

# FFPSA Task Force Report

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# **Table of Contents**

I. Introduction	1
II. Overview of Family First	2
A. Prevention Activities	3
1. Eligible Recipients	3
2. Funding Formula	3
3. Types of Service	4
4. Quality of Service	4
5. Length of Services	5
B. Ensuring Necessity of Placement in Group Care	6
1. Least Restrictive Environment Possible	6
2. Qualified Residential Treatment Program (QRTP Requirements	6
a. Placement in Approved Facility	6
b. Assessment by Qualified Individual	7
c. Independent Court Review	7
III. Overview of Iowa’s Current Child Welfare and Juvenile Court Services Systems	8
A. Child Welfare	9
B. Juvenile Justice	9
IV. Impact of Family First on Child Welfare and Juvenile Court Services	10
V. Importance of High Quality Legal Representation	17
VI. Immediate Recommendations	18
A. Establish Pre-Filing Legal Representation for Parents	18
B. Training	20
C. Summit and District Teams	21
D. Continuation of Task Force	22
E. Checklist for QRTP Placements	22
F. Summary of Prevention Efforts and Oversight Reports	22
VII. Future Issues to Consider	23
VII. Conclusion	25
Appendix A	27
Appendix B	44
Appendix C	66

## I. Introduction

The Family First Prevention Services Act (Family First) was included in the [Bipartisan Budget Package/Continuing Resolution \(Public Law 115-123\)](#), which was signed by President Trump on February 9, 2018 with an effective date of October 1, 2018. Family First is a funding bill for child welfare services that enables states to use federal funds available under parts B and E of Title IV of the Social Security Act. The new law intends to supplement — not supplant — state funding for prevention services. The bill has two major provisions, Part I – Prevention Activities under Title IV-E, and Part IV – Ensuring the Necessity of a Placement that is not a Foster Family Home. In Iowa, the implementation date for Family First is July 1, 2020<sup>1</sup>.

Family First transforms the way the federal government funds child welfare services. Under Family First, money is available to states through Title IV-E for time-limited services to prevent entries into foster care. In addition, there are limitations on IV-E funding for placements that are not foster family homes. The limitations effect children in foster care in “child care institutions,” a category that covers many of the state’s current foster group homes and shelters. Family First prioritizes services that keep children safe, and whenever possible, with their families by allowing states to use federal dollars for preventive services like substance-use disorder treatment, mental health care, in-home parent skill-based programs, and kinship navigator services. These funds are available to children who are candidates for foster care as defined by Section 475(13) of the Social Security Act: children at imminent risk of placement in foster care and their parents or kinship caregivers, and pregnant and parenting youth in foster care, regardless of their income.

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<sup>1</sup> States have the option to delay implementation for up to two years.

Family First focuses on helping families in crisis safely stay together and reducing the foster care population by: 1) focusing on prevention of entry into foster care; and 2) increasing the number of children successfully exiting foster care by reducing reliance on foster group and shelter care. If removal is necessary, Family First directs children be placed with relative or fictive kin whenever possible and licensed foster family care or institutional placement be utilized as placements of last resort.

In an effort to effectively implement and ensure compliance with the changes required by Family First, on November 8, 2018, Chief Justice Cady signed an order creating the Judicial Branch Family First Prevention Services Act Task Force to review the implications of this congressional act. The Task Force was directed to review Family First, its impact on the role of the judicial branch in the child welfare and juvenile justice systems, and submit a report by July 1, 2019 to the Iowa Supreme Court. The report is to: 1) identify any rules or policies the judicial branch should adopt or change in order to comply with Family First; and 2) identify educational opportunities, materials, or training for judicial officers, juvenile court staff, attorneys, and other legal personnel on Family First.

## **II. Overview of Family First**

The federal government contributes to state child-welfare systems by providing funds under title IV-E of the Social Security Act. Currently, title IV-E funds are designated for foster care and adoption assistance for children who have been removed from their parents' care due to maltreatment or other circumstances. Family First transforms those title IV-E financing streams to allow payment for services to families whose children may be *at risk* of entering foster care. The new act aims to prevent the unnecessary removal of children from their families by allowing federal dollars to pay for prevention services. For children who must be removed from their

parents' care, the act seeks to encourage placement in family-like settings by discontinuing federal reimbursement when placement in group care is unnecessary for treatment of the children.

Two parts of Family First hold the highest significance for the work of the Iowa Judicial Branch.

### **A. Prevention Activities**

“An ounce of prevention is worth a pound of cure.”

~Benjamin Franklin

#### **1. Eligible Recipients**

As of July 1, 2020, for the first time, title IV-E dollars will be available to fund prevention services for Iowa families. Not only is the pre-removal timing of these prevention services unprecedented, but the eligible recipients are also a broader group than ever before. Current title IV-E funds are directed to foster care and adoption services for children from families who fall below certain income guidelines. The new prevention services will be available to help children who are at imminent risk of placement in foster care (dubbed “candidates for foster care”), as well as their parents and kinship care providers, with no income test. States may also offer the prevention services to pregnant and parenting youth who are in foster care themselves.

#### **2. Funding Formula**

Under Family First, states are required to determine how much money was spent on evidence-based foster care prevention services, regardless of funding source, in 2014. The total expenditure amount will be used to establish the Maintenance of Effort (MOE). Any expenditures on evidence-based foster care prevention services above the MOE will be eligible for a 50% match

reimbursement rate. Iowa's share of the prevention services funding must come from state revenue rather than other federal allocations.

### **3. Types of Services**

Family First identifies specific services that Congress believes will prevent the placement of children and youth into the foster care system. Qualifying title IV-E prevention services fall into three main categories:

- Mental health and substance abuse prevention and treatment services provided by qualified clinicians,
- In-home parent skill-based programs including parenting skills training, parent education, and individual and family counseling, and
- Kinship navigator programs to guide grandparents, other relatives and fictive kin who take primary responsibility for the care of children in need of a safe and stable placement.

### **4. Quality of Services**

Not only must the prevention services fit into one of those three categories, but also must show a clear benefit. Family First strives to obtain that benefit by requiring evidence-based service models. An evidence-based model embraces specific techniques and interventions shown to have positive effects on outcomes through rigorous evaluations, preferably randomized control studies. The secretary of the U.S. Department of Health and Human Services (HHS) is creating a clearinghouse of evidence-based models approved for Family First funding. The prevention services must reach one of three thresholds:

- Promising Practice—created from an independently reviewed study using a control group and showing statistically significant results.

- Supported Practice—using a random-controlled trial or rigorous quasi-experimental design and showing sustained success for at least six months after the end of treatment.
- Well-supported treatment—showing success beyond a year after treatment.

A minimum of fifty percent of state expenditures must be spent on well-supported programs, which is the highest level of research and demonstrated effectiveness. In addition, the prevention services must be provided under a trauma-informed approach, that is, the service delivery must take into account the impact of trauma on the children and families being helped and intervene in a way that facilitates healing.

### **5. Length of Services**

Prevention services can continue for up to twelve months. The timeline starts when the Iowa Department of Human Services (IDHS) identifies the child in a prevention plan as a “candidate for foster care” or as a pregnant or parenting youth in foster care. The IDHS must monitor the safety of children receiving services during this twelve-month period and document their progress through periodic risk assessments.

The task force discussed the significance of a family receiving twelve months of prevention services in cases where the state ultimately files a CINA petition. In the absence of “removal,” as defined in Iowa Code section 232.116(1),<sup>2</sup> the timeframes for calculating termination requirements under subsections (e), (f), and (h) are not triggered by the receipt of prevention services. Members

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<sup>2</sup> See *In re C.F.-H.*, 889 N.W.2d 201, 207 (Iowa 2016) (construing “remove from physical custody” under chapter 232 to require change from physical custody to lack of physical custody); *In re J.E.*, 907 N.W.2d 544, 547 (Iowa App. 2017) (holding physical removal from one parent is sufficient to start the statutory timelines counting toward termination as to either parent).

of the task force believe juvenile courts might be more likely to find aggravated circumstances facilitating a waiver of reasonable efforts under Iowa Code section 232.102(14) if the parents had already received a full year of prevention services but still could not safely care for the child.

## **B. Ensuring Necessity of Placement in Group Care**

“Children do best in families.”

~Jim Casey, founder of the Annie E. Casey Foundation

### **1. Least Restrictive Environment Possible**

Research shows children thrive in family settings. Family First requires states to ensure children placed outside their own homes remain in the least restrictive environment possible. To complement the emphasis on preventing removal of children from their families, Family First leverages federal dollars to encourage states to keep children in family-like settings even when they are placed in foster care. Toward that end, Family First creates an incentive for states to reduce the inappropriate use of group homes for children in the foster care or juvenile justice systems.<sup>3</sup> Family First will approve title IV-E funds for children in group care only if they have a documented behavioral or mental health need requiring clinical treatment in an out-of-home setting.<sup>4</sup>

### **2. Qualified Residential Treatment Program (QRTP) Requirements**

#### **a. Placement in Approved Facility**

If the IDHS or juvenile court services requests a child be placed in a child care institution (defined as a licensed facility with no more than twenty-five children), no title IV-E foster care payments can be received after two weeks of placement unless the facility is a QRTP.<sup>5</sup>

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<sup>3</sup> Under Family First, state juvenile justice plans must certify that the state will not enact or advance policies or practices that will increase the number of youth in the juvenile court system due to the reimbursement restriction for children not in foster homes.

<sup>4</sup> Family First also requires criminal record checks and checks of child abuse and neglect registries for adults working in child care institutions and other group care settings beginning October 1, 2018.

<sup>5</sup> Other placements eligible for title IV-E funds include a setting for prenatal, postnatal or parenting teen mothers and high quality residential services for youth victims of trafficking or who are at risk of being trafficked.



A QRTP must meet the following criteria:

- Receives a license from an approved accrediting agency;
- Follows a trauma-informed model designed to address clinical needs of children with serious emotional or behavioral disorders;
- Has registered or licensed nursing staff on site;
- Reaches out to family members, including siblings, in treatment plans and programs; and
- Plans for at least a six-month window of support after discharge.

**b. Assessment by Qualified Individual**

Within thirty days of a child's admission to a QRTP, to be eligible for title IV-E funds on the child's behalf, the IDHS must arrange for a qualified individual, specifically a trained professional or licensed clinician, to conduct a clinical assessment using a validated tool approved by federal authorities. The IDHS must also assemble a family and permanency team to work with the qualified individual on the placement assessment.

If the assessment determines a QRTP placement is not appropriate for the child, the state has an additional thirty days to transition the child to a placement that can better address his or her needs. Federal financial participation will continue during those thirty days, but will end if the child remains in the QRTP beyond that time. If the assessment determines QRTP placement is appropriate for the child, the qualified individual must document in writing why the child's needs cannot be met at home or in a foster home, and conversely why a QRTP will provide the most effective and appropriate level of care in the least restrictive environment. A shortage of foster family homes is not an acceptable reason for placement in a group setting.

**c. Independent Court Review**

In the most discernable role for the judicial branch set out in the Family First provisions, within sixty days of the QRTP placement, the juvenile court must independently review the situation.

The review has three components:

- The court shall consider the assessment, determination, and documentation made by the qualified individual,
- Determine whether the needs of the child can be met in a foster family home, or if not, whether placement in a QRTP provides the child the most effective and appropriate level of care in the least restrictive environment and is consistent with the short- and long-term goals of the child, and
- Approve or disapprove of the placement.

For a child who remains in the QRTP, the IDHS must submit evidence at every status review and permanency hearing demonstrating placement outside of a family or foster home is necessary to meet the child's clinical needs. If a child remains in a QRTP for twelve consecutive or eighteen nonconsecutive months (or for more than six consecutive months for children under age 13) the IDHS must submit to the federal authorities the most recent evidence supporting continued QRTP placement with a signed approval by the head of the state agency. The juvenile court must revisit the QRTP placement decision at every status review and permanency hearing to verify the facility continues to best meet the child's needs and to examine what efforts are being made to transition the child back home or to a family-like setting.

### **III. Overview of Iowa's Current Child Welfare and Juvenile Court Services Systems**

In most states, child welfare and juvenile justice are separate systems. Iowa's approach is unique, as IDHS oversees the inspection and funding of out-of-home placements for both systems.

### **A. Child Welfare:**

The Social Security Act Title IV-E Foster Care Assistance program is an entitlement program that provides funds for states to apply towards foster care maintenance of eligible children. Eligibility is determined by (1) income<sup>6</sup> and (2) the child's placement with IDHS through a court order or voluntary placement agreement. The purpose of this program is to provide proper care for children who need temporary placement outside their homes. It also provides funds to support staff training and administrative costs (e.g. salaries, supplies, and related expenses). The IDHS IV-E report is publicly reported at this location: <https://dhs.iowa.gov/reports/child-welfare-data-and-report>.

