



**IOWA DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF ADULT, CHILDREN AND FAMILY  
SERVICES**



**TITLE IV-B CHILD AND FAMILY SERVICE PLAN**

**2010 ANNUAL PROGRESS AND SERVICE REPORT**

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**Title IV-B Child and Family Service Plan  
2010 Annual Report**

**State of Iowa**

**Iowa Department of Human Services**

**Division of Adult, Children and Family Services**

**Contact Person**

**Name:** Patricia A. Barto  
**Title:** State Program Case Management  
**Address:** Iowa Department of Human Services  
Division of Child and Family Services  
Hoover State Office Building – 5<sup>th</sup> Floor  
1305 E. Walnut  
Des Moines, IA 50319  
**Phone:** (515) 281-7151  
**FAX:** (515) 242- 6248  
**E-Mail:** [pbarto@dhs.state.ia.us](mailto:pbarto@dhs.state.ia.us)



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## SECTION A: BACKGROUND

In June 2009, the Iowa Department of Human Service (IDHS) developed a Child and Family Service Plan (CFSP) that sets forth the Department's vision and goals to be accomplished for FYs 2010 through 2014. The purpose of the CFSP is to strengthen the States' overall child welfare system and to facilitate the state's integration of the programs that serve children and families into a comprehensive and continuum array of child welfare services from prevention and protection through permanency. These programs include title IV-B, subparts 1 and 2 of the Act, the Child Abuse Prevention and Treatment Act (CAPTA), the Chafee Foster Care Independence Program (CFCIP), and the Education and Training Vouchers (ETV) programs for older and/or former foster care youth. IDHS administers the IV-B, CAPTA, CFCIP and the ETV programs described within Iowa's CFSP.

Iowa's Annual Progress and Services Report (APSR) provides an annual update on the progress made toward accomplishing the goals and objectives identified in the state's CFSP for the previous fiscal year (2009-2010) and the planned activities for next fiscal year (2010-2011) .

Stakeholders were engaged and actively participated in both the APSR and CFSP process. Stakeholders included; agencies, organizations and individuals, the state's court improvement program, Tribes, providers, and faith-based and community organizations. Findings of reviews, including the Child and Family Services Review (CFSR), an Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review, the title IV-E Foster Eligibility Review, relevant CB reviews, and other planned activities were also integrated into the findings of this APSR.

Following is Iowa's APSR that includes the plans and activities that are critical in ensuring the safety, permanency and well-being of children and as such, meet the provisions of 45 CFR1357, title IV-B, subparts 1 and/or 2, Title IV-E, section 477 of the Act, and CAPTA.

### Child Welfare Updates

#### 2009 Iowa Legislation

**HF 2310 Legislation:** In 2008, the Iowa General Assembly passed House File Bill 2310, which authorized a joint study between the IDHS and Iowa Department of Public Health (IDPH). The purpose of the study is to identify effective means of reducing the incidence and impact of child abuse, including denial of critical care and interventions with families by the child welfare system that is partially or wholly caused by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care. IDPH and IDHS recognized that child maltreatment is frequently associated with parental/caregiver substance use disorders and that no single agency has the resources or expertise to comprehensively respond to the needs of the parent/caregiver, the child or the family as a whole. The Departments and the Court acknowledge that procedures to provide integrated court oversight, substance abuse treatment, and child welfare services need developed in order to address the complex needs of families who are involved in all three systems. Professionals and caregivers at both the state and community level need to develop a common knowledge base and shared values about child welfare, the juvenile court system and substance use disorders.



A workgroup was formed to discuss the legislation and develop a protocol around this issue. The protocol was piloted in September 2009, March 2010, and concluded in May 2010. The results of the two pilots will be compared to determine what affect the protocol has and what changes, if any, need to be made before the protocol is rolled out statewide in the fall of 2010.

**Relative Notification:** In July 2009, the Iowa General Assembly passed legislation regarding Public Law 110-351 to notify relatives within 30 days after removal of a child. IDHS staff utilizes a state form to notify relatives of child placement in foster care.

## 2009 IDHS New Initiatives

**Family Interaction:** On July 1, 2009, Iowa implemented statewide family interaction as a pathway to permanency. This practice strategy promotes frequent and structured family interaction to build parental capacity; contributing to earlier reunification and clear paths for concurrent planning. It provides structure and a focus on caseworker visits with children and parents regarding the critical issues of meeting the needs of the children and building parental capacity.

**Family Finding:** On November 23, 2009, Four Oaks Family and Children's Services (Four Oaks), on behalf of Iowa KidsNet, and in collaboration with IDHS, was awarded a three-year federal Family Connections grant to implement an intensive family finding and engagement project, Families for Iowa's Children (FIC). FIC project partners are Catholic Community Services of Western Washington (CCS), Iowa's Children's Justice, the University of Iowa, and Meskwaki Family Services. Family finding is a program authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

The purpose of the FIC project is to use search technologies and family-centered practices to help children entering foster care reconnect with family members and natural supports during and after their time in care. Specifically, FIC will search for and engage relatives and natural supports as potential placement resources for children, as potential permanency resources in the event that reunification is ruled out, and/or as support to the child in other ways while the child is in foster care and after the child exits from care.

The FIC program will be implemented in twenty-six counties overtime. The target population is children (ages 0-17) who enter (or re-enter) family foster care. Over the three-years of the project, FIC projects to serve 200 children.

Projected short-term benefits for children participating in the FIC are:

- More often placed with relatives
- Large number of family members/natural supports identified
- More frequent FTM attended by larger numbers of family members/natural supports
- More contact with their workers
- More frequent visits with parents and siblings
- More home visits

Projected long-term benefits for FIC children are:

- Lower average length of stay in foster care
- Lower recurrence of maltreatment
- Lower rates of re-entry into foster care

- High rates of family permanency

The University of Iowa will evaluate the effectiveness of the project. The project is a test model for family finding and engagement that may be later adapted and replicated within Iowa's child welfare system.

**Child Protection Centers (CPC):** There are two new satellite CPCs starting operation at hospitals in Waterloo and Fort Dodge.

**Rural Homeless Youth Grant:** In 2008, the Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB) awarded the Iowa Department of Human Services a five-year grant totaling up to \$1,000,000. Services are targeted to young people ages 16-21, in rural areas (including Tribal lands and other rural Native communities) who are approaching independence and young adulthood, but have few or no connections to a supportive, family structure or community. "Rural" is defined as any geographical area that: (a) has a population under 20,000; and (b) is located outside a Standard Metropolitan Statistical Area.

The grant stipulates the grantee will work with FYSB providers (FYSB funds Transitional Living Programs (TLP)) who serve rural communities. The TLP organizations in Iowa are Foundation 2 (Cedar Rapids area), United Action for Youth (Iowa City area), and Youth and Shelter Services (Des Moines and Ames area) and all of them serve rural communities. All are participating. Youth and Shelter Services Inc, has been selected as the agency to lead implementation of the four year Demonstration phase in the Boone community.

A full year collaborative state and local planning effort recently gave way to the **October 1, 2009** kickoff of the four year Boone county demonstration phase. The demonstration will include increased coordination of services for homeless and transitioning youth, enhanced skills development and "survival skills" training, youth centering transition planning supports, and opportunities to build healthy relationships with caring adults. The program's vision is to create and enhance connections for homeless youth living in Boone Iowa community and surrounding rural area in ways that will improve their chances for successful transitions towards independence and for achieving social, civic and economic success as older youth and adults.

**Expansion of Parent Partner Program:** In July 2009, Iowa IDHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the Parent Partner Approach throughout Iowa. Parent Partners are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. Parent Partners provide support to parents that are involved with IDHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families' success and strengths, exemplify advocacy, facilitate Building A Better Future (BABF) training and presentations, and collaborate with IDHS and child welfare. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry.

Within this MCWIC partnership, a work plan details a systematic expansion from six current Parent Partner sites to 22 Parent Partner sites over five years. New Parent Partner sites that are selected may receive funding for coordination of up to \$20,000 per year, for up to three years. Five new Parent Partners sites are receiving this funding.

**Non-Custodial Parent (NCP):** With a renewed emphasis on engaging NCP, the IDHS Quality Assurance & Improvement staff began developing guides and gathering resource information regarding



the importance of NCP involvement on positive outcomes for children. In 2009 a NCP interactive statewide training was offered for Supervisors and Social Work Administrators. Materials were provided to the attendees to begin presenting this information to field staff.

**Timely Home Studies Reporting and Data**

Iowa abides by the Safe and Timely Interstate Placement for Foster Children Act of 2006. Iowa’s Kidsnet (IKN) is responsible for completing the foster and adoptive home studies that are referred through the Interstate Compact for the Placement of Children (ICPC) within the 60 day time frame for completion. A process has been established with the Compact Administrator and the local IDHS offices to ensure that IKN receives all ICPC requests in a timely manner. IKN and the local IDHS office also have a 60-Day timeframe for processing parent and relative home studies.

IDHS works with the Iowa Juvenile Court to educate judges about the procedure for a Priority Home Study that is due in 20 business days. This speeds up the placement process for children who will be placed with parents or relatives. The Compact Administrator works with field social workers to assist with the ICPC process that establishes safety and permanency for children that need to be placed across state lines. The ICPC program works with Native American tribes that desire to place children across state lines. Technical assistance for ICPC is received from the national Association of Administrators of the ICPC.

<i>Home studies</i>	
ICPC Foster: 26	ICPC Adopt: 26
ICPC Dual:	ICPC Relative: 91

<i>Out-of-state placements</i>				
In FY 2008, the numbers for out-of-state placements were:	134 children for adoption	55 children for foster care	203 children placed with parents	330 children placed with relatives
In FY 2009, the numbers for out-of-state placements were:	117 children for adoption	45 children for foster care	209 children placed with parents	382 children placed with relatives

<i>In-State placements</i>				
In FY 2008 the numbers for in-state placements were:	86 adoption placements	61 foster care placements	145 placements with parents	199 placements with relatives
In FY 2009 the numbers for in-state placements were:	122 adoption placements	111 foster care placements	111 placements with parents	143 placements with relatives



## **SECTION B: SUBMITTAL RULE FOR INSULAR AREAS**

This section is not applicable for Iowa.

## **SECTION C. IOWA’S ANNUAL PROGRESS AND SERVICES REPORT (APSR)**

### **The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)**

A discussion of the State’s expenditures under title IV-B, subpart 1 is found within Section G. Financial Information of this report.

### **Promoting Safe and Stable Families Programs (PSSF)**

Promoting Safe and Stable Families (PSSF) services are community based and offered to assure the safety, permanency, and well-being of Iowa’s children and their families. Iowa has chosen to use a portion of its PSSF Planning funding dollars to enhance and provide family services that overlap the four service areas that include; Family Preservation, Family Support, Time-limited Family Reunification, and Adoption Promotion and Support Services. PSSF service funds were allocated to the eight community-based IDHS service areas according to a formula based on child population and poverty.

#### **PSSF Planning**

##### ***Community Partnership for Protecting Children***

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

Community Partnership sites collect performance outcome data on the implementation of all four strategies. One of the most important aspects of CPPC is engaging community members in helping to create safety nets in their own communities. Statewide, there are approximately 1,790 professionals and 1,206 community members involved in the implementation of the four



strategies. In 2009, sites held 355 events and activities with 38,300 individuals participating in community awareness that engages, educates and promotes community involvement in safety nets for children and increasing and building linkages between professional and/or informal supports.

Today in Iowa, over forty CPPC local decision-making groups, involving ninety-ninety counties, are guiding the implementation of CPPC. **Four key strategies guide the Community**

**Partnerships approach:**

1) **Shared Decision-Making (SDM)**

- 100% the sites had community members representation involved with SDM
- 85% of the sites had representatives from public and private child welfare agencies, substance abuse, domestic violence and mental health

2) **Neighborhood/Community Networking**

- 100% of the sites were involved in community awareness activities.
- 92% of the sites were involved in activities that increased linkages between professionals and informal supports.
- 32% of the sites developed organizational networks to support families. Networks to date include: 11 Parent Partner Networks; 8 Circle of Supports; 2 Neighborhood Partner; and 11 Transitioning Youth Initiative sites.
- 5 Parent Partner trainings with a total of 100 participants.
- 5 Dream Team training with a total of 75 participants
- Approximately 12 Dream Team facilitators and approximately 45 Dream Team meeting held.

3) **Family Team Meetings (FTM) and Individualized Course of Action**

- 100 % of the 99 counties have family team meeting available for families involved in the child welfare system.
- Over 50% of the 99 counties have family team meeting available in the community (non-IDHS involved families).
- 7 FTM trainings with 120 participants
- To date (including IDHS courses): approximately 1,920 have attended FTM training and 1,045 are approved FTM facilitators.

4) **Policy and Practice Change**

- 74% of the sites developed plans to address policy and practice changes.
- 26% of the sites implement policy and practice changes.
  - Policy and practice changes included: Strengthen communication between IDHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; transportation needs.

CPPC Educational forums:

- CPPC Immersion: 30 participants
- CPPC 202: 55 participants
- CPPC statewide meetings: 2 with an average of 80 participants per meeting
- CPPC regional meetings: 9 (3 meetings in 3 regions) with 20-30 participants per meeting
- Domestic Violence Trainings: 36 training with 505 participants including IDHS staff; domestic violence advocates and community partners
- Family Team Meeting Seminar Calls: 5 conferences calls, 40-50 participants per each call
- Community Partnership Newsletter: 3



- Parent Partner Newsletters: 4
- Family Team Meeting Newsletter: 4

### ***Family Team Meetings***

IDHS adopted Family Team Meetings (FTM) as a method to empower, engage and encourage families to take ownership and control over their own lives. The FTM process, a strength-based process, encourages families to draw upon formal and informal supports, promotes team decision-making, and provides a healthy environment for resolving conflict and solving problems. With families taking ownership of their lives, services are more effective to address underlying issues that led to maltreatment with the aim of preventing recurrence. To date (including IDHS courses): approximately 1,920 have attended training and 1,045 are approved FTM facilitators. Over 50% of the 99 counties have family team meeting available in the community for non-IDHS involved families as prevention strategy.

**At this point, Iowa does not track data related to outcomes of family team meetings. We can track the number of attendees at a training and the number of approved FTM facilitators. This information is noted above. Family team meetings are one piece or tool in the process of engaging families that workers are encouraged to utilize when feasible or appropriate depending on the specific case situation and need. Iowa does not track or connect who is provided family team meeting services to the outcome of the case. FTM are offered across the state. Plans are this will remain intact as an option for families. Iowa will explore the feasibility of examining FTM more thoroughly through data collection.**

### ***Domestic Violence Activities***

To address the issue of domestic violence and the possible need for repeat foster care placement, Iowa contracted with the Iowa Coalition Against Domestic Violence (ICADV) to provide case consultations and trainings on domestic violence to field staff. From November 2008 through October 2009, ICADV conducted 14 case consultations with IDHS staff representing 13 hours of consultation. These cases represented 36 children, 12 under the age of 5 and 24 over the age of 5. Eleven new IDHS staff participated in the consultations with two staff participating for a subsequent time. In addition, ICADV staff provided, during this same time period, technical assistance eight times to field staff. Utilization of domestic violence expertise assists staff in providing appropriate services to families to reduce the possibility of children in these families re-entering foster care. In 2009, 36 domestic violence trainings were held with 505 participants including IDHS staff; domestic violence advocates and community partners.

### ***Parent Partners***

In 2007, the Iowa Parent Partner Approach was implemented in four pilot sites and two additional Parent Partner sites started in 2008. The Iowa Parent Partners seeks to provide better outcomes around re-abuse, and reunification. Parent Partners provide support to parents that are involved with IDHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families' success and strengths, exemplify advocacy, facilitate Building a Better Future (ABF) training and presentations, and collaborate with IDHS and child welfare.

Participants share experiences and offer recommendations through: foster/adoptive parent training; new child welfare worker orientation; local and statewide planning/steering committees and conferences; and Community Partnership participation. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry. Parent Partners work with social workers, legal professionals, community based organizations, and others to provide resources for the parents they are mentoring. The goal of the Parent Partner Approach is to help birth



parents be successful in completing their case plan goals. This is achieved by providing families with Parent Partners who are healthy and stable, and model success.

In July 2009, IDHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six current Parent Partner sites to 22 Parent Partner sites over five years. New Parent Partner sites that are selected may receive funding for coordination of up to \$20,000 per year, for up to three years. Five new Parent Partners sites are receiving this funding.

Currently, there are 11 Parent Partner programs covering 31 counties. The first six Parent Partner sites completed its second full year of implementation in 2009. Data was collected from six sites (1-6 above) for the time frame of January 2009 through December 2009, 54 parent partners served 450 families.

Types of Support Provided	# Times Parent Partners participated	Types of Support Provided	# Times Parent Partners participated
Attend FTM	458	Helped a parent access needed services	1409
Support family at court	746	Supported the parent during/before/after visitation	181
Attended other child welfare meeting	189	Had face-to-face contact with a family	4068
Went to counseling session with a parent	88	Had other contact with a family	21,847

**Transitioning Youth Initiative (TYI) and Iowa Youth Dream Teams**

This initiative focuses on youth who are involved in or who have aged out of Iowa’s foster care system. The TYI communities began implementing collaborative efforts focused on the four CPPC strategies: shared decision-making, individual courses of action, neighborhood networking, and policy and practice change. Through these Community Partnership efforts, the Iowa Youth Dream Team (IYDT) process was developed. This is a youth-centered planning and practice model that empowers youth to take control of their lives and achieve their dreams. Supportive adults and peers create a team to help the youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships. Through these connections and relationships, young people are better able to access and take advantage of the resources, knowledge, and skills needed to support themselves and realize their dreams. TYI/Dream Team coaches and trainers meet monthly via conference call to discuss progress of each site. Each new site is assigned a coach/trainer that helps community prepare for aspects of TYI and dream team implementation.

➤ IYI and DT to date:

- 34 counties involved in various stages of implementing TYI and dream teams.
- 65 youth have participated in the IYDT process
- 18 facilitators trained and are approved or in approval process (informal)
- 8 IYDT Coaches (developing skills and building expertise – formalizing coaching pool)
- 5 IYDT Trainers, 2 IYDT Youth Co-Trainers



### ***Minority Youth and Family Initiative (MYFI)***

In March 2004, IDHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families. At this time, the relative rate for Native Americans in the Sioux City was 6.8 and today this relative rate has been reduced to 4.8. (The relative rate is the number of Native American children in portion to the number white children involved in out of home placement.)

The MYFI efforts in Sioux City focused on establishing a specialized IDHS unit that includes Native American liaisons who assist social workers in bridging cultural understanding. IDHS leadership partnered with the Community Initiative for Native Children and Families (CINCF) in Sioux City producing collaborative efforts to improve practice. For seven years, an annual conference has been held with approximately 180 participants from the Native American Community, IDHS and other child welfare partners. Community forums using “Race and the Power of Illusion” materials have been held throughout the community. Quarterly, state administrators meet with broad based coalition (Four Direction & CINCF, juvenile court, service providers and community) members to discuss strategies to improve policy, practice and services for Native American families. All these efforts have contributed to the success in reducing disproportionality for Native American children in the Sioux City service area.

In 2004, when the MYFI started in Des Moines, the relative rate for African American children was 5 and today the relative rate for African Americans has been reduced to 2.4. Des Moines participated in a national Breakthrough Collaborative Series sponsored by Casey Family Programs. By implementing a policy and practice change model called Plan-Do-Study-Act (PDSA), IDHS made several practice changes. The following is a list some of the activities (PDSA’s) initiated in the BSC collaborative.

- Hair Care (kit, tip sheet and training) education for children and foster parents regarding the needs of African American children in care.
- 24 hour Check-Back – Social workers visiting children the day after they have been removed from their home, to provide information and answer questions.
- Undoing Racism Workshop facilitated by the People’s Institute for survival and beyond.
- New worker public transportation orientation – new workers learn the difficulties associated with navigating the public transportation system.
- System Analysis
- Community engagement and public awareness
- Interview questions re: the influence of poverty
- Culturally competent family team meetings
- Court room survey re: adequate representation

On May 7, 2009 Casey Family Programs (CFP) hosted a compression planning session to develop key elements and strategies for an Iowa framework to address disproportionality. As a result, IDHS is now working with Casey Family Programs to implement a Breakthrough Series Collaborative (BSC) on disproportionality that involves eight Iowa communities that have relative high minority populations. BSC work includes:

- Each of the eight community developed a local team comprised of minority representatives, parent, youth, IDHS leadership, Judge, and Community Partner
- The Teams, Senior Leaders, and Day-to-Day managers participate in monthly calls related to the BSC. The Teams have developed team names and completed a self-assessment.
- There has been two Learning Session facilitates by Casey Family Program staff and included all the community teams. The teams learned the policy and practice change tool called Plan-



Do-Study-Act (PCSA). Teams develop new approaches utilizing on disproportionality data and family satisfaction surveys.

- Two more Learning Sessions are plan for site to share results of the PDSAs and learn from each other.

Casey Family Programs sponsored Peer Technical Assistance 10.22.09 and 10.23.09. This event focused on the child abuse intake and assessment process, which has been identified as a critical decision point in child protection that can impact disproportionality. The peer TA team included representatives from various counties across the state of Minnesota. The event itself involved facilitated conversations around some of the work that they have done, and generate ideas that BSC teams in Iowa can test in their teams/communities.

### **Family Preservation**

Less than 20% of funding is allocated for family preservation services as Iowa has family centered services statewide. Family centered services are funded through a combination of state and federal Medicaid funds.

#### *Safe Haven Program*

Safe Haven for Newborns—Overview of the Iowa Safe Haven Act (Implemented 2001)

What is the Safe Haven Act?

The State of Iowa has joined 30 other states in creating Safe Havens for infants.

The Safe Haven Act is a law that allows parents - or another person who has the parent's authorization - to leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment.

Who is a Safe Haven?

A Safe Haven is an institutional health facility - such as a hospital or health care facility. According to the law - an "institutional health facility" means:

- A "hospital" as defined in Iowa Code section 135B.1, including a facility providing medical or health services that is open twenty-four hours per day, seven days per week and is a hospital emergency room, or
- A "health care facility" as defined in Iowa Code section 135C.1 means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.

Safe Haven services are supported under the Family Preservation section of PSSF. Iowa Legislature passed the Safe Haven for Newborns law in 2001. IDHS maintains a website featuring links to important documents and information targeted to parents, hospitals and other designated Safe Havens, IDHS child protective services, and the community. Following is an example of information available at [http://www.dhs.state.ia.us/Consumers/Safety\\_and\\_Protection/Safe\\_Haven.html](http://www.dhs.state.ia.us/Consumers/Safety_and_Protection/Safe_Haven.html)

Iowa's universal Safe Haven symbol sign is printable from the website and is displayed in all Safe Havens across the State of Iowa. Informal surveys indicate the public has become familiar with the sign and what it represents.





In addition to the website, public service announcements are aired advising the public of the Safe Haven Law. The ads include a toll free number that can be called 24 hours a day for additional information. Plans are being made to continue the public service ads, provide training for hospital/Safe Haven personnel and develop an informational piece to be used by schools and agencies for public education.

Safe Haven support services and technical support are provided by the Safe Haven Program Manager located in the central office. To date, Iowa has had 17 babies surrendered under the Safe Haven Law for Newborns.

