	92%	
	All Counties	15	53		346		39		438
Statewide	Rural	45	36		168		11		
	Small	46	49		581		44		
	Metro	8	133		797		79		
	All Counties		218		1546		134		1898

Table 4: Licensed Foster Families at the end of State Fiscal Year 2015 by Service Area, County Size and Race

Service Area	County Size	# of Counties	American Indian / Alaskan Native	%	Asian	%	African American	%	Hawaiian / Pacific Islander	%	White	%	Multi-race	%	Unable to Determine	%	Total
Western	Rural	14	0	0%	0	0%	0	0%	0	0%	96	23%	1	10%	0	0%	
	Small	14	0	0%	0	0%	1	25%	0	0%	179	43%	5	50%	2	67%	
	Metro	2	1	100%	0	0%	3	75%	0	0%	146	35%	4	40%	1	33%	
	All Counties		1		0		4		0		421		10		3		439
Northern	Rural	15	0	0%	0	0%	0	0%	0	0%	131	32%	5	38%	0		
	Small	11	1	100%	0	0%	1	10%	0	0%	213	53%	4	31%	0		
	Metro	1	0	0%	0	0%	9	90%	0	0%	59	15%	4	31%	0		
	All Counties		1		0		10		0		404		13		0		427
Eastern	Rural	2	0	0%	0	0%	0	0%	0	0%	8	4%	1	13%	0	0%	
	Small	6	0	0%	0	0%	1	20%	0	0%	104	51%	2	25%	0	0%	
	Metro	2	1	100%	1	100%	4	80%	1	100%	93	45%	5	63%	1	100%	
	All Counties		1		1		5		1		205		8		1		222
Cedar Rapids	Rural	6	0	0%	0	0%	0	0%	0	0%	46	11%	2	20%	0	0%	
	Small	9	0	0%	0	0%	1	5%	0	0%	156	37%	1	10%	0	0%	
	Metro	2	0	0%	2	100%	18	95%	1	100%	222	52%	7	66%	2	100%	
	All Counties				2		19		1		424		10		2		458
Des Moines	Rural	7	0	0%	0	0%	0	0%	0	0%	28	6%	0	0%	0	0%	
	Small	6	0	0%	0	0%	1	3%	0	0%	130	27%	2	18%	0	0%	
	Metro	2	0	0%	1	100%	36	97%	0	0%	330	68%	9	82%	1	100%	
	All Counties		0		1		37		0		488		11		1		538
Statewide	Rural	45	0	0%	0		0	0%	0	0%	309	16%	9	17%	0	0%	
	Small	46	1	33%	0		5	7%	0	0%	782	40%	14	27%	2	29%	
	Metro	8	2	67%	4	100%	70	93%	2	100%	850	44%	29	56%	5	71%	
	All Counties		3		4		75		2		1941		52		7		2084

Table 5: Licensed Foster Families at the end of State Fiscal Year 2016 by Service Area, County Size and Ethnicity

Service Area	County Size	# of Counties	Hispanic %	Non-Hispanic %	Unable to determine %	Total
Western	Rural	14	1 7%	91 22%	5 31%	
	Small	14	7 47%	170 42%	10 63%	
	Metro	2	7 47%	147 36%	1 6%	
	All Counties	30	15	408	16	439
Northern	Rural	15	1 13%	131 33%	4 21%	
	Small	11	7 88%	200 50%	12 63%	
	Metro	1	0 0%	69 17%	3 16%	
	All Counties	27	8	400	19	427
Eastern	Rural	2	2 25%	7 3%	0 0%	
	Small	6	1 13%	104 50%	2 29%	
	Metro	2	5 63%	96 46%	5 71%	
	All Counties	10	8	207	7	222
Cedar Rapids	Rural	6	0 0%	47 11%	1 4%	
	Small	9	4 44%	146 34%	8 35%	
	Metro	2	5 56%	233 55%	14 61%	
	All Counties	17	9	426	23	458
Des Moines	Rural	7	1 7%	26 5%	1 4%	
	Small	6	1 7%	124 25%	8 28%	
	Metro	2	13 86%	345 70%	19 68%	
	All Counties	15	15	495	28	538
Statewide	Rural	45	5 9%	302 16%	11 12%	
	Small	46	20 36%	744 38%	40 43%	
	Metro	8	30 55%	890 46%	42 45%	
	All Counties		55	1936	93	2084

Source: DHS

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 show 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 2015.

