

IOWA DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES



**TITLE IV-B CHILD AND FAMILY SERVICE PLAN
Federal Fiscal Years 2010-2014**

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**Title IV-B Child and Family Service Plan
2010-2014**

State of Iowa

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Division of Child and Family Services

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EXECUTIVE SUMMARY

The Iowa Department of Human Services administers the title IV-B programs under this plan.

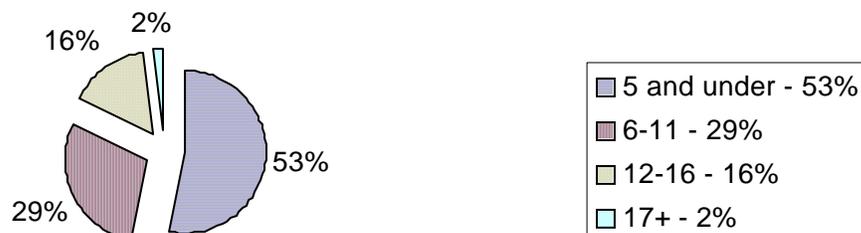
Iowa's Child Welfare System

Child welfare is focused on children that have been or are at risk of being abused or neglected, as well as children that are determined by the Juvenile Court to be a child in need of assistance (CINA).

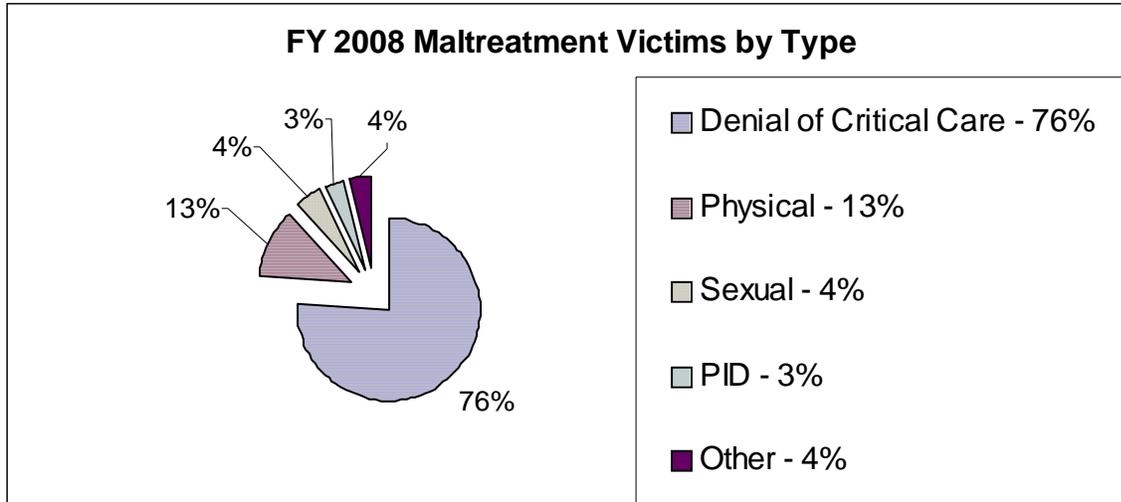
Child Welfare Outcomes. The child welfare system is focused on 3 major results – safety, permanency and child and family well-being.

- Safety
 - Children are first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes when possible and appropriate.
- Permanency
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved.
- Child and family well-being
 - Families have enhanced capacity to provide for children's needs.
 - Children receive services to meet their educational needs.
 - Children receive services to meet their physical and mental health needs.
- **Child Abuse Assessments.** Children and families come to the attention of Iowa's child welfare system primarily through a report of child abuse or neglect. DHS staff in local offices responds to child abuse reports to determine the safety of the child, whether abuse occurred, and whether services are needed to protect the child. In CY 2008, DHS completed child abuse assessments on 23,236 reports and determined that almost 11,000 children had been victims of child abuse or neglect.
 - Over 50% of the children that are victims of child abuse/neglect are age 5 or younger.

FY 2008 Maltreatment Victims by Age Range



- *Just over 75% of children that are victims of child abuse/neglect are victims of denial of critical care, or neglect, often associated with parental substance abuse or mental health issues.*
-



*Other includes manufacturing drugs, mental injury and prostitution combined.

Prevention. DHS also works with Prevent Child Abuse Iowa and local communities to prevent child abuse and neglect so that children and families do not come to the attention of Iowa’s formal child welfare system.

- **On-Going Services.** When continued DHS involvement is needed to address issues that place a child at risk of harm from future abuse or neglect, DHS provides on-going child welfare services.
 - ❑ DHS staff in local offices provides case management and connect the family to services provided by community agencies.
 - ❑ These services can be provided on a voluntary basis or under the supervision of the Juvenile Court.
 - ❑ Whenever possible, DHS provides services to the child and family in their home. In other cases, the child needs to be placed outside the home in foster care in order to ensure that the child is safe.
- **Foster Care.** When a child is placed in foster care, both DHS and the Juvenile Court have additional responsibilities.
 - ❑ Seeking out relatives as potential placements.
 - ❑ Placing siblings together whenever possible and maintaining sibling relationships when children are separated.
 - ❑ Ensuring that each child gets the physical and mental health care he/she needs.
 - ❑ Ensuring that each child has the educational services he/she needs.
 - ❑ Maintaining children’s relationships with their parents and connections with their extended family, friends, church, school, etc.
 - ❑ Ensuring that older youth have access to the services and supports they need to make the transition to young adulthood.
- **Permanency** DHS needs to ensure that each child placed into foster care has a permanent family as soon as possible – either by being safely returned home or through placement into another family through adoption or guardianship. In SFY 2008, 1,055 children were adopted from foster care.
 - ❑ When the child has a special need, DHS provides on-going support and services through the adoption subsidy program. In December 2008, there were 8,376 children receiving an adoption subsidy.
- **Aftercare.** When children leave foster care, DHS contracts with a network of agencies to provide aftercare services and the Preparation for Adult Living (PAL) program. Youth that “age out” of foster care are also eligible for financial aid for post-secondary education for youth. In December

2008, there were 174 youth participating in Aftercare and 274 youth participating in the PAL program.

Child Welfare Partnerships

DHS continues to partner 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.