## **Family Support**

### ***Iowa Child Abuse Prevention Program Service Outcomes***

The Iowa Child Abuse Prevention Program (ICAPP) strives to reduce family stress, improve family functioning and increase knowledge about parenting and self-protection in order to reduce the risk of child abuse. As a way to assess whether these changes occur, councils ask participants to complete service evaluations in the areas of Crisis Nursery, Parent Education, Respite Care, Sexual Abuse Prevention (child and adult instruction) and Young Parent Support. Following is a summary of their responses:

#### ***Crisis Nursery***

- 77% of parents (146 out of 190 responses) reported that services reduced family stress a lot.
- All but one respondent (189 out of 190 responses) strongly agreed or agreed that they knew how to get help for their families as a result of these services.
- Parents rated their overall satisfaction with the care provided an average of 4.94 on a scale of 1 (very dissatisfied) to 5 (very satisfied).

#### ***Parent Education***

- 97% of parents (1,350 out of 1,387 responses) strongly agreed or agreed that family functioning improved after parenting instruction.
- Respondents, on average, reported a 1.11 point increase (on a five-point scale) in confidence in their parenting ability.
- Respondents, on average, reported at least a 1.15 point increase (on a five-point scale) in knowledge on each of five different topics, including positive discipline, communication skills, safe relationships, child development, and stress management.
- Parents reported the largest growth in knowledge on “good ways to manage my stress” (1.42) and “positive ways to manage my child’s behavior” (1.41).

#### ***Respite Care***

- 98% of parents (516 out of 529 responses) reported that services reduced the level of family stress a lot or some.
- 98% of parents (519 out of 527 responses) strongly agreed or agreed that they knew how to get help for their families as a result of these services.
- 86% of parents (459 out of 531 responses) indicated that they were offered parent education opportunities while using respite care services. Of those offered, just over half participated in parent education.

#### ***Sexual Abuse Prevention – child instruction***

- 98% adults (1,691 out of 1,718 responses) strongly agreed or agreed that students demonstrated an understanding of sexual abuse.
- 95% of adults (1,585 out of 1,662 responses) strongly agreed or agreed that students understood after instruction how to apply self-protection skills.
- 99% of adults (1,716 out of 1,730 responses) strongly agreed or agreed that the program was developmentally appropriate for students.



**Sexual Abuse Prevention – adult instruction**

- 99% of parents and others strongly agreed or agreed that they felt better able to identify appropriate (835 out of 842 responses) and inappropriate (832 out of 844 responses) sexual behaviors in children.
- 99% of parents and others (835 out of 843 responses) strongly agreed or agreed that they had improved their ability to protect children from sexual abuse.
- 99% of parents and others (836 out of 844 responses) strongly agreed or agreed that they had improved their ability to respond to children’s questions about sexuality.

**Young Parent Support**

- 97% of young parents (478 out of 494 responses) reported that their family’s interactions improved a lot or some after participating in services.
- Parents, on average, reported a 1.19 point increase (on a five-point scale) in confidence in their parenting ability.
- Parents, on average, reported at least a 1.30 point increase (on a five-point scale) in knowledge on each of five different topics, including positive discipline, communication skills, safe relationships, child development, and stress management.
- Parents reported the largest growth in knowledge on “positive ways to manage my child’s behavior” (1.43) and “good ways to manage my stress” (1.34).

ICAPP Services, FFY 2009								
Program	Funds Awarded	No. of Counties	Parents/Adults Served	Families Served	Children Served	Hours of Care	Volunteers	Volunteer Hours
Crisis Nursery	\$120,000	6	432	270	506	22,766	101	25,545
Parent Education	\$477,404	53	3,826		5,002		1,035	8,704
Respite Care	\$151,270	20	1,818	1,136	2,001	56,676	653	4,204
Sexual Abuse Prevention	\$424,433	68	13,918		55,585		913	4,985
Young Parent Support	\$128,500	24	1,521		1,638		413	4,210
Other Funded Projects	\$8,000	3	50		2,132		32	84
<b>TOTALS</b>	<b>\$1,309,607</b>	<b>174</b>	<b>21,565</b>	<b>1,406</b>	<b>66,864</b>	<b>79,442</b>	<b>3,147</b>	<b>47,732</b>

CBCAP Services, FFY 2009			
	Families	Parents	Children
Direct Service Participants	2,727	3,607	4,489

	Individuals (ch'n. & adults)	Families	Parents w/ Disabilities	Children w/ Disabilities
Direct Service Participants	7,941	2,727	258	326
Participants in Public Awareness	53,902			





**These are preventive support services in the area of crisis nursery, parent education, respite care, sexual abuse prevention specific to child and adult instruction, and young parent support. In regard to how these are being expanded or strengthened, the contract encourages the agency to expand to every county in Iowa. Prevent Child Abuse does this by offering grants each year to local child abuse council who have the opportunity to submit program proposals for their areas.**

CBCAP funds fit well within the structure of CPPC. In general, CPPC sites tend to focus efforts exclusively on tertiary prevention. CBCAP funds require sites to begin implementing activities aimed at preventing child abuse and neglect before it ever occurs. For some, this is a new concept. Progress has been made, however, in helping sites understand the true nature of prevention. Additionally, grantees are moving in the direction of providing evidence-based and evidence-informed programs with funding allocated through CBCAP.

Service numbers for the period October 1, 2008, through September 30, 2009, are listed in the table below.

CBCAP Grant Allocation to CPPC Sites	\$296,675.46
Number of Parents/Caregivers Served	2314
Number of Parents/Caregivers with Disabilities Served	224
Number of Children Served	3989
Number of Children with Disabilities Served	167
Number of Hours of Respite and Crisis Child Care	32,860
Number of Group Parent Education Sessions Held	394
Number of Home Parent Education Sessions Held	5278
Number of Family Support Group Meetings Held	396

**Time-Limited Family Reunification**

Time-limited reunification services are provided to a child who is removed from home and placed in a foster care setting and to parents or primary caregivers. These services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family and/or reentry into placement.

Iowa allocates a minimum of 20% of the Promoting Safe and Stable Families dollars to Time-Limited Family Reunification. Dollars are allocated to the eight service areas based on the number of children in and the percentage of children in foster care at a point in time. All services to children and their families are traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In several service areas responsibility for Family Reunification is assigned to the area Decategorization (DCAT) committee. Use of funds and contract monitoring is done at the service area level and reported to central office where federal reports are written.

In 2009 the State Child Welfare Manager worked with the service areas to develop a “service menu” for Time-Limited Family Reunification Services. A survey was done regarding the type of services currently utilized within each service area. Service areas included examples to share with other service areas that might be interested in implementing similar services. The services were compiled and reviewed by the state manager and a few additional services were added. The additional services included programs recommended to serve populations not currently being served or to address issues discussed as needing service. Following is the “Service Menu”:



## PSSF Menu of Services

- **Family Team Meeting Facilitation** in order to facilitate reunification of children safely during the 15 month period that begins on the date the child is considered to have entered foster care.
- **Parent Partners** – specifically for families meeting the PSSF Family Reunification definition.
- **Fatherhood Program for Incarcerated Fathers** – more extensive, intensive and targeted services to assure that incarcerated fathers maintain an on-going presence in their child’s life.
- **MOMS OFF METH** – support groups specifically for mothers with past drug usage problems with children who have been in out of home care within the past 15 months.
- **Client Specific Services** for IDHS and JCO kids and families. Examples are substance abuse treatment, mental health therapy and transportation to these types of services.
- **Child and Family Advocates** – individuals are like a case aide and are contracted with Decat funds. They complete child studies, relative studies, provide transportation for children to and from placements, supervise some visit, research and contact family members, etc.
- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials have demonstrated that FFT is effective and currently JCO is providing this service in several locations in the Ames Service Area. Decat would be the venue with a tracking mechanism for referral and follow-up process for reporting.
- **Substance Abuse Evaluations and Testing** via Decat with a tracking mechanism for referral and follow-up process for reporting.
- **Mental Health Evaluations and Therapy** via Decat with a tracking mechanism for referral and follow-up process for reporting.
- **Reunification Services for Minority Families.** Offered through Decat contracts with outcome based requirements and reporting as components.
- **Domestic Violence and Cultural Competency Services.** Offered via Decat.
- **Substance Abuse and Mental Health Counseling Services.** Group and home substance abuse services combined with mental health services.
- **Wraparound Emergency Services Fund** to provide services to low income families who would have their infants or children returned but for lack of such items as diapers, utility hook up fees, beds or cribs, or house cleaning or rent deposits on apartments, etc. The result would be a safer home for children to return to as well as a home more acceptable to the courts.
- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well being for children. When two or more parties are “stuck” on a position, mediation is used to help get “unstuck”. The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move on. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service. Mediation services can be purchased through Decat contracts. Services would be provided to PSSF Reunification eligible children and families.
- **Psychological Evaluations** for non-title 19 parents of children in out of home placement.
- **Psycho-Social Evaluations**

Service Areas report that use of the above “Service Menu” has been beneficial in more consistently meeting the needs of and shortening placements of children in placement in Iowa. The “Service Menu” will be reviewed every three years and additions and deletions made based on input from service area and central office staff.



## Adoption Promotion and Support Services

The goal of adoption promotion and supportive services is to help strengthen families, prevent disruption and achieve permanency.

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

In collaboration with IDHS and IFAPA, a letter is sent to each newly adoptive family that provides information on post-adoption services through Iowa KidsNet, and continued training through IFAPA, and support and resources provided by both agencies. Families can choose to remain on the IFAPA and Iowa KidsNet mailing lists to receive information on training, support groups, and resources.

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

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

Families can self-refer or be referred by IDHS or other provider staff for services for post-adoption services through IKN. Post-adoption services staff is to meet with each adoptive family prior to finalizing an adoption to provide information about post-adopt services. They also are responsible for starting support groups for adoptive families.

IFAPA also maintains resources and information on its website that is easily accessible to adoptive families. Adoptive families are able to attend any training or activity offered by IFAPA.

In the current fiscal year, the number of newly approved adoption only families has increased over last year. For the time period between January 1, 2010 and March 31, 2010, 24 families (14.1% of newly licensed/approved families) were adoption only. This is more than double the percentage of adoption-only families for the same quarter one year ago.

Post-adoption support services may be provided to any of the over 5,486 families who have adopted one of the 8,861 special needs child who have a signed Adoption Subsidy Agreement. These services are available statewide. The Navigator Program has served 565 families since July 1, 2009.



## Collaboration

### Collaborative Efforts

#### Child Welfare Stakeholder Panel

In December 2006, DHS and the Children's Justice Division of the Court Administrator's Office created the Child Welfare Stakeholder Panel to engage stakeholders in the CFSR and IV-B Child Welfare plan. This group includes 40+ representatives of all major child welfare stakeholder groups and they meet quarterly. The Division and the Court retain decision-making authority in those areas in which they have responsibility under federal and state statutes and regulation.

The purpose of the Child and Family Services Stakeholder Panel is to provide consultation and actively involve stakeholders in the Division and the Court's child welfare initiatives and programs:

- Child and Family Service Plan (CFSP) reflects initiatives and activities going on through communities, private providers and other stakeholders that help the state meet federal expectations.
- Child and Family Service Review (CFSR) Statewide Assessment
- CFSR onsite review
- CFSR Program Improvement Plan (PIP)
- Achievement of federal outcome measures
- Review of local practice and the role of DHS in assisting children and families to achieve permanency
- Identification of emerging issues and/or needs and discussion of possible impact on child safety and permanency.

#### *Child Welfare Partners Committee (CWPC)*

The CWPC exists because both public and private agencies recognize the need for a strong partnership. The CWPC will promote, practice, and model the way for continued collaboration and quality improvement. Through collaborative public-private efforts, there will be created a more accountable, results-driven, high quality, integrated system of contracted services that achieves results consistent with federal and state mandates and the Child & Family Service Review outcomes and performance indicators. The Committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the Committee will propose, implement, evaluate, and revise new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The children and families jointly served deserve no less than the best collaborative effort. The Committee meets on a regular basis with the goal being monthly.

The vision of the CWPC is the combined experience and perspective of public and private agencies provide the best opportunity to reach our mutual goal: child safety, permanency and well-being for Iowa's children and families. Collaboration and shared accountability will keep



the focus on child welfare outcomes. On November 16, 2009, the CWPC began their own blog at <http://iowajourneyofpartnership.blogspot.com/>.

**The Child Welfare Partners Committee was created and exists because both public and private agencies recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The Child Welfare Partners Committee promotes, practices, and models the way for continued collaboration and quality improvement. The children and families that are jointly served deserve no less than the best collaborative effort which provides the best opportunity to reach our mutual goals: child safety, permanency, and well being for Iowa's children and families.**

#### **Child Welfare Advisory Committee (CWAC)**

The Iowa General Assembly created the CWAC in 2007. The CWAC began meeting in the spring of 2008. They meet approximately every other month or more frequently if necessary. They formed four subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee has joined forces with the Children's Justice sub-committee on the same issue and with DHS and Department of Education to develop a shared agenda.

#### **Collaborative Initiatives**

**Child safety:** In 2009, IDHS and the Child Protection Council conducted an intake study of randomly selected statewide intakes. The purpose of the study was to determine if referrals from medical professionals were consistently accepted or rejected appropriately, and if the accepted cases were forwarded for assessment consistent with appropriate timeframes to protect children. Each team, one Council member and one IDHS staff, reviewed unique cases evaluating compliance with intake policy and quality issues using the same standard tool used in the training session two months prior.

The study identified that IDHS intake supervisors made the correct decision to accept or reject the report, according to policy guidelines, in a timely manner. Intake staff documented sufficient and adequate information for the intake supervisor to make the decision. In addition, staff gathered adequate information on all involved parties to identify if the person responsible for the alleged abuse had access to the child and to identify the current safety level of the child. The correct timeframe to see the victim was identified and the rationale was documented in the *additional formation field*.

Within the next year, IDHS will work toward developing and implementing strategies to address the following identified areas needing improvement:

- "Person responsible has access to the child." While the intake included appropriate information to indicate the location and safety of the identified child victim, the identification and safety of all children in the home was not documented. Also, if there was an open case, there was no documentation to show how IDHS staff used this information to assess safety.
- "Sufficient information to indicate the intake worker asked questions to elicit information on all safety concerns". Worker safety concerns could not be identified for the same reason; the documentation was incomplete.



- “Check appropriate boxes and document look-ups completed and document results in the *additional information field*”. It was unclear how the use of internal system look-ups aided the intake worker in assessing child safety. There was a lack of consistency or practice in using the check boxes and documentation of what was found in system look-ups.
- While intake decisions were consistently correct, there was a general concern for the lack of quality and completeness of documentation. It also appeared that some useful information was “lost” in the transfer process between the intake Word document and the case flow intake entry. This may be a clerical training issue or general training issue for any person making system entries.

***Parental substance abuse:*** The Department of Human Services, Judicial Department and the Department of Public Health are collaborating with other stakeholders to develop protocols for working with families with substance abuse issues that are involved in the child welfare and juvenile court systems to address the impact of parental substance abuse on child safety. Activities included the development of a Memorandum of Agreement and shared vision, implementation of drug courts and community based treatment in five communities across the state, and development of shared protocols for drug testing and working with families involved in both systems. The National Center for Substance Abuse and Child Welfare supports this work to reduce repeat maltreatment.

***Education and children in foster care:*** IDHS, Iowa Judicial Branch, and the Iowa Department of Education (DOE) are working together with the Children’s Justice State Council, the Child Welfare Advisory Committee, Elevate, and other stakeholders to improve educational outcomes for children in foster care.

- Education and Foster Care Summit: On February 19, 2009, the Children’s Justice, DHS, and DOE met to review follow-up and next steps from the December 5, 2008 Education and Foster Care Summit. Out of this effort, the educational collaborative group was born. The collaborative group meets monthly to discuss and move forward issues that affect foster care children’s educational success. The group recently developed a written notification tool for caseworkers to utilize when notifying schools of placement or placement change. The tool also lists the state law requirement regarding transfer of records within 5 days. In addition, a variety of Empowerment projects and school readiness projects across Iowa assist in preparing children for educational success. These projects represent collaboration among various stakeholders within local communities.
- DOE representatives now serve on several state panels, commissions, and committees, including the DHS- Judicial Branch (JB) IV-B Stakeholder Panel and the Judicial Branch’s Children’s Justice State Council.
- The DOE collaborates with its partners in education and non-educational agencies using interagency agreements. For example, the AEA directors of special education meet with DHS foster care staff to plan joint strategies to improve school success for foster care children.
- DHS and the Iowa Department of Education have agreed to hire a staff member to help develop the capacity of DHS contractors to provide service coordination to



children eligible for IDEA Part C. This two-year project is intended to help expand the number of children who receive early intervention services.

**Medical needs of children in foster care:** IDHS, Iowa Medicaid Enterprise (IME), and Child Health Specialty Clinics (CHSC) are collaborating on meeting the Fostering Connections Act requirements related to health care of foster care children. The group is considering having a care coordinator for foster care children, who will be educated in the health arena. However, costs for this position have not been identified yet. The child welfare system has access to Medicaid data, such as the last well child visit, immunizations, dental provider contact information, and other health provider contact information, which will assist in IDHS ensuring continuity of services for children in the child welfare system, especially foster care children.

IDHS workers are working with foster parents to stress the importance of the physical exam and are enlisting foster parents assistance in ensuring the exams occur timely. Compliance with this is being tracked through supervisory oversight and the quality improvement process.

**Child welfare providers:** IDHS established a Child Welfare Partners Committee [CWPC] to build a stronger public-private partnership in order to improve results for children and families. The Child Welfare Partners Committee is co-chaired by IDHS and a private agency representative. Currently, the Committee has established five workgroups.

**ICWA training and improving tribal relations:** IDHS and tribal representatives are working together to improve practice with Native American children and families in Iowa.

**Training:** IDHS, providers, Children's Justice and Iowa Foster and Adoptive Parent Association (IFAPA) are collaborating to develop and deliver training for IDHS staff, providers, foster parents, judges, and attorneys. IDHS contracted with the Coalition for Families and Children's Services in Iowa to establish and maintain a Child Welfare Provider Training Academy.

**Foster parent needs:** A key collaboration effort in Iowa that provides support and works to address the needs of foster parents include IFAPA, Iowa KidsNet, and IDHS. Two initiatives of this collaborative effort have included:

- Developing a chart for foster parents that identifies the individuals, such as IDHS worker, FSRP worker and what their roles are
- IFAPA offers training for foster parents on a variety of topics and has developed a variety of resources specific to foster parenting issues that are available on their website, <http://www.ifapa.org/>

**IDHS and Children's Justice Initiative:**

IDHS and Children's Justice have collaborated to develop and implement guidelines to support parent child visitation and interaction for children in foster care.

([http://www.dhs.state.ia.us/Consumers/Child\\_Welfare/BR4K/Family\\_Interactions/Family\\_Interactions.html](http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Family_Interactions/Family_Interactions.html)).





IDHS, Children’s Justice, and Foster Care Review Board (FCRB) are collaborating on a Decision Point Analysis (DPA) collaboration. The goal of the DPA collaboration is to merge IDHS and Court assessments so that a true picture of child welfare practice is attained through an efficient process. The DPA collaboration is currently working to develop a joint decision point analysis tool. This tool would focus reviewers on a specific point in the life of the case to determine how Court and DHS involvement influenced outcomes. This integrated review process will engage child welfare partners and stakeholders as reviewers and provide a holistic system review and report. Planned implementation is for SFY 2010.

DHS staff is active in the State Council, as well as in the local Children’s Justice committees. DHS work on the Children’s Justice State Council is currently focused primarily on four topics – education, children in foster care, the role of the county attorney as DHS attorney, and the relationship of the county attorney and DHS in light of recent Supreme Court decision that the county attorney is to represent DHS.

**Group Care:** With the assistance of Casey Family Programs, IDHS works with youth and communities to improve permanency outcomes for children and youth that are placed in group care. In 2009, DHS staff facilitated group care discussions with youth and communities to guide group care reform.

**County Attorney collaboration:** IDHS works with the Juvenile Section of the County Attorneys Association to improve communication and address a range of issues of mutual concern.

**Disproportionality:** With the assistance of Casey Family Programs, IDHS worked with Children’s Justice Representatives and community stakeholders to develop a framework for addressing disproportionality in Iowa’s child welfare system.

**Child Welfare Services – Service Business Team:** IDHS established a Service Business Team (SBT) to guide collaboration and partnership between IDHS central office and service areas in achieving identified child welfare goals for the next five years. SBT members include the Division Administrator of Field Operations Support Unit (FOSU), a Service Area Manager, and the Division Administrator of Adult, Children, and Family Services (ACFS). SBT chartered six Task Teams that are responsible for the following areas within child welfare system:

- Safety
- Permanency
- Service Array and Agency Responsiveness to the Community
- Case Review
- Statewide Information System, Quality Assurance System, and Staff and Provider Training
- Foster and Adoptive Parent Home Licensing, Recruitment, and Retention

Teams are co-led by an IDHS staff person from central office, either from ACFS or FOSU, and by a representative of the Service Areas. External stakeholders are invited to work on specific activities, as appropriate.





Additional collaborations: DHS continues to collaborate with other groups in order to keep children safe and strengthen vulnerable families. DHS also listens to the voices of these groups for input on child welfare policy and practice. Collaborative partners include:

- Juvenile Court
- County Attorneys
- Private child welfare providers
- Substance abuse treatment providers
- Schools and teachers
- Education Collaborative
- Domestic violence agencies
- Communities
- Mental health providers
- Medical community
- Foster care review boards
- Court appointed special advocates (CASA)
- Parents attorneys and guardians-ad-litem
- Youth (Elevate)
- Parents (Parent Partners, Moms Off Meth, etc.)
- Foster parents (Iowa Foster and Adoptive Parent Association)
- Juvenile Court Services
- Native American tribes
- Decategorization and Community Partnership for Protecting Children projects
- Law enforcement

Collaboration with Other State Agencies:

DHS collaborates with the following state agencies (not mentioned above):

- Department of Public Health (DPH) –
  - DHS collaborates with DPH and other health care agencies/organizations to implement health related provisions of the Fostering Connections Act.
  - DHS collaborates with DPH’s Division of Substance Abuse on substance abuse testing protocols and services.
- Department of Human Rights, Division of Children’s Juvenile Justice Program
- Department of Management, Community Empowerment regarding the Iowa Community Empowerment program
- Department of Inspections and Appeals regarding compliance with licensing requirements

**Coordination with Tribes:**

The DHS plans to continue and broaden efforts to consult with tribes on child welfare issues over the next five years in order to increase case compliance and ingrain tribal/state consultation and coordination into the culture of the child welfare system. In order to achieve the highest level of consultation, coordination, and case compliance in accordance with the spirit of the ICWA statutes, the DHS plans the following activities:



- Provision of ICWA training opportunities for public and private child welfare staff, judges, attorneys, tribal social services workers, and others. DHS will collaborate with tribal representatives, the Iowa Court Improvement Project, and others to assess training needs and develop the most responsive training with a focus on best practices in ICWA cases.
- DHS will continue to collaborate with tribal representatives to ensure that state staff have current contact information for tribal ICWA and social services staff from tribes with a common Iowa presence in order to promote tribal/state collaboration in case planning and service delivery.
- DHS will continue to collaborate with tribal representatives to provide state staff and court officials with current resource listings of tribally recognized expert witnesses for court proceedings involving children subject to ICWA.
- DHS is incorporating efforts to recruit additional Native American foster and adoptive families into the overall state recruitment plan and will work closely with tribal representatives on these efforts in order to gain their input regarding the most effective strategies to utilize.
- DHS will continue participation in monthly meetings of the Community Initiative for Native Children and Families Initiative in Sioux City. Input received from this group will be used to guide state efforts to impact compliance with ICWA requirements.
- In FY2004, DHS began working with tribal representatives to explore the development of tribal/state agreements on child welfare matters. Technical assistance for these efforts is being provided through the National Indian Child Welfare Act Association. DHS and the Meskwaki Nation signed a Memorandum of Agreement (MOA) on July 18, 2006. DHS has provided a copy of the memorandum of agreement with all staff and provide training. In 2010, the Meskwaki Tribe and DHS will rewrite the department's MOA with the tribe. DHS anticipates the MOA to be completed within the next 6 months.
- DHS will continue to partner with tribal representatives in order to share data on Native American children and families in the state child welfare system and the outcomes achieved by these children and families. Through these efforts, tribal and state representatives will have objective data on which to base discussions on system strengths, concerns, and areas where remedial efforts need to be focused.
- State staff is working with Meskwaki Tribe on the development of their Title IV-E system. Specifically, staff provided basic information regarding IV-E, data sets, explained use of forms and key elements, etc. DHS staff requested Meskwaki Family Services (MFS) conduct an internal file review using IV-E and CFSR checklists. DHS staff will work with MFS staff to resolve identified issues.
- On June 17, 2010, in conjunction with DHS worker training via ICN, Jerry Foxhoven from Children's Middleton Center will, in concert with Meskwaki Tribe, provide ICWA training for DHS workers.
- At this time, the Meskwaki Tribe and DHS are developing protocols and procedures regarding how both parties respond to child abuse investigations and issues, such as notification of the tribe, access to the tribal settlement, asking about Native American heritage, etc., when the tribe is involved.