Table 6: 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. 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 a 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. DHS staff provides Iowa KidsNet a weekly report of all children who enter or exit foster care. The data includes the proximity of the foster home to the child's removal home. 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 SFY 2015 and will be completed in SFY 2016. 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 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

DHS does not charge any fees for families who apply to become foster parents or adoptive parents through the DHS. The recruitment and retention contract covers the cost of record checks and the home study. 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 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 is 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.

Below is a more detailed timeline of activities to be completed over the next five years.

Table 7: 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 were shared with DHS leadership through incorporation into Service Area Recruitment and Retention Plans for SFY 2016.</p>

<p>Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.</p>			
Year	Strategies	Activities	Benchmarks
FFY 2016 (10/1/15 to 9/30/16)	<ul style="list-style-type: none"> • Obtain stakeholder and foster/adoptive family input to incorporate into the re-procurement process. • Release the request for proposal for R&R and foster/adoptive parent training and support. • Continue to build on recruitment and retention strategies to increase the number of non-white families and increase overall capacity. • 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"> • Release of a request for proposal in the fall of 2016.
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 • 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	Continue implementation of the new contract	<ul style="list-style-type: none"> • Make contract changes through amendments as needed 	<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
9/30/18)		<ul style="list-style-type: none"> • Monitor performance • Continue to engage the stakeholder group to monitor progress toward the identified goals. 	
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, 2016

**Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Disaster Plan**

State of Iowa
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Division of Adult, Children and Family Services

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DISASTER PLAN

A new and collaborative approach to reunify children with their families after a disaster is underway in Iowa. The DHS will partner with other state governmental entities and the National Center for Missing and Exploited Children on this initiative. Children separated from their guardians during disorder caused by a disaster may be susceptible to kidnapping, abuse, and in the most extreme cases, trafficking and exploitation.

As shared with DHS through this effort, child-serving agencies and organizations, including schools, child care, foster and congregate care, hospitals, as well as local and state governments and non-governmental organizations play a very important role in planning for and supporting the reunification of families in the aftermath of a disaster. The goal of this project includes convening a reunification working group comprising key Iowa stakeholders to identify service gaps, capacity concerns, and resources that can assist with child reunification efforts. This project will serve as the basis of a larger general reunification planning document for Iowa.

This project is funded by a three year grant to Iowa and Arkansas from the Cargill Foundation.

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 updated in 2014. The fundamental operating procedures of previous years remain intact.

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 SFY 2012, 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 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.

¹ State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (Approved July 30, 2013)

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 information below is 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
 - Janee Harvey, Chief of the Bureau of Child Welfare and Community Services, (515) 281-6802
 - Chief of the Bureau of Child Care Services (position vacant as of April 2016), (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

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
Protection of Children and Adults						
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

Iowa Department of Human Services



**Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Training Plan**

June 30, 2016

**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

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Iowa Department of Human Services (DHS) staff removed last year the training plan from the *FFY 2015-2019 Child and Family Service Plan (CFSP)* and placed it into its own (this) document. This year, DHS staff revised the Plan to provide FY 2017 cost methodology and to make minor technical language changes. *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. Training staff utilize data from a statewide needs assessment of workforce competencies to develop the statewide training courses.

Provider of Training:

DHS employees and its partners receive Title IV-E funded training by DHS contracting with Iowa State University (ISU) and its consortium through a "Basic Ordering Agreement", 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. DHS and ISU staff annually finalize a contract and revised list of task orders. Other contractors also may provide training for DHS staff and partners and 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.

Community partnership for protecting children (CPPC) sites also receive training, 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, which engages the family in the case planning process and development of the case plan. 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. DHS employees receive reimbursement of travel and per diem expenses. DHS will use the penetration rate and 75% federal funds for training for other child welfare partners.

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, including computer and phone delivered, enhance and develop DHS employee competencies and increase the effectiveness and delivery of IV-E services.

DHS uses IV-E funds at the 75% training match rate to develop on-line courses housed on the [Iowa DHS Service Training Learning Management System](#) website . On-line learning is self-learning. DHS does not utilize training funds for supervisory time.

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 600 DHS field staff, who has 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. DHS utilizes continuing on-going training to enhance best practice initiatives.