- Juvenile Court
- County Attorneys
- Private child welfare providers
- Parent and child substance abuse treatment providers
- Department of Education, Area Education Agencies, schools and teachers
- Domestic violence agencies
- Communities
- Faith communities
- Mental health providers and practitioners
- Medical community
- Foster Care Review Boards
- Court Appointed Special Advocates (CASA)
- Parents attorneys and guardians-ad-litem
- Youth (Elevate; Foster Care Alumni; Children currently in foster care)
- Parents (Parent Partners, Moms Off Meth, etc.)
- Foster parents
- Juvenile Court Services
- Native American tribes
- Decategorization and Community Partnership for Protecting Children projects
- Law Enforcement and Adult Corrections
- Universities in Iowa; Schools of Social Work
- Child Protection Centers
- Public Health
- Legislative members and staffers

Strengths of Iowa's Child Welfare System¹

- **Worker Visits.** There has been a significant increase in the frequency and quality of worker visits with children, which has positively impacted both safety and permanency.
- **Family team meetings (FTM).** FTMs are an accepted part of practice, and are seen as positively impacting family engagement, development of individualized case plans, teamwork between professionals, and a shared understanding of the family's needs. FTMs help to engage parents and expand the array of formal and informal supports for families.
- **Collaboration.** Collaboration is seen as a strength around the state. Strong partnerships between JCS, Decat, DHS, foster parents, courts and community services work effectively to meet the family and children's needs at the local level.
- **Front line practice.** Child welfare partners consistently recognize the ability of Juvenile Court Officers and DHS social workers and their practice.

¹ Information based on recent outcomes data from Iowa's Child Welfare Information System (CWIS) and Child and Family Service Reviews conducted across the state in the last year.

- **Court leadership.** Court leadership and oversight contribute to good outcomes for children; and have focused expectations on improving safety and permanency. The Department and Iowa Children’s Justice have an active and meaningful relationship.
- **Risk and safety.** DHS has improved efforts to evaluate risk and safety both formally and informally on an ongoing basis. Iowa’s repeat maltreatment rate² has improved from 88.8% in 2003 to 91.6% in April 2009 – just shy of the national standard of 93.9%. Iowa’s 99.8% rate of safety in foster care³ remains well above the national standard of 99.43%.
- **Parent Partners.** Parent Partners provide support and mentoring to parents that are involved with DHS and working towards reunification, train foster parents and caseworkers, and provide a parent perspective on child welfare policy and programming. Currently, there are Parent Partner programs in 5 communities serving 16 counties.
- **Disproportionality.** DHS has begun to see reductions in disproportionality and improved outcomes for children and families of color as a result of our Minority Youth and Family Initiatives in Sioux City and Des Moines. DHS is expanding efforts to address disproportionality across the state.
- **Transition services.** There has been a significant increase in the array of services to prepare youth to make the transition from foster care to young adulthood and to support youth that have “aged out” of foster care. Youth see the Preparation for Adult Living (PAL) program as beneficial to their transition to adulthood. Elevate has expanded to 8 chapters and provides significant support for youth in foster care and a forum for youth voice.
- **Mental health services.** There has been a significant increase in the availability of voluntary behavioral health services funded through Medicaid, including the Children’s Mental Health waiver, the remedial services program (RSP), and changes in admission criteria for psychiatric medical institutions for children (PMIC). In addition, DHS recently was able to fund a second local mental health services project to coordinate and provide services to children regardless of Medicaid eligibility or insurance coverage.
- **Emergency child welfare services.** In SFY 2009, DHS has worked closely with the child welfare emergency juvenile shelter care providers to reinvest \$355,032 once allocated for guaranteed payment beds that were unused to develop or enhance alternative child welfare emergency services.

Strengths identified by the CW Stakeholder Panel (5/11/09):

- **Community Partnerships for Protecting Children (CPPC).** CPPC is being used to promote and move to scale promising practices.
- **Post-Adoption Services.** KidsNet has initiated services available to adoptive parents post-adoption to support and maintain the adoptive placement.
- **Domestic Violence Treatment and Training.** An integration of domestic violence principles in casework practice, focus on DV training and ongoing consultation are available to agency staff.
- **Child Advocacy Board Programs.** Foster Care Review Board and CASA programs are available to children in our state.
- **Supports for Foster And Adoptive Parents:** Both IFAPA and KidsNet provide support to foster and adoptive parents.
- **Kin Placements:** Encouragement of relative and non-related kin who have a relationship with the child.

² This measures the percentage of children that do not have a confirmed report of abuse or neglect within a 6-month period following the initial abuse.

³ This measures the percentage of children in foster care that do not have a confirmed report of abuse or neglect by a foster parent or facility staff member.

Challenges in Iowa's Child Welfare System

- **Caseloads for DHS child welfare caseworkers.** While funding from the General Assembly has enabled DHS to reduce child welfare caseloads over the last few years, they remain above national standards. High caseloads make it difficult for DHS to meet federal expectations for monthly visits with children and parents and improved outcomes.
- **Substance abuse treatment for parents.** Parental substance abuse is one of the leading factors bringing children to the attention of the child welfare system. Parents must have access to timely and quality substance abuse treatment in order to have an opportunity to safely parent their children.
- **Mental health services for non-Medicaid eligible parents and children.** Children that are victims of abuse/neglect are at high risk for mental health issues. Although children in foster care have access to mental health services through Medicaid, many children and parents served at home are not eligible for Medicaid and lack comprehensive insurance coverage for behavioral health services. In addition, there is no entity responsible for coordinating mental health services and limited funding for mental health services for children that are outside the child welfare and juvenile justice systems. This can result in children being referred to the child welfare and juvenile justice systems in order to access mental health services.
- **Service array.** In addition to gaps in substance abuse and mental health services, there are gaps in dental and orthodontia services, and Spanish services and interpreters. Provider turnover also impacts the quality of services and family outcomes. Finally, DHS, courts and providers are still working through the transition to the new child welfare service contracts.
- **Transportation.** Transportation limitations are consistently identified in all areas of the state as the number one practice barrier. Transportation barriers impact access to services, family interaction, sibling visits, etc.
- **Declining IV-E federal funding.** Iowa, like other states, has experienced a decrease in federal IV-E dollars due to several factors – including the “AFDC look-back” that results in fewer children meeting IV-E eligibility requirements and the fact that IV-E funding is limited to out-of-home placement. With the focus on serving children and families at home, DHS has less access to federal IV-E dollars and has to rely more on state funding. This impacts funding for both programs and for DHS caseworkers.
- **Working with Native American children and families.** DHS needs to improve efforts to inquire about Native American heritage and to comply with Indian Child Welfare Act (ICWA) requirements.
- **Availability of foster parents.** There is a general lack of adequate numbers of foster parents; especially for adolescents, delinquent youth, African Americans, Hispanic, Native Americans, and sibling groups. Lack of adequate numbers of foster homes impacts the ability to place children close to home, maintain siblings together, and maintain family interaction.
- **Fathers and non-custodial parents.** DHS continues to develop strategies to become more effective at engaging fathers and non-custodial parents. Failure to engage non-custodial parents can delay permanency for children and negatively impact important family connections.