### **B. Juvenile Justice:**

Youth placed in out-of-home placement<sup>7</sup> through a juvenile justice proceeding are allowed to draw down Title IV-E Foster Care Assistance Funds along with IDHS as outlined above for child welfare.

Under current law, funding for youth involved in Iowa's juvenile justice system are included in the appropriations bill for IDHS (commonly referred to as Graduated Sanctions Funds). This amount is approximately \$15.3 million in SFY 20. The Graduated Sanctions Funds are divided between the judicial districts by child population and are used for preventative community-based services for juvenile justice involved youth. IDHS's administrative rules govern the rulemaking for these funds.

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<sup>6</sup> Federal law requires the determination of a child's eligibility under Title IV-E be based upon the financial criteria established in the Aid to Families with Dependent Children (AFDC) program according to 42 U.S. Code 672(a)(4) which was a federal program for cash assistance.

<sup>7</sup> Shelter care, foster care, group/residential care, supervised apartment living and other aftercare services

Although detention centers in Iowa are primarily funded through the individual counties, there is a \$4 million state allocation for detention centers generated through fines for operating while intoxicated. This fund is titled the Detention Home Fund and is administered through IDHS.

#### **IV. Impact of Family First on Child Welfare and Juvenile Court Services**

Iowa has a foster care placement rate consistently higher than the national average. This data, combined with limited investments in evidence-based programming, indicate Iowa could benefit greatly from the opportunities available under Family First.

Family First will restructure how the federal government spends money on child welfare and juvenile justice in Iowa to improve outcomes for children by preventing the need for removal from their homes through evidenced-based family preservation services. All possible strategies must be explored for keeping children with their families, or in family settings. If removal from the home is necessary, placement with relative or fictive kin must be considered first. Only if a child cannot be placed with a relative or fictive kin, can a child be placed with a licensed foster family. Only if treatment is required will a child be placed in a group care setting.

The immediate opportunity for child welfare and juvenile justice is to identify which evidence-based programs will positively and sustainably meet the needs of families whose children and youth currently go to foster care. By selecting and implementing models with proven positive outcomes, while keeping children safe and youth safe in their communities, Iowa will experience positive returns on prevention investments, while using newly available IV-E dollars to fund the services.

Under Family First, Iowa's juvenile court system will see a variety of transformations. As a system in transition, there will be areas where everyone involved, especially juvenile court judges, must embrace changes and shift perspective. Situations will arise where new options will

be available to help children stay in their homes and with their families. There will be circumstances where placements or services that used to exist are no longer viable.

It is not feasible to provide a comprehensive list of all the changing situations and circumstances after implementation of Family First. A few examples of what the required transformation may look like in practice are as follows:

Example 1: *Adrian is a 13-year-old girl. A CINA petition was filed by the state alleging Adrian and her younger siblings are in need of assistance due to domestic violence committed by their mother's paramour and, as a result, of alleged methamphetamine use by the adults in the home. The children are removed via ex parte order and placed together at a shelter (due to unavailability of foster homes and inability to locate relatives) until the removal hearing. At the removal hearing ten days later, the mother has shown clear separation from her paramour and she has begun in-patient substance use disorder treatment. The children are returned by the Juvenile Court Judge to their mother at the in-patient substance use treatment facility. The Children are adjudicated in need of assistance thirty days later and it is found that the Court's aid is needed. Before the matter gets to disposition the following month, 13 year old Adrian indicates by her words and behavior she no longer wants to be with her mother so long as she has to live at the treatment facility. Adrian would prefer to stay at the local shelter and attend her home school. This modification for Adrian's placement is arranged and approved by the juvenile court. Therapeutic services are put in place, and over the course*

*of a couple of months, Adrian and her mother make great strides while she lives at the shelter. Adrian is able to return to her mother's custody as she completes her in-patient treatment and transitions back to the community and the family is reunified.*

After Family First, title IV-E funds will pay for an out of home placement in a shelter setting for no more than 14 days. If a child remains in this placement after 14 days, the state becomes responsible for funding. This will be a new restriction and change in resources available to the juvenile court system in providing for families and keeping children safe along the way.

Family First will also create a system that incentivizes using foster care less, resulting in the potential for there to be fewer available foster homes than there are under the current system. The push for removing children less and using group and shelter placements less will create real challenges in many cases, and the previous example of 13-year-old Adrian is merely one small iteration on numerous, potentially unique, circumstances and changes. If a judge orders Adrian into foster care or a non-family setting, federal funding will not be available and state funding must be used.

Example 2: *Brandon is a 13-year-old child. He lives with his grandmother who is his legal guardian. His mother has been incarcerated for much of his childhood, and he does not have a relationship with his father. He was never adjudicated to be a child-in-need-of-assistance, and the family didn't receive services through IDHS. Brandon is referred to juvenile court for three delinquency matters (theft 5<sup>th</sup>, criminal mischief 5<sup>th</sup>, simple assault). No formal court case is filed. He is given an informal adjustment agreement. He attends school and doesn't have any law*

*enforcement contact for three months. The informal is closed successfully by Juvenile Court Services.*

*Within a matter of weeks after the informal adjustment agreement closing, Brandon is charged with Theft 2<sup>nd</sup> and the allegation is that he stole and operated a motor vehicle. The county attorney chooses to file this as a formal case before juvenile court. Brandon is not detained, remaining with his grandmother and is offered supervision services by his JCO in the community. He pleads to a lesser included offense (Operating a Motor Vehicle without Owner's Consent) and is given a consent decree. He participates in numerous services over six months in the community to assist him and his guardian. The case closes when Brandon is 14 year old, and the matter is dismissed and expunged.*

*Within two weeks, Brandon is charged with reckless use of fire and, in a separate incident, he is charged with an assault causing bodily injury. The county attorney chooses to file formal charges. Upon the second incident, Brandon's guardian is no longer willing to have Brandon in her home as she is the victim. Brandon is taken to the detention center. His detention is confirmed by the judge. After a period of a few days, Brandon's guardian is willing to have him in the home if he is supervised on a restrictive electronic monitoring program.*

*After being home for only a few days, Brandon cuts off his ankle bracelet. He is on the run for a few weeks. Brandon is located only after he is arrested on new charges of Theft 2<sup>nd</sup> for the alleged taking of a vehicle*

*and driving it again, and for Robbery 1<sup>st</sup> for the alleged robbery of a liquor store at gunpoint. Brandon is taken to the detention center. He pleads guilty at adjudication to Robbery 1<sup>st</sup> and the Theft 2<sup>nd</sup> charge is dismissed.*

*At disposition, Brandon will not be statutorily eligible to go to the State Training School. The juvenile court officer recommends Brandon be an adjudicated delinquent and placed in juvenile court services custody for purposes of a group care placement with IDHS acting as the payment agent.*

After Family First, Brandon will only be able to be placed in a group care placement if he is determined to be a youth with an assessed need for treatment at that level. Brandon will need to have a clinical assessment within 30 days of placement in the QRTP and a judicial review of the assessment within 60 days of placement. If the clinical assessment indicates he does not have a clinical treatment need (short-term or long-term mental or behavioral health need), a judge can order him to remain in this placement but with state funding paying for this placement. The assessment tool JCS uses must be one approved for such treatment placements. This assessment process will likely take time and has the potential to leave Brandon stranded at the detention center for longer periods than currently experienced. If Brandon is not kept in this setting, it has the potential to put community safety more at risk if he is released before services are implemented and changes are made and overseen by his JCO.

Example 3: *Camila is a newborn child. IDHS investigation begins at the hospital upon her birth in Fall 2019. The CINA petition filed by the county attorney alleges the following:*



*IDHS documents show the mother has been diagnosed with an intellectual disability, personality disorder, and depression. The mother is not medicated, she is not receiving any mental health treatment, and says she does not need any type of treatment. The mother also has a history of involving herself in violent relationships. The combination of all of these issues have caused five other children to no longer be in the mother's care. Parental rights for three of the mother's children have been terminated by juvenile court, one child is in a guardianship with a relative, and the final child is said to be in the sole legal custody of that child's father. The mother recently gave birth to this child and is also uncertain about the identity of this child's father. It should be noted the mother is married to Mister X but he has not been involved with the mother for some time. The child is in need of the court's aid.*

*The mother consents to removal of her child. The newborn child is placed in a family foster home. The foster home is very supportive of the mother and reunification efforts. A hearing confirming removal is held in open court 10 days after the child's birth.*

*At a hearing 30 days later, the child is adjudicated in need of assistance per Iowa Code section 232.6(c)(2) and (n). A disposition hearing is held in open court 45 days later. The mother is addressing her mental health through new medication and new therapeutic efforts. The visits with her child, Camila, are going well and the foster parents indicate they believe the Mother is close to being able to have Camila placed back in her care.*

*The service provider was teaching SafeCare with the mother and that 18-week program was almost complete. The FSRP worker reports the visits are proceeding wonderfully. No professional recommends the child be returned to the mother at this hearing. The juvenile court judge continues the out of home placement of Camila in foster care. The juvenile court judge indicates that visits must remain supervised for the mother prior to the next court hearing.*

*The matter is reviewed 6 months later in open court. It is a review hearing and not noticed as a permanency hearing. IDHS recommends reunification of Camila with her mother. The guardian ad litem does not agree. The juvenile court judge is unwilling to reunify, but does authorize for the Mother to have unsupervised and overnight visits with her child. The permanency hearing is held right at the time of the Child's first birthday. The unsupervised and overnight visits reportedly go well. The mother made great gains throughout the duration of the case in her mental health and wellness and in her parenting capacity. It is at this time, after a year, that the juvenile court judge approved the return of the child to the mother's custody with ongoing IDHS services and juvenile court oversight.*

After Family First, this case may proceed very differently. For example, SafeCare is likely to be one of the evidence-based services supported with the new prevention dollars authorized by Family First. Its use in a case like this very early on, and its completion by a parent at about the

time of disposition, very well may indicate a parent should be having overnight visitation and reunification should be scheduled or at hand. Juvenile court judges and other professionals in a case (including the lawyers) need to understand what SafeCare means in a case like this with the history and other complicating factors. If SafeCare is understood and trusted by the professionals, then it may be possible, in a case like this, for the child to be returned to the mother at or about the time of disposition, when the child is closer to three or four months old.

#### **V. Importance of High Quality Legal Representation**

High quality legal representation for parents prior to the filing of a Child in Need of Assistance (CINA) petition can play a critical role in the prevention continuum. Legal services to address collateral legal issues (such as housing, domestic violence, paternity, child support, immigration, and work) that leave families vulnerable are key components of a coordinated primary prevention approach as any one of these factors could lead to family instability and increase the likelihood of child maltreatment.

Currently, attorneys are not appointed until a CINA petition has been filed and a parent completes a financial affidavit. There is no mechanism in place at this time for attorneys to provide legal representation to families prior to formal court involvement. With Part I of Family First, families may receive 12 months of prevention services without the assistance of legal counsel. To provide a family with legal representation before CINA proceedings, a change in legislation would need to be made to allow the appointment of attorneys before formal court involvement.

In September of 2010, and in response to a concern about disparate quality of representation, the Iowa Children's Justice Initiative established the Parents Representation Task Force. After a period for public comments, a public hearing, and court discussion, the Iowa Supreme Court

adopted Rule of Juvenile Procedure 8.36<sup>8</sup>, as well as standards for attorneys who represent parents in juvenile court proceedings. Children’s Justice Advisory Committee has formed a separate task force on improving the quality of legal representation for parents and children. That task force aims to elevate the level of practice by attorneys involved in child welfare cases by (1) developing a process for continuous quality improvement among practitioners and (2) expanding educational opportunities, including establishing a core curriculum for attorneys starting out in juvenile law and encouraging a certification process for more experienced practitioners. The Quality Representation Task Force anticipates incorporating any related recommendations from this report into the scope of its work.

## **VI. Immediate Recommendations**

### **A. Establish Pre-Filing Legal Representation for Parents**

The prevention services funded through Family First will be provided to families whose children are candidates for foster care. Many of the cases eligible for these preventative services will be IDHS cases that are “pre-filing” and in successful cases, a petition will never be filed in juvenile court. Cases that are not filed as removals or CINA petitions will have no court oversight of the services provided to these families. Under the current system, when a child abuse assessment is founded, IDHS can find no action is necessary because the safety concern is addressed without IDHS intervention, provide in-home services without court oversight (voluntary services), or refer the case to a county attorney for court action through the filing of a CINA petition. Due to a change to Iowa Code section 237.1 (4)(f), IDHS can develop a safety plan with the parent(s) to have the child(ren) temporarily live with relatives, or fictive kin, and it

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<sup>8</sup> Rule 8.36 became effective January 1, 2015 and requires three hours of juvenile law CLE annually; attorneys must maintain records and make available to State Public Defender or court on request; and applies to all State Public Defender court-appointed attorneys.

will not be considered foster care, nor a removal that requires court action. One of the issues the committee discussed was how to provide due process protection for parents, children, and families when a safety plan is in place and there is no court oversight.