Evaluation:

Training participants complete evaluations for all courses. Training staff review and utilize evaluation results to upgrade course content. Staff uses this information to develop 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 year, workers complete a Learning Needs survey and individualized learning plan. Staff uses the survey data to develop 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. Staff distributes expenditures for each course 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, staff applies the penetration rate to the cost of the training and then claims 75% of that amount 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. DHS uses the training funds for curriculum development and training delivery. For FY 2016, the following were the applicable penetration rates:

For FY 2016, the training match rates were 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.

For FY 2017, the training match rates will be as follows:

All Child Welfare Programs	69.92%
Subsidized Adoption	74.96%
Family Foster Care	62.00%
Foster Family & Subsidized Adoption	73.14%
All Foster Care	49.18%

Note: Match percentages are based on July 2015 - March 2016 data using the retroactive KPI reports.

Example: Course content is IV-E All Child Welfare and State Funds; staff applies the 69.92% penetration rate and then the 75% IV-E rate.

DHS reimburses travel and per diem expenses for DHS employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, staff uses 75% times the penetration rate for training for other child welfare partners. 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 staff calculates the IV-E penetration rate using client eligibility statistics from the Foster Care Key Performance Indicator (KPI) 302 report and the Adoption Financial Summary Report. Staff determines the penetration rate based on the number of cases that are IV-E eligible compared to all cases. Staff then applies the penetration rate to total expenditures to determine the portion eligible for IV-E. Staff then claims the IV-E eligible amount at the applicable training match rate.

DHS charges indirect costs 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 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 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 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.

All new or promoted social workers and supervisors receive courses highlighted in yellow ; 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 <p>SP 100 Overview of Child Welfare eLearning</p> <p>SP 103 Legal eLearning</p> <p>SP 104 Medical eLearning</p> <p>SP 105 Substance Abuse eLearning</p> <p>SP 106 Domestic Violence eLearning</p> <p>SP 107 Impact of Child Abuse on Child Development eLearning</p> <ul style="list-style-type: none">• DS 169 Mandatory Child Abuse	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.</p> <p>Complete manual sections and online courses. Be sure to complete activities associated with the courses.</p>

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 021 Child Welfare Information System	1 face to face day	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.
CP 201 Basic Training for Intake Workers	2 face to face days	Register on website for selected offering and complete course pre-work.
DA 202 Fundamentals of Dependent Adult Abuse	2 face to face days	Register on website for selected offering and complete course pre-work.
SP 309 Domestic Violence Fundamentals	1 face to face day	Register on website for selected offering and complete course pre-work.
SP 310 Substance Abuse Fundamentals	1 face to face day	Register on website for selected offering.
SP 334 Family Team Decision Making Fundamentals	1 face to face day	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 complete course
SP 533 Shared Parenting: Family Interaction	1 face to face day	Register on website complete course

SP 535 Assessing throughout the Case	2 face to face days	Register on website for selected 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

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 Provider 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.

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 continue to work jointly to 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

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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

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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

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	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
	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

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	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
	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

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	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

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O	SW 2, 3 & Supervisors	ISU	SP 202 Quality Case Documentation & 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*	▪ Case management and supervision	\$11,482	\$57,410	on-going	on-going

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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

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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

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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

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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

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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

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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

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	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
	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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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I	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

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I	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

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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

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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

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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

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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

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 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

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	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 & Community	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

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	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

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	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

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 & 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

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 & 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 is 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

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 & 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 2016, the breakdown is 52.10% IV-E funds and 47.90% state funds based upon the 69.47% penetration rate multiplied by the 75% IV-E rate.

** For FY 2016, the breakdown is 54.48% IV-E funds and 45.52% state funds based upon the 72.64% penetration rate multiplied by the 75% IV-E rate.