Needs identified by the Stakeholder Panel (5/11/09):

- **Sharing best practices across jurisdictions.**
- **DHS/JCS services for cross-system youth.** Services for youth who are under jurisdiction for both Delinquency and Child in Need of Assistance.
- **Complex and multiple funding streams:** Responsibilities change with funding streams and contribute to overwhelming expectations, over burdening and under resources.
- **Education for foster children.** More needs to be done to keep children in school, in appropriate classroom settings, and in line to graduate on time. Much of the coordination to transfer records and other requirements to change schools falls on the foster parents. The Department of Education is developing a new electronic system that will make it easier for school districts to forward records.

- **Permanent Connections:** More resources are needed for youth aging out of the system from group care to living on their own.
 - Need transition services for youth sex offenders
- **Need to continue to build on skills around family team meeting facilitation.**
 - Improve consistency and quality (decreased case loads)
 - There is room for improvement for FTM's where domestic violence has occurred.
 - Engage and utilize formal and informal supports.
 - Establish core competencies
- **Foster parent retention.**
 - Encourage/promote mentoring of new foster parents by seasoned foster parents.

Activities Underway to Improve Iowa's Child Welfare System

- **Parental substance abuse.** DHS, the Judicial Department and the Department of Public Health are collaborating together and 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. The three departments are also working together to pilot drug courts and community based treatment approaches in 5 communities across the state.
- **Education and children in foster care.** DHS, the Judicial Department and the Department of Education 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.
- **Child welfare providers.** DHS has 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 DHS and a private agency representative. Currently, the Committee has established 5 workgroups.
- **ICWA training and improving tribal relations.** DHS and tribal representatives are working together to improve practice with Native American child and families.
- **Training.** DHS, providers, Children's Justice and IFAPA are collaborating to develop and deliver training for DHS staff, providers, foster parents, judges, and attorneys. DHS has contracted with the coalition for Families and Children's Services in Iowa to establish a Child Welfare Provider Training Academy.
- **Family Interaction.** DHS and Children's Justice have collaborated to develop and implement guidelines to provide supporting parent child visitation and interaction for children in foster care. (http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Family_Interactions/Family_Interaction_s.html).
- **Group Care.** With the assistance of Casey Family Programs, working together to improve permanency outcomes for children and youth that are placed in-group care.
- **County Attorney collaboration.** DHS is working 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, DHS worked with Children's Justice representatives and community stakeholders to developing a Framework for addressing disproportionality in Iowa's Child Welfare System.

Promising Practices⁴

- Family team meetings are used to engage families and give them ownership of the plan developed for family change. Service Areas are creative in improving access to facilitation for family team meetings. [Statewide]
- Community Care: Engages families with low or moderate risk in voluntary services as a diversion from Court and DHS formal involvement.
- Value and belief in mediation; use of mediation to maintain family connections and achieve permanency for children. [Cerro Gordo]
- “Elevate” youth support programs. [Polk, Scott, Linn]
- Non-custodial parent search and diligent efforts to engage fathers [Scott, Polk]
- Strong partnership with foster parents to bring about change; examples of foster parents mentoring birth parents.[Council Bluffs; Winneshiek]
- Parents as Partners programs provide support to new parents in the system. [Dickinson]
- Concurrent planning and placement conferences within 30 days of placement. [Winneshiek, Scott]
- Tribal partnership to conduct child abuse investigations. [Tama]
- Visiting nurses program and partnership with public health nurses. [Polk]
- Engagement and commitment of community partners to address disproportionality within the child welfare system: fostering an improved understanding and approach to cultural competency. [Linn]
- JCS community liaison working with African American families prior to formal interviews with JCS. [Linn]
- Disproportionality Projects are being expanded in the state and cultural competency training is provided across child welfare disciplines and the court.
- Parent Interaction Pilot: focusing on frequent and meaningful family interaction when a child is in foster care.
- Utilization of quality assurance and review processes to improve practice; e.g. supervisory reviews or staffings. [Statewide]
- Motivational interviewing and assessment tools enhance JCS practice.
- Pre-placement conferences ease the transition of children to foster care and assure their needs are met at placement. [Polk]

Court Leadership

- Court leadership has focused expectations on improving outcomes for children in juvenile court. [Statewide]
- The court sets expectations for hearing content and attendance. In many areas of the state, children are encouraged to attend and participate in court hearings.
- The court has focused on the achievement of permanency to the benefit of children; some judges set hearings at 1-3 month intervals to monitor and track progress to permanency.
- The court has initiated the Drug Court model and schedules hearings with the family based on their needs.
- Statewide practice and court process improvement embraced by the court: Pottawattamie County “Kids First” Supreme Court Summit committee actively partners with the agency to address child welfare issues.
- Children’s Justice Initiative promotes and supports good outcomes for children through child welfare partnerships and court practice improvement.

⁴ Information based on Child and Family Service Reviews conducted across the state in the last year.

Future Child Welfare Trends and Initiatives

SFY 2010

Following is a summary of where the department anticipates moving over the course of the next fiscal year. These activities build on the work already underway.

- Implement changes in safety and risk assessments, based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work⁵
- Improve assessment of child and family needs, and matching services to needs
- Improve engagement with both parents, including non-custodial
- Increase the percentage of children and parents that have monthly visits with their DHS caseworker
- Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice
- In collaboration with the Department of Public Health and the Judicial Department, implement a shared protocol for drug testing serving families involved in both child welfare and substance abuse system. Data collection around this issue will also improve.
- Continue expansion of Parent Partners program, Elevate and Transitioning Youth Initiative
- Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures, provide a framework to help staff become better purchasers of group care, and engage Casey Family Programs in working with DHS, JCS and group care providers to shift from “bricks and mortar” to family-based services
- Develop a comprehensive plan/model for contracting with child welfare service providers that supports achieving safety, permanency and well-being outcomes, including a framework for a continuum of child welfare emergency services
- Implement policy and practice changes within the Fostering Connections to Success and Increasing Adoptions Act of 2008; including implementing new kinship guardianship and improvements in education and medical care
- Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical costs categories (e.g., staff salaries)
- Increase Early Access services for child abuse victims and children in foster care
- Complete CFSR statewide self-assessment
- Implement projects developed through Child Welfare Partners Committee⁶ and workgroups
- Continue work with ABA Center on Foster Care and the Law, Children’s Justice and CWAC subcommittees on education and foster care to improve education for children in foster care
- Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions.
- With the assistance of the Finance Project, analyze the programmatic and fiscal implications of exercising the option under FCSIAA to extend foster care past age 18.
- Close out Title IV-E subsidized guardianship waiver and implement FCSIAA option for guardianship assistance program.
- Implement a Breakthrough Series Collaborative on Disproportionality with one site in each of the eight Service Areas.
- Complete SACWIS certification.