The parent representation project is a pilot project between the Iowa State Public Defender, Iowa Children's Justice Initiative, IDHS, the First Judicial District Judicial Branch, and Iowa Legal Aid. The project was initiated in 2014 to reduce the number of cases filed in juvenile court, reduce the time children are removed from their parents, reduce the number of families reentering the child welfare system, and help make families safer moving forward. The project provides a team of professionals comprised of a lawyer, a social worker, and a parent advocate to families to prevent the unnecessary placement of children in foster care, or other out of home placements and reduce the barriers to family reunification. Almost 5 years ago in Waterloo, Iowa, the parent representation project started representing clients in pre-filing cases, or in cases where the provision of legal assistance prevented the need for juvenile court or further IDHS involvement. The project also represents clients already involved in the juvenile court system in CINA cases. Through the parent representation project, families receive help with both the CINA legal issues and any other civil legal issue that may arise in the course of a case.

The project provides civil legal services including obtaining custody orders, procuring protective orders, obtaining divorces, modifying custody orders, resolving landlord/tenant disputes, filing guardianships, and general advocacy and education to families in order to prevent re-abuse or re-entry into the child welfare system. In child welfare cases, the project team provides increased understanding of proceedings and expectations, and provides additional support in the areas of advocacy, community resources, and a parent advocate who has experienced the process of removal and subsequent reunification. The data collected from this

pilot project reported that children whose families were assisted by the project are returned to their parents more quickly and have a lower rate (almost 50 percent lower) of re-abuse or re-entry compared to children whose families were not assisted by the project. The parent representation project assists families in staying out of the juvenile court by providing legal permanency for children, by establishing custody with a safe parent, establishing guardianship with a safe and stable care provider, obtaining protective orders to keep abusers out of the home, and defending tenants in unlawful evictions or in getting needed repairs completed. In addition to providing a wide variety of legal services to families, the parent representation project provides due process protection to families when there is no court oversight.

## **B. Training**

Family First also amended the eligibility criteria for receiving Court Improvement Program (CIP) grant funds to include a requirement for training judges, attorneys, and other legal personnel involved in child welfare cases on the new QRTP requirements. This training mandate recognizes the critical role juvenile court judges play in effectively implementing the QRTP provision and reducing reliance on group care. The Iowa Children's Justice Initiative has already provided two training sessions for juvenile court judges from across the state on the Family First rollout. Other members of the task force have presented on this topic for lawyers and judges at the Southwest Iowa League of Lawyers seminar in February 2019 and the Iowa State Bar Association annual meeting in June 2019. Children's Justice plans to continue its training efforts with a summit. Children's Justice will also continue to work with IDHS on future educational opportunities for judicial officers, juvenile court staff, and members of the legal community.

### **C. Summit and District Teams**

Summits are targeted strategies to inform, educate, and develop a broad-based consensus and calls to action to address a particular child welfare issue. They are large multi-disciplinary group gatherings. Summits have been used five times to stimulate major statewide policy and practice changes. The agenda and speakers bring a common message, with a variety of ideas of how to address the topic.

The first summit was held in 2007 and focused on the recognition that all children need timely permanency. Speakers focused on ways to achieve permanency for all children in Iowa. One outcome was the development of local community teams, now called District Teams. The second summit in 2009 emphasized achieving timely permanency. The third summit, held in May 2011, focused on the Blueprint for Permanency, a vision of permanency for Iowa. Individual participants were asked to personally identify small steps of change to immediately improve permanency for children in their communities. The fourth summit in 2013 explored the impact of parental substance use disorders on families. The most recent summit, held in December of 2015, focused on human trafficking.

District teams were broadly representative and inclusive of many voices. Multiple district teams had parents, foster youth, foster parents, faith community members, housing and family safety advocates, mental health providers and educators. District teams were provided with structured team time, so their participants could discuss how the state or national message applied at the local level. Each summit has resulted in a commitment to change by the district teams, the development of local action plans, and building a shared vision based on common values and experiences.

A summit is being proposed for May of 2020 on Family First and Iowa's implementation plan. A mix of national and state level speakers will be utilized to set the stage for the necessary changes that will help Iowa be successful.

#### **D. Continuation of Task Force**

Family First implementation in Iowa will continue past the deadline for this report. The Task Force recommends the Supreme Court amend the appointment order to extend the Task Force until July 1, 2021. The amended order should require the Task Force to submit a report to the Court in June of each year. The Task Force also recommends broadening the Task Force's membership to include county attorneys, community providers, the state public defender, Iowa Legal Aid and private attorneys.

#### **E. Checklist for QRTP Placements**

The task force discussed developing a checklist or bench card to inform juvenile court judges of what factors to weigh in deciding whether to approve or disapprove of a QRTP placement. In that same vein, the task force began conversations around how judges should factor in a child's reasonable preferences and best interests, as well as the input from family members, when reviewing the ongoing QRTP placement.

#### **F. Summary of Prevention Efforts and Oversight Reports**

Under Family First, prevention services can continue for up to twelve months. In carrying out this goal, it is imperative all system actors are informed along the way. IDHS plans to provide oversight reports or a summary of prevention efforts to the court, however, at this time, the process for providing this information is unknown. Generally, the court will not have



jurisdiction over these cases because a CINA petition would not have been filed. Due to the lack of court oversight, a process needs to be developed on when these reports should be made available to the court and who should introduce them. Reviewing these reports could have an impact on judicial workloads. County attorneys will also need to support this process.

## **VII. Future Issues to Consider**

The task force has identified various issues to address in the future. Identified issues are:

- A. Statutory changes – As Family First is implemented, legislative changes to Iowa Code Chapter 232 may need to be considered, particularly in the definition section. Additionally, the expansion of the definition of when aggravated circumstances exist may need to be considered. For example, consideration by the court of the services provided by the department through Family First prior to the court’s involvement may impact the circumstances when the department requests the court to consider waiving reasonable efforts.
- B. Child Abuse Report Statutory Changes – The Iowa Code section on the maintenance of child abuse reports should be revisited: including the possibility of adding new language clarification on who receives these reports, and re-examination on how long they keep them should also be decided.
- C. EDMS System Update – Family First may require the use of different event codes than those that currently exist in the EDMS system.
- D. Funding – As the IDHS implements the mandatory federal provisions, including evidence-based programs, additional funding may be needed to ensure accessibility to those programs, particularly in the rural counties. Avenues may also need to be explored

regarding pre-filing appointment of counsel and expansion of the Waterloo project across the State.

- E. Delinquent Youth, QRTP Placement, & Treatment – How will the youth adjudicated delinquent be affected by the QRTP process? If it is found that there are some delinquent youth who do not fit the criteria for a QRTP, a future issue may involve assurances of increased state dollars put aside for the specific purpose of assessing and treating delinquent youth in a way that ensures public safety and enhances the efficacy of the intervention. Ultimately, this should reduce the length of treatment and reduce the need for future placements. Without assuring delinquency specific treatment through Family First or state dollars, delinquent youth will go without effective treatment, often in detention, thus raising their risk level and ultimately negatively impacting public safety. The cost to the community and future victims is hard to predict. Joan Petersilia's recent review in the National Institute of Justice Journal quoted "Economist Mark Al Cohen and criminologist Alex Piquero found in a recent study that a high-risk youth who becomes a chronic offender costs between \$4.2 & \$7.2 million, principally in police and court outlays, property losses, and medical care. You either pay now or pay later— and you pay a lot more later." The lack of these services could pose a crisis to Iowa's Juvenile Justice System.
- F. Statutory Additions – Legislators should consider adopting definitions in response to Family First in Chapter 232 of the Iowa Code.
- G. PMIC v. QRTP Placements – Explore the difference between Psychiatric Medical Institutions for Children (PMIC) certification and what is required for a placement in a QRTP. Task force members noted the similarity between this new process and the

existing requirement for a certificate of need for inpatient care to receive Medicaid payments for children placed in PMICs.

H. ICWA – How will Family First impact or intersect with the Indian Child Welfare Act?

What are the implications for Iowa?

I. Learn from Other States – Monitor the implementation of Family First in other states so we can learn from their efforts.

### **VIII. Conclusion**

Family First provides states with the opportunity to intervene in the lives of families earlier and more efficiently. Through the new framework under Family First, Iowa families will hopefully be able to stay together while improving themselves and becoming healthier. Children do best in their families. This has been repeated by scholars and those involved in the child welfare system; Family First allows for this practice to become a reality for many. Family First provides children with the opportunity to remain in the family while receiving the services and supports necessary to ensure child safety and well-being, while minimizing disruption and trauma. The new focus on evidence-based treatment will ensure that families are receiving the best and most proven services while they do the difficult work of improving the lives and well-being of their children.

The examples provided illustrate how Family First will change the way child welfare and juvenile justice systems will operate in Iowa after implementation. Each case illustrates how more options and resources will become available to children, youth, and families encountering these systems. Not only will Family First change service delivery, it will also change the legal landscape regarding the practice of law that impacts these populations. High quality and time appropriate legal representation will be key in advocacy efforts. The parent representation

project is already demonstrating how critical legal representation can be to a system involved family.

Moving forward, the Family First teams and task force members will continue efforts to improve these systems for Iowa's children and families. Many actors have a role to play in the successful implementation of Family First. We look forward to continued efforts and partnerships in achieving this goal.

## **Appendix**

## Appendix A

# Issue Brief



## *Family First Prevention Services Act*

The Family First and Prevention Services Act (FFPSA) was included as a provision in the [Bipartisan Budget Package/Continuing Resolution \(Public Law 115-123\)](#), which was approved by Congress and signed by the President on February 9, 2018. FFPSA included two major provisions to reform the child welfare system and a number of other important provisions, such as, extending full funding for the three CIP grants through FY 2021. Unless otherwise specified, the implementation date for the reforms is October 1, 2019. Courts will play a critical role in the effective implementation of the reforms and should be aware of the details of the FFPSA. The specifics of FFPSA are outlined below.

First, FFPSA provides states with the option to use Title IV-E funding for time-limited prevention services for children at risk of placement in foster care, for the children’s parents and kinship caregivers, and pregnant and parenting youth. The vast majority of children entering foster care do so as a result of neglect. Previously, Title IV-E funding could only be used for services for children and their families if the child was in the foster care system. Beginning on October 1, 2019, prevention services can be provided for up to 12 months for a child and the child’s family to address the issue that is putting the child at risk of entering foster care, if the child welfare agency determines that the child can remain safely at home. Prevention services eligible for federal reimbursement are mental health services, substance abuse prevention services, and in-home parenting skills. To be eligible for federal reimbursement, the services must be evidence-based and trauma-informed. (*See Part I below for more details*)

The second major provision of FFPSA is to focus on placing the vast majority of children in the foster care system with relatives or in foster family homes. Children who need special services and treatment can be placed in Qualified Residential Treatment Programs (QRTPs) for the time necessary to provide the needed services and treatment for the child. FFPSA specifies a number of requirements that these QRTP facilities must meet to qualify for federal reimbursement. Effective October 1, 2019, Title IV-E funding will only be available for children placed in a QRTP if an assessment of the child’s

needs has been conducted and a court has approved the QRTP placement. States are given the option to delay implementation of this provision until October 1, 2021. If a state chooses to delay implementation of this provision, the state must also delay implementation of the prevention services provision for the same time period. *(See Part IV below for more details)*

### **Court-Related Provisions in the FFPSA**

**Court Improvement Program (CIP) Grants** - Importantly, all three Court Improvement Program (CIP) grants (basic, data, and training) were extended for FY 2017 through FY 2021. Passage of the FFPSA provides stability and full funding for all three grant programs through FY 2021 *(See Section 50761 below)*

**Improving Foster Care Interstate Placements** - States are required to use an electronic interstate case-processing system for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship no later than October 1, 2027. Federal funding is available to help states implement electronic interstate case-processing systems. *(See Section 50722 below)*

**Regional Grant Partnership (RGP) Grant** - The Regional Grant Partnership (RGP) grant eligibility requirements were amended to specify that certain partners must be part of the collaborative agreement. The mandatory partners include the state child welfare agency, the state agency responsible for administering the substance abuse prevention and treatment block grant, and the court(s) that works with the families. *(See Section 50723 below)*

**Development of Statewide a Plan to Prevent Child Abuse and Neglect Fatalities** - Effective October 1, 2018, states are required to document in their Title IV-B state plan the steps the state is taking to track and prevent child maltreatment fatalities. The documentation is to address how the state agency has engaged public and private agency partners, including those in public health, law enforcement, and the courts in the development of the state's plan. *(See Section 50732)*

**Judicial Training on New QRTP Requirements** - Judges are critical to the effective implementation of the provision to focus on placement of foster children in family homes and to reduce the use of congregate care/group homes. The eligibility criteria for receiving CIP grant funds was amended to include a requirement to provide training for judges, attorneys, and other legal personnel on child welfare cases in federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not foster family homes. *(See Section 50741 below)*

**Court Review of Congregate Care/Group Home Placements** - Within 60 days of the placement of a foster child in a QRTP, a court with competent jurisdiction or an administrative body appointed or approved by the court must independently review the QRTP placement and approve or disapprove of the placement. For children that remain in a QRTP, the state child welfare agency must submit evidence at every status review and permanency hearing that justifies the child's continued placement in that placement. *(See Section 50742 below)*

## **Highlights of Other Key Provisions**

Other provisions of FFPSA include the following.