*** For FY 2016, the breakdown is 55.63% IV-E funds and 44.37% state funds based upon the 74.17% penetration rate multiplied by the 75% IV-E rate.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
SP 270 Mental Health Fundamentals- Common Diagnoses	The training introduces staff to the common mental health diagnoses and the impact in a person's functioning.	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 	Face-to-Face	Part-Time	ISU Trainers	7 1-day sessions	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, Meskwaki Family Services, Iowa KidsNet	\$62,101	IV -E All child welfare and state funds.
SP 309 Domestic Violence Fundamentals	Focus on importance of identifying domestic violence 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 ▪ Case management and supervision 	Face-to-Face	Part-Time	ISU Trainers	2 1-day sessions	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, Meskwaki Family	\$15,500	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
								Services, Iowa KidsNet		
SP 310 Substance Abuse Fundamentals	Training on what kids are doing today 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 gain essential knowledge about different substances of abuse, what they look like, how they are used and their effects. The training will also cover behavioral indicators of substance and drug testing protocol.	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 	Face-to-Face	Part-time	ISU / Contractor	7 1-day sessions	DHS staff, JCS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care), IFAPA Liaisons, Meskwaki Family Services, Iowa KidsNet	\$35,500	IV -E All child welfare and state funds.
SP 334 Family Team Decision Making Fundamentals	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice to develop the case plan and make 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 	Face-to-Face	Part-time	ISU / Achievements	4-6 1-day sessions	DHS staff	\$42,700	IV -E All child welfare and state funds.
SP 404	Understanding what happens	IV-E All Child	<ul style="list-style-type: none"> ▪ Placement of 	Face-to-Face	Part-time	ISU /	10 1-day	DHS staff,	\$88,716	IV -E All

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
Placement Stability and Permanency through an Innovative Approach to Children with Trauma	to youth in out-of-home care, and the impact of those events, is critical to being able to understand how to work with youth. This training will renew the understanding of, commitment to, and passion for working with youth.	Welfare and State Funds*	the child ▪ Development of the case plan ▪ Case reviews ▪ Case management and supervision ▪ Recruitment and licensing of foster homes and institutions			Contractor	sessions	JCS staff, Provider staff (Shelter, Group Care), IFAPA Liaisons, Meskwaki Family Services, Iowa KidsNet		child welfare and state funds.
SP 552 Screening Tools for Procurement Contracts	Training on implementing an assessment tool to assess child and family strengths and deficits around mental health, behavioral health, relationships, and other areas that will inform case planning and the level of care a child might need (placement, what type of placement, etc.).	IV-E All Child Welfare and State Funds*	▪ Rate Setting ▪ Development of the case plan ▪ Placement of the child ▪ Case reviews ▪ Case management and supervision	Face-to-Face	Part-time	ISU / Achievements	10 1-day sessions	DHS Staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care),	\$65,000	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
SW 020 Foundations of Social Worker 2 Practice	<p>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.</p> <p>Structure of the course is being redesigned to incorporate time for on job learning and transfer of knowledge in between classroom training sessions. Participants will work closely with their supervisors and mentors in completing assignments before returning to the classroom.</p>	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determination and re-determination s ▪ Referral to services ▪ Placement of the child ▪ Development of the case plan ▪ Case reviews 	Face-to-Face	Part-Time	ISU Trainers / DHS	4-6 5 day sessions	DHS staff	\$42,500	IV -E All child welfare and state funds.
SW 021 Child Welfare Information System	<p>As part of the redesign of SW 020 Foundations of Social Worker 2 Practice participants will receive training on the child welfare information system to record and report casework activity. This training is intended for both initial and on-going workers</p>	IV-E All Child Welfare and State Funds*	<ul style="list-style-type: none"> ▪ Eligibility determination and re-determination s ▪ Referral to services ▪ Development of the case plan ▪ Case reviews 	Face-to-Face	Part-Time	ISU / DHS Staff	4-6 1-day sessions	DHS staff	\$2,500	IV -E All child welfare and state funds.

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
Lemonade for Life	The training helps individuals understand how early life experiences may have long-lasting effects on how they interact. This training provides professionals with tools to help engage families and strengthen relationships	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 	Face-to-Face	Part-Time	ISU / Contractor	8-10 1-day sessions	DHS staff, Provider staff, Parent Partners	\$45,500	IV -E All child welfare and state funds.
Dependent Adult Abuse Screening Tools	Training on a standardized dependent adult abuse screening tool and corresponding referrals to appropriate services for frontline staff.	State Only	<ul style="list-style-type: none"> ▪ No IV-E funding requested 	Face-to-Face	Part-time	ISU/DHS Staff	20 - .5 day sessions	DHS Staff	\$8,500	State Only
Safe and Together Webinars • CC 306 Pivoting to Partner with Survivors • CC 361 Intervening	Participants will gain a more in-depth understanding on how to work with families facing domestic violence and effect on family functioning.	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 	Face-to-Face	Part-time	ISU Trainers	3 – 1 hr. webinars	DHS staff, Provider staff (Community Care, FSRP, Shelter, SAL, Group Care),	\$1,500	IV-E All Child Welfare and State Funds*