⁵ Most of NRC recommendations will likely be implemented by the end of SFY 2009.

⁶ Recently formed DHS-child welfare provider committee

SFY 2011 - SFY 2015

In August 2010, DHS will have a second Child and Family Service Review (CFSR). The findings from the CFSR will influence the priorities for the subsequent 2 – 3 years. Based on what is known today, DHS would identify the following priorities for SFY 2011 through SFY 2015.

- At least 95% of children and parents will have monthly visits with their DHS caseworker
- Significantly increase retention and continuity of DHS and provider frontline staff and supervisors
- Expand Parent Partners and Elevate programs statewide
- Implement new case plan format that meets the needs of children and families
- Implement comprehensive plan/model for contracting with child welfare service providers, including implementing a fair and adequate provider payment/reimbursement system with performance based incentive payments and the group care RFP
- Safely reduce the number of children and youth served in foster care, especially congregate care
- Achieve significant improvement in educational outcomes for children in foster care
- Reduce the number of children aging out of foster care and ensure that each child aging out has at least one permanent connection with a caring adult and a high school degree
- Reduce child welfare disproportionality for children and families of color by at least 50%
- Implement new SACWIS and enhance other technology supports for staff. Improved data for frontline staff and managers
- Identify and implement more evidence based services/programs.
- Parents and youth have a voice in all policy and practice decisions.
- Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion
- Significantly improve access to physical, dental and mental health care for children in foster care

Fostering Connections for Success and Increasing Adoptions Act of 2008 (FCSIAA)

A number of amendments to the Act affecting the CFSP were enacted as part of P.L. 110-351. These amendments became effective October 7, 2008. Please refer to the attached document entitled, Fostering Connections for Success and Increasing Adoptions Act of 2008 (FCSIAA), in the Appendix section of this report regarding how the Iowa Department of Human Services has implemented these requirements.

SAFETY, PERMANENCY, AND WELL-BEING OUTCOMES

Iowa utilizes four primary sources of data for this report, which looks at outcomes through different lenses.

- Child Welfare Profile: produced by federal partners in Administration for Children and Families, based on SACWIS and NCANDS data sent from the State,
- Administrative data from the Iowa's SACWIS and NCANDS system,
- Supervisory case reading data as part of an on-going Quality Assurance effort [randomly selected cases],
- IA-CFSR quality and quantitative data based on eight site reviews, focus groups, and in-depth review of 32 cases, statewide.

Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

The following initiatives are contributing to improved safety for children in Iowa:

National Resource Center on Child Protective Services Report

In April 2008, the Department requested technical assistance from the National Center for Child Protective Services. The request included a review of policy focusing on safety management and risk assessment, particularly in cases involving serious abuse and non-verbal children and facilitation of focus groups with contract providers of family safety services and family safety, risk and permanency services.

Attached are the Executive Summary of the Report on Policy Review, Summary Report on Procedure and Policy Review, and Summary Report of Focus Groups. The findings and recommendations contained in the policy report are based on expert review by NRCCPS staff of DHS policy and procedures and comparison to what is considered state of the art and best practice in the field. DHS prepared the documents, "Summary Report on Policy and Procedure Review" and "Summary Report on Provider Focus Groups" to capture the main recommendations in the NRCCPS reports, and the response/strategies DHS has identified to address the recommendations.

Drug Testing Protocol

The Judicial Department, Department of Public Health and Department of Human Services are reviewing a draft Drug Testing "How to Guide" for families that are before the Juvenile Court for child welfare issues, in which parental substance abuse is an issue. The draft Guide was developed as part of the In-Depth Technical Assistance (IDTA) Project through the National Resource Center for Substance Abuse and Child Welfare. It provides a framework for determining when to test, type of test, frequency, and how to incorporate positive or negative test results into decision-making. Once the guide is finalized, the protocol will be initially tested in the Parents and Children Together (PACT) dependency court sites in Wapello, Polk, Linn, Scott, Woodbury, Cherokee and Ida Counties. Ultimately, this protocol will replace current DHS protocols.

Child Protection Council Intake Review

To enhance and improve child protection intake, the Child Protection Council completed a review of Iowa Code and the DHS intake policy. Recommendations for changes were made. At this time, the department is developing a guided review tool for intakes. The council is now in the final planning stages with DHS to initiate an Intake Study of randomly selected statewide intakes. Council members will be paired with DHS personnel and will conduct a review of a sample of intakes from across the state. The review will ensure that the intakes are completed as required by Iowa Code and DHS policy. Following the review, the Child Protection Council will make recommendations for any further changes to Code, policy, or practice. The review also includes a statistical analysis of data related to the intake process and seeks to identify any patterns that may positively or negatively impact the intake process.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

A. What does policy and procedure require?

When a child abuse case is assigned to a child protection worker, a time limit for the response shall be assigned that begins with the receipt of the report and is based on the information gathered at intake.

Depending on the information provided at the time of intake and the level of risk to the child, the decision on whether to accept or reject a report of child abuse must be made by a supervisor within 1 hour or 12 hours from receipt of the report unless waiting for supervisory approval would endanger the child. The supervisory time frame for making a CPS intake decision is:

- **1 hour:** High risk injury or there is an immediate safety threat
- **12 hours:** No high risk injury and there is no immediate threat to the child

The observation time assigned by the supervisor at intake is based on the urgency of the situation:

- **1 hour** when the report involves an immediate threat or high risk to the child’s safety
- **24 hours** when the report doesn’t involve immediate threat or high risk to the child but the person alleged responsible has access to the child
- **96 hours** when the report doesn’t involve an immediate threat or high risk to the child and the person alleged responsible clearly does not have access to the child

The child protection worker shall contact law enforcement when the abuse report alleges a criminal act harming a child, there is immediate threat to child, or the situation is potentially volatile or dangerous. The worker must get prior supervisory approval if the child will not be seen within the assigned time frame.