## Program Support

*Training activities in support of the CFSP goals and objectives, including training funded through titles IV-B and IV-E. Please note FY2010 & FY2011 Training Plans are attached in the Appendix section of this report.*

### **Iowa Department of Human Services Training**

This section includes staff development and training plan in support of the goals and objectives that addresses the title IV-B and IV-E programs covered by the plan. IDHS Training is an on-going activity and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices. Training supports cross-system coordination and consultation.

### **IV-B and IV-E Training**

The “Basic Ordering Agreement” between Iowa Department of Human Services (IDHS) and Iowa State University was developed to provide access to professional services to IDHS and for Iowa State University to act as the lead institution in a consortium of public and private organizations located in Iowa. The agreement was established in 1988 and a contract and revised list of task orders are finalized annually.

The consortium provides initial in-service training for newly appointed child welfare staff and continuing training opportunities focusing on the goals and objectives of Title IV-E of the Social Security Act.

In addition to the University and consortium training provided for IDHS staff and partners, the Department will continue to provide additional training opportunities through contract trainers and IDHS staff. These trainings will, as those in the past year, focus on the development of skills and behaviors that will support the achievement of permanency. The IDHS staff curriculum development and trainings for IDHS staff and partners may be in conjunction with the consortium and other contractors.

Through the educational resources of the consortium, contractors, and IDHS staff, educational programs, courses, conferences, workshops, and seminars are offered which enhance and develop the employee’s competencies and increase the effectiveness of IV-E services.

The department uses federal matching funds for training for foster care and adoption assistance under title IV-E at the rate of 75% times the penetration rate, for training personnel employed by the department and for current or prospective foster or adoptive parents and the members of the state licensed or approved child care institutions providing care to foster and adopted children receiving title IV-E assistance. The childcare institutions are those licensed by the state to care for foster children receiving title IV-E assistance. The training funds are used for curriculum development and training delivery. Travel and per diem expenses are reimbursed for department employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, training for other child welfare partners will use 65% times the penetration rate. When contracted service providers and other child welfare partners attend training designed to enhance IVE objectives the department may reimburse travel and per diem expenses.

Over 600 field staff has Title IV-E-related duties in foster care, adoption assistance, and transition living. Curriculum addressing the needed competencies for employees is developed and included in the Core Course Catalog. Course evaluations are reviewed and used in revising and upgrading course content. Future courses focus on furthering the social work case management concepts, skill building, outcomes, and competency levels. The Iowa Department of Human Services contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State



Foster Care Review Board that reviews foster care cases. Foster Care Review Board staff and citizen volunteers serving on local foster care review boards receive training through participation in IDHS core courses and specialized training programs administered by the Foster Care Review Board. The department recognizes the importance of contracted service providers participating in training that addresses major changes in policy and procedure. To that end, training is provided to these service providers via joint and provider training.

#### **Provider of Training**

Title IV-E training is provided to IDHS employees and its partners by contracting through a “Basic Ordering Agreement” with Iowa State University and its consortium, by contract trainers and by IDHS staff. The consortium consists of the state’s public higher educational institutions under the leadership of Iowa State University. Other contractors may provide training for IDHS staff and partners. IDHS staff may provide training independently or in conjunction with the consortium or other contractors.

#### ***Duration Category and Administrative Functions the Training Addresses***

The consortium, contractors or IDHS staff provides initial in-service part-time training for newly appointed child welfare staff and continuing part-time training opportunities for on-going staff and partners. The training focuses on the Title IV-E administrative functions of referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, recruitment and licensing of foster homes.

Training is also provided to community partnership sites at 75% times the penetration rate for personnel employed by the department. CPPC training addresses engaging families through assessment and facilitation of family team meetings in which the case plan is developed. Community Partnership includes Parent Partners represents a philosophy and practice strategy for child welfare services which directly relates to practice and the development of the case plan. Training includes the practice skills of engaging families in the case planning process. There is a focus on informal supports for families as well as collaborative work with service providers as a case management strategy. Travel and per diem expenses are reimbursed for department employees. Training for other child welfare partners will use the penetration rate and 65% federal funds.

#### ***Setting/Venue for the Training Activity***

Through the educational resources of the consortium, other contract providers and IDHS staff, educational programs, courses, conferences, workshops, seminars, WEB course, webinars that are computer and phone delivered and on the job guidebooks are offered which enhance and develop IDHS employee competencies and increase the effectiveness and delivery of IV-E services.

The On the Job Training (OJT) modules are developed using IVE funds (75%) as OJT tools. The only part of OJT that is funded at the 75% training match rate is curriculum development. OJT training modules are part of the initial training. OJT is self-learning with supervision that is not funded with any training funds. OJT prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The OJT and the face-to-face training are blended providing sequential learning.

#### ***Audience to Receive Training***

Over 500 field staff have Title IV-E related duties in foster care, adoption assistance and transition living for whom this training is conducted. Curriculum addressing the needed competencies for employees is developed and included in the training offerings. The training opportunities are available to relative guardians, private child welfare agency staff providing services to children receiving title IV-E assistance, child abuse and neglect court personnel; agency, child or parent attorneys, guardians ad litem; and, court appointed special advocates and staff with child caring agencies providing foster care and adoption



services to promote the expansion of knowledge and skills. Community Partnership training including Parent Partners provides courses for community members and IDHS staff. The department recognizes the importance of contracted service providers and other child welfare partners participating in training that addresses major changes in policy, procedure and practice.

### **Overview of Training**

The training is designed to give employees a basic understanding of the major components and goals related to their role of a social worker. The courses are ordered in a sequential format to build competence and skill. The training utilizes a blended approach with foundational knowledge provided via the WEB and experience on the job with classroom training used to enhance job responsibilities. Ongoing training is utilized to enhance best practice initiatives.

### **Evaluation**

Course evaluations are done for all courses and are reviewed and used in revising and upgrading course content. Future courses development uses this information to further family team concepts, skill building, and competency areas.

### **Description of Cost Allocation Methodology**

Iowa does not use the automated cost allocation system to allocate costs to benefiting programs. Rather than allocate all training costs among all benefiting programs, Iowa determines, on a course-by-course basis, what federal programs benefit from the training. Expenditures for each course are distributed into one of the following categories:

- Any course (or portion of a course), which is not allowable for IVE match, is allocated to state only.
- Any course which benefits only foster care and/or adoption is charged using the IVE penetration rates and the training match rate.
- Any course (or portion of a course), which benefits all child welfare programs, is allocated to IVE and non-IVE based on client eligibility statistics.

For training which benefits only foster care or adoption assistance, the penetration rate is applied to the cost and then 75% of that amount is claimed under Title IVE. The penetration rates used are: % of adoption assistance cases that are IVE eligible, % of family foster care cases that are IVE eligible, % of all foster care cases that are IVE eligible, and the % of all foster care and adoption assistance cases that are IVE eligible. The actual penetration rate used is based on the content of the training.

For training, which benefits all federal programs used to fund child welfare services, the IVE penetration rate is calculated using client eligibility statistics from the Foster Care Key Performance Indicator (KPI) 302 report and the Adoption Financial Summary Report. The penetration rate is based on the number of cases that are IVE eligible compared to all cases. The penetration rate is applied to total expenditures to first to determine the portion eligible for IVE. The IVE eligible amount is claimed at the applicable training match rate.

### **Professional Development**

The Department is offering continuing professional development for social work graduate college work as funding is available. If funding is identified, the Department may re-establish a BSW Traineeship practicum program for placements in Departmental professional settings for senior undergraduate students preparing for employment with Iowa Department of Human Services; and for a MSW Traineeship program to provide educational opportunities for current staff who wish to enhance their knowledge base and continue to provide Title IV-E related duties.



**FY 2010**

For FY 10 number of course offerings: 98  
Number of people trained: 4,213

- There continues to be an increase in the use of technology delivered training that allows for participation by staff across the state and with no or reduced travel time.
- Several new courses were offered to staff in response to the needs survey for more training on substance abuse, domestic violence and mental health issues.
- In addition there were two new courses on interviewing offered to increase staff competency in this area.
- Joint training of IDHS and providers on risk was offered statewide with a practice implementation session by supervisors who had been trained across the state.
- IDHS has a representative on the Juvenile Justice Court Training Committee and continues to work on a statewide multidisciplinary training.

**Goals FY 2011**

- Enhance blended learning to incorporate resources and electronic learning with a learning management system
- Enhance shared learning offerings with IDHS and Providers
- Conduct seminars for supervisors using webinars and other means as appropriate.
- Continue to use on-line learning and webinars to reach more staff and partners.
- Focus on the transfer of learning for continued development of staff with increased information and guidance to supervisors.
- Continue the use of the Tough Problems, Tough Choices in new worker training to guide workers in assessing and decision making.

**New Course information not previously described:**

***FY 11 Training***

- ◆ SW 2 – assess, develop case plan, prepare reports and participate in judicial, refer to services and manage and supervise case,
- ◆ SW 3 – assess, determine referral and refer to services
- ◆ Supervisors – IDHS supervisors for SW 2s and SW 3s
- ◆ Others – partners in case management – providers, judicial & community as part of Community Partnership initiative

**Child Welfare Provider Training**

IDHS and the Coalition for Family and Children’s Services in Iowa signed a contract for the Coalition to administer child welfare provider training in early November 2008 with funds allocated from the Iowa Legislature. The Coalition developed training plans for SFY 2009 and SFY 2010. The Coalition will have a proposed plan for SFY 2011 no later than Fall 2010. The training is compatible with the child



welfare outcomes of the IDHS model of practice in the Better Results for Kids redesign and the seven outcomes of the federal Child and Family Services Review (CFSR). These outcomes include safety for children, permanency, academic preparation and skill development, and well being. The plan also includes access to on-line training. The Coalition launched the Child Welfare Provider Training Academy website in March 2009. All details of upcoming training for child welfare frontline staff and supervisors are available at <http://iatrainingsource.org/>. The website is updated periodically to include any new offering of trainings and allows for online registration which provides immediate confirmation of registration. There are currently links to 15 training courses useful to child welfare providers that may be accessed through the Training Academy website.

During SFY 2009, the plan included 43 live trainings across all eight (8) service areas in the following topic areas: s: verbal de-escalation, substance abuse and chemical dependency, engaging youth and families, safety planning and risk assessment, mental health first aid, child development, strength based supervision of Child Welfare Practice, and the promoting safety and resilience in the Child Welfare workforce. The SFY 2010 plan included 28 live trainings, with 26 new courses for the fiscal year across all eight service areas in the following topic areas: supervising difficult times and difficult staff, middle management survival skills, bringing fathers into the circle of Family Centered Practice, understanding and identifying risk and behavior in adolescents, working with children with emotional and behavioral problems, ethical responsibilities and understanding boundaries for Child Welfare providers, preparation for independent living, and working effectively with substance affected families. For additional trainings offered during SFY 2009 and SFY 2010, refer to Item 33D of the statewide assessment.

The Coalition has also partnered with Essential Learning to provide a range of individual online training courses to 500 child welfare providers across the state of Iowa. There are two extensive libraries which can be accessed: a Social Services course library and a Child and Adolescent curriculum.

### **Monthly Caseworker Visit Funds**

Additional funds under IV-B 2 will be used to support monthly caseworker visits with children in foster care through activities designed to improve caseworker retention, recruitment, training, data collection, and performance monitoring. Iowa is requesting the full allotment for FFY 2011 and the full allotment for years 2010-2014.

**Training has utilized monthly webinars to provide timely technology delivered training. The supervisory seminars are held the 2<sup>nd</sup> Tuesday of each month on topics pertinent to supervisors. These sessions are for both DHS and Provider supervisors. The 2<sup>nd</sup> Monday of the month The Child Welfare Resources Webinar is held. The topics are pertinent to social work practice. These webinars will continue and most likely will be increased as the PIP is developed. There is also a monthly Family Interaction conference call that will be combining in October 2010 with the Family Team Meeting call to integrate these two practices.**

Service Area Quality Assurance and the Quality Service Coordinator have developed a standardized visit process, procedures, and documentation to promote caseworker visits with children. The process has been added to new worker training curriculum. The caseworker visit funds will be utilized to provide training during the implementation process.





Iowa DHS FFY 2007-2009 Data on Caseworker Visits

Reporting Requirement	Type of Data	Baseline Data [FFY 2007]	2008 Goal	Type of Data	2008 Performance [FFY 2008]	2009 Performance {FFY 2009}
The aggregate number of children served in foster care for at least one month	SACWIS	7043		SACWIS	11,035	10,156
The number of children visited <i>each and every</i> calendar month that they were in foster care,	SACWIS	2272		SACWIS	4,593	5,407
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	SACWIS	19,880		SACWIS	37,091	44,788
The total number of visit months in which at least one child visit occurred in the child's residence <sup>1</sup>	Case Reading Sample of 50 Cases	254		SACWIS	30,664	36,742
The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child.	Administrative Data	32%	40%	SACWIS	41.62%	53.23%
The percentage of visits that occurred in the residence of the child. <sup>2</sup>	Case Reading Sample of 50 cases	65%	65%	SACWIS	82.67%	82.04%

<sup>1</sup> Although the baseline percentage of visits that occurred in the residence of the child was obtained through case reading data, this is reported from administrative data in all subsequent reports.

<sup>2</sup> The baseline data provided for FFY2007 for the percentage of visits that occurred within the home was based on a random sample of 50 cases. Of those cases there was a total of 390 visits months in which a child was seen each month that they were in foster care and for 254 of those visit months the child was seen in the home.

**State Technical assistance**

**Management Information System: Statewide Automated Child Welfare Information System (SACWIS)**

Since implementation, Iowa has undergone three federal SACWIS compliance reviews: an initial review in August 1997 and follow-up reviews in August 29 – 30, 2000 and May 17 – 18, 2004. Iowa is in the final stages of federal review for SACWIS acceptance. In February 2008 Iowa's





SACWIS was placed on hiatus while plans were being developed to either create a new SACWIS system or make changes necessary to bring the current system into compliance. It was determined to make changes necessary to bring the current system into compliance and an APD is being created outlining steps needed to complete those tasks.

Iowa's SACWIS consists of two main components, Family and Children's Services (FACS) and Statewide Tracking and Reporting (STAR). FACS is the child welfare case management and payment system for the Department. It applies to children in foster care and collects demographic data, caseworker information, household composition, services provided, current status, status history, and permanency goals, among other information. It tracks the services provided to approximately 12,000 children at any specific point in time and automates issuance of over \$220 million annually to foster and adoptive parents and other child welfare providers. FACS also serves as the data source for information used by field budget staff. STAR is responsible for tracking the intake, assessment and findings for over 22,000 child abuse assessments annually. The STAR system collects information regarding abuse reports, report decisions, reporter, alleged perpetrator, caseworker, dates of parental notification, appeal data, final disposition of assessment, and completion time frames for individuals receiving child protective services.

These two mainframe systems share a common platform (CV) with separate menus for specific child welfare and child protective screens. The system design supports the capability to share common records as well as a single database record shared by both systems.

#### Iowa's SACWIS:

- Is available at all IDHS locations to every IDHS staff person needing access Monday through Friday from 5:30 A.M. to 7:30 P.M. System maintenance and batch processing activities are done overnight and on weekends. The system is available during the batch processing cycle. It is only unavailable to staff about 2.5 hours within a 24-hour period, which occurs during the middle of the night. It is available to staff on weekends.
- Contains a highly discreet security protocol which controls view and update access down to specific individual screens for each worker
- Supports inclusion of information about juveniles case managed by Juvenile Court Officer (JCO) under the Judicial Branch (In general, DHS workers enter information as Juvenile Court System does not have direct access.)
- Is used for tracking in routine case management activities by line staff
- Is used by managers to monitor caseloads and budget
- Provides standardized performance reports at the state and service area level for monitoring of the federal child welfare outcomes and state identified performance measures
- Provides standardized and ad-hoc reporting for key foster care and adoption data

#### Changes in Iowa's SACWIS,

- A review of the alert system and movement towards a web-based system was done and changes were made.
- Stakeholders also reported that Iowa's SACWIS is interlaced with the quality assurance system.



## **Training and Technical Assistance**

### **University-Agency Partnerships to Improve Child Welfare**

The Department is participating in the Consortium for University-Agency Partnerships to Improve Child Welfare, which is being seeded with funds from the Fostering Results initiative that is sponsored by a grant from the Pew Charitable Trust to the Children and Family Research Center. The Consortium is design to provide a “sounding board” for interested parties to share, analyze, and compare local problems, promising practices, and research findings with other jurisdictions.

### **Multi-state Foster Care Data Archive**

Iowa is a member of the Multi-state Foster Care Data Archive administered by Chapin Hall at the University of Illinois Center for Children. The work involves receiving administrative data from several states, coding it into a common format of longitudinal client based records. Researchers with the project examine multiple aspects of foster care populations in eleven states including Iowa.

Findings and recommendation address research on several topics including; state child welfare caseload, the number of children in foster care at a specific point in time, the number of children and reasons for entering foster care in a period, and the number of children and reasons for exits, and examine re-entry profiles. Data on these and other subjects are analyzed to better inform Iowa (and other participating states) of important factors related to foster care processes, child profiles, lengths of spells in foster care, and re-entry into care. The point of the research is to better understand important issues related to foster care practice and policy and understand opportunities for making improvements.

### **Iowa Based Research**

IDHS also participates in research projects initiated through our work with the state universities.

### **Technical Assistance**

As part of the CFSR Program Improvement Plan, National Resource Center technical assistance has been requested to improve child welfare services. The identified National Resource Centers have been requested to provide assistance in curriculum development, technical assistance and training.

### **National Resource Centers**

- **National Resource Center for Child Protective Services (NRCCPS):** In April 2008, IDHS requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to improve risk and safety assessment and management practices. Their summary of findings indicates:
  - “Iowa DHS policy outlines a methodical, unified, consistent and interconnected approach to intervention from intake to case closure. The level of detail regarding rules, regulations, expectations and direction is evidence of a very thoughtful, deliberate approach to program design. Many aspects of DHS policy reflect the state of the art. Policy provides a theoretical foundation that is based on sound, respected theories related to individual and child and family functioning. Policy also provides a conceptual framework that identifies, defines and



establishes standardized concepts that are required for effective safety intervention. Safety intervention is the most important responsibility of CPS staff. Effective safety intervention practice relies on precision in language and application. Consistency in terms and a clear articulation of responsibilities and how those responsibilities are to be carried out are fundamental to safety intervention practice.”

- To address NRCCPS recommendations for improvement, in June 2009, IDHS provided a statewide training to IDHS staff and providers, “Enhanced Safety and Risk Training”, that included policy enhancements and clarification of existing policy. Policy enhancements included expanding the definition of “safety threshold”, requiring a safety assessment be completed at the end of child protection assessment, and enhancing policy in safety and risk during case planning activities. Policy enhancements were effective July 1, 2009. Clarification of existing policy included distinguishing between risk and impending danger, defining and explaining the difference between present and impending danger, and providing additional assistance in writing good safety plans.
- **National Resource Center for Permanency and Family Connections:** In addition to statewide Non-Custodial Parent (NCP) training, there were also in-person and webinar delivered trainings for both staff and supervisors in February 2010 on implementing, supervising, and sustaining family search and engagement efforts provided by trainers from the National Resource Center for Permanency and Family Connections.

The IDHS will continue to utilize technical assistance/training offered through the National Resource Centers over the next five years to strengthen overall training via curriculum consultation and training.

See chart below for suggested utilization.

National Resource Center	Training Needs
National Center on Substance Abuse and Child Welfare <a href="http://www.ncsacw.samhsa.gov/">http://www.ncsacw.samhsa.gov/</a>	<ul style="list-style-type: none"> <li>○ Substance abuse [Meth] cross training</li> <li>○ Drug and HIV affected infants</li> </ul>
National Child Welfare Resource Center for Family-Centered Practice <a href="http://www.cwresource.org/">http://www.cwresource.org/</a>	<ul style="list-style-type: none"> <li>○ Individualized functional assessment skills</li> <li>○ Strength base and achieving permanency</li> <li>○ Facilitation</li> <li>○ Family/group conferencing</li> <li>○ Supervisors - coaching</li> <li>○ Case Consultation</li> <li>○ Re-entry</li> <li>○ Family centered practice</li> </ul>
National Child Welfare Resource Center on Legal and Judicial Issues <a href="http://www.abanet.org/child/rcj/aboutus.html">http://www.abanet.org/child/rcj/aboutus.html</a>	<ul style="list-style-type: none"> <li>○ ASFA</li> <li>○ Attorney/judge training</li> <li>○ Non-adversarial case resolution/mediation</li> <li>○ Permanency</li> <li>○ Model court orders</li> </ul>



National Resource Center	Training Needs
National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) <a href="http://www.friendsnrc.org">http://www.friendsnrc.org</a>	<ul style="list-style-type: none"> <li>○ Community partnerships related training</li> </ul>
National Resource Center for Foster Care and Permanency Planning <a href="http://www.hunter.cuny.edu/socwork/nrcfcpp">http://www.hunter.cuny.edu/socwork/nrcfcpp</a>	<ul style="list-style-type: none"> <li>○ Subsidy training</li> <li>○ Concurrent planning training</li> <li>○ Post adoption supports and services</li> <li>○ Promoting permanency for children</li> <li>○ Resource home training</li> <li>○ Family to family practice</li> </ul>
National Resource Center for Information Technology in Child Welfare <a href="http://www.nrcitcw.org/">http://www.nrcitcw.org/</a>	<ul style="list-style-type: none"> <li>○ CWIS, FACS STAR &amp; data needs</li> <li>○ Developing user friendly, meaningful data reports</li> </ul>
National Resource Center for Organizational Improvement <a href="http://www.muskie.usm.maine.edu/helpkids/">http://www.muskie.usm.maine.edu/helpkids/</a>	<ul style="list-style-type: none"> <li>○ Worker safety</li> <li>○ Using data to inform practice</li> <li>○ Managing in a time of change</li> <li>○ Best practice</li> </ul>
National Resource Center for Special Needs Adoption <a href="http://www.spaulding.org/">http://www.spaulding.org/</a>	<ul style="list-style-type: none"> <li>○ Diligent recruitment</li> <li>○ MEPA</li> <li>○ Cultural diversity</li> </ul>
National Resource Center for Youth Development (NRCYD) <a href="http://www.nrcys.ou.edu/nrcyd.htm">http://www.nrcys.ou.edu/nrcyd.htm</a>	<p>The IDHS will continue to use technical assistance and training offered through the NRCYD over the next five years to strengthen overall programming and services related to the Chafee Foster Care Independence Program and the Education and Training (ETV) Voucher Program through the following initiatives:</p> <ul style="list-style-type: none"> <li>○ On-site training to caseworkers and group home staff on effective administration of the Ansell Casey Life Skills Assessment and related resources to assist in transition planning for adolescents in care.</li> <li>○ On-site training on the Permanency for Teens curriculum for appropriate IDHS staff.</li> <li>○ Technical assistance on teen conference planning.</li> <li>○ Technical assistance on effective collaboration with public and private partners in developing innovative job training programming in conjunction with the ETV program.</li> <li>○ Technical assistance and on-site training as needed regarding the 12 Independent Living Curricula developed through funding from the Children's Bureau, DHHS, designed for</li> </ul>

National Resource Center	Training Needs
	competency-based training for workers of adolescents transitioning from foster care. <ul style="list-style-type: none"> <li>○ Successful Transitioning</li> <li>○ Independent Living</li> <li>○ Mental Health Needs and Transitioning to the Adult System of Care</li> </ul>
National Resource Center on Child Maltreatment <a href="http://gocwi.org/nrcem">http://gocwi.org/nrcem</a>	<ul style="list-style-type: none"> <li>○ Safety &amp; Risk in repeat maltreatment</li> <li>○ Skill Based Repeat Maltreatment Prevention</li> </ul>

**Coordination with Tribes**

In accordance with section 422(b)(9) of the Act, States are required to include in the CFSP a description, developed in consultation with Indian Tribes in the State, of the specific measures taken by the State to comply with the Indian Child Welfare Act (ICWA).