UPDATES TO TRAINING PLAN

Course Title	One Paragraph Syllabus	IV-E	Administrative functions	Setting/Venue	Duration	Provider of the Training	# Days/ Hours	Audience	Total Estim. Costs	Funding Sources and Benefiting Programs
with Perpetrators Beyond Services <ul style="list-style-type: none"> • CC 362 Domestic Violence as a Parenting Choice 										

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, 2016

Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Health Care Oversight and Coordination Plan

State of Iowa
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PROGRESS AND ACCOMPLISHMENTS IN IMPLEMENTATION

As reported in last year's Updated Health Care Oversight and Coordination Plan, 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) staff were to send a quarterly report to the service areas but this changed to the Bureau Chief of Service Support and Training in the Division of Field Operations receiving the report first. The Bureau Chief divides up the quarterly report for all foster children on psychotropic medications by service area. Although monitoring occurs for every foster child, the Bureau Chief highlights the age for any child under the age of 6 since these young children are in developmental stages where it is most critical to monitor psychotropic medications prescribed. After the Bureau Chief divides this report by service area, he sends the reports to each Social Work Administrator to distribute to the social work case manager (SWCM) supervisor who reviews them before disseminating them to each SWCM.

These medication reports show the county, SWCM's name, child's name, data ID number, age of the child, name of the psychotropic medication and the date prescribed. Each SWCM receives a report for the foster care children on their caseload.

See *Attachment A to this report*

Iowa revised the *Health Care Oversight and Coordination Plan* to provide a progress update in this section; to include policy citations and additional information for clarification regarding how Iowa meets the federal requirements; to provide data and analysis for FY 2015; 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

In accordance with 441 Iowa Administrative Code (IAC) §105.8(6) and §202.5(3), if a child coming into care did not have a physical health screening prior to placement, the initial physical health screening should be within 14 calendar days of the child coming into care and performed by a physician, an advanced registered nurse practitioner, or a physician assistant working under a physician's supervision. If the medical provider cannot see the child within that timeframe, staff makes the earliest possible appointment and documents the delay in the case file. The physical health screening includes preliminary screening for dental and mental health needs. Medical professionals may utilize Form 470-0580, *Physical Record*¹, or any other medical forms to document the physical. Medical professionals determine the need for any follow-up appointments and any referrals to a dentist or mental health professional. 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. DHS

¹ Employee's Manual, 17 Appendix, page 148, available at <http://dhs.iowa.gov/sites/default/files/470-0580.pdf>.

requires that health screenings be documented in the case file and information about the child's health records be documented in the child's case permanency plan (Code of Iowa §232.2(4)). The social work case managers (SWCMs) also ask the foster home or foster care facility (also referred to in this report as "foster care provider") 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.²

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home

In accordance with 441 IAC §202.5(3), §78.29(249A), and §114.10(10), health needs identified through screenings are monitored and treated by the medical professional or if related to dental or mental health needs, the medical professional refers the child to a dentist or mental health professional. A mental health professional may include the following:

- Licensed marital and family therapist (LMFT)
- Licensed independent social worker (LISW)
- Licensed master social worker (LMSW) with supervision by LISW, LMFT, or LMHC
- Licensed mental health counselor (LMHC)
- Certified alcohol and drug counselor (CADC)
- Psychiatrist
- Psychologist

The medical, dental, or mental health professional conducts assessments and develops treatment plans within that practitioner's scope of practice, professional and agency requirements, and in accordance with Iowa law and rules. Children, parents/guardians, and foster parents are encouraged to participate in the treatment planning process.

Also see further down in this report regarding Integrated Health Homes.