B. What does the data tell us?

Outcome	Baseline (2003 Federal Review)	Nov 2007- Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008– Jan 2009	Feb – April 2009	Data Source
<u>Item 1</u> Timeliness of investigations	73%	87.2%	87.7%	88.1%	87.5%	87.7%	88%	Admin Data

DHS has improved performance from 73% to 88% due primarily to intake performance monitoring and a focus on improving timely response.

The safety data profile elements XIII and IX indicate the State has been more closely monitoring compliance with state laws for when children are seen as part of an investigation. This has led to an improvement in response times. The incident of child abuse and neglect in foster care remains constant at 0.28%, well under the national standard of 0.57%.

C. Where was the child welfare system in Round One of the CFSR?

The item was rated as an Area Needing Improvement when face-to-face contact was not established within required timeframes.

In the First Round CFSR conducted in 2003, 15 of the 50 cases reviewed were applicable for Item 1: Timeliness of initiating investigations of reports of child maltreatment. In 73% of the cases the timeliness of initiating reports was rated strength. Item 1 was rated as strength when face-to-face contact was established with the child within the required State timeframes.

D. What changes in performance and practice have been made since Round One? Overall what are the strengths and promising practices the child welfare system has demonstrated?

A key finding of the review was that when delays occurred, the reports did not involve immediate threat or high risk. According to the Statewide Assessment, Iowa has some of the highest standards in the nation in terms of timeframes for responding to child abuse and neglect allegations.

The renegotiated PIP goal was to increase timeliness to 78%. To meet that goal, Iowa needed to pass the renegotiated goal for two consecutive quarters. The timeliness goal was met when Iowa achieved 83.3% in the November-January 2007 quarter and 86.5% in the February-April 2007 quarter. During the last quarter, February-April, 2009 Iowa was at 88%.

On October 28, 2005, a bureau CIDS was held which communicated to workers and supervisors the expectation and practice performance in regards to timeliness of investigations.

In February 2006 changes to the collection of administrative data were implemented on the Supervisory Approval (APRV) screen and Incident Report Detail (SUMS) screens in STAR. These changes were a result of a need for improved tracking of timeliness of initiating investigations of reports of child maltreatment (Child Seen). The changes require that the supervisor review the time seen if it wasn't within the appropriate timeframe indicated on the Allegation (ALEG) screen at intake of 1 hour, 24 hours or 96 hours. If the client contact was made after the indicated time, the Supervisor approves the delay of observation, if appropriate, and indicates (codes) the reason for the delay. These codes reflect supervisory documentation/approval in the system that reasonable efforts were made to observe the child within the assigned timeframe when those timeframes were not met. The Child Protection Assessment summary documents these reasonable efforts.

In an attempt to improve the quality and consistency of the Child Abuse and Neglect Intake process, each Service Area implemented a Centralized Intake Unit effective March of 2006. This means each Service Area has dedicated staff whose sole responsibility is to process child abuse intakes. Prior to this, the child protection workers within each Service Area handled Intake on a rotating basis. DHS believes that the move to a Centralized Intake has improved the quality and consistency of Intakes statewide. DHS believes this has significantly contributed to the positive impact on Timeliness of Investigation.

Centralized Intake is providing a quality element that was never before present on a statewide basis. The information being passed onto child protection workers at the time of Intake is more accurate and concise. Thorough internal record reviews and records checks are being completed prior to case assignment as well. As a result, child protection workers have better information and are able to respond much quicker to an allegation. Having dedicated workers doing Intake has also decreased the amount of time it takes to process an Intake which increases the amount of time a child protection worker have to respond. This is especially critical for those cases that call for a one-hour response time. Assigning a response time at Intake has also had a positive impact on seeing child victims timely. Meetings of intake supervisors occur monthly in an effort to ensure consistent Intake decisions across the state.

Community Care

Community Care was initiated as part of the "Better Results for Kids" Child Welfare Redesign. Decisions on services, such as counseling, are based on age of a child, outcomes of a risk assessment, and levels of risk in the home, such as drug abuse or domestic violence. DHS focuses attention on and serves families where risk is greatest. Low risk families have the option of receiving short-term counseling or referrals from Community Care. Community Care is designed to strengthen families and prevent child abuse and neglect. The Department contracts with Mid Iowa Family Therapy, Inc. to provide a child and family focused set of services and supports to families referred from the Department. Mid Iowa began

accepting Community Care referrals from DHS in March 2005. They will continue to serve as the contractor under this performance-based contract as the result of a competitive RFP. The new contract was awarded in May 2009 with services beginning July 1, 2009. Mid Iowa strives to ensure positive outcomes for families utilizing the unique resources of the family and their community.

Each month an average of 200 Iowa families have an opportunity to voluntarily receive support services free of cost, services that would not have been provided by the department in the past. Services that could:

- Keep children in the family safe
- Keep the family intact
- Prevent the need for further and future intervention by the department, including removal of the child(ren) from the home

The satisfaction level for families returning surveys on Community Care continues to exceed the 85% performance level.

Referrals to Community Care by calendar year:

Year	Community Care Referrals
2008	2397
2007	2376
2006	2627
2005 (10 months)	1936

Budget

Community Care has been funded at approximately 2.5 million each year since 2005 until SFY10. The funding was cut to 1.5 million beginning July 1, 2009. The contractor has agreed to accept all referrals with the caveat of a quarterly review and adjustment if necessary.

Iowa Respite and Crisis Care Coalition:

In 2008, 12,593 hours of crisis childcare and 13,007 hours of Direct Family Access (respite) childcare were provided through a contract with Iowa Respite and Crisis Care Coalition (IRCCC). Nine hundred and sixty one (961) children and 649 families throughout Iowa received crisis or respite services. Crisis childcare is utilized for unforeseen or emergency situations (such as a death in the family, parent illness, arrest of a family member, etc.) Direct Family Access is a service for those caring for a child with a serious illness or disability. The intent of this program is to provide a scheduled, temporary break from the daily stresses of care giving, thereby reducing the risk of child abuse and neglect.

Community Partnerships for Protecting Children

Twenty-eight local Community Partnerships for Protecting Children (CPPC) sites utilized CBCAP funds to provide direct services to 1,830 families with 2,760 children. Services provided include such programs as Circles of Support, Love and Logic, Parents as Teachers, Strengthening Families, Partners for a Healthy Baby, the Nurturing Program, the Stork's Nest, and Incredible Years, in addition to other parent education and support groups.