***The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe)***

Over the past year the Iowa Department of Human Services has consulted with The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe) to improve compliance under the Indian Child Welfare Act. The Department continues to meet regularly with tribal representatives to discuss and further improve practice around ICWA. In addition, the Department regularly consults with tribal representatives to refine and evaluate the Memorandum of Agreement with the Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe). Local protocols between IDHS and the Meskwaki are being developed around ICWA practice issues. In September 2009 Iowa KidsNet partnered with Meskwaki Family Services to hold pre-service training for foster and adoptive parents on the settlement.

The Department has contracted with Meskwaki Family Services for technical assistance regarding ICWA. Allison Lasley, through the contract, is the ICWA liaison to the Department to provide assistance in ICWA compliance. Ms. Lasley has been involved in many activities, committees and workgroups related to ICWA.

***Western Iowa and Surrounding Area Tribes***

The highest concentration of Indian children within the state is in the northwest region of Iowa in Woodbury County and surrounding counties. Some of the Tribes in this area include the Winnebago Tribe of Nebraska, the Yankton Sioux, the Santee Sioux, the Rosebud Sioux, Flaudreau Santee Sioux, the Omaha Tribe of Nebraska, and the Ponca Tribe of Nebraska. While there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal headquarters or offices), non-governmental programs have been established to identify and address the challenges affecting Indian families in this area of the state. The Community Initiative for Native Children and Families (CINCF) is a collaborative group comprised of representatives from Tribal communities, the Department of Human Services, the Department of Corrections, the court, the Department of Public Health, the Department of Human Rights, mental health and housing that meets regularly to discuss the concerns of the Native communities, including ICWA. One of the key concerns in the northwest region of Iowa is the over-representation of Native American families in the child welfare system. In response, Woodbury County child welfare system has created a



specialized Native American team that provides services to Native American children and families, including 2 liaisons to the Native American community, who are also representatives on the CINCF and to Native families involved in the state's child welfare system. The Department has also partnered with CINCF, which is a coalition that works to identify and address the issues that impact Native children and families and the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa. Elevate has increased outreach effort for Indian youth participation in Elevate support groups or via the Elevate website; participation of Indian youth on committees related to child welfare or issues involving youth.

The Department attends monthly meetings in Sioux City with tribal representatives in the Sioux land area. As stated above consistent compliance with all the requirements of ICWA is a continuous improvement activity by the Department. The Sioux City Service Area continues to have dedicated staff who case manages ICWA cases. These staff works closely with several tribes located in South Dakota, Minnesota and Nebraska to improve practice and compliance with ICWA requirements.

**Components in ICWA that States must address in consultation with Tribes and in the CFSP:**

The Department continues to work on consistently implementing the provisions of ICWA. The Memorandum of Agreement with the Sac and Fox Tribe serves as the foundation of practice and compliance with ICWA. The Meskwaki Tribe and IDHS are developing protocols and procedures regarding how both parties will work together to implement ICWA for Meskwaki children.

Having designated ICWA staff in the Sioux City area has improved ICWA practice. Regular meetings and consultation with Tribal representatives identify areas needing improvement, and foster a collaborative spirit to make those improvements.

Notification of Indian parents and Tribes when Indian children are involved in State proceedings to inform Tribes of their right to intervene continues to be addressed and improved upon. Department staff continuously work on following placement preferences for Indian children in foster care, pre-adoptive and adoptive homes. Active efforts have been clarified in the Iowa ICWA to designate specific activities required to meet active efforts. These include requesting Tribal supports and services; identifying tribally designated representatives; identifying family support services by extended family; frequent visitation in the child's home; exhausting of all tribally appropriate family preservation alternatives; and indentifying community resources. Staff continue to receive training and work with Tribes to meet active efforts. The department continues to work with the courts and attorneys to reinforce Tribal rights to intervene and transfer jurisdiction to Tribal court.

**In August 2009, a case review was completed in Sioux City on 28 ICWA cases to determine compliance with ICWA requirements. Using a comprehensive case reading tool, all requirements of ICWA were categorized into five sections, and all elements of ICWA were reviewed. Early inquiry about Native heritage was found to be a strength in 22 of the cases and an area needing improvement in 6 cases. Collaboration and tribal involvement in case planning was a strength in 13 of the cases and an area needing improvement in 14 cases, with 2 cases not applicable. Active efforts were found to be a strength in 17 cases and an area needing improvement in 11 cases. Maintaining connections to kin was a strength in 16 cases and an area needing improvement in 12 cases. Following ICWA requirements in court was a strength in 22 cases and an area needing improvement in 4 cases.**



**Update the goals and describe the specific activities that have been or will be undertaken to improve or maintain compliance with ICWA. Include information on any changes to laws, policies or procedures, and/or a description of trainings implemented to increase compliance with ICWA.**

- On June 17<sup>th</sup>, in conjunction with IDHS worker training via ICN, Jerry Foxhoven from Children's Middleton Center in concert with Meskwaki Tribe provided ICWA training for IDHS workers. The course content for this training was as follows: Federal ICWA and Iowa ICWA overview; update on Legislative and appellate decisions; and best practice guidelines in serving Native American Children and families, casework strategies and documentation recommendations. Upon completion of this training, the participants will be able to understand the ICWA legislation and their responsibilities regarding social work practice with Native American children and families. They will also be able to identify how ICWA affects social work practice; including an analysis of cases that have been, or are being appealed and using the lessons learned from those cases to better intervene with Native American children and families. In addition, they will be able to recognize the importance of using an ICWA checklist to assist in working with and documenting the process of best meeting the needs of Native American children and families.
- The Meskwaki Tribe is working to develop their IV-B Plan and submit the plan to ACF by June 30, 2010 as a precursor to development of the IV-E Plan. State staff have been working with Meskwaki Tribe on the development of their Title IV-E system. Specifically, staff provided basic information regarding IV-E data sets, explained the use of forms and key elements, etc. IDHS staff requested Meskwaki Family Services (MFS) to conduct an internal file review using IV-E and CFSR checklists. IDHS staff will work with MFS staff to resolve identified issues once the actual plan development process begins.
- The Meskwaki Tribe and IDHS are in the process of reviewing and rewriting the department's Memorandum of Agreement (MOA) with the tribe. This should be completed by the end of this calendar year.
- The Meskwaki Tribe is examining their definition of "Indian child" in response to the Iowa Supreme Court decision *In re A.W.* which ruled the definition of "Indian child" in the Iowa ICWA as unconstitutional. The wording was developed and presented to the tribal council twice and made available for tribal public comment. This has not yet been approved by Tribal Council.

### **Disproportionality Project**

In March 2004, IDHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families. At that time the relative rate for Native Americans in Sioux City was 6.8. Today the relative rate has been reduced to 4.8. (The relative rate is the number of Native American children in portion to the number white children involved in out of home placement.)

The MFYI efforts in Sioux City focused on establishing a specialized IDHS unit that includes Native American liaisons who assist social workers in bridging cultural understanding. IDHS leadership partnered with the Community Initiative for Native Children and Families (CINCF) in Sioux City producing collaborative efforts to improve practice. For seven years, an annual conference has been held with approximately 180 participants from the Native American Community, IDHS and other child welfare partners. Community forums using "Race and the Power of Illusion" materials have been held throughout the community. Quarterly, state administrators meet with broad based coalition (Four Direction & CINCF, juvenile court, service providers and community) members to discuss strategies to improve policy, practice and services for Native American families. All these efforts have contributed to the success in reducing disproportionality for Native American children in the Sioux City service area.





On May 7, 2009 Casey Family Programs (CFP) hosted a compression planning session to develop key elements and strategies for an Iowa framework to address disproportionality. As a result, IDHS is now working with Casey Family Programs to implement a Breakthrough Series Collaborative (BSC) on disproportionality that involves eight Iowa communities that have relative high minority populations.

BSC work includes:

- Each of the eight community developed a local team comprised of minority representatives, parent, youth, IDHS leadership, Judge, and Community Partner
- The Teams, Senior Leaders, and Day-to-Day managers participate in monthly calls related to the BSC. The Teams have developed team names and completed a self-assessment.
- There has been two Learning Session facilitates by Casey Family Program staff and included all the community teams. The teams learned the policy and practice change tool called Plan-Do-Study-Act (PCSA). Teams develop new approaches utilizing on disproportionality data and family satisfaction surveys.
- Two more Learning Sessions are plan for site to share results of the PDSAs and learn from each other.

Casey Family Programs sponsored Peer Technical Assistance 10.22.09 and 10.23.09. This event focused on the child abuse intake and assessment process, which has been identified as a critical decision point in child protection that can impact disproportionality. The peer TA team included representatives from various counties across the state of Minnesota. The event itself involved facilitated conversations around some of the work that they have done, and generate ideas that BSC teams in Iowa can test in their teams/communities.

#### **Sharing of the CFSP and the APSR Reports**

The Department will provide access to the CFSP and the APSR Report to any interested persons by posting these reports on the Department website. The Department will provide a copy of these reports to Meskwaki Family Services and to Tribal members of CINCF who are interested in reviewing the report.

Iowa's Child and Family Service Review (CFSR) is scheduled for August 2010. IDHS staff is currently working with the Tribes to identify tribal representatives who will service as CFSR onsite reviewers and/or participate in focus groups.

As a part of the process of developing Iowa's 2010 Statewide Assessment in preparation for the CFSR, the following representatives from the Meskwaki Tribe have participated on workgroups and panels to provide input and updates to the 2010 Statewide Assessment Report.

- Allison Lasley, Meskwaki Family Services (Ms. Lasley is also a member of IDHS CFSR Operations Team.)
- Honorable Theresa Essmann Mahoney, Meskwaki Tribal Court Judge
- Suzanne Wanatee, Clerk of Court, Meskwaki Tribal Court
- Reba Blackcloud, Foster Parent, Meskwaki Tribe
- Maurice R. Johnson, Esquire, Meskwaki Attorney General

***Information regarding consultations with Indian Tribes relating to eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Act can be found within the Chafee Report in this document.***



## Health Care Services

### Health Care Oversight and Coordination Plan

#### How Iowa actively consults with & involves physicians & other medical/non-medical professionals

To identify and address any gaps within the current Iowa Department of Human Services (IDHS), a work group was formed entitled the Foster Child Health Care Coordination Task Force. The Iowa Department of Human Services administers the Medicaid program. The task force members include staff from the Iowa Medicaid Enterprise (IME), other IDHS foster care staff, Iowa Department of Public Health staff including their Pediatric consultant and Visiting Nurse program staff. This work group has been working collaboratively in crafting the health care oversight and coordination plan.

The task force charter was developed in relation to the requirements of the P.L. 110-351 to review the IDHS current policy (model of care) and best practice that impacts the health care received by children in foster care and develop recommendations for improving the monitoring and coordination of the health care services, including their mental and dental health needs, to meet the needs of foster children. As part of the strategy to identify and respond to the health care needs, this task force has identified the resources available from IME and the Department of Public Health that can be coordinated to better serve the foster child's health care needs as well as some of the current gaps for obtaining health care services.

#### Current Schedule for Initial and Follow-up Health Screenings

The Department already meets many of the reasonable standards of medical practice provisions that are in the current rules and policy manual that address the initial and follow-up health screenings for the health care needs of children in foster care.

#### How Health Needs Identified Will Be Monitored and Treated

The physical health and medical needs of children are identified in assessments and case permanency planning activities with the needs addressed through services. The health care needs are identified in the initial physical health screening of the child when they come into care. The Department caseworker completes an assessment of the child needs, which is documented in the child's case permanency plan that is shared with the child's parents, foster care provider, the child's attorney and the court. The foster care provider is responsible to obtaining an annual physical of the child, monitoring their health needs and completing any follow-up as directed by the health care provider.

As of April 2010, the Department staff has had access to the Medicaid data system (IMERS) that gives them the prescriptions medicines, diagnosis, and health care providers of the child. This will assist them in obtaining the health care information, consulting with health care providers, and in monitoring the health care of the child. For the counties in which foster parents reside, the caseworker can use the IMERS system to identify the health care providers who accept Medicaid, especially in the rural county areas, **and can monitor the psychotropic drugs prescribed.**

It has been recommended by the AAP that IDHS replace its current physical exam form with the American Academy of Pediatrics Foster Care Health Exam, which includes a summary sheet and a full report. The use of this professionally recognized form would eliminate uncertainties regarding the current form by health care professionals. The task force will review the health exam form with the Department's Physical Record form in consideration of the recommendation. (The Physical Record form was revised in July 2008 to include a preliminary screening for dental and mental health in the physical exam form after



being compared to the EPSDT physical exam form.) However, IDHS would need to ensure that the summary sheet meets the definition of physical health record by the Children's Bureau.

As previously stated in the 2009 IV-B report policy changes effective October 1, 2009 do not allow foster parents to smoke in their home or in their vehicle while the child is present, requires CPR and First Aid within the first year of licensing, and added more safety standards for the foster parent's home (lead paint assessment).

In the statewide assessment, stakeholders recommended that IDHS refine its policy to clarify that dental health is part of assessing and addressing health care needs of children. Stakeholders commenting on health care needs were in general agreement that IDHS is effective in meeting children's physical health needs, although it was noted that there are widespread difficulties finding Medicaid providers for dental services. Stakeholders in one county also reported recent difficulties accessing vision care because providers do not want to accept Medicaid payments.

### **Dental**

State law requires children entering kindergarten to have a dental screen by an Iowa dentist and a dental examination when the child is in 9<sup>th</sup> grade. Additionally, children receive vision screenings through the school. The Iowa Department of Public Health (IDPH) works with families to address high lead levels, as appropriate. Additionally, IDPH has a computer system, which tracks immunizations for children. IDHS collaborates with IDPH to allow workers read access to these records.

I-Smile is Iowa's oral health coordination system. There are 22 regions covering all 99 Iowa counties. Local oral health coordinators, among the multiple duties, may present information to IDHS local offices. Additionally, I-Smile dentists have presented information to community stakeholders, such as the Model Court Training Academy. The I-Smile program's mission is to ensure that children's dental health needs are assessed and addressed. Stakeholders especially mentioned the local I-Smile initiatives in Story and Scott counties as promising practices. The I-Smile program information was presented at the Iowa Foster and Adoptive Parent Association (IFAPA) conference in March 2010 and information on this program is on the IFAPA website.

In Polk County, judges ask about when the child is going to the dentist and give out toothbrushes. This practice may be seen in other parts of the state as well.

**Dental screens are conducted initially at the time of placement and follow-up screenings are completed every 6 months.**

### **How Medical Information Will Be Updated and Shared**

Besides obtaining updated information from the IMERS data system, when a child is initially placed out of their home, a physical health screening (using the Physical Record form) is required before placement and when this is not possible, scheduled within 14 calendar days of placement. Health care information is also obtained from the child's parents to be completed before placement and from the school where the child is enrolled at the time of placement. The Physical Record form is completed by the physician at the time of the physical and includes an initial mental health, dental and vision screening information and identifies medications and any chronic health needs and medications for the child. If necessary the physician can refer the child to a mental health specialist, dentist or optical practitioner. A copy of this form is submitted to the foster care provider and is summarized in the child's case permanency plan. The child's case permanency plan is updated throughout the life of the case with all health care information.



When a child comes into care and their immunization records are unknown, the case worker can access the IDPH's Immunization Registry Information System (IRIS) to see what immunizations the child has received. This is one area of how the child's medical information is updated and appropriately shared. For children referred for foster family care services, IDHS workers complete a formal child behavioral assessment to determine the mental health needs of the foster child. These assessments are to be completed within 30 days of initial entry into foster family care, when there is significant behavior change, a placement change, termination of parental rights (TPR) and for guardianship subsidy.

IDPH contracts with IME to provide informing and care coordination services for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) population (children ages 0 to 21). The contract agreement excludes case management of foster care children as the IDHS provides this.

While IDPH informs families of newly eligible Medicaid children of the services under the EPSDT program as well as informs our families in which we have an open service case of this program our foster families, the IDHS also informs our families of the EPSDT program.

#### **Steps To Ensure Continuity of Health Care Services**

The Department will continue to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care.

The Department's case flow system does have available the Pediatric Symptom checklist. This is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. IDHS staff utilizes this tool for children placed in foster care but could use the tool for all children, as needed. Staff completes the form with the parents, foster parents or with an older youth to screen for medical and mental health issues.

#### **Oversight of Prescription Medicines**

The IDPH/IME agreement focuses on preventive health care services. Children with special health care needs are referred to Child Health Specialty Clinics for care coordination services. As stated previously, the case worker can also access the IMERS data system that shows the prescription medicines and the medical prescriber.

#### **Patient Protection and Affordable Care Act, Public Law 111-148.**

Department staff met in June 2010 to discuss and plan for implementation of the Patient Protection and Affordable Care Act, Public Law 111-148. The State will ensure that effective October 1, 2010 that the transition plan and process for all children in the 90 day period prior to turning 18 and discharging from foster care or within 90 days of discharge if the child stays in foster care past the age of 18, include information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and will provide the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law. Implementation plans include coordinating with the State's Attorney General's office regarding the process Iowa utilizes to assign a power of attorney or health care proxy in addition to legal ramifications of children under 18 signing such



a document (unless the State has guardianship of the child) or if a parent/guardian must sign in order to execute the legal form. Additionally, the State will be reviewing how legal costs to execute the document are to be paid along with how to convey the information to staff, children, families, and providers.

### Disaster Plan

Iowa's Disaster Plan is located in the Appendix Section of this report

### Foster and Adoptive Parent Recruitment

Iowa KidsNet (IKN) has continued as the state-wide contractor for the recruitment and retention of foster and adoptive families. IDHS and IKN staff work collaboratively to develop service area specific recruitment plans. Each area is provided a target number based on an agreed to formula based on data analysis of Areas have the flexibility to set allocate the target number to priority recruitment categories to meet the specific needs of that area. Priority recruitment categories are: placements for minority children, placements for teens, placements for special needs children, and placements for sibling groups. General recruitment is also included in the plans. All service areas identified needs for placement of children in all the recruitment categories.

**In FY10, Iowa KidsNet recruited 668 new families.** Of these families, **493 (73.8%)** were dually licensed/approved for foster care and adoption, **103 (15.3%)** were adopt only, **62 (9.0%)** were foster only, and the remainder were licensed through ICPC. The number of adopt only families increased by more than 50% from FY09. Of these new families, 536 beds were generated for the priority recruitment categories and 398 beds in the general recruitment.

The recruitment of minority families continues to be a challenge. While no service area has met its target for minority recruitment, one service area has shown some success by having a recruiter that specifically focuses on minority recruitment. **Of the 536 new beds in the priority recruitment categories, 114 were in the minority recruitment category. Recruitment targets are based on the demographics of the children in care for each service area. BSC is geared toward reducing minority representation in foster care (preventative) and promoting prompt reunification. MYFI are local and data regarding children in care is shared with IKN.**

**Each service area has one recruitment specialist. While Iowa KidsNet strives to have diverse staff in all areas of recruitment and retention, relying on having the one recruitment specialist in each service area who is a minority has not been the only strategy used. Other strategies such as family to family mentoring, engagement of minority community leaders in recruitment activities, and using culturally sensitive and culturally diverse marketing are among those used by Iowa KidsNet to recruit minority families. Research has shown families are the best recruiters, so Iowa KidsNet has developed the Ambassador Families program comprised of foster/adoptive families who actively promote foster care and adoption and recruit new families. Families, who represent all targeted recruitment categories including minority families, will be added in FY11 across the state.**

**Three counties in Iowa currently have Minority Youth and Family Initiatives – Polk, Woodbury and Black Hawk counties. These initiatives are managed locally setting goals to meet local community needs. Iowa is also participating in the Breakthrough Series Collaborative through Casey Family Programs with eight sites across the state. The focus of the BSC is to reduce the disproportionate number of minority children in foster care, and to reduce the length of stay and**



**improve permanency outcomes for minority children in care. These projects provide information to the service areas that may be taken into consideration in the development of the area recruitment and retention plans for the recruitment of minority families.**

Activities for the current fiscal year have centered on family to family recruitment, engaging faith communities, participating in cultural events, distribution of educational materials, hosting services and education fairs, displaying the Heart Gallery at community events. Local businesses, athletic teams and other community events have hosted foster families and offered prizes, discounts, and other benefits. Service areas have worked to engage and involve minority families, IDHS and provider staff in recruitment efforts. Service areas are in the process of developing recruitment and retention plans for SFY11. Recruitment teams will review strategies attempted in the past and refine those strategies as well as introduce new strategies.

Iowa registers waiting children on the state-wide exchange and on the national exchange through AdoptUsKids. The statewide photo listing is administered by Iowa KidsNet. As of May 1, 2010, 36 children were listed on the statewide photo listing, and 15 children were listed on the national exchange through AdoptUsKids.

### **Monthly Caseworker Visits**

***Describe the action steps the State is taking to ensure that, by October 1, 2011, 90 % of children in foster care are visited on a monthly basis by their workers, and that the majority of the visits occur in the residence of the child.***

#### ***Service Description***

Over the last two fiscal years, IDHS emphasized visits with children and parents within the context of incremental performance progress. The focus on seeing families and children more often resulted in knowing the cases better, having the ability to assess needs on an ongoing basis, and having a clearer focus on what services are available and how to use them. In addition, a protocol was established regarding criteria for when it is appropriate to flag (in the CWIS system) adequate efforts to locate and engage absent parents as well as expectations for the ongoing search for and efforts to engage absent parents.