As part of case management and case planning activities, the SWCM also completes an assessment of the child and family's strengths and needs (441 IAC §130.6(2)). The SWCM may utilize Form 470-4138, *Family Functioning Domain Criteria*³, as a guide for completing the assessment. In addition, the SWCM may utilize the Pediatric Symptom Checklist to determine if the child has behavioral needs. If the SWCM's assessment indicates a need for further evaluation, the SWCM refers the child and family to appropriate professional services (medical, dental, or mental health) for assessment and treatment, if needed (441 IAC §130.6(3) and §202.11(1)(d)). The SWCM also may assist foster families by scheduling the applicable health care, dental, psychiatric and/or therapy appointments. SWCMs monitor the ongoing treatment and their outcomes (441 IAC §130.6(5)). The SWCM assures the foster care provider addressed the identified health needs of the foster child through the monthly visits and health documentation sent to them.

² Employee's Manual, 17E – Out-of-Home Placement Policies and Procedures Manual, pages 22 and 76 and 78, available at <http://dhs.iowa.gov/sites/default/files/17-E.pdf>.

³ Employee's Manual, 17 Appendix, page 74, available at <http://dhs.iowa.gov/sites/default/files/470-0580.pdf>.

In addition to the SWCM receiving copies of the Physical Record form and/or the “summary of the visit”, the SWCM may receive other medical, dental, or health care information from the practitioner or the foster care provider. The SWCM reviews the information received, adds it to the case file, and updates the child and family’s case permanency plan. The SWCM addresses the information with the child’s parents, if they did not attend the appointment, especially if the medical/dental/mental health professional prescribed or changed any medication. The SWCM also discusses the child’s medical, dental, or mental health care during monthly visits with the child and/or parents (441 IAC §202.11(2)(b)).

The Iowa Foster and Adoptive Parent Association (IFAPA) continues to educate our foster parents with trainings on trauma and assure the trainings 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. In addition, in 2015-2016, IFAPA provided 20 unique courses, which included elements of trauma informed care in their ongoing trauma training for foster parents, and included the following:

- 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 was the first of its kind in the nation and started in FY 2015.
- Working with sexually abused children
- 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

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

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 care provider gives the Physical Record form, “summary of the visit”, or other 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 the child moves to another placement or leaves 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.

A few years ago Iowa's Medicaid program implemented statewide Integrated Health Homes (IHH). The 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). Medicaid Managed Care Organizations administer the IHHs provided by community-based IHHs. Children with a SED and their families 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 provides emotional support to the parents and assists 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

Medication monitoring at the client level

Caseworkers

In accordance with 441 IAC §202.11(1)(b) and (2), the SWCM discusses, during monthly visits with the child and/or parents, the child's medical, dental, or mental health care, including prescriptions. During these monthly visits, the SWCM can discuss prescription changes, dosage changes, side effects, etc. Medical and mental health practitioners may require medication management visits, which may include lab tests and vital signs. When SWCMs receive notification of a medication management visit, they may participate, as available, or follow-up with the foster care provider if they were unable to attend. The SWCM also may receive copies of the Physical Record form, "summary of the visit", and other documentation of medications prescribed from the practitioner or the foster care provider. The SWCM reviews the information received, adds it to the case file, and updates the child and family's case permanency plan.

Foster Care Providers

Foster care providers are part of Iowa's collaborative team in monitoring medications and the health care needs of Iowa's foster care children. Foster care providers keep track of medications given to the foster care child. In Comm. 33, *Foster Parent Handbook*, DHS requires foster parents to keep some type of log regarding medications and provides a couple of tools that foster parents may use to track such things as

medications prescribed, when medications were given, dosages, side effects, etc.⁴ 441 IAC §105.8(6)(c) requires foster care facilities to monitor medications and to contact the prescriber of any adverse reactions. The foster care facility documents services provided to the child while the child is in the facility, including medical and medication information, in the child's care plan.

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.

Drug Utilization Commission

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, only Medicaid fee-for-service providers receive notification letters based on 6 months of pharmacy claims data. 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.

Medication monitoring at the agency (statewide) level:

Iowa Medicaid Enterprise (IME) staff sends a quarterly report to the Bureau Chief of Service Support and Training who divides the report by service area and sends the service area report to the service area's Social Work Administrators (SWAs) who sends it to the social work case manager (SWCM) supervisor who reviews them before disseminating them to each SWCM.

Tables 1 through 5 provide psychotropic medication data for fiscal year (FY) 2010-2011 (our baseline), FY 2012, FY 2013, FY 2014, and FY 2015 psychotropic medication data.