- Effective October 1, 2018, Title IV-E reimbursement will be available for a child in foster care who is placed with his/her parent in a licensed residential family-based substance abuse treatment facility for up to 12 months. *(See Section 50712 below)*
- Beginning October 1, 2018, Title IV-E reimbursement will be available for evidence-based kinship navigator programs. *(See Section 50713 below)*
- To improve licensing standards for relative foster family homes, the U.S. Department of Health and Human Services (HHS) is required to publish model foster parent licensing standards. *(See Section 50731 below)*
- States are required to develop a statewide plan to prevent child abuse and neglect fatalities. *(See Section 50732 below)*
- Amendments were made to the Chafee Foster Care Independence Program to support youth who age out of foster care by encouraging transition services and expanding supports. *(See Section 50753 below)*

## **Summary of the Family First Prevention Services Act (Subtitle A of the Bipartisan Budget Package/Continuing Resolution)**

### **Part 1 – Prevention Activities Under Title IV-E**

#### **Section 50711. Foster Care Prevention Services and Programs**

Beginning October 1, 2019, states have the option to use Title IV-E funds for prevention services for eligible children at risk of foster care placement and for their families.

#### *Persons Eligible for Prevention and Family Services and Programs*

- Children who are “candidates” for foster care;
  - A candidate is a child who has been identified by the child welfare agency in a prevention plan as at imminent risk of entering foster care, but who can remain safely at home or in a kinship placement if provided services that would prevent entry into foster care.
  - This includes children whose adoptions or guardianship arrangements are at risk of disruption or dissolution, which would result in the child entering foster care;
- Children in foster care who are pregnant or parenting; and
- Parents or kin caregivers of candidates for foster care for services needed to prevent the child’s entry into foster care or directly relate to the child’s safety, permanence or well-being.

### *Duration of Prevention and Family Services and Programs*

- Title IV-E funds can be used to provide services for up to 12 months beginning on the date the child is identified in a prevention plan as a candidate for foster care or a pregnant and parenting foster youth in need of services.
- Children and families can receive prevention services more than once if they are identified again at a later time as a candidate for foster care.

### *No Income Eligibility Requirement for Prevention and Family Services and Programs*

- Eligible children, parents and kin caregivers are eligible for prevention services and programs regardless of whether they meet the Aid to Families with Dependent Children (AFDC) income-eligibility requirements required for Title IV-E reimbursement.

### *Types of Prevention and Family Services and Programs*

- The services and programs eligible for Title IV-E reimbursement are:
  - Mental health and substance abuse prevention and treatment services provided by a qualified clinician; and.
  - In-home parent skill-based programs, which include parenting skills training, parent education, and individual and family counseling.
- The services and programs must be trauma-informed.
- The services and programs must meet certain evidence-based requirements that follow promising, supported, or well-supported practices as defined in the FFPSA.
- The Secretary of the HHS is required to release guidance no later than October 1, 2018 on the practice criteria required for these prevention services or programs and to publish a “pre-approved” list of services and programs that meet these requirements.

### *Prevention Plan Requirements*

- To receive the prevention services and programs, each candidate for foster care and pregnant or parenting youth must have a written prevention plan that specifies the needed services for or on behalf of the child. The services or programs identified in the prevention plan are required to be trauma-informed.
- The prevention plan for candidates for foster care must identify the strategy for the child to remain safely at home and out of foster care and list of services or programs needed for the child or the child’s parent or relative caregiver.
- The prevention plan for pregnant or parenting youth in foster care must include the youth’s case plan, a list of services or programs needed to ensure that the youth is prepared or able to be a parent, and a foster care prevention strategy for any child born to that youth.

### *State Plan Requirement*

- A state that takes the option to use Title IV-E funds for prevention services must document in its state plan the details on how the state will monitor and oversee the safety of children who receive the prevention services or programs; the services and programs the state intends to provide and whether they are promising, supported, or well-supported; the outcomes the state intends to achieve; how the state will



evaluate the prevention services or programs offered; and how child welfare agency staff will be trained and supported to effectively implement the Title IV-E prevention services and programs.

- The state plan documentation on the prevention services and programs plan must be updated every five-years.

#### *Federal Reimbursement for Prevention Services and Programs*

- Federal financial participation (FFP) for the prevention services and programs will be phased in.
- Beginning October 1, 2019 and before October 1, 2026, the FFP available to states will be 50 percent for the prevention services and programs that are promising, supported, and well-supported practices.
- Beginning October 1, 2026, the FFP will be the state's Federal Medical Assistance Percentage (FMAP) rate for the prevention services and programs that are promising, supported, and well-supported practices.
- At least 50 percent of the expenditures reimbursed by federal funds must be for prevention services and programs that meet the requirements for well-supported practices.
- To receive FFP for a promising, supported, or well-supported practice, the state's state plan must include an evaluation strategy for the practice. HHS, however, can waive this requirement for any well-supported practice if the evidence of its effectiveness is compelling and the state meets continuous quality improvement requirements.
- States are permitted to use Title IV-E funds for training and the administrative costs associated with developing the necessary processes and procedures necessary to implement the prevention services and programs.

#### *Maintenance of Effort for Foster Care Prevention Expenditures*

- There is a maintenance of effort (MOE) requirement on "foster care prevention expenditures" to avoid states substituting their current state/local prevention dollars with the new Title IV-E funds.
- States cannot spend less than they did on state foster care prevention expenditures in FY 2014 (or FY 2015 or FY 2016 at the option of a state in which the child population in 2014 was less than 200,000).

#### *Performance Measures and Data Collection on Prevention Services and Programs:*

- States are required to collect and report the following data to HHS for each child or adult receiving prevention services and programs during the 12-month period beginning on the date when the child is identified in a prevention plan:
  - The specific services or programs provided and the total expenditure for each service or program.
  - The duration of the services or programs that were provided.
  - In the case of a candidate for foster care, the child's placement status at the beginning and end of the 12-month period, and whether the child entered foster care within two years of being determined a candidate.
- Beginning in 2021, and annually thereafter, HHS will establish national prevention services measures on the following indicators based on the data reported by the states:
  - Percentage of candidates for foster care who do not enter foster care during the 12-month period when the prevention services or programs are provided and through the end of the succeeding 12-month period.
  - Total amount of expenditures for the prevention services or programs per child.

- HHS is required to establish and annually update the prevention services measures based on the median state values for the 3 most recent years, and will consider differences in state prices using the Bureau of Economic Analysis of the U.S. Department of Commerce or other appropriate data.
- HHS will make each state's performance measures available to the public.

#### *Eligibility for Indian Tribes and Tribal Organizations*

- Tribes with an approved Title IV-E plan have the option to use Title IV-E funds for prevention services and programs. HHS will specify the requirements applicable to tribes, which will be consistent with state requirements, to the extent possible, but allow for cultural adaptation that best fits the context of the tribal community.
- For each tribe, organization, or consortium that takes the option for prevention services and programs, HHS will establish specific performance measures on the prevention services and programs, which will be consistent with the state performance measures, to the extent possible, but also take into consideration the factors unique to the tribe, organization or consortia.

#### *Technical Assistance and Best Practices*

- HHS is required to provide technical assistance and best practices to states, tribes, and tribal organizations on the prevention services and programs, including how to plan and implement an evaluation of promising, supported, or well-supported practices.
- HHS is required to evaluate research on promising, supported, and well-supported practices and establish a clearinghouse of these practices and their outcomes. HHS may also collect data and conduct evaluations on the prevention services and programs to assess how these services are reducing the likelihood of foster care placement, increasing the use of kinship care placements, or improving child well-being.
- HHS is required to submit periodic reports on the prevention services and programs to the Senate Finance Committee and the House Ways and Means Committee. These reports will also be made available to the public.
- These requirements on HHS were effective upon enactment of the law.

#### *Other Provisions*

- A child who is with a kin caregiver for more than six months and meets the Title IV-E eligibility requirements will continue to be eligible for Title IV-E foster care payments at the end of the 12 months of the prevention services and programs.
- Prevention services and programs provided a child or adult will not be counted against that individual as receipt of aid or assistance with regards to their eligibility for other programs.
- The U.S. territories are eligible for the Title IV-E prevention funding.

#### Section 30712. Foster Care Maintenance Payments for Children with Parents in a Licensed Residential Family-Based Treatment Facility for Substance Abuse

Effective October 1, 2018, states are eligible to receive Title IV-E reimbursement for up to 12 months for a child who is placed with a parent in a licensed residential family-based treatment facility for substance abuse, regardless of whether the child meets the AFDC income-eligibility requirement for Title IV-E.

The eligibility requirements for reimbursement include:

- The child’s case plan recommends placing the child with the parent at the treatment facility;
- The substance abuse treatment facility provides parenting skills training, parent education, and individual and family counseling; and
- The treatment and related services are trauma-informed.

#### Section 50713. Title IV-E Payments for Kinship Navigator Programs

Effective October 1, 2018, states can receive Title IV-E reimbursement for up to 50 percent of the state’s expenditures on kinship navigator programs that meet the evidence-based requirements of promising, supported, or well-supported practices.

## **Part II – Enhanced Support Under Title IV-B**

#### Section 50721. Elimination of the Time Limit for Family Reunification Services While in Foster Care and Permitting Time-Limited Family Reunification Services When a Child Returns Home from Foster Care

Effective October 1, 2018, the current 15-month time-limit on the use of Title IV-B funds for family reunification services for children in foster care is eliminated.

The name of the program was changed from “Time-Limited Family Reunification Services” to “Family Reunification Services.”

#### Section 50722. Reducing Bureaucracy and Unnecessary Delays when Placing Children in Home Across State Lines

No later than October 1, 2027, states will be required to use an electronic interstate case-processing system for exchanging data and documents to help expedite the interstate placement of children in foster care, adoption or guardianship. The U.S. territories, Indian tribes, tribal organizations, and tribal consortiums are exempt from this requirement.

Funding (\$5 million for FY 2018 through FY 2022) is provided to help states implement electronic interstate case-processing systems.

States are required to submit an application to HHS that details how the grant will support the state in connecting with the electronic system. In awarding the grant funds, HHS shall give priority to states that have not yet connected with the electronic interstate case-processing system.

Not later than one year after the final grant year, HHS is required to report to Congress on how the system has changed the time it takes to complete interstates placements, how many cases were processed inside and outside the electronic system, state implementation progress, how the system affected other metrics related to child safety

and well-being, and how the system affected administrative costs and caseworker time spent on interstate placements. The report will also be made available to the public.

HHS is required to work with the Secretariat for the Interstate Compact on the Placement of Children (the American Public Human Services Association) and the states to assess how this system can be used to better serve and protect children that come to the attention of the child welfare system by connecting the system to other data systems.

#### Section 50723. Enhancements to Grants to Improve Well-Being of Families Affected by Substance Abuse

The Regional Grant Partnership (RGP) was amended to specify the partners that must be a part of the collaborative agreement (interstate, state, or intrastate):

- The mandatory partners include the state child welfare agency, the state agency responsible for administering the substance abuse prevention and treatment block grant, and the courts that work with the families.
- The optional partners include Indian tribes, tribal consortium, nonprofit and for-profit child welfare service providers, community health and mental health providers, law enforcement, school personnel, tribal child welfare agencies and any others related to provision of services under the partnership.

Tribes receiving a RGP grant may include the state child welfare agency as a partner. If the tribe is working in a partnership grant that serves children in out-of-home care they may include a tribal court in lieu of other judicial partners.

FFPSA reauthorizes the RGP for an additional five years (FY 2017 – FY 2021). The amount per grant per fiscal year can be no less than \$250,000 and no more than \$1,000,000.