Three local partnership sites received CBCAP funds to assist the communities in assessing and identifying unmet needs of children and families. Sites receiving funds for planning grants in 2007-2008 were given the opportunity to receive funds in 2008-2009 to support program implementation.

Iowa's CBCAP funds are designed to support the local decision making process. Sites are encouraged to implement programs that demonstrate evidence of positive outcomes. Forty six percent of 2007-2008 CBCAP funds were used to implement programs that fell within the spectrum of evidence-based or evidence-informed as described on the California Evidence-Based Clearinghouse website <http://www.cachildwelfareclearinghouse.org/>. In comparison, nationwide, only 30% of CBCAP allocations were used to support evidence-based or evidence-informed programs.

The cash match by CPPC sites was reported to be \$425,931.77. This figure demonstrates a significant vested interest by the communities receiving CBCAP funds. Although not a prerequisite for receiving funds, local communities often seek other sources of funding to supplement programs that aid in child abuse prevention. Cash match is provided through individual agencies, Community Empowerment Boards, Decategorization, private donations, etc. The total funds reported as a cash match exceeded the funds allocated to CPPC sites by more than \$100,000.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance?

Supervisory oversight of the assigned time for observation of a child has increased the documentation of timeliness in the system. However, the turnover of workers and supervisors requires ongoing training efforts to focus on the documentation of this element. Supervisory determination of the correct priority response and appropriate approval for delay in initiating investigations could be strengthened.

Centralized intake and additional guidance on the emergency responses has assisted in more uniform applicability of the policy. There are finite staff resources to respond to all cases assigned a one-hour observation time frame given the travel distances (multi counties). This is especially true for after hour assignments.

Jurisdictional determination delay response when law enforcement assistance is required for worker safety or emergency removal by peace officers. Law enforcement resources impact DHS ability to meet time frames depending upon law enforcement ability to respond or to assist DHS based on law enforcement staffing.

Resource issues for staff coverage of large geographical areas or more densely populated sections of the state is a challenge for field operations.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

A. What does policy and procedure require?

Policy and procedure for involvement with children and families through the life of the case is related to the safety of the child and preventing maltreatment.

At intake and assessment, an allegation of child abuse is met with a response to secure the safety and prevent any further possible maltreatment. An Iowa DHS child protection worker (CPW) evaluates the safety of the child named in the report and the risk for occurrence or reoccurrence of abuse. The safety of any other children in the same home or facility is also evaluated, as is the person responsible for that child's care. Background checks are conducted from several data systems to gain information regarding any prior child abuse history, service history and/or criminal records.

Workers utilize a safety assessment as a mechanism to document evaluations at critical junctures of the case. DHS requires the safety assessment to be completed; within 24 hours of first contact with the child during a child protective assessment, at completion of the child protective assessment, whenever circumstances suggest the child is in an unsafe situation, prior to unsupervised visitation, prior to reunification and before closure of protective services.

The assessment of child safety throughout the life of the case utilizes three constructs of safety:

- Threats of maltreatment
- Child vulnerability
- Caretaker's protective capacities

When the safety decision is that the child is conditionally safe, a *Safety Plan* is required within 24 hours of the first contact. The safety plan identifies steps to eliminate impending danger and ensure a child is safe. The safety plan directly addresses concerns in relation to the five family functioning domains, child's behavior, family safety, family interactions, parental capabilities and home environment, which are assessed and documented in the child protective assessment and in the case plan. The caseworker may utilize the child protective safety plan as an initial case plan.

The Department Service Areas enter into non-monetary Agreements with Child Protection Centers that employ specialized staff for children in need of services and protection from sexual abuse, severe physical abuse or substance abuse related abuse or neglect. Child Protection Centers provide a forensic interview of the child, a medical exam and treatment coordination between law enforcement, the family, and DHS.

In addition to evaluating the safety of the child named in the report and children within the family unit the child protection worker and ongoing worker assess risk or the likelihood that repeat maltreatment will occur. A child protection worker will assess risk informally throughout the assessment and will formally document their assessment at the conclusion of an assessment. An ongoing worker will assess risk informally throughout the life of the case and formally document their findings on the risk reassessment tool.

The child protection assessment and the case plan identify strengths and needs of the child and family. Services to address the needs of the child and family at the conclusion of a child protection assessment may include family, risk and permanency services, community care services for families at low risk of abuse, or information and referral to local resources. The type of services the child protection worker recommends depends upon the finding of the abuse assessment, risk score, and age vulnerability of the child. Please refer to Item #4, policy and procedure for information regarding reducing risk of harm.

DHS closes a case when the identified goals for safe case closure have been achieved. Assessing and reviewing the safety of the child is required before closing the case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and are foreseeable risks to the child's safety.

B. What does the data tell us?

Absence of Maltreatment Reoccurrence

The data reported in the ACF data profile represents "of all children who were victims of abuse and/or neglect during the first 6 months of the reporting year, the percent that were victims of another abuse or neglect incident with a 6-month period. The national standard is 6.1% or less, which the State of Iowa does not meet. For FFY 2006 the recurrence rate is 9.9% and for FFY 2007ab, the recurrence rate is 8.8%.

DHS administrative data indicates a general decrease in maltreatment recurrence over the last year with some fluctuation.

Outcome	Baseline (2003 Federal Review)	Nov – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 2 Repeat Maltreatment (Same perp, same type)	11.4%	4.5%	4.2%	3.8%	4.1%	5.1%	5%	Admin Data
Recurrence of Maltreatment (National Standard 6.1%)	11.4%	8.2%	7.7%	7.2%	7.7%	8.5%	8.4%	Admin Data

The data on repeat maltreatment has been fluctuating over the last several quarters. Although it still remains above the national standard we continue to show improvement over the baseline that was established in 2003.

C. Where was the child welfare system in Round One of the CFSR?

In the First Round CFSR conducted in 2003, 39 of the 50 cases reviewed were applicable for Item 2: Repeat maltreatment. Item 2 was rated as a Strength under the following circumstances:

- There was a substantiated or indicated maltreatment report involving the family prior to the period under review but no substantiated or indicated report during the period under review.
- There was a substantiated or indicated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report.

This item was rated at ANI in 2 cases in which two substantiated reports within 6-months of one another. In these cases, the perpetrator was the same and the circumstances were similar.

Although case reviews did not identify extensive repeat maltreatment, Iowa’s maltreatment recurrence rate of 11.2% did not meet the national standard for this measure of 6.1 percent or less, reported in the 2001 State Data profile.