Caseworker visit means a face-to-face contact between foster child and the caseworker. The caseworker visit focuses on issues pertinent to child safety, case planning, service delivery, and goal attainment. When the department has open case, face-to-face visits with the child/ren should occur at least monthly. The actual frequency of visits should be determined based on the individual needs of the child. When the child's needs dictate more frequent contact, visits need to be made more frequently than monthly. Preference shall be given to visiting the child in the "child's residence" defined as the home where the child is residing, whether in-state or out-of-state, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

#### **Action Steps Toward Practice Improvement**



- Working with staff to coordinate visits and do more efficient planning on visits of children that are a distances from local offices
- Sharing successful strategies between service areas during supervisory conferences
- Monthly practice bulletins to guide staff in performance expectations for all items in the CFSR
- Monthly review of selected CFSR requirements concurrent with discussion with staff about the practice bulletin topic
- Supervisory feedback to CFSR Operations Team about system barriers to expected visit performance
- The Fatherhood Initiative, Parents Partners, the Family Interaction and Non Custodial Parent training along with the continual use and focus on family team meetings supports practice improvement around visitation

### **Collaboration Efforts**

#### ***Internal***

- Aligning performance measures for Service Area Administrators with CFSR and IV-B visitation requirements
- Monitoring and tracking visitation performance monthly on reports distributed to all Administrators.
- Sharing data reports as a tool for workers to track visits (e.g., mid-month report of all children not yet visited, both worker and supervisor get report and use to plan for making visits).
- Adding documentation fields to **SACWIS**, to enhance tracking and reporting
- Focus supervision on improving/increasing clinical consultation with child welfare staff on importance of and the quality of visits

#### ***External/Stakeholders***

- Aligning Foster Care Review Board reviews and reports with the CFSR to add external review and compilation of data
- Juvenile Court Judges are now asking about caseworker visitation with children and parents to ensure theses are happening
- Continual work with permanency contractors around timely and quality visitation that meet the needs described within the case permanency plan
- The Family Interaction Plan was developed for a statewide “visitation” protocol. Both IDHS and provider staff were provided training on this with the implementation roll out date effective July 1, 2009. There was a Practice Bulletin published in October of 2009 specific to Family Interaction which has been very useful to both IDHS and Provider staff. There continues to be discussion on how to also train facility staff on the importance of Family Interaction as well as how to engage residential providers in the philosophy. The Family Interaction curriculum was developed and modified for a shorter and more focus training for foster parents, Court, and other stakeholders. There has been discussion around beginning on building a framework to collect and assess outcome data to see the impact of Family Interaction on permanency outcomes. All service areas continue to implement Family Interaction on new and ongoing cases. There are continued efforts to engage and train foster parents and the Court.



## **Program Support**

### ***Reporting Procedures***

In the Family and Child Services (FACS) system, IDHS workers enter their contacts. As part of system enhancement, the fields cover whether the worker asked quality questions, whether the case plan was reviewed, and the location of the visit, whether the child was seen alone, and whether the child was considered safe.

Reporting per the federal requirements has been developed so that each month a report will be generated for the prior 12 months (rolling 12 months) by month. The N [number] will be determined by the number of children and youth who were in out of home care (which does include THV) for at least one full calendar month within the prior 12 months. The numerator will be the subset of the denominator [number of children] who had a face-to-face visit during each full month in care in the prior 12 (excluding months on runaway or children placed out of state).

### ***Training***

Service Area Quality Assurance and the Quality Service Coordinator have developed a standardized visit process, procedures, and documentation to promote caseworker visits with children. The process has been added to new worker training curriculum. The caseworker visit funds will be utilized to provide training during the implementation process.

## **Adoption Incentive Payments**

The State of Iowa does not receive any adoption incentive payments.

## **Child Welfare Waiver Demonstration Activities**

### ***Child Welfare Demonstration Activity***

Iowa's subsidized guardianship waiver project was initiated on February 1, 2007. Since the initiation of the program, a total of 1987 were identified as meeting eligibility to be included in the project. The random selection of children into control and experimental groups resulted in 1381 children in the experimental group and 606 children in the control group. There are currently 30 children in subsidized guardianship placements.

Following the passage of the Fostering Connections for Success and Increasing Adoptions Act of 2008 (FSCIAA), Iowa began the process to terminate the waiver and implement subsidized guardianship according to the FCSIAA legislation. Administrative rules were filed to end the waiver and implement the new subsidized guardianship program with an anticipated start date of February 1, 2010. As work began toward implementation, questions were raised regarding whether the program could be cost neutral as no additional funds were appropriated to implement the program. Questions were also raised regarding system readiness. As a result of these concerns, the rules were amended to end the waiver effective September 1, 2010, but not implement the new program. Implementation of the new subsidized guardianship program is now targeted for state fiscal year 2012.

## **Quality Assurance System**





Iowa’s CFSP included a description of the Quality Assurance System (QA) that is used to regularly assess the quality of services under the plan and ensure that steps are being taken to address identified problems. The QA System serves all of Iowa’s 99 counties, which corresponds to all jurisdictions covered in the Child and Family Services Plan. The QA&I system evaluates the quality of services, identifies strengths and addresses prioritized need areas of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa’s Child Welfare system.

Following is an update on the Iowa Department of Human Services QA System, any problems the state has identified with the system and the steps the state is taking to address any identified problems. Specific changes or improvements that has made to programs and/or procedures in the past year based on the QA system findings are also discussed.

The QA System in Iowa has been integrated into daily operations to evaluate the quality of services, identify the strengths and needs of the service delivery system, provide relevant reports, and evaluation from which program improvement measures are implemented. Initially QA efforts focused on indicators in the areas of: Timeliness of response, Repeat Maltreatment, Face-to-Face Visits with Children, Face-to-Fake Visits with Parents, Foster Care Re-Entry. Performance data in these areas have since improved.

Focus Item	Baseline (from 2003 CFSR)	Current Performance (Case Reading Data) (as of 12/09)	Current Performance (Admin Data) (as of 12/09)
Timeliness of response	73%	NA	88%
Repeat Maltreatment	11.4%	NA	8%
Face-to-Face Visits with Children	10%	88%	81%
Face-to-Face Visits with Parents	23%	71%	45%
Foster Care Re-Entry	60%	97%	87%

Another significant improvement that has been made since the implementation of QA is the availability and accessibility of data used to assess performance and improvement. Data from case reviews as well as administrative data regarding CFSR measures and best practices are now incorporated into daily operations which has led to a better understanding of priorities and informed decision-making.

In 2009, the Department increased the information available to staff and managers with 18 of the items measured as part of the new round two CFSR measures electronically reported on a monthly basis, and quarterly reporting on the remaining items and the composites. Currently, work is underway to enhance data reporting further through a single source location for all CFSR-related measures.

Quality Assurance and Improvement only begins by assuring compliance with applicable regulations and laws. The Iowa IDHS Child Welfare Model of Practice provides a context to evaluate improvement opportunities based on a defined set of practice values designed to guide practice beyond simply monitoring compliance. QA&I uses the model of practice as a lens to support improvement efforts which shift focus to the people served, and to make sure Department actions improve lives and not just respond to bureaucracy.

The Iowa IDHS QA&I system focuses on ensuring the quality and effectiveness of services to children and families by:





- Establishing desired outcomes and standards of expected performance. The Iowa QA&I system relies primarily on two complementary sets of standards and expectations to assess quality services and results: 1) CFSR Standards, and 2) The Iowa IDHS Child Welfare Model of Practice;
- Monitoring actual performance and outcomes and comparing them with expectations for performance and outcomes;
- Analyzing discrepancies between desired and actual performance;
- Based on analysis, prioritizing focused goals for improvement; and
- Implementing strategies to improve, monitor results and adjust strategies when needed.

**Organizational Structure and Tools Supporting Quality Assurance and Improvement:**

The organizational structure for the QA&I effort includes the Bureau of Quality Assurance and Improvement, a unit for statewide guidance, support and coordination. In addition, QA&I includes a dedicated Quality Coordinator in each of the state's Service Areas, and also a Management Analyst providing data support and analysis in each of the state's Service Areas. The QA&I system links and coordinates with the Service Area Managers for improvement efforts and with the Service Business Team and the IDHS Cabinet for statewide projects requiring coordination or allocation of resources. From our focus groups in our 2008 Iowa-CFSRs across the state, we heard consistently that there is a feedback loop between QA, practice improvement, policy, and training. Quality Assurance has a strong representation on the training committee and is a standing agenda item to update the training committee on current QA activities, as many of these affect training components. In each of the service areas, Quality Assurance Coordinators meet with the supervisors and full management team to make sure that staff has information they need to coordinate change efforts. In addition, projects assigned to the Quality Assurance Coordinators as a statewide group may originate from the Service Business Team or Service Area Manager's Team. Currently, a member of the Service Area Manager's team also attends the Quality Assurance Coordinator's regular monthly meetings; the purpose of this is to provide a bridge between QA and supervision/ management, including identification and coordination of support on the Department's priority issues.

1. *Strategic Focus:* IDHS Leadership identifies key performance areas for the state; these are a subset of all CFSR measures that are prioritized for state focus and are determined by review and analysis of performance reports. The Department is moving toward an organized system of prioritizing items in sequence so, as quality improvement efforts are effective, the next focus area is initiated. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews monthly, by service area and statewide at all levels throughout the Department, data on the priority items; analysis and trending helps to determine where strategies are effective and where strategies need enhanced. It also easily identifies those service areas that are achieving the established target; this leads to the sharing of information on effective strategies that may be implemented across service areas.
2. *Case Reviews:* With the implementation of Iowa's PIP, case reviews were established as a way to gather data on our performance and provide feedback to improve our child welfare system. The tool used was based on CFSR standards, but was modified in order to identify recent improvement in the PIP areas; for instance, we looked at the previous three months rather than using a 12-month period under review. From implementation of the case review system in January 2006 through June 30, 2009, supervisors reviewed one case per month for each worker they supervised and provided feedback through clinical consultation with each worker.

Effective July 1, 2009, Iowa began using the federal CFSR case reading instructions and collecting data on the 7 outcomes and 23 items; at this time, Iowa does not have the capacity to record electronically the sub questions within items 1 – 23. QA Coordinators assisted in training staff on a



common lens to view the items within the federal case reading tool; supervisors, QA Coordinators, and local management routinely review the data and evaluate where strategies are working, where practice issues can be strengthened, and what strategies may be implemented that can impact multiple items within the federal standards.

Every supervisor uses this tool to review cases for staff they supervise. When implemented, each supervisor reviewed one case file per month; as of February 1, 2010, each supervisor reviews two files per month. This will continue to increase as supervisors become more familiar with the CFSR case reading tool. The files for review are stratified by supervisor and randomly selected. Supervisors using the case reading instrument integrate CFSR/ best practice in consultation with their staff through routine clinical supervision. The QA Coordinators complete a second level review of case readings each month; upon implementation in July 2009, QA staff were reviewing 100% of cases read and providing feedback to supervisors and workers regarding CFSR criteria. In addition, the QA staff from across the state integrated second level reviews into their monthly QA meeting in order to assure consistency in understanding and application of the standards, as well as to provide a learning environment among peers. Integration of best practice into casework has strengthened the work with families and has resulted in improved outcomes. The supervisory case reading data is readily available to each service area for analysis by service area, county, supervisor, judicial district, etc. The data is compiled quarterly on a statewide basis for analysis of performance and identification of trends. Managers, administrators, supervisors, QA staff, field staff, policy staff, etc. utilize this data to determine focus areas both statewide and on a service area level.

**Comment [k1]:** We may want to explain why the chart below shows a decrease in total cases reviewed as from 06-08 there is an upward trend.

<i>Year</i>	<i>Total # Cases Reviewed</i>
2009	2374
2008	4009
2007	3450
2006	1452

One example of how the QA system utilizes and incorporates case reading data to promote improvement in practice, as well as to evaluate the effectiveness of strategies, is a recent project focused on increasing the engagement of the non-custodial parent (NCP) in services. Through review and analysis of case reading data, Iowa identified that our success or failure in locating, involving, and engaging the non-custodial parent was an issue that affected multiple areas impacting positive results for children and families. QA Coordinators analyzed cases reviewed over a three month time period that did not score as a Strength for CFSR Indicator #17 (Needs and Services of Child, Parent and Foster Parents) and/or #18 (Child and Family Involved in Case Planning). Findings:

	ANI Cases	# ANI due to NCP Issue	BARRIER		
			Identity of NCP	Location of NCP	Engagement of NCP
<b>TOTALS</b>	<b>119</b>	<b>64</b>	<b>6</b>	<b>13</b>	<b>47</b>

ANI=Area Needing Improvement; NCP=Non-Custodial Parent



From this data, it was clear that Iowa could improve practice around the involvement of non-custodial parents, thus improving outcomes for children and families. Based on the data, engagement of the non-custodial parent was the primary issue; QAs made recommendations for strategies to improve engagement at each point in the life of the case as well as developing easy to use guides and resource information for workers. The following are comparisons of a few items impacted by non-custodial involvement from baseline information from the initial federal on-site review to our current case reading and administrative data. These areas are improving based in part on QA&I review and analysis of case reading data, and the implementation of recommended strategies to improve identification, location, and engagement of non-custodial parents.

Focus Item	Baseline (from 2003 CFSR)	Current Performance (as of 12/09 Case Reading Data)
CFSR #15: Children in foster care are placed with relatives whenever possible	77%	94%
CFSR #17: Needs of children, their parents, and foster parents are assessed and addressed	72%	87%
CFSR #18: Children and their parents are involved in the case planning process on an ongoing basis	66%	85%

In April 2010, additional analysis will be completed utilizing the same process that was used to gather the baseline information.

3. *Satisfaction surveys* have been utilized to collect information quarterly from stakeholders regarding a variety of issues such as Family Team Meetings, Safety Plan Services, Family Safety, Risk, and Permanency Services, and Foster Parent services. Participants in these surveys include families involved in services, foster parents, IDHS workers, GALs, etc. Some of these surveys are on-going as satisfaction is part of contracting with providers. Overall, satisfaction survey results have been very positive, but have also confirmed issues needing addressed as the State revamped how services are provided. This input contributed to local service area collaborations to trouble-shoot issues identified.

4. *Targeted Projects*: Iowa uses “focused Quality Assurance and Improvement projects” to create statewide performance improvement in specific result areas. These projects use the PDSA approach in efforts to make quick and meaningful improvement that affects positive outcomes for families and children.

5. *Learning and Shared Understanding*: Iowa’s Quality Assurance and Improvement system encourages, supports, and participates in practice discussions and quality assurance reviews across jurisdictional boundaries promote and support learning and shared understanding. The process helps to identify where all areas share a common lens as well as discrepant areas when staff believe that practice was consistent, but in reality were not; the root causes of these inconsistencies could then be addressed to improve consistency, quality of services, and results.

Promising Practice Initiatives

*Lean/Kaizen*: The QA&I system uses a variety of improvement tools, including Lean / Kaizen. Lean is a collection of principles and tools that improve the speed of any process by eliminating waste. Kaizen is one tool used in Lean / Six Sigma process improvement. Kaizen, a combination of two Japanese words



meaning, change and for human good, refers to an approach to continuous improvement that clarifies goals and uses quick, small, incremental changes routinely applied and sustained over a long period that results in significant performance improvements. IDHS receives support and training Kaizen from the Department of Management, see the [Office of Lean Enterprise](#) website for more information.

*Permanency Composites (see Appendix for additional information):* When the permanency composites for the second round of the CFSR were implemented, Iowa developed procedures and reports to mirror the federal information so we could more closely monitor and evaluate our performance. IDHS staff, on a quarterly basis, generates, reviews, and analyzes these reports. Initial analysis indicated that there was much variability in our service areas across the state, and identified which composite measures most needed improvement. Iowa also used Monte Carlo Simulation on each composite measure to identify which raw measures have the greatest impact on each composite, and then targeted our initial improvement efforts on those raw measures (see Part 3 of the attached Iowa Composite Project document for additional details on the modeling using Monte Carlo Simulation).

*Judicial/IDHS Joint Decision Point Analysis:* IDHS and Children’s Justice are currently working to develop a joint decision point analysis tool. This tool would focus reviewers on a specific point in the life of the case to determine how Court and IDHS involvement influenced outcomes. This integrated review process will engage child welfare partners and stakeholders as reviewers and provide a holistic system review and report. Planned implementation is for FY 2010.

*Common Language and Lens:* Use and familiarity with the federal CFSR Case Reading tool has helped to provide a common language and lens to use throughout the child welfare system. Practice is evolving and being driven by local area collaborations.

*Performance Based Contracting:* Outcome targets are included in contracts with private providers. This is a learning process as the state moves forward, but is promoting accountability in the child welfare system and will evolve with time. Also included in the contracts is the requirement for all contractors to achieve national accreditation.

*Casey Breakthrough Series:* Iowa is participating in the Casey Expansion Breakthrough Series, which involves parents, Hispanic Outreach Center, youth, juvenile court, and concerned citizens. IDHS shares its data with the University of Iowa researcher in order to evaluate the effectiveness of this initiative.

## **SECTION D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**



## CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

### Annual Report - June 30, 2010

#### Identified Areas For Improvement 106(a)(1)

The Iowa Department of Human Services (IDHS) has established a plan to continue to improve the provision of child protection services. This plan includes continuing to focus on the six program areas identified from section 106(a)(1) of CAPTA. The identified areas for FY 2010-2014 include the following:

1. **Intake, assessment, screening, and investigation** of reports of abuse and neglect;
2. Enhancing the general child protective system by developing, improving, and implementing **risk and safety assessment tools and protocols**;
3. Developing, strengthening, and facilitating **training** including (A) Training regarding **research-based** strategies to promote collaboration with the families; (B) Training regarding the **legal duties** of such individuals; (C) **Personal safety** training for case workers;
4. Developing and enhancing the capacity of community-based programs to integrate **shared leadership strategies between parents and professionals** to prevent and treat child abuse and neglect at the neighborhood level
5. Supporting and **enhancing interagency collaboration between the child protection system and the juvenile justice system** for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems
6. Supporting and enhancing **collaboration among public health agencies, the child protection system, and private community-based programs** to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the **health needs**, including **mental health needs**, of children identified as abuse or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

#### Activities In Identified Program Areas Pursuant to 106(b)(2)

Following is an outline of the activities and strategies that IDHS will participate in regarding a continuous quality improvement process for the child protection system. Some of these activities and strategies will be carried forward from prior years, while others will involve new directives and initiatives for IDHS based on the new program areas of improvement listed above.

##### **1. Intake, assessment, screening, and investigation** of reports of abuse and neglect.

IDHS has worked with the Statewide Child Protection Council Citizen's Review Panel (CPCCRP) to begin an external review of the intake process. The CPCCRP has conducted a review of Iowa Code, and IDHS Policy that specifies the duties of IDHS when receiving an intake. The CPCCRP has made recommendations for changes that were believed to improve the department's response to calls. In FY 2010-2014 IDHS began to implement some of these recommendations. A CFSR based guided intake tool was developed for the CPCCRP to evaluate intakes that have been received including those accepted, and rejected for assessment.

In November, 2009 the tool was used to conduct a guided intake review with the CPCCRP and IDHS. The focus of the review was to determine if IDHS was appropriately accepting and rejecting those intakes received from medical professionals in compliance with Iowa Code and IDHS Policy. The study identified trends present across multiple cases, and evaluated what practices and issues are behind



those trends to identify both the strengths of the system and the opportunities to improve the system. The review had four teams comprised of two council members and a IDHS child protection supervisor. Each team reviewed unique cases, evaluating compliance with intake policy and quality issues using the same standard tool.

The outcome of the review was that in every case, reviewers felt that the correct decision was made in regard to accepting or rejecting a report, according to policy. However, they felt that two reports that met criteria to be rejected as sexual abuse allegations, needed more information to support the decision and could have been considered for another abuse type. While this is a routine intake practice, it may not be documented clearly on the intake decision that the other type of abuse was considered.

The other area identified from the review as needing improvement was the determination, at intake, of the safety of the other children in the home. The identified victim was clearly and consistently evaluated for safety but the other children in the home were not. Child Protection policy and field staff will review the finding and determine if a policy change is needed or if this is a training need.

Overall, Council members reported experiencing a great learning opportunity with clarity, guidance, and support from the IDHS partners present. Reviewers were more sensitive to the complex nature of the intake process and the difficulty of making correct decisions consistently.

The IDHS is moving to a new Centralized Intake center in FFY11. The unit will be housed in one location in Des Moines, Iowa. It will be a call center format and take all child abuse/neglect, CINA, dependent adult and information and referral calls for the state of Iowa. The CPCCRP will continue to be involved in child protective intake with the new center. A follow-up review will be considered after the center has been up and running to see how the new process is working.

In 2009 Iowa initiated a contract with CSS Tests to conduct standardized drug screen testing in assessments of child abuse across the state. The contract established a single facility to conduct the lab testing, but each service area needed to establish a local collector. Currently six of the eight service areas are using this contract and have found significant benefit. Of the two areas not making use of the service the availability of a local collection site has been an issue, but both continue to look at options. The state has recognized a reduced cost in the lab expense, and realized a faster turnaround on payment claims. The turnaround time on test results have also improved and workers are able to access them via a secure system on the internet making them available to the worker sooner. In FY 2010-2014 IDHS will continue to work to expand the use of this contract in all service areas, and work with the contract vendor to enhance the delivery of services.

**2. Risk and safety assessments, tools, and protocol development, implementation, and improvement.** The Iowa Department of Human Services (IDHS) requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to improve risk and safety assessment and management practices. The technical assistance involved the following activities:

- An expert review of policy and procedures with a focus on risk assessment and safety management, particularly in cases involving serious abuse and non-verbal children;
- Focus groups with contract providers of safety and permanency services;
- Research of training curricula for supervisors;
- Communication strategies with external stakeholders regarding risk and safety assessment, and planning and management.



The review identified key recommendations for improvement. In response to the evaluation conducted by the NRCCPS, and the recommendations made Iowa will be implementing several changes.

In FY2010 the focus was on clearly identifying the terms for present and impending danger, and worker response to these situations. IDHS also enhanced policy manual to include definitions and worker response to standards for safety thresholds. Enhanced Safety and Risk training was held in June, 2009 via ICN to present the information to IDHS staff, supervisors, and FSRP providers.

IDHS worked with the University of Iowa to conduct a formal review of the Risk Assessment tool used by the department. The study concluded that the IDHS risk assessment was “very good”. However the tool was not used consistently and there had been “definition drift”. A workgroup was gathered to address areas identified as needing improvement.

The team looked at policy, procedures and practice around the use of the risk assessment and risk re-assessment tools. Because the risk assessment tool hadn’t been used consistently, there was a perception that the tool was not effective. Enhanced practice guidance was created for the use of the risk assessment tool and practice guidance was created for the risk re-assessment tool as there had previously been none.

In April, 2010 the policy, procedures and the new guidance tools were presented in four ICN teleconferences for all IDHS staff, supervisors and FSRP service providers. Additionally, a Practice Bulletin outlining the IDHS policy and procedures on Risk Assessment and Risk Re-Assessment was developed. The practice bulletin clearly makes the correlation between the IDHS policy and CFSR expectations. All IDHS child welfare staff and supervisors received the bulletin. The Practice Bulletin was also placed on our agency Web site for access by providers, the court, advocates and families to access.