RPG grants will be awarded in two phases: (1) a planning grant (not to exceed two years and not to exceed \$250,000 or the total anticipated funding for the implementation phase) and (2) an implementation grant.

The RPG application requirements were amended to:

- Add goals to improve substance abuse treatment outcomes for parents, children, and families and focus on safe, permanent caregiving relationships for the children, to increase the reunification rate, and to facilitate the implementation and effectiveness of the new prevention services and programs in Title IV-E;
- Require a description of the sustainability plan for when the RPG grant ends; and
- Require information about how the proposed activities are consistent with current research or evaluations on effective practices.

The performance indicators were amended to reflect child safety and parent well-being, and to make the indicators consistent with the outcomes measures for the new Title IV-E prevention services and programs.

The reporting requirements were amended to include semi-annual reports to HHS on the services provided, progress made in achieving the goals, and the number of children and families receiving services.

The changes to the RPG are effective on October 1, 2018.

### **Part III – Miscellaneous**

#### Section 50731. Improving Licensing Standards for Relative Foster Family Homes

HHS is required to identify model licensing standards for relative foster family homes not later than October 1, 2018. No later than April 1, 2019, states are required to submit the following to HHS:

- Whether their licensing standards are in accord with HHS’ model standards, and if not, why they deviate and a description of why that model standard is not appropriate for the state;
- Whether they waive certain licensing standards for relative foster family homes, and if so, a description of the standards they most commonly waive. If the state does not waive standards for relatives, they must describe the reason for not doing so;
- If the state waives licensing standards for relatives, a description of how caseworkers are trained on the waiver and whether the state has developed a process or tools to help caseworkers in waiving the non-safety standards to help place children with relatives more quickly; and
- A description of how the state is improving caseworker training or the process on licensing standards.

#### Section 50732. Development of Statewide a Plan to Prevent Child Abuse and Neglect Fatalities

Effective October 1, 2018, states are required to document in their state plan for the Title IV-B Child Welfare Services program the steps they are taking to track and prevent child maltreatment fatalities, including:

- How the state is compiling complete and accurate information on these fatalities, including information on deaths from relevant organizations (i.e. state vital statistics agency, child death review teams, law enforcement agencies, offices of medical examiners or coroners); and
- How the state is developing and implementing a comprehensive, statewide plan to prevent child maltreatment fatalities that engages public and private agency partners, including those in public health, law enforcement, and the courts.

#### Section 50733. Modernizing the Title and Purpose of Title IV-E

Effective upon enactment, the name of the Title IV-E program was changed from “Part E—Federal Payments for Foster Care and Adoption Assistance” to “Part E—Federal Payments for Foster Care Prevention, and Permanency.” The purpose of Title IV-E was also amended to reflect the new use of federal funds for prevention services and programs.

### **PART IV. ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME**

Beginning October 1, 2019, states are to take steps to safely reduce the inappropriate use of congregate care/group homes for children in the foster care system. States have the option to delay the effective date for up

to two years. Any state, however, that delays implementation of this provision must also postpone seeking Title IV-E funding for prevention services and programs for the same period of time.

#### Section 50741. Limitation of Federal Financial Participation for Placements that Are Not in Family Foster Homes

##### *Restrictions on Federal Reimbursement for Placements Other than Foster Family Homes*

- Beginning with the third week of a child entering foster care, states will only be eligible for Title IV-E foster care payments on behalf of a child in the following settings:
  - A foster family home of an individual or family that is licensed or approved by the state, and is capable of adhering to the reasonable and prudent parent standard, provides 24 hour care for children placed in the home, and provides care to six or fewer children in foster care (Exceptions to this limit can be made to accommodate parenting youth in foster care to remain with their child, keep siblings together, keep children with meaningful relationships with the family, and care for children with severe disabilities).
  - A child-care institution, defined as a licensed private or public child-care facility with no more than 25 children, that is one of the following settings:
    - A Qualified Residential Treatment Program (QRTP);
    - A setting specializing in providing prenatal, post-partum, or parenting supports for youth;
    - A supervised setting for youth ages 18 and older who are living independently; or
    - A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.
  - A licensed residential family-based substance abuse treatment facility for up to 12 months if a child is placed with a parent in that facility.
- Child-care institutions do not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children determined to be delinquent.
- This restriction on Title IV-E payments does not prohibit payments for administrative expenditures incurred on behalf of the child in a child care institution.

### *Qualified Residential Treatment Programs (QRTP)*

- A QRTP, is defined as a program that:
  - Has a trauma-informed treatment model designed to address the needs, including the clinical needs, of children with serious emotional or behavioral disorders or disturbances, and can implement the necessary treatment identified in the child’s assessment;
  - Has registered or licensed nursing staff and other licensed clinical staff who can provide care, who are on-site consistent with the treatment model, and available 24 hours and 7 days a week. The QRTP does not need to have a direct employee/employer relationship with required nursing and behavioral staff;
  - Facilitates family participation in the child’s treatment program, if family participation is in child’s best interest;
  - Facilitates family outreach, documents how this outreach is made, and maintains contact information for any known biological family and fictive kin of the child;
  - Documents how the child’s family is integrated into the child’s treatment, including post-discharge, and how sibling connections are maintained;
  - Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge; and
  - Is licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by HHS.

### *Training for State Judges, Attorneys, and Other Legal Personnel in Child Welfare Cases*

- The eligibility criteria for receiving CIP grant funds is amended to include a requirement to provide training for judges, attorneys, and other legal personnel in child welfare cases in federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not foster family home.

### *Assuring Changes in Federal Reimbursement Do Not Impact the Juvenile Justice System*

- Effective on October 1, 2019, states are required to include a certification in their state plans providing assurance that the state will not enact or advance policies or practices that will result in a significant increase in number of youth in the juvenile justice system because of the new restrictions on federal reimbursement for children not placed in a foster family home.
- The GAO is directed to conduct a study evaluating the impact on the juvenile justice system because of the new restrictions on federal reimbursement for children not placed in a foster family home. Specifically, the GAO is to evaluate the extent to which children in foster care who are in the juvenile justice system and placed in a juvenile justice facility are there because of the lack of available congregate care placements. GAO must submit the report to Congress no later than December 1, 2025.

## Section 50742. Assessment and Documentation of the Need for Placement in a Qualified Residential Treatment Program

### *Assessment to Determine Appropriateness of Placement in a QRTP:*

- Within 30 days of a child being placed in a QRTP setting, a qualified individual must assess the child's strengths and needs using an age-appropriate, evidence-based, validated, functional assessment tool to determine if the child's needs can be met with family members or in a foster family home, or in one of the other approved settings (i.e. facilities for pregnant or parenting youth or independent living facilities) consistent with the short- and long-term goals of the child and the child's permanency plan. HHS is required to publish guidance on valid assessment tools. The qualified individual conducting the assessment must also document child-specific short- and long-term mental and behavioral health goals.
  - The assessment must be done by a "qualified individual", who must be a trained professional or licensed clinician who is not a state employee or affiliated with any placement setting in the state. This requirement, however, may be waived by HHS upon request of a state certifying that a trained professional or licensed clinician can maintain objectivity in the assessment process.
  - If the assessment is not completed in the first 30 days of the child's placement in a QRTP, the state will not be eligible to receive federal reimbursement for foster care maintenance payments for that child while they remain in that QRTP placement.
- The qualified individual must conduct the assessment in conjunction with the child's family and permanency team
- The child's family and permanency team shall include all appropriate biological family members, relatives and fictive kin and, as appropriate, professionals (teachers, medical and mental health providers, or clergy), who are a resource to the family. If the child is age 14 or older, the two members of the child's permanency planning team selected by the child shall also be included on the family and permanency team.
- The state shall document in the child's case plan its efforts to identify and include a family and permanency team for the child, contact information for the team (including other family and fictive kin who aren't in the team), evidence that meetings were held at a time convenient for the family and permanency team, evidence that the child's parent provided input if reunification is the permanency goal, evidence that the assessment was made in conjunction with the team, the placement preference of the team that acknowledges the importance of keeping siblings together, and if the team's placement preference is different than that of the qualified individual the reason why the recommendations are different.

### *Steps Taken After a Determination is Made that a Child Should Not be Placed in a QRTP*

- If it is determined by an assessment that a QRTP placement is not appropriate for a child, then the state has an additional 30 days from the time that determination is made to transition the child to a placement that can better address the child's needs. States will receive FFP during this 30-day period. If the child remains in the QRTP beyond those 30 days, the FFP will cease.



*Steps Taken After a Determination is Made that a Child Should Not be Placed in a Foster Family Home:*

- If it is determined that a QRTP placement is appropriate for a child, the qualified individual must document in writing why the child's needs cannot be met by his/her family or in a foster family (a shortage of foster family homes is not an acceptable reason), why a QRTP will provide the most effective and appropriate level of care in the least restrictive environment, and how it is consistent with the short- and long-term goals of the child.
- Within 60 days of a placement in QRTP, a court with competent jurisdiction or an administrative body appointed or approved by the court must independently review the QRTP placement.
  - The court shall consider the assessment, determination, and documentation made by the qualified individual that conducted the assessment.
  - The court shall determine whether the needs of the child can be met in a foster family home, or if not, whether placement in a QRTP provides the child the most effective and appropriate level of care in the least restrictive environment and is consistent with the short- and long-term goals of the child.
  - The court shall approve or disapprove of the placement
- For a child who remains in a QRTP, the state agency must submit evidence at every status review and permanency hearing that:
  - Demonstrates that ongoing assessment of the strengths and needs of the child continue to support the determination that the child's needs cannot be met in a foster family home and that the QRTP provides the child the most effective and appropriate level of care in the least restrictive environment and is consistent with the short- and long-term goals of the child, as specified in the child's permanency plan;
  - Documents the specific treatment or service needs that will be met for the child in the QRTP placement and the length of time the child is expected to need the treatment or services; and
  - Documents the efforts made by the state agency to prepare the child to return home or be placed with a relative, legal guardian, or adoptive parent, or in a foster family home.
- For children in a QRTP for 12 consecutive or 18 nonconsecutive months (or for more than 6 consecutive months for children under age 13) the state agency is required to submit to HHS the most recent evidence and documentation supporting the QRTP placement with a signed approval by the head of the state agency.

Section 50743. Protocols to Prevent Inappropriate Diagnoses

Effective upon enactment, states must establish, as part of their health care services oversight and coordination plan, procedures and protocols to ensure children in foster care are not being inappropriately diagnosed with mental illnesses, disorders or disabilities that may result in the child not being placed with a foster family home.

HHS is required to evaluate these procedures and protocols and the extent to which states comply and enforce them, identify best practices, and submit a report on the evaluations to Congress no later than January 1, 2020.

Section 50744. Additional Data and Reports Regarding Children Placed in Settings that is Not a Foster Family Homes

States are required to collect data and report on the following data items for children in child-care institutions or other settings that are not foster family homes:

- The type of placement setting (i.e. shelter care, group home, residential treatment facility, hospital or institution, setting for pregnant or parenting youth, etc.)
- The number of children in the setting, and the age, race/ethnicity, and gender of each child in the setting.
- For each child, the length of stay in that setting, whether it was the child's first placement, and if not, the number of previous placements, and the child's special needs.
- The extent of specialized education, treatment, counseling, or other services provided in that setting.

States are also required to report on the number and ages of children in these placements that have a permanency goal of Another Planned Permanent Living Arrangement (APPLA).

These reporting requirements were effective as if enacted on January 1, 2018.

Section 50745. Criminal Records Checks and Checks of Child Abuse and Neglect Registries for Adults Working in Child-Care Institutions and Other Group Care Settings

Effective on October 1, 2018, states are required to have procedures in place for background checks on any adult working in group care settings where foster care children are placed.

Section 50746. Effective Dates; Application to Waivers

States that have an active Title IV-E Demonstration Waiver when the changes in Title IV-E related to congregate care/group homes go into effect will not be held to the changes if they are inconsistent with the terms of their waiver until the waiver expires.

**PART V. CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES**

Section 50761. Supporting and Retaining Foster Families for Children:

The definition of "Family Support Services" under Promoting Safe and Stable Families in Title IV-B, Subpart 2, is amended to include community-based services that are designed to support and retain foster families. The prior definition focused primarily on services for the child's family, and this change will allow for additional support for foster families.

Under Title IV-B, Subpart 2, competitive grants (\$8 million in FY 2018 through FY 2022) were created to assist states and tribes in the recruitment and retention of high-quality foster families to help place more children in foster family homes. The grants will be focused on states and tribes that have the highest percentage of children in non-family settings.