The State Data Profile also indicates that Iowa’s incidence of maltreatment in foster care in 2001 (.89%) did not meet the national standard of .57 percent or less. However, by the time the Children’s Bureau completed Iowa’s final report, more current data showed that Iowa’s incidence of maltreatment in foster care met the national standard.

D. What changes in performance and practice have been made since Round one? Overall what are the strengths and promising practices the child welfare system has demonstrated?

The PIP goal for repeat maltreatment was 10.95%. DHS met the PIP goal in the first quarter in which progress was reported. DHS began reporting progress in the 6th quarter (11/05 - 01/06). In the 6th quarter DHS reported that 8.8% of children experienced repeat maltreatment. The baseline was 11.4% from the on-site review.

Stakeholders commenting on this issue expressed the opinion that the convening of Family Team Meetings at the onset of a case is effective in reducing the incidence of repeat maltreatment. However, stakeholders expressed concern that budget cuts would reduce the availability of in-home services and Family Team Meetings.

A planning tool the Department uses to address repeat maltreatment is Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare. This planning tool provides consistency, guidance, and accountability in the team-based decision-making process. In 2003, training manuals were purchased for all Service administrative, supervisory, and field staff. Training was completed in late March 2004 and inclusion in new worker training curriculum continues. The tool guidelines in this program are intended to help teams make informed risk and safety decisions for children, proven to be helpful in keeping children safe and a tool that is useful during clinical supervision.

In 2005, DHS adopted the use of a safety assessment tool and risk assessment tool state wide in the child abuse assessment phase of a case. DHS' child welfare information system (CWIS) supports documentation of the safety concerns within the context of the family functioning domains. By October 2006, CWIS, was enhanced to allow for the safety concerns and functioning domains to trigger the correlating family functioning domain on the child abuse assessment report. This information was also made available to the ongoing services child welfare worker to utilize in the initial family case plans.

DHS 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 encourages families to draw upon formal and informal supports, promotes team decision-making, provides a healthy environment for resolving conflict and solving problems. The practice also aligns with the Departments commitment to strength-based practice.

In 2003, 74 percent child victims were a result of child neglect. Currently, neglect constitutes 76% of Iowa child victims of abuse. Recognizing the role of recurrence of maltreatment and the predominance of neglect, in March 2007, the department piloted a core training course, "Frequently Seen Families: Practical Help for Your Most Difficult Cases." This course was developed based on the need of Iowa social work and assessment staff to understand and respond more effectively to families with chronic neglect.

Prior to June 2007, FTM's were prioritized as a strategy to improve outcomes for the system's most vulnerable children (0-5 year old victim of abuse) Effective June 2007; FTM's were prioritized for all children who were a victim of abuse.

A statewide contract for drug test laboratory service was implemented in July 2007 and become statewide in July 2008. Service areas utilize individual contracts for collection sites. A Drug test authorization system was implemented to automate the DHS approval for test to the collection site and the authorization of billing or the cost of collection.

In October 2007, a new safety assessment was implemented statewide in policy, procedure and practice for use throughout the life of the case. The new tool allowed for; the differences between safety and risk to be defined; organized signs of impending danger by the family functioning domains; use of the safety constructs (threats of maltreatment, parental capacities, and child vulnerability) to determine safety; specified critical decision points during the life of the case when formal safety assessments need to be completed; and required supervisory approval of safety assessments and safety plans. The CWIS automation support for the new tool was designed but postponed until SACWIS GUI development. An

ongoing services child welfare social worker could access all prior safety assessments completed during prior child abuse assessments. This was to encourage the continuity of focus for service delivery to the family resulting in improved safety and attention to the risks to be addressed in the case plan. In May and June 2007, statewide introduction training was provided to child protective and child welfare staff and management. Community based services providers were also invited to attend the training.

In April 2008, DHS engaged the National Resource Center for Protection to review policies and procedures regarding risk and safety. The request included a review of policy and procedures focusing on safety management and risk assessment and facilitation of focus groups with contract providers of family safety services (FSS) and family safety, risk and permanency services (FSRP). Key strengths identified in the policy review included “exemplary in “Life of the Case” approach to child welfare practice, “highly structured and developed, more so than most states” and safety constructs of threats of maltreatment, vulnerability and protective capacities are “close to state of the art”. Key strengths identified with contract providers, FSRP and FSS, included a collaborative team approach with DHS in serving families, joint training opportunities provided and improvement in communication as the new service array has evolved.

In April 2008, workgroups were developed to review University of Iowa recommendations and to develop an implementation plan. The risk and risk reassessment workgroup are currently in the midst of their work regarding the implementation plan. DHS recognized the need for improvement regarding risk and risk reassessment and are hopeful that we will be able to enhance our process or risk assessment as we move forward.

In May 2008, the Department enhanced policy regarding CINA assessments. The DHS policy was implemented requiring that a referral to the county attorney requesting a Child in Need of Assistance (CINA) petition be filed with the court when DHS becomes aware that a family who has prior termination of parental rights due to abuse or neglect, has had another child. Also for open court supervised cases, (other children in home are adjudicated) when a new child is born, the newborn child is to be referred to the county attorney for a CINA adjudication.

In July 2008, A Framework for Drug Use by Caretaker allegations was implemented to clarify intake acceptance criteria.

NRCCPS made recommendations for improvements and DHS has made the enhancements accordingly. In June 2009, DHS provided a statewide training to DHS and providers, “Enhanced Safety and Risk Training”, which 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.

The Department of Human Services, Judicial Department and the Department of Public Health are collaborating to address the impact of parental substance abuse on child safety. Activities have included development of a Memorandum of Agreement and shared vision, implementation of drug courts and community based treatment, and development of shared protocols for drug testing and working with families involved in both systems. This work has been supported by the National Center for Substance Abuse and Child Welfare.

In 2005, funding provided by the General Assembly enabled DHS to add 23 clinical consultant/supervisors, thereby reducing supervisory ratios from 11:1 to 9:1. Opportunities to discuss

cases and potential underlying needs that contribute to repeat maltreatment are enhanced with lower ratios of staff/supervisor. In July 2008 Supervisor ratios were 7:1.

Since 2006, DHS has reassigned 33 social worker staff other services (elderly waiver and state cases) to child welfare and added 20 child welfare caseworkers as the result of additional funding provided by the General Assembly. This enabled us to reduce child welfare caseloads from 51 to 30 per worker. Reduction of caseloads allowed child welfare case managers to spend more time with children and families. The State of Iowa has seen an increase in monthly visits with children and families each year.