### **3. Training development, enhancement, and facilitation including training in three major areas.**

Iowa has continued to implement new, and on-going training to IDHS child protective workers, service workers, supervisors, and community based service providers in the three major areas identified in CAPTA. IDHS continues to support the IDHS Training Committee which provides training in core courses for new workers, and advanced training for experienced workers. The IDHS Training Council will conduct a curriculum review of the current training courses that are offered to evaluate and update content for FY 2011. IDHS will continue to work with the CJA Statewide Task Force to fund opportunities for workers to attend conferences with an emphasis on child protection.

- a. Researched based strategies to promote collaboration with families. IDHS provided Enhanced Safety and Risk training to IDHS staff via ICN in June 2009. FSRP Providers were invited to attend as well. This incorporated the rest of the NRC recommendations and continued the discussion of Safety Threshold and Present and Impending Danger. IDHS also provided Risk Assessment and Risk Re-Assessment training for IDHS staff, supervisors and providers in April 2010.
- b. IDHS implemented new training courses in FY2010. The following courses were added to support the on-going professional development of social workers and supervisors and promote collaboration with families:
  - The Effects of Selected Mental Disorders on Parental Capacity – Instructs staff regarding case management, supervision, and case plan development for families with mental health disorders.





- Motivational Interviewing – Instruct staff on interviewing techniques and principles in developing case plans and case management.
- Attachment and Child Development – Participants gain a broader understanding of child development and attachment to support case planning.
- Advanced Cultural Competence – Focus on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family.
- Working with Families Affected by Substance Abuse Disorders – Participants gain a broader understanding of the techniques needed for case planning and management with families affected by substance abuse.

In FY 2010-2014 Iowa will continue to focus on trainings that provide workers with an understanding of abuse in the larger context of family functioning. The IDHS Training Committee is seeking curriculums to train workers with conducting abuse assessments in cases involving individuals with disabilities.

The Child Welfare Provider Training Academy, herein referred to as The Training Academy, was established in order to develop and deliver training and related services to child welfare frontline staff and supervisors throughout the state of Iowa in order to improve outcomes for children.

The training is compatible with the child welfare outcomes of the IDHS model of practice in the Better Results for Kids Redesign and the seven outcomes from the federal Child and Family Services Review (CFSR). These outcomes include safety for children, permanency, academic preparation and skill development, and well-being.

The Training Academy works to provide accessible, relevant, skill-based training throughout the state of Iowa using a strength-based and family-centered approach. The Training Academy is continuing to design an infrastructure to support agencies in their efforts to train and retain child welfare workers, and positively impact job performance and results in the best interest of children.

The new and most exciting addition to the Training Academy's services comes through a partnership with Essential Learning. The contract, in October 2009, provides a range of individual online training courses to 500 child welfare providers across the state of Iowa. Access became available to two extensive libraries: a Social Services Course Library and a Child and Adolescent Curriculum.

- c. **Legal duties of individuals.** Legal series courses are offered for new workers, and as on-going training for current employees. Courses focus on the general legal aspects of social work, testifying in juvenile court, and permanency and termination of parental rights. The IDHS also partnered with the Iowa Judicial Department to provide training to guardian ad-litem, and attorney's working with children in child abuse related cases. In FY 2010-2014 IDHS will continue to update these on-going trainings to reflect changes in Federal, and State laws. The IDHS, and Iowa Juvenile Court are undertaking a joint review beginning in FY 2010, which will examine the provision of services from intake to case closure for child protective services cases





that also involve court action. Following these reviews recommendations will be made for training to address any concerns identified.

- d. **Personal safety training for caseworkers.** Field workers receive training as part of their initial orientation with regard to worker safety and interacting with individuals who may be angry or hostile. In addition more specific information is provided in each of the advanced courses such as those addressing assessments with reports of illegal substances, domestic violence, or criminal activity. In FY 2010-2014 IDHS will continue to evaluate and update these trainings.

#### **4. Shared leadership strategies between parents and professionals.**

Iowa has continued to expand its leadership with parents and professionals through the Parent Partners program. The Parents As Partners program pairs families that are currently involved with the child protective system with parents who were previously involved and successfully reunified their children to the home. These individuals help families by encouraging them as they begin working with services, helping identify pitfalls, and working with the IDHS case worker involved with the family. The program also supports a Birth Parent Orientation program in a community where there are not enough parent partners available to meet demand. The Birth Parent Orientation program provides assistance in a larger group format rather than the one on one model of the Parent Partners.

In July 2009, IDHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six current Parent Partner sites to 22 Parent Partner sites over five years. New Parent Partner sites that are selected may receive funding for coordination of up to \$20,000 per year, for up to three years. Five new Parent Partners sites are receiving this funding.

In FY 2010-2014 Iowa was able to expand the program to 11 Parent Partner programs covering 31 counties. The first six Parent Partner sites completed its second full year of implementation in 2009. Data was collected from six sites for the time frame of January 2009 through December 2009, 54 parent partners served 450 families.

IDHS has partnered with community organizations such as Prevent Child Abuse Iowa to encourage the expansion of programs targeting fathers.

In March 2004, IDHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families. At this time, the relative rate for Native Americans in Sioux City was 6.8 and today this relative rate has been reduced to 4.8. (The relative rate is the number of Native American children in portion to the number white children involved in out of home placement.)

The MFYI efforts in Sioux City focused on establishing a specialized IDHS unit that includes Native American liaisons who assist social workers in bridging cultural understanding. IDHS leadership partnered with the Community Initiative for Native Children and Families (CINCF) in Sioux City producing collaborative efforts to improve practice. For seven years, an annual conference has been held with approximately 180 participants from the Native American Community, IDHS and other child welfare partners. Community forums using "Race and the Power of Illusion" materials have been held throughout the community. Quarterly, state administrators meet with broad based coalition (Four Direction & CINCF, juvenile court, service providers and community) members to discuss strategies to improve policy, practice and services for Native American families. All these efforts have contributed to the success in reducing disproportionality for Native American children in the Sioux City service area.



In 2004, when the MYFI started in Des Moines, the relative rate for African American children was 5 and today the relative rate for African Americans has been reduced to 2.4. Des Moines participated in a national Breakthrough Collaborative Series sponsored by Casey Family Programs. By implementing a policy and practice change model called Plan-Do-Study-Act (PDSA), IDHS made several practice changes. The following is a list some of the activities (PDSA's) initiated in the BSC collaborative.

- Hair Care (kit, tip sheet and training) education for children and foster parents regarding the needs of African American children in care.
- 24 hour Check-Back – Social workers visiting children the day after they have been removed from their home, to provide information and answer questions.
- Undoing Racism Workshop facilitated by the People's Institute for survival and beyond.
- New worker public transportation orientation – new workers learn the difficulties associated with navigating the public transportation system.
- System Analysis
- Community engagement and public awareness
- Interview questions re: the influence of poverty
- Culturally competent family team meetings
- Court room survey re: adequate representation

Casey Family Programs sponsored Peer Technical Assistance 10.22.09 and 10.23.09. This event focused on the child abuse intake and assessment process, which has been identified as a critical decision point in child protection that can impact disproportionality.

Iowa continues to seek to establish initiatives to reduce disproportionality of minorities represented in the child protective services system. In FY 2010-2014 Iowa will continue to work with the Casey Foundation on the development and implementation of the framework.

##### **5. Support the enhancement of interagency collaboration between the child protective system and the juvenile justice system for improved delivery of services and treatment.**

During the past year Iowa has sought to improve the continuity of treatment plans and services as children transition between the two systems. IDHS continues to work with the Crime Victim Assistance (CVA) Program operated by the Iowa Attorney General's Office to ensure services to abused children. The department and CVA share information to identify families that are eligible or receiving services under either program. Through this coordination both agencies can ensure that the greatest number of children and families receive services to address the effects of being a victim of criminal acts and child abuse.

IDHS had previously finalized an agreement with Juvenile Court Services to establish the carve-out of money provided for JCS services and their graduated offender services. By providing more autonomy and responsibility for the expenditure of funds it has improved the provision of services to allow them to be more discrete and individualized to the child. IDHS also provided funding for attorneys and administrative law judges to attend conferences which were then presented in cross training with IDHS child protective investigators, social workers, and field supervisors. The improvements have been seen in the Child and Family Service Reviews (CFSR) that have shown an improved quality rating as Juvenile Court, and IDHS have become more consistent in the services provided from both entities.

The Department of Human Services and Juvenile Court Services have both been completing independent reviews of the handling of child welfare cases in their respective systems. The department and juvenile court will engage in a combined review in 2010 to evaluate an identified focus area. The focus area will

be interrelated to an outcome area of safety, permanency and/or wellbeing. The focus will be to identify strengths, and needs for the improvement of the system as a whole, and recommendations for implementation in FY 2010-2014. IDHS will also continue to work with the Crime Victim Assistance program in FY 2010-2014.

**6. Collaboration among public health agencies, the child protection system, and private community based programs to address health.**

Revisions to CAPTA in 2004 required the determination of eligibility for the Part C Services for abused and neglected children under the age of 3. In Iowa the Early Access (IDEA Part C) initiative provides for a partnership between state agencies (Iowa Department of Human Services, Iowa Department of Public Health, Iowa Department of Education, and Child Health Specialty Clinics) to promote, support, and utilize the services of Early Access. The number of children in State Foster Care below age three who have been referred and received services increased from 23.1% in fiscal year 2008, to 31% in fiscal year 2009. The number of children referred and receiving services from protective assessments, increased from 12.5% for fiscal year 2008 to 16.1% for fiscal year 2009. This increase is especially notable given that the total number of children referred was less than the previous year indicated that IDHS is referring more of the children who are eligible. In FY 2010-2011 Iowa will continue to look to expand the Early Access Program. Initiatives are being explored to continue to increase the provision of services given that the national averages indicate that the number of children who would benefit from such services is about 30% of the identified population. Iowa is also seeking ways to improve the access and participation of referrals for children and families where the children remain in the home.

Resulting from stakeholder feedback as part of the Quality Service Review (QSR) process, a focus group of stakeholders was used to identify why the number of children referred to the Early ACCESS program was so low. Local service providers believed that the referral process could be improved and that the IDHS social worker is not involved in the referral to Early ACCESS. The recommendation was made that the child protective assessor make a direct referral to Early ACCESS, based on screening for a developmental delay during the child protective assessment. The IDHS and Early ACCESS participated in a pilot project to test out the recommendation and hoped to implement the new procedure statewide.

During the pilot workers discovered that parents were reluctant to disclose any concerns about their child's development. The workers felt that parents were afraid that if they disclosed any concerns it would have a negative impact on the abuse findings. For this reason, the developmental screening procedures were not added to the assessment procedures. The Department of Human Services and the Iowa Department of Education have hired a staff member to help develop the capacity of IDHS contractors to provide service coordination to children eligible for IDEA Part C. This project is intended to help expand the number of children who receive early intervention services. The study should be completed in June of 2011 and implementation should begin in July or August of 2011.

In Iowa early intervention services under IDEA Part C is called Early ACCESS. During the last four years there has been a steady increase in the number of children below the age who have been abused or neglected that receive early intervention services. The results are listed in the table below.

	CAPTA #	CAPTA %	Foster Care #	Foster Care %
FY 2009	581	16.1%	666	31.0%
FY 2008	496	12.5%	592	23.1%
FY 2007	436	9.9%	445	17.3%
FY 2006	328	7.9%	365	14.8%



IDHS had, for some time, supported the Healthy Opportunities for Parents to Experience Success (HOPES)/Healthy Families Iowa (HFI) program. This program provided in-home visits targeting pregnant women, and families with newborns. Due to budget constraints, the IDHS was no longer able to financially support this program. The contract was amended and expired September, 2009. Funding for this program was subsequently secured through other sources.

In the FY 10 legislative session the Iowa Legislature enacted a bill requiring the Iowa Department of Human Services (IDHS), and the Iowa Department of Public Health (IDPH) to collect data and develop a protocol to address the relationship between substance abuse issues by a child's caretaker, and child abuse. In response these two agencies met and established steps to meet the requirements of this bill to be implemented in FY 2011. A protocol was developed and two pilot sites were selected to try the protocol. Scott and Wapello counties in Iowa were selected. They were Drug Court sites with commitment from the judicial system to work with IDHS families experiencing substance abuse issues. The Department of Human Services and the Iowa Department of Public Health co-facilitated the training with IDHS child protection staff and supervisors and local substance abuse providers. Workers were trained in the use of the CAGE, UNCOPE and CRAFT substance abuse screening tools. A dual release of information was also provided to pilot participants to reduce time, paperwork and the need for multiple client forms. The pilot ran from July, 2009 to September, 2009. A survey sent to participants and a focus group discussion was held to get feedback on the protocol and staff experiences. Those discussions led to revisions in the protocol and the selection of two more pilot sites. Montgomery and Mahaska counties in Iowa were selected. The second pilot runs from March 1, 2010 to May 31, 2010. A survey and focus group discussion will be held again at the end to get participant feedback and suggestions for improvement. The protocol will roll out statewide sometime in the fall of 2010.

**Services And Training To Be Provided under 106(b)(2)(C) (i),(ii),(iii)**

***(i.) The services to be provided to individuals, families or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect will include:***

- Iowa Child Protection System has developed provisions and procedures for referral of a substantiated child maltreatment victim under the age of three to early intervention services. The Early ACCESS (IDEA Part C) initiative provides for a partnership with other state agencies (Iowa Department of Public health, Iowa Department of Education and Child Health Specialty Clinics) to promote, support, and utilize the services of Early ACCESS through child protection referrals. Early ACCESS works with clients to identify coordinate and provide services and resources to families with children age birth to 3 years old that may have a health condition that may affect his or her growth and development, or may have delays in the children's ability to interact with their environment. Early ACCESS assists children in achieving their maximum developmental status and assist families in providing a permanent home. (no change)
- IDHS contracts with a community based agency, Prevent Child Abuse Iowa, to administer grant funds to county based coalitions to implement local child abuse prevention programs. These programs are present in 91 of Iowa's 99 counties. In FY 2010-2014 IDHS will seek to continue this contract and look to focus programs aimed at fathers, educating parents about sexual abuse prevention, and Shaken Baby Syndrome prevention. (no change)

***(ii.) The training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect***



In FY 2010-2014 IDHS will continue to provide training to front line, and supervisory personnel. Training regarding Enhanced Safety and Risk assessment was introduced to staff in FY 2010 as well as Risk Assessment and Risk Re-Assessment training, a result of the work done with NRCCPS. Training will continue to be provided to staff regarding Advanced Interviewing for cases of suspected child abuse and Motivational Interventions to help workers identify the motivations of abuse and plan effective interventions. Attachment and Child Development and Working with Families Affected by Substance Abuse Disorders will also continue to be offered. IDHS will continue to update staff regarding legislative changes implemented.

***(iii.) The training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect***

In FY 2010-2014 IDHS will continue to maintain the multi-media approach for the dissemination of information. IDHS maintains a public access website which provides information and direction for the reporting of suspected cases of child abuse. IDHS also uses this website to make electronic versions of all IDHS Manuals and Policies available to members of the community. The department also makes information available in print and video formats.

In 2002 the Iowa Legislature mandated that an Abuse Education Review Panel determine approval for Mandatory Reporter training curriculum, and placed this responsibility with the Iowa Department of Public Health (IDPH). This panel is comprised of child advocates, licensing boards, and representatives from other state departments. IDHS provides input and guidance to ensure that the approved trainings are consistent with Iowa Code regarding child abuse, and IDHS manual and policy. In FY 2010-2014 IDHS will continue to work with this panel.

**Assurances Required Pursuant to 106(b)(2)(A) & (B)**

The assurance form, Attachment C, was signed last year by the Governor for the five year plan 2010-2014.

**Notification Regarding Any Substantive Changes in State Law**

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. No new laws were enacted that would affect the eligibility of Iowa.

**Changes To Provisions And Procedures For Background Checks Of Foster And Adoptive Parents, And Other Adults In The Household**

Current Iowa Administrative Rules and the Code of Iowa requires criminal background checks for prospective foster parents, adoptive parents, and other adults residing in the home. IDHS continues to conduct background checks for all prospective foster and adoptive parents. Background checks include both criminal and child abuse history. No new laws, provisions, or procedures were enacted in the past year that would impact the requirements as specified in 106(b)(2)(A)(xxii) of CAPTA.

**Iowa's Citizen Review Reports**

Iowa has three Citizen Review Panels, two regional and one statewide. They are multidisciplinary teams charged with the responsibility of reviewing Iowa's policy and practice around child protection issues and making recommendations to the IDHS for consideration. The

annual reports, recommendations, and state's response can be found in the Appendix of this report.

## SECTION E. CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

### Chafee Foster Care Independence Program

#### Service Description for the Chafee Foster Care Independence Program

##### 1. Service Description for CFCIP

- See Section E. items 1-7, Specific Accomplishments.
- See Section E. items 1-7, Planned Activities.
- No revisions to goals and objectives established in the CFSP.
- See Section E. items 1-7.
- See Section E. items 1-7, Planned Activities.

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

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

Services are available on a statewide basis.

The estimated number of youth to be served in FY 2011 is a total of 2,400 based upon an estimated 1,700 youth in foster care ages 16 and older (not including approximately 1,300 in trial home visit placement) and 700 youth served in the aftercare services program in FY 2011.

##### 2. Collaboration

See Section E. under activities performed in FY 2010 and planned for FY 2011 to coordinated services in addition to activities undertaken to involve youth (up to age 21) in State agency efforts.

##### 3. Program Support

- See Section E. under information on specific training conducted in FY 2010 and planned for FY 2011.
- NA
- NA



- See Section E. under information on specific training conducted in FY 2010 and planned for FY 2011.
- Technical assistance may be requested regarding NYTD implementation and administration once the NYTD contract is in place with the bidder awarded the contract.
- NYTD will be implemented in FY 2011.

## Section E. Chafee Foster Care Independence and Education and Training Vouchers Programs

### 1. Help youth transition to self-sufficiency;

#### Specific Accomplishments achieved to-date in FY 2010:

- State legislation passed during the 2010 session put greater emphasis on youth, 13 and older, to attend meetings regarding development and planning for placement, services and supports to assist them, especially in the areas of safety, stability, well-being and permanency, in addition to attending court hearings on their behalf. **If the youth does not attend, this must be documented in the youth's case record along with the reason(s) why the youth did not attend.**
- Due to state legislation passed during the 2009 session (in response to the Foster Connections Act of 2008) and related training to staff, there has been an on-going increase across the state for the transition plan to be personalized at the direction of the youth, honoring the goals and concerns of the youth. Youth-centered transition teams have been started this past year for each youth, with the team membership comprised not only of "professional" staff but also those the youth selects to be on the team. This approach not only empowers the youth but assists the youth in being responsible for identifying services and supports needed to reach their goals and increases permanency for the youth by involving those the youth select as a positive support system. **The Department's Transition Planning Specialists (TPS) have a new job description, to be rolled out in the Fall of 2010, which devotes 30% of their job tracking and monitoring staff to ensure various components of the transition planning process are occurring on a timely basis. Follow-up will be done with supervisory staff. This will ensure better outcomes related to permanency and well-being for youth aging out of foster care.**
- The TPS are responsible for staff training regarding the transition process, services and supports available, and referrals to community-based resources; **training conducted across the state will be on a consistent basis, with the TPS monitoring to ensure that all affected staff receive the training necessary for preparing youth for successful transition to self-sufficiency and all the components that lead to self-sufficiency.**
- The transition plan must address the specific areas of need, based upon a life skills/needs assessment; education, employment/workforce services and support, health and health care coverage, housing, and relationships. **These specific areas are focused on during the transition plan review for all youth prior to discharge, via the local transition committees review process to ensure a discharge plan that is individualized for each youth for successful outcomes in adulthood. The committees can either approve a plan or not approve a plan, sending it back to the worker with comments on what further needs to be addressed. Each transition committee sends an annual report to Department central office staff, indicating number of plans reviewed and approved along with gaps and barriers in their particular areas needing to be addressed for more successful transition for youth, along with suggestions regarding solutions to gaps and barriers. Department central office staff review these reports and target the areas needing improvement; one area in particular is linking youth seamlessly with the adult disability system, which in Iowa is county ran. TPS continue to work with county disability systems in their covered areas, also educating workers about the process to get a youth into the adult system.**





- The Transition Youth Initiative (TYI) has continued to grow statewide this past year, adding an additional 3 sites, making a total of 9 sites (sites including single and multiple counties, depending on urban or rural in nature) to assist communities in addressing the concerns of youth transitioning out of foster care. Each TYI site focuses on a shared decision-making process, involving youth input and building a community support network for youth aging out of foster care. Additionally, the TYI offers “Dream Team” planning for youth, much like a Family Team Meeting but with the youth as the driver of the planning. Dream Teams are facilitated by Family Team Meeting facilitators who have received additional training on the Dream Team model; Dream Teams have been approved as Family Team Meetings by the Department.
- Elevate, Iowa’s foster care youth board, has continued to grow in chapters across the state (currently 9 chapters), membership, teaching of life skills on a monthly basis to youth, and advocacy for youth in care. This past year, elevate was successful in passage of legislation to ensure youth, 13 years and older, attend not only court hearings on their behalf but also any such meetings that take place involving discussions of placement options and services/supports to be provided to the youth. **(For more information related to how elevate activities are evaluated/measured that are continually leading to successful outcomes related to permanency and well-being of older youth in care, see youth engagement.)**

#### Planned Activities for FY 2011:

- Increased understanding by a minimum of 75% of social work case managers and 50% of juvenile court officers of a youth-centered transition planning process, focusing on key areas necessary for successful transition. **Measurement based upon review of transition plans by local transition committees and by TPS tracking and monitoring of specific transition planning components.**
- Change in the role/job description of the Department’s TPS staff. The role of the TPS will change to a more systematic role (beginning the Fall of 2010), consulting and monitoring within the Department service area they cover, regarding overall transition planning process to results based, youth-centered transition planning occurring for each youth in foster care, age 16 and older in their service area. **TPS will be responsible for tracking of indicators critical to measuring youth specific benchmarks leading to effective transition from the foster care system to self-sufficiency, including completion of life skills/needs assessment(s), dates of initial transition plan and dates of plan review and updates, current grade level, dates of referrals/applications made, and discharge plan in place, with follow-up to ensure benchmarks are met in a timely manner.** Additionally, TPS will provide staff linkages to community resources and support, including the adult disability system and aftercare services.
- Continued on-going training to staff, providers, youth and other key stakeholders on transition needs assessment, resources available to meet needs, the Department’s transition plan and process (inc. who’s doing what by when). Training to be completed by local transition planning specialists at local level. **Training conducted across the state will be on a consistent basis, with the TPS monitoring to ensure that all affected staff receive the training necessary for preparing youth for successful transition to self-sufficiency and all the components that lead to self-sufficiency.**
- Printing of the 5<sup>th</sup> edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older will be completed this next FY. The TIP for youth will remain in current form (3 ring binder) and the TIP for care providers will change from a bounded printed version to an electronic DVD version, thus cutting down on printing costs. **The goal of the TIP is to educate youth and care providers on various components leading to self-sufficiency, including chapters related to housing, transportation, employment skills, education, and money management. The TIP is evaluated by youth for**





**content, youth friendliness, etc. to ensure that TIP is youth-driven and therefore more effective in educating/connecting with youth.**