Section 50752. Extending Child and Family Services Programs Under Title IV-B

The following programs were extended for five years (FY 2017 through FY 2021) the following programs:

- Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1).
- Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)
  - This program was extended at the prior mandatory level of \$345 million a year.
  - Discretionary funding under Promoting Safe and Stable Families was also extended for five years.
  - Additionally, funding reservations for supporting monthly caseworker visits, Regional Partnership Grants, and the three Court Improvement Program grants (basic, data, and training) were extended for five years.

Section 50753. Improvements to the John H. Chafee Foster Care Independence Program and Related Provisions

The financial, housing, counseling, employment, education, and other appropriate supports and services to former foster care youth under the John H. Chafee Foster Care Independence Program (Chafee) were extended to age 23. The supports and services under Chafee were previously only available to youth between ages 18 and 21.

The extension of Chafee services to age 23 only applies to states that have taken the option to extend foster care to youth to age 21 or states that HHS determines are using state or other funds to provide services and assistance to youth who have aged out that are comparable to those youth would receive if the state had taken the option to extend care.

If a state has unspent Chafee funds remaining (i.e. at the end of the two-year period that funds are available to them), HHS can make those available to redistribute to other states that apply for additional funds, if HHS determines that those states will use the funds for the purposes stated. The amount redistributed to the states will be based on the “state foster care ratio” (i.e. the number of children in foster care in one state compared to the overall number of children in foster care nationally). Tribes can also participate.

The eligibility for Education and Training Vouchers under Chafee was extended to age 26. Previously the funding was only available to youth up to age 23. The FFPSA also clarified that higher education vouchers are available to youth who are at least 14-years old. Youth cannot participate in the voucher program for more than 5 years (whether or not the years are consecutive).

The name of the program was changed from the “John H. Chafee Foster Care Independence Program” to the “John H. Chafee Foster Care Program for Successful Transition to Adulthood.” Also, the FFPSA makes several language changes throughout Chafee, including clarifying that these services can start for youth at age 14.

Not later than October 1, 2019, HHS is required to submit a report to the House Ways and Means Committee and Senate Finance Committee on the National Youth in Transition Database (NYTD) and other relevant databases that track outcomes of youth who aged out of foster care or who exited foster care to adoption or kinship guardianship. The report is to include:

- Comparisons of the reasons for entering foster care and the foster care experience for 17-year-olds (i.e. length of stay, number of placements, case goal, discharge reason) to children who left care before turning 17;
- Characteristics of youth ages 19 and 21 who report poor outcomes to NYTD;

- Benchmarks for determining poor outcomes for youth who remain in care or exit care, and plans the Executive branch will take to use those benchmarks in evaluating child welfare agency performance in providing services to youth transitioning from care;
- Analysis of association between placement type, number of placements, time in care, and other factors related to outcomes at ages 19 and 21; and
- Analysis of outcomes for youth ages 19 and 21 who were formerly in care compared to 19 and 21-year-olds still in care.

## **PART VI. CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP**

### Section 50761. Reauthorizing the Adoption and Legal Guardianship Incentive Program

The Adoption and Legal Guardianship Incentive Payment program was reauthorized for an additional five years (FY 2017 through FY 2021). The incentive program allows states to receive incentive payments based on improvements the state has made in increasing exits from foster care to adoption or guardianship. This provision took effect as if enacted on October 1, 2017.

## **PART VII. TECHNICAL CORRECTIONS**

### Section 50771. Technical Corrections to Data Exchange Standards to Improve Program Coordination

HHS, in consultation with an interagency workgroup, is required to designate data exchange standards around the information shared between different state agencies, including federal reporting and data exchange requirements.

To the extent practicable, the data exchange standard requirements shall incorporate the following:

- A widely-accepted, non-proprietary, searchable, computer-readable format, such as Extensible Markup Language;
- Contain interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model;
- Be consistent with and implement applicable accounting principles;
- Be implemented in a manner that is cost-effective and improve program efficiency and effectiveness; and
- Be capable of being continually upgraded; as necessary.

Two years after enactment HHS is required to issue a proposed rule that identifies federally required data exchanges; includes specification and timing of exchanges; addresses factors used to determine whether and when to standardize data exchanges; and specifies state implementation options and future milestones.

### Section 50772. Technical Corrections to State Requirement to Address the Developmental Needs of Young Children

The state plan requirement under Title IV-B, Subpart 1 was amended to describe activities to reduce the length of time to permanency for all vulnerable children under the age of 5 and the activities the state undertakes to address the developmental needs of all vulnerable children under age 5 who receive services until Title IV-B or Title IV-E.

## **PART VIII. ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASES IN ADOPTION ASSISTANCE**

### Section 50781. Delay of Adoption Assistance Phase-In

Effective January 1, 2018, the increased federal reimbursement under Title IV-E Adoption Assistance for certain children adopted under age two was suspended for the period of January 1, 2018 to June 30, 2024. All children with special needs will be eligible for Title IV-E Adoption Assistance on July 1, 2024.

In the interim, children with special needs under 2 years of age will continue to be eligible for Title IV-E Adoption Assistance if they meet the existing Title IV-E eligibility requirements or are eligible for state-funded Adoption Assistance payments.

### Section 50782. GAO Study on Savings Resulting from the Increase in Adoption Assistance

The Government Accountability Office (GAO) is required to review states' compliance with the requirements of the Adoption Assistance federal reimbursement phase-in, specifically the:

- Requirement that state savings generated from the phase-in are being used to provide services to adopted children and their families and.
- Requirement that the state will spend no less than 30 percent of the savings generated by the phase-in on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes, and that at least two-thirds of that 30 percent requirement be spent on post-adoption and post-guardianship services.

The GAO is required to submit the findings of this study in a report to the Senate Finance Committee, House Ways and Means Committee, and HHS.

If you have questions or need additional information, please contact kay Farley at [kfarley@ncsc.org](mailto:kfarley@ncsc.org) or (202) 684-2622.

## Appendix B

### Child Welfare/Child and Family Services Continuum

#### Prevention

#### *Iowa Child Abuse Prevention Program (ICAPP) and Community-Based Child Abuse Prevention (CBCAP) Program*

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Services' (IDHS) foremost approach to the primary prevention of child maltreatment. The structure of ICAPP allows for local Community-Based Volunteer Coalitions or "Councils" to apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Although this program receives state and federal funding from a variety of 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.

#### Core Family Support Service Descriptions

The core of funding goes to programs typically thought of as "Family Support". These programs include parent development/leadership (education, support, etc.), home visitation (using an evidence-based model), and crisis child care. Full descriptions are below.

**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 child development.

Understanding difficult phases of development such as colic, toilet training, and refusal to sleep help lower parents' frustration and anger. Parents participate in parent development programs primarily through group classes, but also home-based sessions, depending on the needs of the family and community. Below are some of the various curricula used:

- The *Nurturing Program*: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.
- The *Love and Logic* program: a group-based program that typically occurs in six weeks of sessions.
- *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.

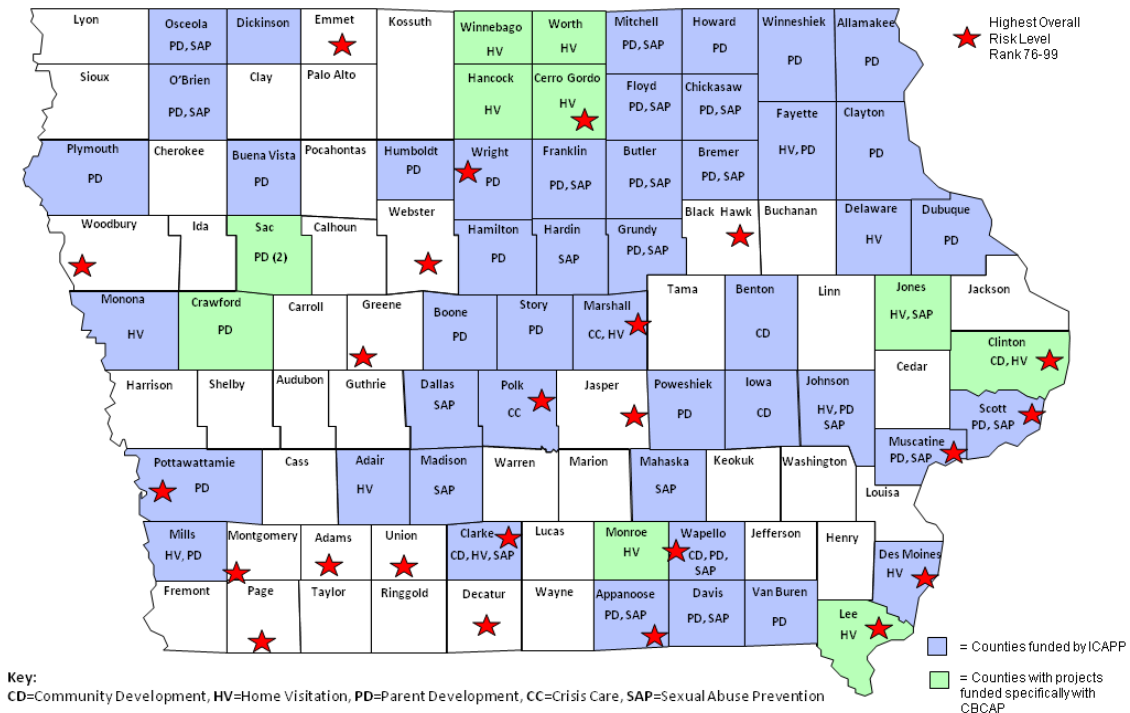
**Home Visitation Services:** Home visiting programs provide individualized support for parents in the home, making these services flexible and accessible for parents. Home visiting programs foster nurturing and attachment as well as promote resiliency within the family. Though occasionally available to any families regardless of their circumstances, home visiting programs tend to identify high-need, high-risk families with newborns or very young children, and some target prenatal populations. Trained professionals or para-professionals provide education, support, referrals to community based services, and model appropriate caregiving strategies. To apply under this category, programs must use a nationally recognized evidence-based home visitation model. The two primary models funded in Iowa 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.
  - Note: For reporting purposes, programs utilizing HFA models received funding only with CBCAP dollars, though the application process was the same for all.
- 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).

**Crisis Childcare:** Crisis Childcare 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 conducts intake interviews; arrange temporary care for the children with licensed/registered providers, and offer advice and support to parents. Some programs also provide transportation to care when requested. These programs also will travel to pick up children if necessary.

**Figure 4.1: FY 2019-2020 ICAPP and CBCAP Funded Projects**





Source: IDHS Program Manager

## Intervention

### *Child Protective Assessments*

When the IDHS receives a report of suspected child abuse and the allegation meets the three criteria for abuse or neglect in Iowa (victim is under the age of 18 years; allegation involves a caretaker for most abuse types; and the allegation meets the Code of Iowa definition for child abuse), the IDHS accepts the report of suspected abuse for a child protective assessment. Under the Differential Response System, when the IDHS intake staff accepts a report of suspected abuse, the staff assigns the report to one of two pathways for assessment, a Family Assessment or a Child Abuse Assessment

CPWs must complete Family Assessment reports by the end of 10 business days, with no finding of abuse or neglect, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made. Successful closure of a Family Assessment indicates the children are safe without further need for intervention to keep the child safe. CPWs make recommendations for services available in the community for families with low risk; they offer families at moderate and high risk voluntary, state-purchased Community Care services.

If at any time during the Family Assessment the CPW receives information that makes the family ineligible for a Family Assessment, inclusive of a child being “unsafe”, the IDHS staff reassigns the case to the Child Abuse Assessment pathway. The same CPW continues to work the case.

The Child Abuse Assessment is Iowa’s traditional path of assessing reports of suspected child abuse. The IDHS CPW utilizes the same family functioning, safety and risk assessments as under the Family Assessment pathway. However, by the end of 20 business days, the CPW must:

- make a finding of whether abuse 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 a preponderance (more than half) of credible evidence supports that child abuse occurred and the circumstances meet the criteria for placement on the Iowa Central Abuse Registry.

- “Confirmed” means that a preponderance (more than half) of credible evidence supports that child abuse occurred, but the circumstances did not meet the criteria for placement on the Iowa Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. (Only the abuse types, physical abuse and denial of critical care, lack of supervision or lack of clothing, can be confirmed).
- “Not Confirmed” means there was not a preponderance (more than half) of credible evidence to support that child abuse occurred.

### *Safety Plan Services*

During the assessment process, child protection workers may determine that the family needs Safety Plan Services (SPS) in order to ensure the safety of the child (ren). SPS provide oversight of children assessed by the IDHS 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 IDHS child abuse assessment (CAA) or Child-in-need-of-assistance (CINA) assessment. SPS assure that the child (ren) will be safe and that without such services the removal of the child(ren) from the home or current placement will occur. These services are provided in the family’s home and/or other designated locations as determined by the IDHS Safety Plan; remediate the circumstances that brought the child to the attention of IDHS; and keep the child(ren) safe from neglect and abuse while maintaining or improving a child’s safety status.