⁴ Comm. 43, Foster Parent Handbook, pages 78, 265 and 267, available at <http://dhs.iowa.gov/sites/default/files/comm33.pdf>.

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 (IME)

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	52	253	29	205		280	6	825
181-215 mos. 15.1 - 17.9	142	644	67	367	11	447	10	1,688
Grand Total	236	1,056	122	827	19	1,102	19	3,287

Source: IME

From FY 2010-2011 to FY 2012, the total psychotropic medications prescribed decreased 1%. The atypical antipsychotics increased 8%, and the typical antipsychotics decreased 5%. The older children (age 12.1 to 17.9 yrs.) also experienced a 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: IME

From FY 2012 to FY 2013, the total psychotropic medications prescribed decreased 5%. The atypical antipsychotics decreased 26%, and the typical antipsychotics increased 16%. The older children (age 12.1 to 17.9 yrs.) again experienced 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: 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.) experienced an increase in the amount of medications prescribed by 13%.

Table 5: FY 2015 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1 to 18 mos.	1-1.5 yrs	1		1					2
19 to 36 mos.	1.6 to 3 yrs	1		2		3			6
37 to 60 mos.	3.1 to 5 yrs		1		2		8		11
61 to 96 mos.	5.1 to 8 yrs	1	29	6	26		120		182
97 to 144 mos.	8.1 to 12 yrs	16	81	11	69	1	180		358
145 to 180 mos.	12.1 to 15 yrs	49	201	17	103	1	199	4	574
181 to 215 mos.	15.1 to 17.9 yrs	163	588	63	192	3	418	13	1440
Grand Total		231	900	100	392	8	925	17	2573

From FY 2014 to FY 2015, the total psychotropic medications prescribed decreased 30%. The atypical antipsychotics decreased 35%, and the typical antipsychotic decreased 16%. The older children (age 12.1 to 17.0 yrs.) experienced a decrease in the amount of medications prescribed by 24%.

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 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 and the Prevention of Sex Trafficking and Strengthening Families Act of 2014, the transition plan development process for youth in foster care age 14 and older covers, among other items, health care coverage and access to health care coverage at foster care exit, such as 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 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.

DHS conducted quarterly meetings with interested providers, including AMP and aftercare services, to inform them about the new program and answer questions. DHS staff created an ongoing Questions and Answers document, which continues to be maintained. 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 closes; E-MIYA uses 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.

Psychotropic Medication Report

You are receiving the attached report because one or more of your clients in out-of-home care:

1. Has been prescribed two or more psychotropic medications and/or
2. Is under the age of 6 and receiving at least one psychotropic medication

DHS has the responsibility to ensure the mental health needs of children in out-of-home care are met, including the oversight of medication prescribed for mental health. Appropriate oversight includes, but is not limited to:

- Ensuring that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type, and determine whether medication is still necessary and/or if other treatment options would be more appropriate.
- Regularly following up with foster parents/caregivers about administering medications appropriately and about the child's experience with the medications(s), including any side effects.

Given increasing research regarding potential negative effects of prescribing multiple psychotropic medications concurrently or for very young children, oversight is critical. Providing appropriate oversight of medication at the DHS worker level requires teamwork, including coordination and communication amongst DHS, caregivers, service providers, parents, medical/mental health providers, and when appropriate, the child. Parental involvement and decision-making should be encouraged to the greatest extent possible.

You are being asked to verify that the attached report accurately reflects the medications the child is currently taking. If the report is accurate:

- Does everything appear to be going well (e.g., are there adverse side effects, etc.)? Does the child or others report concerns about the medications?
- If you have questions regarding the medication and possible side effects, consult the child's physician, pharmacist, or the National Institutes of Health's Drug Information Website at [U.S. National Library of Medicine](#).
- If appropriate, advocate on the child's behalf to have the medications reviewed by the physician and explore alternatives.
- Ensure the child's parents are aware.

Place the attached medication report in the case file and document any corresponding case management activities in Visitation Notes (under the Child Well-Being section) or Contact Notes.

If you have any questions, please contact the [Service Help Desk](#).

Psychotropic Medication Report

5/11/16

{Sheet2_Worker Service Area Name} in ["DES MOINES"]

Worker Name

DES MOINES

Child Name

FACS ID

Age

Psychotropic Medication

Date Prescribed