- Continued emphasis on transition plan review by local transition committees, particularly with the juvenile court officers who case manage delinquents in care. All youth in foster care must have their transition plan reviewed by a local transition committee prior to the youth turning 17 ½ years of age, or within 30 days of completion if youth enters care at 17 ½ or older. In SFY '08, a total of 768 plans were reviewed; in SFY '09 a total of 735 plans were reviewed. In SFY '07, there were 820 youth in care who were 17 years of age; that number for SFY '08 was 768; that number for SFY '09 was 691. Workers typically have plans reviewed after the youth turns 17 years of age, but can have plan review done on an earlier basis. **The transition committee review form was recently changed to incorporate the transition components of the Fostering Connections Act; another layer in which to track/monitor for effective transition planning.**
  - Changes in the current IDHS case plan, and more specifically in the transition planning section that address the Fostering Connections Act regarding the transition planning process for a thorough plan of services/supports, required regular review and update of the transition plan section, and a comprehensive discharge planning component.
- 2. Help youth receive the education, training and services necessary to obtain employment; Specific Accomplishments achieved to-date in FY 2010:**
- Legislation passed during the 2009 session puts greater emphasis on continuity of educational setting for youth entering foster care, immediate and appropriate enrollment of the youth and transfer of school records within 5 school days when the youth moves from one school to another. In December 2008, the Children's Justice Initiative formed the Education collaborative to address the education needs of youth in foster care; **these requirements will be measured via the case plan, with the continual push to keep youth in their current school as appropriate for increased permanency and well-being while the youth is in care.**
  - Iowa continues to receive technical assistance from the Legal Center for Foster Care and Education around best practice and better coordination between the Department and local school districts regarding sharing of information necessary for youth to achieve best educational outcomes.
  - The Department is currently looking at foster care placement proximity to home. In the absence of data regarding school changes, this is the best proxy available for how close a youth in foster care is place to their home school. The Department of Education (DOE) has agreed to look at the possibility of extending transportation beyond district lines to youth in foster care. Transportation is one of the key barriers to youth remaining in their home school.
  - The Department has begun sharing data with the DOE under an MOU signed in 2009; however no conclusions have been drawn to date.
  - There were statewide judge's training in June and October 2009, detailing the requirement of the Fostering Connections Act, including education requirements.
  - Practice Bulletins: The first of five was released statewide in November 2009, entitled "Education of Children in Foster Care; An Education of Children in Foster Care "white paper" was compiled by the Department and DOE legal staff for educators; the Iowa Foster and Adoption Parents Association (IFAPA) has released a newsletter regarding the education requirements of Fostering Connections Act along with educating foster and adoptive parents on their role concerning these issues; in January 2010 a "Education Best Interests" was disseminated throughout the judicial branch as was a Q & A on Courtroom Education Advocacy for youth in out of home care, by the Legal Center for Foster Care and Education; in 2009 there was a webinar for Department staff to explain education requirements of Fostering Connections; in May 2010



representative from DOE and the Department will host a discussion about the definition of “awaiting foster care placement” as it pertains to the McKinney-Vento Act. \*\*\*\*\*

- TPS continue to connect with local school districts and Iowa Area of Education Agencies (that meet the special and unique needs of children in the education system) to promote educational needs of youth in foster care; TPS continue to advocate for and refer youth in foster care with special needs to the Iowa Vocational Rehabilitation agency; TPS work with and refer youth to Iowa’s Job Corps as appropriate.
- TPS continue to connect with the local workforce centers in their areas, specifically regarding WIA; youth across the state are often referred to the workforce center.
- ETV materials were distributed to Iowa’s high school guidance counselors, IDHS case workers, colleges and universities, foster parents and Iowa’s Aftercare Services Network. Additionally, Department staff are promoting the 100% state funded All Iowa Opportunity Foster Care Grant, a financial aid program to assist youth aging out of foster care.

**Planned Activities for FY 2011:**

- Continued and expanded partnering with DOE, Iowa Workforce Development (IWD) and WIA, Job Corps, and Vocational Rehabilitation statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care, with increased #'s of youth participating in the WIA program. Exploration to determine possibility of job training skills classes offered to youth in group care.
- Continued partnering between the Department, Juvenile Justice System, Department of Education and key stakeholders to not only meet requirements of Fostering Connections but to best meet youth educational needs, **leading to better outcomes around permanency and well-being.**
- A possible pilot project to assist a sampling of youth between the ages of 14 and 17 who are performing at below grade level – the project would involve intensive assessment of need, indicating specific areas of lack of proficiency (concentrating on reading skills to begin with), and specific tutoring with college students majoring in education.
- Increased local level interaction and communication between Department staff and education staff; currently two service areas have protocol set between the Department and local school districts regarding youth in foster care, leading to increased knowledge of the youth’s situation and issues that affect not only education performance but behavior issues. The goal is to spread this work to a statewide basis, **leading to better educational, permanency and well-being outcomes for youth.**
- Promote ETV emphasize on availability of vocational and apprenticeship programs available at community colleges.
- Changes in the current IDHS case plan that address the Fostering Connections Act education requirements for children in foster care.
- Promote usage of ihaveaplaniowa.gov, a website which provides a series of interest, skill and ability assessments to middle school and high school students and suggests possible areas of study/job training at the post-secondary level; **the website promotes various assessments such as Career Choices, assisting the youth to understand education and employment requirements leading to vocational interests.**

**3. Help youth prepare for and enter post-secondary training and educational institutions;**

**Specific Accomplishments achieved to-date in FY 2010:**

- See responses in #2 above in addition to report in the Education and Training Voucher Program below.



**Planned Activities for FY 2011:**

- See responses in #2 above in addition to report in the Education and Training Voucher Program below.
- 4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;**

**Specific Accomplishments achieved to-date in FY 2010**

- Increased numbers of youth transition plans have goals related to achieving permanency and mentoring opportunities, due to training of staff on Fostering Connections Act and 2009 state legislation along with awareness raised by the TPS.
- The number of youth participating in local elevate chapters has increased to 400. The number of communities, training venues, and youth engagement in community initiatives is rising as well. Eighty-eight % of youth responses were positive when asked to rate whether participating in elevate increased their sense of connection to peers, family and/or community. Elevate has over 10 mentor-mentee matches through elevate's mentoring program, initiated in the summer of 2009 and sponsored by a grant from the CWLA. A partnership is being developed between the elevate program and 2 Des Moines churches to recruit and train interested older adult church members in becoming trained, long-term mentors for elevate youth, **leading to more youth having positive adult relationships and permanency.**
- Dream Teams are being conducted with youth aging out of care across 9 different sites in Iowa (comprising 34 Iowa counties). The Dream Team mission is to preserve the youth's connections to neighborhood, community, heritage, family, faith and friends. The Dream Team model is much like the Family Team Model except the youth basically drives the process, including the youth identifying relatives and other supportive adults who they would like to be at their dream team, in addition to peers. It is very youth-centered and includes peer to peer support, along with involvement of adult community members, with the hope that the adult can help "coach" the youth and become a permanent part of their support system.
- A provider in Iowa recently received one of the Fostering Connections Act grants that focus on family finding. The project, known as Families for Iowa's Children (FIC) is being implemented in 26 counties; **the goal of the project is youth permanency and the project has a evaluation component built into it.**
- The Department's Child Welfare Advocacy Committee (CWAC) has a permanency sub-committee who this past FY developed a permanency vision statement along with a framework based upon every child deserves a "forever family." In November 2009, the Department, along with assistance from the Casey Family Program, sponsored an all-day compression planning session with key stakeholders from various entities, with the overarching goal of pre-development of a statewide plan to achieve permanency for all children and youth in Iowa's foster care system. The Department is still working on the planning process and is reviewing the idea of requesting TA from a National Resource Center.
- Iowa's Aftercare program has endorsed the CWAC's permanency vision and framework and stresses permanency goal planning for youth in the program.

**Planned Activities for FY 2011:**

- Increased number of youth with transition plans having goals related to achieving permanency and mentoring opportunities.
- Increased number of youth "aging out" participating in a youth-centered team planning process for permanency and adult living; increased number of youth who have a family relationship or a committed adult to help prepare them for adulthood with a decrease in the #'s of youth who age



out of care; **this will be measured and evaluated by the TPS tracking and monitoring of staff regarding completion of evidence based steps and components leading to successful outcomes for youth in care.**

- Development of a statewide permanency plan with the large goal of achieving permanency for all youth in care, built upon a statewide permanency vision and foundational principles of permanency. Intent is to “saturate” the state with the permanency mission and to integrate permanency with other initiatives.
  - Increase peer-to-peer mentoring in the ETV program and through the Elevate chapters; **this will be measured by number of youth matched with a mentor.**
- 5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;**

**Specific Accomplishments achieved to-date in FY 2010:**

Iowa recently released a request for proposals for its aftercare program. The contract has been awarded to the Iowa Aftercare Services Network (IASN), which implemented Iowa’s statewide aftercare program in April 2002. The program has continued to expand in numbers of youth served and program objectives each year since implementation, particularly since the 2006 implementation of the Preparation for Adult Living (PAL) stipend (state funded) for aftercare youth working or attending school. Basic aftercare participants who are not eligible to participate in the PAL program may be eligible for vendor payments up to \$1200 per calendar year.

- In FY 2009, the IASN served 662 unduplicated youth in PAL and basic aftercare, compared with 567 youth in FY 2008.
- Iowa’s aftercare program (basic aftercare and PAL) is results-based and must meet specific National Youth in Transition Database outcome measures in addition to incentives being tied to the specific outcome measures set by the Department in the areas of safe and stable housing, resources to meet living expenses, and positive personal relationships. A thorough needs assessment is conducted with each participant at the start of services and again at exit to measure outcomes, in addition to each participant having a self-sufficiency plan, with individualized goals including housing, permanency, employment, education, health care, community connectedness, high-risk behaviors, and having essential documents.
- Key findings for basic aftercare participants for this past FY include: 59% reported they had a monthly budget to cover expenses at exit compared to 32% at intake; 81% had obtained their birth certificate and 88% their social security card at exit compared to 36% and 41% respectively at intake; 85% had achieved graduating from high school, GED, or received a higher degree or vocational certificate at exit compared to 78% at intake; an average of 96% reported they had positive, supportive relationships with adults at exit compared to 94% at intake; 99% had housing (own or someone else’s apartment, room, house) at exit compared to 83% at intake; and over 90% had medical insurance through Medicaid at exit.
- Key findings for PAL participants for this past FY include: 36% were enrolled in school at least part time and working and 34% were working full-time; 95% had housing at exit compared to 93% at intake; participants working had a 24% increase in income between intake and exit; 75% reported they had a monthly budget to cover expenses at exit compared to 47% at intake; 97% had medical insurance through Medicaid at exit; 98% had achieved graduating from high school, GED, or received a higher degree or vocational certificate at exit compared to 91% at intake; and



94% had obtained their birth certificate and 95% their social security card at exit compared to 73% and 87% respectfully at intake.

- FY 2009 began the 2<sup>nd</sup> year of a 5 year demonstration grant from the Family and Youth Services Bureau (FYSB), focusing on youth between the ages of 16-21 in rural areas who are approaching independence but who have few or no connections to supportive family structures or to their surrounding communities. The pilot site is in Boone County and focuses on improving transition for rural homeless and transitioning youth, which includes those who were in and/or have aged out of the foster care system. The project is working on developing a “hub” for youth to access community resources and to have a safe place to be in addition to increasing affordable housing options; additionally the project is partnering with the Retired Seniors Volunteer Program to obtain volunteers and mentors for youth involved in the program. The project is also focusing on employment issues of youth served, including a new youth-run business that will provide lawn and garden care to the elderly and disabled in Boone County; the project is also promoting a DVD to raise awareness to issues facing homeless and transitioning youth.
- Elevate youth are represented on several committees within the child welfare system to raise awareness of the issues facing youth transitioning and is drawing support from several local community groups for donations to assist in transitioning and for providing advocacy along with skill training to youth.

#### Planned Activities for FY 2011:

- Enhance and increase services and supports, centered on evidence-based and best practice, to reduce high-risk behaviors, particularly related to substance abuse by 5% and suicide attempts. Between aftercare program intake and exit, the % of youth who had attempted suicide in the past 6 months increased from 1% to 5% for PAL participants and from 4% to 5% for basic aftercare participants. Additionally, between intake and exit, the % of youth who had consumed alcohol to intoxication during the past 30 days increased from 6% to 11% for PAL participants and 8% to 17% for basic aftercare participants.
  - Continued increase in numbers of participants on Chafee option Medicaid (known in Iowa as MIYA – Medicaid for Independent Youth Adults) and who understand the importance of and participate in preventative physical, mental and dental health care along with mental health assessments as needed. Assist youth in understanding the importance of taking needed prescribed drugs and receiving medication management services.
  - Employ innovative approaches to ensure permanency and positive relationships with supportive adults for all participants, involving a variety of means; **this is an outcome measured annually by the aftercare contractor via monthly reports received for all youth in the aftercare program which looks at a wide spectrum of outcomes achieved and not achieved. Aftercare staff share with other staff at quarterly meetings and monthly conference calls successful practices they have put into place.**
  - Enhance links to educational services within the community for a 5% increase of participants who exit aftercare program with a high school diploma/GED/post high school degree.
  - Enhance services/supports and community links for a 5% increase of youth exiting care to participate in certification/internship/training programs.
  - Due to the economic times, youth in aftercare experience a greater hardship in securing employment. The expectation for the IASN is to continually make connections with local businesses to promote higher employment rates for youth served in aftercare. The % of youth unemployed, looking for work, went from 27% at intake to 29% at exit for PAL participants but did decrease for basic aftercare participants from 44% to 41%.
6. **Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care;**

Specific Accomplishments achieved to-date in FY 2010:

**Planned Activities for FY 2011:**

- See responses in #2 above in addition to report in the Education and Training Voucher Program below.

**Planned Activities for FY 2011:**

- See responses in #2 above in addition to report in the Education and Training Voucher Program below.

**7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption;**

**Specific Accomplishments achieved to-date in FY 2010:**

- Revised Department manual and administrative rules to ensure that this population of youth is eligible for and receives all transition planning components from the age of 16-21 as requested.
- Revised aftercare policy to ensure this population is eligible for all basic aftercare services and supports.
- Raised awareness of all Chafee benefits this population is eligible for through TPS training, staff training, CIDS call training to supervisors, training to the service array task team, and through training written materials.

**Planned Activities for FY 2011:**

- Continued training and raising awareness for eligibility of Chafee funded services to staff, providers (including foster/adoptive parents), youth, guardians, the judicial system and other key stakeholders, including IFAPA, Kids Net and the education system.
- Effective 7/1/10, the IASN will track and address Chafee program related requests for youth between the ages of 16 to 21. The IASN will also be responsible for tracking all such services to enable the Department with the NYTD service reporting requirements.

**Coordination of services with other Federal and State programs for youth:**

**Activities performed to-date in FY 2010:**

- Coordination of services between the Department and DOE has begun through a variety of activities and initiatives as described above in #2 in order to meet the education needs of youth in foster care.
- Iowa has 3 Transitional Living Programs (TLP) funded through FYSB that are all participating in the 5 year demonstration grant focusing on youth between the ages of 16-21 in rural areas who are approaching independence but are in need of connective supports and housing. While the TLP site in Boone County was selected for the pilot site, all 3 TLP sites in Iowa are participating in planning, support, and engaged in policy and procedures along with benefiting from best practices learned. The project is reviewing how better coordination can be made with the Department's Supervised Apartment Living foster care placement program in addition to ways to better connect with aftercare program services. **There is an evaluative component to this project that will measure practices that did or did not lead to outcomes of the grant.**
- **The Rural Homeless Youth Project is a four year demonstration project funded by the Family and Youth Services Bureau (FYSB) to improve outcomes for youth transition to**



adulthood who are served by the Independent Living Program and Transitional Living Programs. The major goals, objectives for the Outcomes for year 3 are:

1. To enhance and sustain a community system to orchestrate, guide, and direct the implementation activities and programs for rural homeless youth and transitioning youth. The State Core Team, the community of Boone, and YSS, is partnering in developing and overseeing the strategies to address the needs of youth at-risk of becoming homeless or are homeless.
2. To enhance and sustain this organizational structure a clear message, additional public awareness, and an effective communication plan to solicit citizens to volunteer in this effort is required. This effort is to bring more mentors and potential life connections into the lives of youth in care. We will be measuring success by the number of volunteers participating in the project as well as significant adult relationships each participant has by the youth's report. In addition, a youth formerly in foster care was selected to be a Foster Club All Star; she will assist in establishing a ROC Youth Advisory Board.

Performance Measure:

- Increased number of community volunteers to participate in project activities in order to bring more adults into the lives of transitioning youth.
  - Establishment of a ROC Youth Advisory Board in order to facilitate youth development opportunities for transitioning youth.
3. To enhance and sustain a "menu" of resource referral services and case management for transitioning and homeless youth. The "Hub" is intended to be operating July, 2010. The project case manager will enhance communication between youth-serving agencies (i.e. schools, TLP, substance abuse services, workforce development, DHS, juvenile court services) to assure that youth needing services will have access to them. The project will document the number of resources and is expected to make that list available as a resource. In addition to having a safe place for youth to go, outreach services will be provided to access youth "where they are" for youth that are unable to come to the "Hub".

Performance Measure:

- 50 referrals will be received from schools, service agencies, and community members by March 2011.
  - 20 youth will receive non-residential services, including case management by March 2011.
  - Of the referred youth, 10 will complete Iowa Youth Dream Team (IYDT) planning model by March 2011. IYDT provides youth-centered planning and implementation of youth self-sufficiency goals to system and non-system youth.
  - Six youth will be housed in transitional living.
  - 40 additional youth will receive prevention services.
- CFCIP continues to partner with the Department contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration, adding CFCIP funding to the overall contract for specific attention to youth in foster care 17 years and older for a more seamless transition to adulthood for those youth with disabilities. **Monthly meetings are held with the contractor to discuss appropriateness of referrals made by staff (along with ongoing training to staff regarding what is necessary for**





**a youth to qualify for disability benefits), measurement of disability applications made regarding the numbers approved, not approved and those in which the contractor is appealing.**

- The Department's child welfare system has coordinated with the Department's Division of Mental Health and Developmental Disabilities for a small portion of the mental health block grant funding to add to overall aftercare program funding to assist in serving those in aftercare with a serious emotional disorder. **This additional funding assists youth not only in setting goals individualized to them for success but also assists the youth in meeting basic needs such as housing and ensuring that they remain on Medicaid to meet their medical/medication needs.**
- As a result of Iowa's Shared Youth Vision initiative, coordination is occurring with the CFCIP programming and the Iowa Workforce Development Department's Workforce Investment Act programs, with understanding of each program's goals and funding and resulting in referrals to WIA for youth in foster care for employment skills training; **the WIA measures federally required statistics that indicate success/non-success for all youth served.**
- The Department coordinates with Vocational Rehabilitation, referring youth with disabilities for job training and job placement; additionally coordination is done with Job Corps for those youth who are appropriate for Job Corps placement.
- Meaningful and ongoing coordination and collaboration continues with the court system for older youth in care and has been most effective with the elevate youth council providing training to court staff; training has been conducted through court specific video, personal stories from youth and transition program material to expand the understanding of the needs of this population. Coordination and collaboration occurs with the Court Appointed Special Advocate program director and the IL coordinator of the state.
- The Department continues to participate in the Iowa Collaboration for Youth Development (ICYD), a group of youth serving Departments and agencies, to better meet the overall need for youth in Iowa, including those in foster care. The ICYD focuses on various coordinated efforts including the areas of child welfare, education, employment, and services for youth with disabilities.
- As described in #4 above, the Department is working with key stakeholders around the issues of permanency for youth in care.
- Coordination with the county ran adult disability system in order to more seamlessly transition with disabilities and special needs into adult disability services.

#### **Planned Activities for FY 2011:**

- Continued coordination with the Social Security Administration to ensure disability benefits for older youth in care and for those aging out of care; continued coordination with Vocational Rehabilitation and the Department's Division of Mental Health and Developmental Disabilities and the county ran adult disability system to meet the needs of youth with disabilities and special needs. **Continued measurement of activities and accomplishments by the contractor resulting in appropriate referrals by staff and numbers of youth appropriately approved to receive disability benefits.**
- Continued coordination with key stakeholders regarding development of a statewide permanency plan for youth in care.
- Continued coordination with the court system; Iowa's Model Court is piloting the Passport to Adulthood, a tool originated in New York. The Passport would be a document containing information of the youth, including education, health, life skills and placement(s), both historical and current status. Continued coordination with elevate and the Drake University Legal Center for increased youth leadership, advocacy, and promotion of legislation to better the child welfare system.



- The Department will continue to coordinate with Iowa's 3 TLP sites (2 of which are also aftercare providers) in the rural homeless youth project.
- Increased coordination with the Department's foster care recruitment and retention contractor to ensure recruitment of more foster families willing for foster teens; **this is one of the outcomes of the contract with the contractor reporting for each outcome.** Along with this, increased coordination with IFAPA to gain foster/adoptive parent input and to address foster/adoptive parent concerns and questions regarding the transitioning of the youth they are fostering and the resources available.
- Increased coordination/collaboration with private business for employment opportunities for youth in the aftercare program; **elevate keeps track of collaborations along with the aftercare program that keeps track in each part of the state regarding partnerships with local businesses.**

**Specific Training in support of the goals and objectives of the States' CFCIP and to help care providers and staff understand and address the issues confronting adolescents preparing for independent living:**

**Training activities conducted to-date in FY 2010:**

- The Transition Youth Initiative (TYI) has continued to grow statewide this past year, adding an additional 3 sites, making a total of 9 sites (sites including single and multiple counties, depending on urban or rural in nature) to assist communities in addressing the concerns of youth transitioning out of foster care. Trainings are regularly held for facilitators and youth in order for the youth Dream Team process (much like a Family Team Meeting) to be fully understood, for best engagement by the youth, for addressing how to build community connections on behalf of youth transitioning out of foster care and for site sustainability.
- On-going staff training occurs through bi-monthly CIDS calls to social work supervisors on new policies and procedures in all areas of child welfare, including the transitioning process.
- Transition planning training is included in all "New Worker Training" and includes teens in the training, giving their input on what has assisted them most in transitioning and gaps in the system.
- Aftercare training on specific topics is done on a quarterly basis for aftercare staff. For this past FY, training has focused on pregnancy prevention and changes in the sex offender laws and the effect on youth served. Additionally, at the quarterly meetings, training is completed on any new policies and procedures.
- Life skill training occurs during elevate chapter meetings.
- IFAPA oversees training to foster/adoptive parents specific to teen issues, teen development, permanency, and effective transition planning methods/resources available to youth transitioning.
- **Youth are involved in foster and adoptive parent licensing training with the goal of recruiting more foster/adoptive parents for teens. Numbers of foster parents recruited to foster teens is reported by the Department's recruitment and retention contractor; numbers of teens adopted is measured on an annual basis.**

**Planned Activities for FY 2011:**

- Continued on-going staff and new worker training **and foster/adoptive licensing parent training**, with youth input.
- Printing of the 5<sup>th</sup> edition of the TIP, an extensive resource/curriculum to youth in care ages 16 and older, with electronic DVD version available to providers (including foster families).
- Continued training of specific life skills conducted via elevate chapters.
- Continued partnership with IFAPA on specific training curriculum devoted to teen needs and issues.