There are currently eight (8) different contractors under sixteen (16) contracts in the local service areas.

As a part of the current contract, there are two contract performance measures that 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.

### *Community Care*

At the conclusion of a IDHS child abuse assessment (CAA) or family assessment (FA), IDHS child protection workers (CPW) may refer the family for an ongoing IDHS 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 IDHS to keep children in the family safe from abuse and neglect.

The outcome of the CAA or FA and identified level of risk determines service eligibility. 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 in identifying the need for individualized services. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by IDHS, including removal of the child(ren) from the home.

Goals of Community Care include the following:

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

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 Community Care:

- 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

Community Care is provided through a single statewide performance-based contract covering all 99 counties in Iowa, with services to be flexible, individualized to the child and family's specific needs, and culturally responsive, including providing interpreter services when needed.

There are four contract performance measures to evaluate effectiveness of the services. Below are the four contract performance measures:

- **Performance Measure 1 (PM 1)** - The percent of families referred to the Community Care contractor who has a child adjudicated CINA and IDHS 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 (PM 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 (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 IDHS and at least seventy percent (70%) of all high risk families will achieve successful completion of services when the Community Care service ends.
- **Performance Measure 4 (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 IDHS and at least sixty five percent (65%) of all moderate risk families will achieve successful completion of services when the Community Care service ends.

## Treatment Services

### *Family Safety, Risk and Permanency (FSRP) Services*

Families receive Family Safety, Risk, and Permanency (FSRP) Services. FSRP Services target children and families with an open IDHS child welfare service case, following a child abuse assessment (CAA), a Child-in-need-of-assistance (CINA) assessment, or Juvenile Court action. FSRP Services contractors provide interventions and supports for children and families who meet IDHS 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 (IDHS); or
- Need for IDHS funded child welfare interventions, based on one of these factors:
  - Any child in the family is a founded victim of child abuse or neglect, regardless of whether the child's IDHS assessed risk level is low, moderate, or high; or
  - Any child in the family is a confirmed victim of child abuse or neglect, and the child's IDHS 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 and allow flexibility for contractors to deliver services based on child and family needs

in exchange for contractor accountability for positive outcomes. The child and family receive individualized services according to their unique needs.

The scope of work for SP/FSRP Services incorporates facilitation of Family Team Decision-Making (FTDM) meetings and Youth Transition Decision-Making (YTDM) meetings on open IDHS child welfare service cases. By contract, SP/FSRP Services contractors provide trained FTDM and YTDM meetings facilitators with active approval numbers to facilitate these meetings.

There are currently eight (8) different contractors providing this service under sixteen (16) contracts in the local service areas.

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

- **Performance Measure 1 (PM1):** Child(ren) are safe from abuse during the episode 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.

### **SafeCare®**

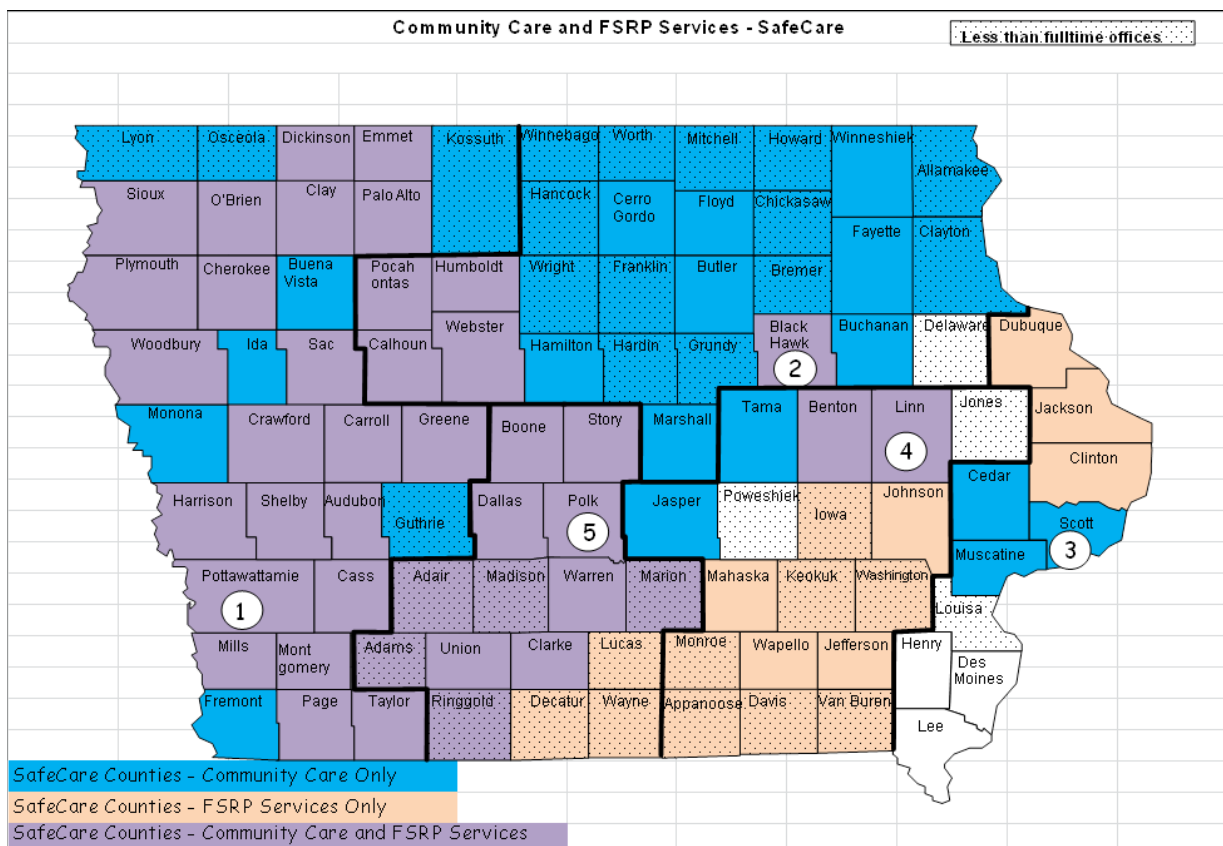
SafeCare® is an evidence-based behavioral parenting model shown to prevent and reduce child maltreatment and improve health, development, and welfare of children ages 0-5 in at-risk families. It is a home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect receive instruction on how to have positive parent-child and parent-infant interactions, keep their homes safe, and improve their child's health. For more information on SafeCare®, please visit the following website: [www.safecare.org](http://www.safecare.org).

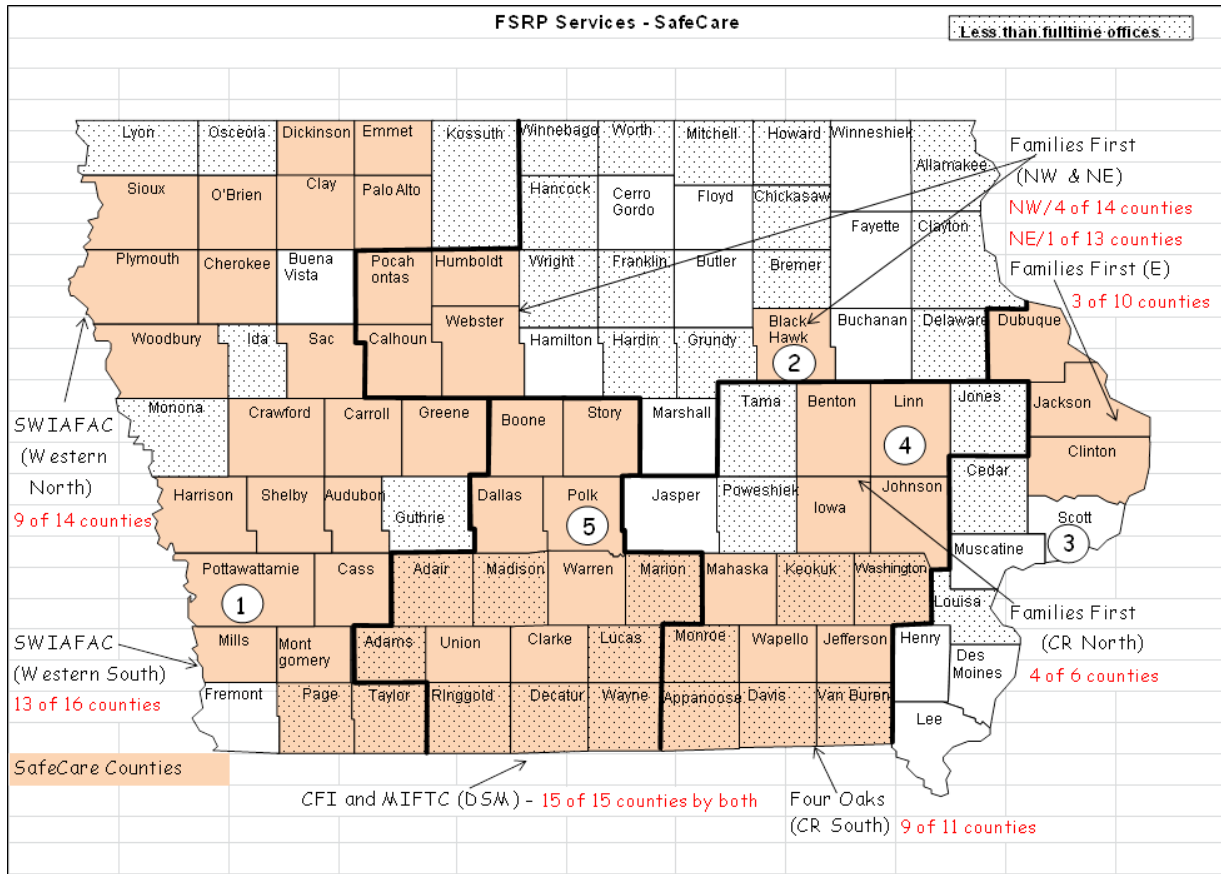
The following child welfare service contractors currently provide SafeCare® in the state of Iowa: Mid Iowa Family Therapy Clinic (MIFTC) for both Safety Plan Services (SPS)/Family Safety, Risk, and Permanency (FSRP) Services and Community Care; Children and Families of Iowa (CFI), Four Oaks, Southwest Family Access Center (SWIAFAC), and Families First Counseling for SPS/FSRP Services.

In January 2019, the SafeCare® maps were updated to reflect the counties covered within the contract areas by both Community Care and FSRP Services as follows:

- FSRP Services
  - Western South - 13 of the 16 counties covered by SWIAFAC
  - Western North - 9 of the 14 counties covered by SWIAFAC
  - Northern West - 4 of the 14 counties covered by Families First Counseling Services
  - Northern East - 1 of 13 counties covered by Families First Counseling Services

- Eastern - 3 of the 10 counties covered by Families First Counseling Services
- Cedar Rapids North - 4 of the 6 counties covered by Families First Counseling Services
- Cedar Rapids South - 9 of the 11 counties covered by Four Oaks
- Des Moines - All 15 counties covered by both CFI and MIFTC
- Community Care
  - 75 of the 99 counties across the state covered by MIFTC
    - The areas not covered primarily exist in the Cedar Rapids South and Eastern contract areas.





Currently, there are ten (10) approved SafeCare® trainers and over 70 approved SafeCare® home visitors within the five (5) organizations across the state. All continue to build capacity through internal training to approve additional home visitors and coaches.

*Crisis Intervention, Stabilization, and Reunification (CISR)*

Focal points of CISR overall include the following.

- Each child served near the child’s home and/or community.
- Service delivery occurs at a local level.
- All CISR services use the “One Caseworker Model” to coordinate the delivery of the child’s service plan. The one caseworker model ensures that a child and the child’s family have consistent access to contractor staff and better coordinated services for each child.

- Each child and youth in care receives an “education specialist” to coordinate all education related matters.
- Contractors will participate with IDHS to further develop strategies for and to implement:
  - Evidence-based practices;
  - Continuity of care for children receiving child welfare services;
  - Innovative community-based services that stabilize children and the children’s families so that children can return home; and,
  - Strategies to engage family members in treatment.

CISR comprises three of Iowa’s child welfare services. They are Child Welfare Emergency Services (CWES), Foster Group Care Services (FGCS), and Supervised Apartment Living (SAL).

Child Welfare Emergency Services (CWES)

Child Welfare Emergency Services comprise an array of short term and temporary interventions provided to children under the age of 18 years who are eligible due to the fact they are on their way to an emergency juvenile shelter bed placement. The intention of CWES interventions is to divert children from these placements by offering alternatives to a bed. When avoiding out of home placement is not possible, CWES also offers the most restrictive emergency service of juvenile shelter care (to the extent placements permitted by Iowa law). The IDHS, Juvenile Court Services (JCS), and law enforcement refer eligible children.

- Scope of the service: Diversion from placement into a shelter bed shall be accomplished by successful screening, child welfare related “triage,” and interventions that may be provided at locations such as in the child’s home, school, police stations, or at a shelter, in order to keep

children in their homes. Desired outcome: Whenever possible to prevent children from being placed out of home while keeping them safe or to provide a safe and temporary environment when children need a place to stay as they await final disposition of their case by the court.

- CWES methodologies for diversion activities will:
  - Actively work to safely keep children in their home;
  - Respond to referrals within one hour and initiate services as soon as possible;
  - Serve children up to 47-hours outside their home when that approach will divert from shelter placement;
  - Provide mobile outreach for child welfare emergency intervention in all counties covered by the CWES contract, taking the service to the child, rather than have the child come to the service;
  - Provide in-home onsite mediation services and follow-up diversionary activities;
  - Develop a service plan for shelter alternatives and diversion for a child receiving shelter alternatives and diversion services using the format and instructions provided by IDHS;
  - Maintain supporting documentation for shelter alternatives and diversion; and,
  - Initiate follow up contact after a child leaves CWES shelter alternatives and diversion services unless the child has been placed in another foster care setting, psychiatric medical institution for children (PMIC), detention, or other institution.
- CWES methodologies for emergency juvenile shelter care shall:
  - Accept all referrals for children into its contracted number of beds from all counties in the contractor's contracted Service Area and from within two (2) contiguous Iowa counties of the shelter facility's physical location;

- Discharge children from shelter to a permanent placement at the earliest possible time and work closely with the referral worker to develop a service approach to accomplish this within 30 days from the date of admission;
- Follow the reasonable and prudent parent standards with all children placed in shelter;
- Structure emergency juvenile shelter care placement to align with principles of the least restrictive care and most family-like setting and maintain family connections as appropriate; and,
- Utilize the IDHS-adopted Treatment Outcome Package (TOP) tool to assess the well-being of each child.
- Performance measures:
  - **Performance Measure 1 (PM 1)** Divert children from shelter beds - Greater than or equal to 85% of the children receiving diversion services will remain out of shelter care for at least 30 days from the date of disengagement from diversion services; and,
  - **Performance Measure 2 (PM 2)** Discharge from shelter care to family or other family-like setting - Greater than or equal to 75% of children discharged from shelter will be discharged to their family or a family-like setting.

#### Foster Group Care Services (FGCS)

FGCS is part of the child welfare array of services that offers a safe, protective, and structured living environment for eligible foster care children considered unable to live in a family situation due to social or emotional needs, but are able to interact in a community environment with varying degrees of supervision. Eligible children are those adjudicated by the court as either a child-in-need-of-assistance (CINA) or for having committed a delinquent act (delinquent). The service provision occurs in licensed congregate facilities offering room, board, and age

appropriate and child welfare services 24 hours a day and seven days per week. The contracted service aligns with:

- A safe, structured, and stable living environment for foster care children unable to live in a family situation;
  - Compliance with all required licensures, certifications, or approvals;
  - Acceptance of all referrals and provide contracted services on a no reject, no eject basis (with the understanding that individual cases may be reviewed with the IDHS);
  - Facilitating child development and the acquisition of age-appropriate life skills;
  - Helping each child develop and maintain relationships with the child's family and community and ensure each child stays connected to their kin, culture, and community; and
  - Support of a child's education and ensuring the child continues to attend the child's school of origin whenever that is in the child's best interest.
- 
- Desired outcome: Stabilize the situations of the children in care and reunite them with their family or other lesser restrictive family-like setting at the earliest possible time.
  - FGCS delivery shall:
    - Help children with high needs to thrive and develop the skills necessary to return home;
    - Provide the following minimum service elements for each child in FGCS:
      - Implementation of the service plan;
      - Monitoring and recording each child's behavior daily;
      - Supervising the daily living activities of each child and providing oversight and maintenance of their general health and well-being;
      - Scheduling in-person conferences as needed;

- Ensuring a supportive atmosphere and providing leadership and guidance to each child;
  - Coordinating and participating in internal and external activities of each child; and,
  - Maintaining ongoing communication with the referring worker.
- Provide supervision, planning for daily activities, discipline, guidance, development of peer relationships, and delivery of recreational programs (community resources in both the location of where the child is placed and the location of a child's family may be used for education, recreation, medical, social, and/or rehabilitation services;
- Assure that services are appropriate to the age, gender, sexual orientation, cultural heritage, and the developmental and functional level of the child;
- Follow the reasonable and prudent parent standards;
- Facilitate the participation of the child in other necessary programs and services to ensure their overall needs are met - such programs or services include, but are not limited to, the following:
  - Various medical services;
  - Outpatient mental health or substance abuse treatment;
  - Behavioral Health Intervention Services;
  - Educational or vocational services; and,
  - Other community-based services.
- Provide appropriate individualized care that is responsive to the needs of specific and outlier populations, such as sex offenders, children adjudicated for delinquent acts, children with special needs, etc.;



- Utilize the IDHS-adopted Treatment Outcome Package (TOP) to assess the well-being of each Child; and,
- Design programs with varying levels of structure that can be applied as a child's need for supervision decreases.
- FGCS methodologies will:
  - Use the “One Caseworker Model” and assign an “education specialist” to each child;
  - Concentrate on individual child development and life skills; and,
  - Implement service plans for each child in care that address identified needs, family and community connections, crisis and stabilization, reintegration planning, education, physical and mental and behavioral health needs and supports, medication management, and discharge.
- Performance measures:
  - **Performance Measure 1 (PM 1)** Length of stay - Greater than or equal to 60% of the children entering FGCS will be discharged within 180 days;
  - **Performance Measure 2 (PM 2)** Return to group care for CINA youth - Greater than or equal to 93% of CINA children discharged from FGCS will not return to FGCS within one year of discharge;
  - **Performance Measure 3 (PM 3)** Recidivism of delinquent youth - Greater than or equal to 75% of children adjudicated for having committed a delinquent act who are discharged from FGCS will not be charged with a simple misdemeanor or higher charge within one year of discharge; and,

- **Performance Measure 4 (PM 4)** Discharge to family-like setting - Greater than or equal to 75% of children discharged from FGCS will be discharged to family or a family-like setting.
- Anticipated changes to the Child Welfare array:
  - In SFY 2020, the IDHS and JCS will participate on a legislatively established work group led by the state court administrator to review and develop a plan to transfer the administration of graduated sanctions and court-ordered services programs for delinquents and funding and the oversight of group foster care placements for eligible children. Among other mandated tasks, the work group will:
    - Develop an action plan to transfer the administration of juvenile court graduated sanction services, court-ordered services, and associated funding from the IDHS to the office of the state court administrator or other appropriate state entity;
    - Develop an action plan to transfer the oversight of group foster care services for eligible children from the IDHS to the office of the state court administrator or other appropriate state entity with the necessary expertise to provide such services;
    - Recommend statutory and administrative policies and court rules to promote collaborative case planning and quality assurance between the IDHS and juvenile court services for youth who may be involved in both the child welfare and juvenile justice systems or who may utilize the same providers or services; and,
    - Determine the impact and role of the federal Family First Prevention Services Act relative to the various funding streams and services under the purview of the work group, and recommend statutory and administrative policies and rules to coordinate the duties of the work group with implementation of the federal Act.

- By July 2020, the IDHS will implement its plans for the Family First Act and clarify the role of foster group care in the implementation of that law and conversion to meet the definition of QRTPs.
- Continue to evaluate the need for congregate out of home placements in light of declining group care populations.

A Request for Proposal (RFP) for Family-Centered Services will be posted to the IDHS website in August 2019 and new contracts will be in place beginning July 1, 2020. The FCS contracts will replace the existing FSRP, Community Care and Safety Plan Services. The FCS contracts will be centered on delivering evidence-based interventions as a means of preventing children from entering foster care. The Notice of Intent for FCS can be found here:

<https://bidopportunities.iowa.gov/Home/BidInfo?bidId=4b9c0971-4d2e-47cf-b9f4-8974416ef4c4>

## **Appendix C**

### **Juvenile Court Services Evidence Based Programming Treatment Array**

**Functional Family Therapy (FFT)** serves youth with delinquency, violence, or substance abuse problems, youth involved in the juvenile justice system, and their families. FFT focuses on strengths, challenges, protective factors and risk factors that affect clients and their family systems. Through an average of 12 sessions, therapists establish a credible relationship with family members, motivate clients, explore family dynamics, work to change behavior patterns, and empower families with relapse plans and links to community resources. **(State Wide)**

**Aggression Replacement Training (ART)** is a cognitive behavioral intervention for reduction of aggressive and violent behavior, originally focused on adolescents. It is a multimodal program that has three components; Social skills, Anger Control Training and Moral Reasoning. **(Districts 1, 5 and 6)**

**Multidimensional Family Therapy (MDFT)** is a comprehensive and multi-systemic family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency. Working with the individual youth and his or her family, MDFT helps the youth develop more effective coping and problem-solving skills for better decision making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems.

Delivered across a flexible series of 12 to 16 weekly or twice weekly 60- to 90-minute sessions, MDFT is a manual-driven intervention with specific assessment and treatment modules that target four areas of social interaction: (1) the youth's interpersonal functioning with parents and peers, (2) the parents' parenting practices and level of adult functioning independent of their parenting role, (3) parent/adolescent interactions in therapy sessions, and (4) communication between family members and key social systems (e.g., school, child welfare, mental health, juvenile justice).

**(District 5)**

**Strong African American Families Program (SAAF)** - The SAAF Program is a short intervention for African American families with children nearing adolescence. The program consists of 7 consecutive weekly sessions lasting 2.5 hours each in length. At sessions, families eat a meal together and then divide into parent and child small groups for discussion. For the final hour of each session, the groups reunite for a large group meeting. The focus of the sessions are on effective parenting behaviors, providing guidance and support for children, helping children appreciate their parents, and teaching children skills to deal with stress and peer pressure. To facilitate attendance, families in the program are provided transportation and child care if needed. Sessions are taught by community member who are trained in the curriculum. **(District 5)**

**Love & Logic Parenting** - The Love and Logic Institute, Inc., developed training materials designed to teach educators and parents how to experience less stress while helping young people learn the skills required for success in today's world. This approach is called *Love and Logic* and is based on the following two assumptions:

- That children learn the best lessons when they're given a task and allowed to make their own choices (and fail) when the cost of failure is still small; and

- That the children's failures must be coupled with love and empathy from their parents and teachers. This model has been used by parents and teachers and has been applied to a wide range of situations. **(District 5)**

**Boys Town In Home Family Services Program** is a 16 week intensive in home intervention for juvenile offenders and their families which is directed toward: stabilizing youth within the family; preventing future involvement with the juvenile and adult justice systems; enhancing family involvement in service planning; improving family functioning; ensuring children are safe, healthy, and well cared for; providing services in the family's home community to increase access to quality community based services to support youth and families; ensuring all appropriate alternatives to "deep end" juvenile justice services such as detention and out of home placement are carefully explored; reducing truancy, substance abuse, curfew non-compliance, and other youth specific maladaptive behaviors; reducing the number of referrals to Juvenile Court Services involving youth and their behavior. The program utilizes the following strategies: engagement interventions; assessments; service planning/intervention; parent/youth skill training; crisis intervention; transportation; training/consultation/evaluation. **(District 4)**

**Boys Town Ecological In-Home Family Treatment Program** is based on the Boys Town Model, a cost-effective and evidence based intervention that has demonstrated positive outcomes for juvenile offenders. It also includes components and practices that are consistent with other evidence-based programs that have demonstrated positive effects with this population. Their effective strategies and elements include:

- Services provided in the family's home and community
- Effective youth and family engagement and re-engagement approaches

- Assessments to identify unique strengths and needs of each youth and family
- Service plans, developed with a family-team approach, that include youth and family
- Concrete services provided according to family needs
- Identification of formal and informal family supports to increase stability and self sufficiency
- Service hours that accommodate school and work schedules; services are provided in a manner that is least disruptive to daily family life activities, religious proscriptions, medical needs and safety concerns
- Crisis assistance 24/7
- Use of evidence based, behaviorally oriented parenting practices
- Cross-agency dialogue and partnerships that promote non-duplicative and regular service planning, using the family's goals
- Service intensity and duration determined by the needs and progress of the family
- Manageable caseloads (**District 2**)