- Statewide training to staff, providers and youth concerning implementation of NYTD and each of their roles in capturing the required data.

If applicable, update the service design and delivery of a new or changed trust fund program.

At this time, Iowa has not established a trust fund program for youth receiving independent living services or transition assistance and does not anticipate doing so during FY 2010-2014.

**Describe any activities undertaken to involve youth (up to age 21) in State agency efforts such as the CFSR/PIP process and agency improvement planning efforts.**

Youth input is actively sought on an on-going basis for Iowa’s transition program and specific to CFSR measurements. Three elevate chapters were visited by CFSR lead staff to collect their input into Iowa’s CFSR/PIP process, with attention to specific permanency and well-being CFSR items. Youth participating in elevate regularly give input on a variety of topics, such as what does permanency mean to them, how best to disperse post-secondary financial, and healthy relationships. Additionally, elevate, working with the Drake University Legal Center, proposes legislation each session based upon elevate members input on changes needed within the child welfare system. Thus far, they have been responsible for development and advocacy of 5 bills that have been passed into law to benefit youth in foster care. Elevate will be a vital part of youth involvement into Iowa’s CFSR/PIP process as well as youth not connected with elevate.

Youth input is regularly received from youth participating in the aftercare program, via a survey tool administered to participants on a semi-annual basis to measure youth satisfaction and to gain input for program improvement. Additionally, surveys related to specific topics are presented to youth in the program; most recently surveys to measure youth perspective of permanency within their life and youth perspective of employment issues based on youth needs, all within the context of how effective aftercare services have been regarding these 2 domains.

Dream Teams, referenced above, are youth-centered in nature in addition to youth playing a leadership role in the overall Transitioning Youth Initiative. Additionally, various committees have youth representation, including the Child Welfare Stakeholder committee, the Child Welfare Advocacy Committee, the Mental Health Planning Council, in addition to youth being involved in PS-MAPP foster parent training, training of staff, courts and other key stakeholders. During this past year, a former foster care youth was selected to join the “faculty” to expand the Breakthrough Series Collaborative, aimed at reducing racial disproportionality and disparate outcomes children and families of color.

**The Iowa Department of Human Services will be issuing a Request for Proposals for Iowa’s youth council for children in foster care and alumni in January 2011. The current youth council, elevate, has been provided through a contract with a private child serving agency for four years. The competitive procurement process provides the department the opportunity to reevaluate youth engagement strategies, utilizing feedback from youth participants and other community members, with the ultimate goal of improving the youth council. Currently, the program is evaluated on their ability to provide at least four chapters in Iowa, so as many youth as possible can have the opportunity. The program is evaluated with the Youth Positive Quality Assessment tool by High Scope to ensure best practice in youth development is being applied. Furthermore, youth are surveyed each year their satisfaction with the program. The standard set for the provider is that 80% of participating youth report satisfaction and 80% of youth report having assumed a leadership role while involved with elevate. Elevate has exceeded performance measures to date. Among the performance areas the RFP process will specify are the following: ways to engage active youth and eligible youth who are not currently participating, how to more fully evaluate Positive**



**Youth Development Principles in the service delivery, and how to engage additional adult mentors and support persons.**

The youth council for children in foster care, elevate, continues to train at all new worker training sessions and participates in a wide variety of venues across the state where the voice of youth informs child welfare, education, and court practices. Including youth in social worker training allows workers to hear from youth what they go through in foster care. Anecdotal evidence suggests social workers are more empathetic to youth's experiences in foster care having heard the stories from youth themselves.

Elevate has recently completed a permanency DVD, professionally developed and involving youth currently in the foster care system or alumni, to address permanency for youth in foster care. The DVD offers insights from youth on the challenges of relationship building in the foster care system. Youth explain what permanency means to each of them, illustrating that permanency is not a place, but rather a personal feeling of connectedness that is different for everyone. The video leaves the viewer with a clear sense there is a need to hear the youth, to provide opportunities for permanency with family and others, and moreover, with a sense of optimism that with a help, these youth will find what they are seeking. The DVD is expected to be a key part of the department's training, community awareness raising, and foster parent recruitment activities. Recruitment of additional foster parents is a likely outcome. Also, the youth who participate in activities such as DVD development gain a sense of community and a sense of self assurance, for having embraced and learned from their experiences.

The Department of Human Service's program manager overseeing Iowa's youth council for children in foster care has been appointed to the Iowa Collaboration for Youth Development (ICYD). House File 315 was signed by the Governor on April 9, 2009, codifying the Iowa Collaboration for Youth Development (ICYD) Council and the State of Iowa Youth Advisory Council (SIYAC). The formalized ICYD Council provides a venue for the department to share with other state leadership information regarding youth engagement, and generally, the needs of youth involved with the foster care system. This venue also allows the department to strategize with other state agencies around effective ways to implement youth development strategies across programs. The ICYD has developed the following Youth Development Result Areas:

- All youth have safe and supportive families, schools, and communities;
- All youth are healthy and socially competent;
- All youth are successful in school;
- All youth are prepared for a productive adulthood.

The FYSB funded Rural Homeless Youth Project State Core Team has provided comment for the language in a new State Group Care Request for Application (RFP) that is anticipated to be released later this year. The comments were intended to ultimately lead to improved transition services so fewer youth transitioning to adulthood become homeless. The Rural Homeless Youth project asked for a broader continuum placement options than are currently offered, infusing greater flexibility within the system to place and move youth according to each individual's needs. Specifically, the letter read:

- Include Supervised Apartment Living (SAL) placement options in this RFP as part of a continuum of living arrangements for youth; and incorporate information from the Independent Living Services Annual Report as part of the RFP.
- For youth that qualify, coordinate with the Transitional Planning Specialists and the providers of the Independent Living and Transitional Living Programs in offering aftercare



services, utilizing Supervised Apartment Living (SAL) as the first option for youth that have progressed to independent living.

- **Incorporate the Iowa Youth Dream Team model into the transition planning for all youth that are transitioning out of Group Foster Care. Iowa Youth Dream Team is a youth-centered, youth-driven transitional planning model. Training for staff to be facilitators will be required. It is also recommended that youth be trained as co-facilitators.**
- **Provide incentives for providers to use innovation and creativity in developing ways to address the individual needs of youth, particularly in rural areas.**

**Medicaid Coverage for former foster youth ages 18 through 20:**

Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), was effective July 1, 2006 for youth that leave state paid foster care on or after their 18<sup>th</sup> birthday and meet certain income guidelines. Activities have included expanded training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Iowa is continuing to hone the operation of MIYA. Iowa has a streamlined procedure for youth automatically continuing on Medicaid via MIYA once their foster care case is closed; continued eligibility for MIYA is dependent upon annual review and it is at this point that we have youth dropping off coverage primarily due to not returning their review form. It has since been stressed to Department staff to educate youth on the review procedure prior to discharge from care; additionally aftercare services workers have been educated on the procedure to assist those youth on their caseload with the review process as have foster families and aftercare staff are at this time receiving monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This has greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage, but is still an issue for those youth who have aged out and are not participating in the aftercare program. Another issue that we have found is that youth are not particularly concerned about the prospect of letting their Medicaid coverage lapse; this is a population that utilizes little preventative medical care and is more apt to go to the emergency room when in time of crisis. Additionally, more education with youth regarding preventive care and basic medical treatment needs to occur to limit the crisis visits to emergency rooms. **Numbers of youth enrolled in MIYA are evaluated monthly as well as processes that have been put into place to increase the number of youth remaining on MIYA.**

**Results of the Indian Tribe consultation (Section 477(b)(3)(G), specifically, as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care**

- 1) The highest concentration of Indian children within the state is in the northwest region of Iowa (Woodbury County and surrounding counties – while there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal headquarters or offices), non-governmental programs have been established to identify and address the challenges affecting Indian families in this area of the state (i.e., Community Initiative for Native Children and Families (CINCF), Indian Youth of America, American Indian Council) and in Tama County, with the settlement of the Sac and Fox Nation (who just recently hired a new social work coordinator, whom the TPS in that area is scheduled to meet with in the very near future). Transition Planning Specialists (TPS) serving these areas, in addition to case managers, meet on a regular basis to share information on new and on-going programs carried out under the Chafee Program. One of the key concerns in the northwest region of Iowa is the over-representation of Native American families in the child welfare system. In response, Woodbury County child welfare system has created a specialized Native American team that provides services to Native American children and families, including



2 liaisons to the Native American community, who are also representatives on the CINCF and to Native families involved in the state's child welfare system. The Department has also partnered with CINCF, which is a coalition that works to identify and address the issues that impact Native children and families and the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa. Elevate has increased outreach effort for Indian youth participation in Elevate support groups or via the Elevate website; participation of Indian youth on committees related to child welfare or issues involving youth.

- 2) The State of Iowa ensures that Chafee benefits and services are made available to eligible Indian youth on the same basis as all other eligible youth. The Department provides the TPSs a monthly list of all youth in foster care who have turned 16 years of age (and older teens who have just entered foster care). This list does not indicate race. The TPS use the list to determine which youth need to complete an Ansell-Casey Life Skills Assessment (ACLSA). In addition, Indian youth are provided with the American Indian Supplement of the ACLSA. A written transition plan (part of the overall case plan) is completed with case team members, including the youth, identifying strengths and needs and how the youth's need will be addressed, who will be responsible for completing each action step, and by when. The transition plan is to be reviewed and updated at a minimum of every 6 months. Transition Committees are to review transition plans for all youth in care prior to turning 17 ½ years of age. Additionally, the TPS regularly share services and supports (e.g., Aftercare, PAL, MIYA, ETV, All Iowa Opportunity Foster Care Grant) available to youth once they have "aged out" to youth/case manager/care providers. Increased outreach is needed for Indian youth participation in elevate support groups or via the elevate website and participation of Indian youth on committees related to child welfare or issues involving youth.

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

All Chafee (and Chafee related) benefits and services currently available are provided for all eligible youth (including Indian youth), regardless of race or ethnicity, in fulfillment of this section and the purposes of the law, including:

- a) On-going transition planning services for all youth in foster care (or who have been adopted or placed into kinship guardianship from foster care on or after their 16<sup>th</sup> birthday), age 16 and older, including assessing strengths and needs, youth-centered transition plan focusing on who is going to do what by when, on-going review and update of transition plan to best prepare youth for transition into early adulthood and assist them in reaching their goals.

- b) Iowa Aftercare Services Network, which addresses the needs of all eligible youth who have "aged-out" of foster care through services, supports, and opportunities designed to help them meet the challenges of living independently and achieve self-sufficiency.

- c) Post-secondary financial aid via the Education and Training Voucher program and the All Iowa Opportunity Foster Care Grant.

- d) MIYA (Medicaid for Independent Young Adults).

- 4) See response to #3 above.

- 5) There has not been a formal request from any Tribe to administer or supervise the CFCIP or ETV program with respect to eligible Indian children and to receive an appropriated portion of the State's allotment.

**NYTD:**

In 2008, the department created a NYTD work group, which is continuing its work to ensure Iowa is prepared to begin transition data collection on October 1, 2010 and begin data submission to the Administration for Children and Families by May 15, 2011. Administrative Rules were adopted July 1, 2010, based on Public Law 106-169, the Foster Care Independence Act of 1999, to define Iowa's





Independent Living Program to align with the NYTD reporting framework. The rules define eligibility and components of Iowa's independent living program and make clear the population on which the Department is required to report services and outcomes for the National Youth in Transition Database. The department has prioritized NYTD with Child Welfare Information Systems personnel, who are working to ensure systems are in place service for department and juvenile court services staff to efficiently and precisely collect required data. Furthermore, the department has initiated a competitive procurement process for the outcomes portion of NYTD and has selected a bidder, therefore will have a contract in place, on July 1, 2010. The contractor has expertise in both child welfare and information systems. The decision to request specific technical assistance has not been made at this point. Once contract negotiations are in place, the State will have more knowledge as to whether a request for specific technical assistance is needed.

The NYTD youth survey process will involve a feedback loop including the surveying entity, providers working with youth, the state agency, and youth themselves. Elevate, for example, has been received presentations from the Department about NYTD and are "on board" to get the word out about the benefit to youth of participating in the NYTD surveys.

**Patient Protection and Affordable Care Act, Public Law 111-148.**

Department staff met in June 2010 to discuss and plan for implementation of the Patient Protection and Affordable Care Act, Public Law 111-148. The State will ensure that effective October 1, 2010 that the transition plan and process for all children in the 90 day period prior to turning 18 and discharging from foster care or within 90 days of discharge if the child stays in foster care past the age of 18, include information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and will provide the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law. Implementation plans include coordinating with the State's Attorney General's office regarding the process Iowa utilizes to assign a power of attorney or health care proxy in addition to legal ramifications of children under 18 signing such a document (unless the State has guardianship of the child) or if a parent/guardian must sign in order to execute the legal form. Additionally, the State will be reviewing how legal costs to execute the document are to be paid along with how to convey the information to staff, children, families, and providers.

By no later than September 30, 2010 the State will submit to the appropriate CB Regional Office an updated Health Care Oversight and Coordination Plan that meets the requirements of P.L. 111-148 along with the new certification signed by the Chief Executive Officer of the State or Leader of any Tribes (that may be directly receiving Chafee funding at that point) that ensures the requirements of P.L. 111-148 will be met, effective October 1, 2010.

**Education and Training Voucher Program**

***Service Description***

Specific accomplishments – described in Section E, Education & Training Voucher  
Expand services – described in Section E, Education & Training Voucher  
Planned changes to program – described in Section E, Education & Training Voucher

***Collaboration***





The ETV coordinator is collaborating with elevate – Iowa’s foster care youth council – to host elevate-specific events related to education and career planning. Possible events include:  
‘college for a day’ – transport elevate youth to a local college to tour the campus, visit with current students, and learn from admissions staff about what they look for in applicants.  
‘college/career match day’ – utilize the assessment tools on the [ihaveaplaniowa.gov](http://ihaveaplaniowa.gov) website to help students in determining which careers might be a good fit with their individual skills, abilities, and work values. Assist students in exploring various career paths.  
‘reality store’ – a financial simulation where students choose careers and make decisions about their budgets and lifestyles. Students receive “paychecks” and random information regarding individual marital status and parenthood. They also receive checkbooks and instructions on making purchases. Students learn about personal accounting, financial responsibility and life choices

Any events that are planned in conjunction with elevate, will most likely include staff from the Iowa College Student Aid Commission, the state agency with whom IDHS contracts for ETV administration, as well as Iowa Workforce Development.

#### ***Program support***

Technical assistance is provided upon request to college/university staff as well as IDHS Transition Planning Specialists.

#### ***Accomplishments and planned activities***

During the last year, Iowa has successfully merged all state-funded scholarship and grant applications into one online common application. We are the first state in the county to implement such a streamlined application process. In previous years, students were required to complete a separate application for each state scholarship and grant program for which they wanted to be considered. Beginning in January 2010, Iowa unveiled [www.ihaveaplaniowa.gov](http://www.ihaveaplaniowa.gov) which, among other things, guides the student through a Wizard – a series of qualifying questions that determines for which financial aid programs a student might qualify. Based on the data that the student provides, the Wizard will display aid programs for which the student qualifies and will then guide the student through the application process for those specific financial aid programs.

Students who go online with the intention of applying for the Iowa ETV Grant can now maximize state-funded financial aid options with a single application.

Many ETV students are also eligible for the All Iowa Opportunity Foster Care Grant as well as the All Iowa Opportunity Scholarship – a scholarship targeted toward students who graduate from alternative high schools, students who participate in Federal TRIO programs, and students who are homeless. By going through the online Wizard, students are made aware of other state financial aid programs available to them, without the student having to read and interpret the eligibility criteria of each program.

We are in the process of revising our printed and online ETV materials to emphasize the availability of diploma and certificate programs at Iowa’s community colleges. Sometimes youth in foster care avoid post-secondary education because they believe all post-secondary education requires a 4-year time commitment. Our focus continues to be to educate high school age students about the availability diploma, certificate and vocational programs that require a much shorter time commitment and usually hands-on learning rather than traditional classroom time.

For the first time this year we conducted a ‘Fill Out the FAFSA Day’ specifically for youth in care. Youth from all foster care settings were invited to a central location with a bank of computers and were guided through the online FAFSA. Our newly created state common application hadn’t been deployed



online at the time of FAFSA day, but our hope is that future FAFSA days will include completion of both the FAFSA and the state common application.

During the next fiscal year, plans include a couple of enhancements to the [www.ihaveaplaniowa.gov](http://www.ihaveaplaniowa.gov) website. We will create a streamlined process for renewal students as well as creating an online early estimator which would give students an idea of how much federal and state financial aid it appears they would qualify for. This early aid estimator will include information on the ETV and All Iowa Opportunity Foster Care Grant.

Additional plans include specific college and career exploration workshops for youth in care utilizing the I Have a Plan Iowa website. It is a state mandate that all 8<sup>th</sup> graders in Iowa develop an academic plan for their high school years. The I Have a Plan website is the tool used by teachers and guidance counselors to comply with this mandate. The I Have a Plan website includes several assessments (basic skills, work values, interests), and once the student completes them, the website matches careers to that student. If the career requires some post-secondary education, then the website tells you which colleges offer that program of study. We hope to begin scheduling these workshops later this summer.

Finally, we want to explore peer mentoring in the ETV program. We hope to discover if there is an interest among ETV recipients for mentoring and determine whether or not we could create and sustain such a program.

#### *Administration of ETV Program*

Iowa's ETV program is administered through an interagency between Iowa Department of Human Services and the Iowa College Student Aid Commission (Commission). The ETV program is administered by a single coordinator (Commission employee) whose office is located with other IDHS policy staff.

**There are many ways to measure the success of the ETV program.**

- **We consistently receive more applications than we can fund. To date, 423 applications have been received for the 2010-2011 academic year. A total of 441 applications were received for the 2009-2010 year. On average, we can fund approximately 185 students. So the demand far exceeds available dollars.**
- **The number of students who renew their grant. Approximately 45% of the students who applied last year, also submitted an application this year.**
- **Reduction in loan debt. Unfortunately, we don't have a way to track the actual loan debt of ETV recipients, but on average, students in the United States graduate with approximately \$23,100 of student loan debt. The ETV award, in combination with the All Iowa Opportunity Foster Care Grant, can total anywhere from \$5,080 – \$12,330 PER YEAR. The logical conclusion is that these awards, in combination with the Federal Pell Grant - the majority of ETV recipients receive \$5,550 – would significantly reduce the debt load of ETV students.**

## SECTION F. STATISTICAL AND SUPPORTING INFORMATION

**Education and Training Vouchers**

Following is the number of youth who received ETV awards from July 1, 2008 through June 30, 2009 (the 2008 -2009 School Year) and July 1, 2009 through June 30, 2010 (the 2009 -2010 School Year):

<b>2008-2009 School Year</b>	<b>2009-2010 School Years (to-date)</b>
116 New Awards	104 New Awards
<u>86 Renewal Awards</u>	<u>79 Renewals</u>
202 Total awards	183 Total Awards

**Juvenile Justice Transfers**

The Department of Human Services has case management responsibility for children who are adjudicated Child In Need of Assistance [CINA]. When a child is transferred to the juvenile justice system through a delinquency order, case management is provided by the Juvenile Court Officer within the Judicial Department. The number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system was 88 in 2009.

**Inter-Country Adoptions**

This section provides a description of the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post adoption services. Iowa can now collect automated information regarding:

- The number of children who: were adopted from other countries or who enter into State custody because of the disruption of a placement for adoption or the dissolution of an adoption.
- The agencies that handled the placement or the adoption.
- The plans for the child.
- The reasons for the disruption or dissolution.

The FACS system has the capacity to track adoption disruptions when the adopted child enters the child welfare system. When a child is entered into the FACS system, there must be an entry that indicates whether the child was previously adopted, the type of adoption [public, private, or international] and the agency that handled the adoption if it was a private or international adoption. The reason for entry into the child welfare system is also recorded. Revisions to the Case Permanency Plan are being considered to document the steps that are made to locate a permanent placement for these children. The data and information regarding adoptions can be found in Item 9, the adoption section under Permanency.

In state FY09, two children entered into out of home care who were adopted internationally. One child entered due to substance abuse by the adoptive parents, and one child was voluntarily placed for 33 days due to the child’s behaviors. Both children have returned home. When these children entered care the adoption agency that handled the adoption was not know. Both children exited care before that information could be obtained. Reviews are in place to monitor data entry on children who have a prior foreign adoption and have entered foster care.



Monthly Caseworker Visit Data

FY 2009 Data on Caseworker Visits

Reporting Requirement	Data	Type of Data
The aggregate number of children served in foster care for at least one month	10,156	SACWIS
The number of children visited <i>each and every</i> calendar month that they were in foster care,	5,407	SACWIS
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	44,788	SACWIS
The total number of visit months in which at least one child visit occurred in the child's residence	36,742	SACWIS
The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child.	53.23%	SACWIS
The percentage of visits that occurred in the residence of the child.	82.04%	SACWIS

FY 2008 Data on Caseworker Visits

Reporting Requirement	Data	Type of Data
The aggregate number of children served in foster care for at least one month	11,035	SACWIS
The number of children visited <i>each and every</i> calendar month that they were in foster care,	4,593	SACWIS
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	37,091	SACWIS
The total number of visit months in which at least one child visit occurred in the child's residence	30,664	SACWIS
The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child.	41.62%	SACWIS
The percentage of visits that occurred in the residence of the child.	82.67%	SACWIS



**FY 2007 Data on Caseworker Visits**

<b>Reporting Requirement</b>	<b>Data</b>	<b>Type of Data</b>
The aggregate number of children served in foster care for at least one month	7043	SACWIS
The number of children visited <i>each and every</i> calendar month that they were in foster care,	2272	SACWIS
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	19,880	SACWIS
The total number of visit months in which at least one child visit occurred in the child's residence	254	Case Reading Sample of 50 Cases
The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child.	32%	Administrative Data
The percentage of visits that occurred in the residence of the child.	65%	Case Reading Sample of 50 cases

Although the baseline percentage of visits that occurred in the residence of the child was obtained through case reading data, we will report this from administrative data in subsequent reports.

**SECTION G. FINANCIAL INFORMATION**

Financial Information for this section can be found in the Appendix of this report

**APPENDIX**

**FY2010 Iowa Department of Human Services Training Plans**



FY 2010 CHILD  
WELFARE PROVIDER. Welfare Case Man...







FY 2011 Child  
Welfare Case Man...

**FY2010 Iowa Department of Human Services Disaster Plan**







Iowas Disaster  
Plan.doc

**Financial Information**

<p><b>Title IV-B, Subpart 1:</b></p>  <p>CFS-101, Part I.pdf</p>	<p><b>Title IV –B, Subpart 2</b></p>  <p>CFS-101 Part II.pdf</p>
<p><b>FY2010 Funding – Revised CFS-101 Part III</b></p>  <p>CFS-101, Part III.pdf</p>	<p><b>FY 2011 Budget Request – CFS-101, Parts 1 and II</b></p>  <p>CFS-101 Parts 1 and II.pdf</p>

**State Citizen Review Panel Reports and IDHS Response**

 <p>2010 Sioux City Annual CAPTA CR Re</p>	 <p>2010 Cerro Gordo Annual Report.doc</p>
 <p>The Child Protection Council S...</p>	 <p>IOWA'S CITIZEN EVIEW IOWA COD..</p>

**Calendar 2009 Year State of Iowa Child Maltreatment Statistics:**



Child Abuse  
Assessments are a ..