In November 2008 DHS implemented a hiring freeze. During the hiring freeze the Department was not able to fill 13 social work positions. At the end of June 2008 the department was able to fill positions however a decrease in budget allocations, due to a decline in state revenue, means the department will only replace two of the 13 social work positions. The department is in the process of developing the budget for 2011 however we anticipate that we will continue to see a decline in budget allocation.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance?

- An on-going challenge for the State of Iowa, as it is in other states, is to fund an adequate number of staff resources. Lower caseloads and supervisory ratios translate into increased frequency of contact with the child victims and their families. Recent reductions in state revenues resulted in cuts to DHS' operational budget and a hiring freeze that has resulted in higher worker caseloads and higher supervisory ratios.
- A high percentage of the repeat maltreatment in Iowa falls into the category of denial of critical care (DCC). The pattern of denial of critical care is usually long standing and takes a holistic approach for effective intervention. DCC is often related to parental substance abuse. Mental health and domestic violence are also risk factors that contribute to DCC. Cross system collaboration in these cases becomes a challenge when limited resources are a factor.
- Iowa's SACWIS is a mainframe system and does not provide the level of support to workers or data for managers that a newer, web-based system could.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

A. What do policy and procedure require?

The child welfare system includes Department of Human Services, families, courts, law enforcement, county attorneys, communities, schools, medical providers and mandatory reporters from all disciplines. All play a part in preserving of the family unit and contribute toward the effort to maintain a child safely in their own home.

Unless a child is in immediate danger at home, the Department seeks removal only after reasonable efforts have been made to prevent or eliminate the need for removal of the child from the family.

Reasonable efforts:

- Initiating community services such as public health visitor or visiting nurse services.
- Initiating homemaker services or family-centered services (dependent on an abuse finding or a court order).
- Implementing intensive family risk, safety and permanency services
- Obtaining a court order requiring the person responsible for the abuse to leave the home, when other family members are willing and able to protect the child adequately.
- Having the non-abusing caretaker move to a safe environment with the child.
- Placing the child voluntarily with relatives or friends.

The safety of children is the paramount concern that must guide all child welfare services. Focus on child safety begins at the first contact the family has with the Department and continues during the entire case process. The Department is not required to make efforts to keep children with their parents when doing so places a child's safety in jeopardy.

Safety plans are designed to maintain children safely in their own families whenever possible. Safety plans use strategies and interventions to monitor and evaluate the safety of children who are determined to be conditionally safe during the duration of the Department's child protective services assessment.

The child protective services assessment, child in need of assistance assessment and both the initial and ongoing Family Case Plan focus on the major needs of the child and parents by identifying the critical underlying issues that must be resolved to achieve safety, permanency and well-being for children. Services available from the Department, informal and formal, and other supports available in the community are utilized to address the strengths and needs identified through assessment.

The Department assesses potential eligibility for family-centered services based on factors that include:

- Whether or not the child is a victim of a founded child abuse assessment
- The age and assessed risk level of the child abuse victim
- Whether or not the child is placed out of home under the care and supervision of the Department.
- Whether or not the child's family is willing to accept Department services
- Whether or not the child is involved with the juvenile court due to a child in need of assistance or delinquency action.

The child and/or the child's parents are actively engaged by the Department worker in selecting the most appropriate available services to address concerns about the child and family and promote the safety, permanency, and well-being of the child(ren).

Family-centered services are designed to deliver a flexible array of strategies and interventions to promote achievement of the goals of family while ensuring children are safe, risk of harm is minimized, permanency is achieved and wellbeing is addressed. The Department worker takes steps to initiate and adjust services as rapidly as possible based on case circumstances and child and family needs.

A case may be closed when the identified goals for safe case closure have been achieved. Assessing and reviewing the safety of the child is required before closing the case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and are foreseeable risks to the child's safety.

B. What does the data tell us?

Outcome	Baseline (2003 Federal Review)	Nov – Jan 2008	Feb – April 2008	May- July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 3 Services to prevent removal	100%	99% n=602	98% n=623	99.6% N=561	99% n=562	99% n=567	99% n=643	Case Readings

Data gathered from quality assurance reviews conducted in November 2007 –April 2009 reflects this item performing as strength. Statewide performance during this timeframe varied from 98%-99.6%. May 2008 to April 2009 reflects continued high performance with 99.6% to 99%. Consistent positive performance across service areas statewide indicates that the child welfare system is effective in providing services, when appropriate, to prevent removal of children from their homes.

C. Where was the child welfare system in Round One of the CFSR?

State of Iowa achieved substantial conformity with safety outcome 2, which is assessed through two indicators (item #3 and item #4) The substantial conformity for outcome 2 was based on the finding that 93.5% of the cases reviewed were substantially achieved, which met the 90% required for a rating of substantial conformity. In round one of the CFSR this individual item, #3, was rated as strength because 100% of the cases reviewers determined that DHS had made diligent efforts to provide the necessary services to maintain children safely in their homes or to remove children appropriately from their homes when the risk of harm warranted removal. Because this item was rated as strength is was not addressed in the PIP.

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated in preventing removal?

During the CFSR 2003 on-site review stakeholders expressed concern about the scarcity of substance abuse treatment services for parents and of services to support relative caregivers. Efforts to address parental substance abuse are described in the previous section.

Additional Department of Human Services initiatives that support best practices targeted to ensure children are safely maintained in their homes whenever possible and appropriate:

- Family team meetings for family engagement in case planning
- Increasing the frequency of DHS worker contacts with their clients
- Supporting community-based prevention services such as child abuse prevention efforts.
- Decat supported services assisting parents receive mental health services for their children and school based mental health services
- HCBS Children’s Mental Health waiver for child that have behavioral needs that would otherwise require placement.
- Community Care services for families that have been identified by DHS as having a lower risk of abuse
- Safety services for families engaged in a child abuse assessment with a need for safety services
- Family, safety, risk and permanency services for families with children at risk of abuse.

- Child Welfare and Substance Abuse collaborative effort (Please refer to Item #2, Part D)

E. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance on preventing removal?

Judges from all but one Service Delivery Area comprised a focus group that answered question E. above. The responses from the judges ranged from “very effective in keeping families together, and preventing removal” to one judge who feels the recently initiated family-centered services are at a low point in preventing removal of children from their homes. The theme that appeared most often was the judges’ concern that when families received voluntary services prior to court intervention the judges had less knowledge about the effectiveness of the services for those families that reached their courtrooms. Families that are successful with voluntary services avoid having their children adjudicated and thus never appear before a judge. The judges don’t receive information on the numbers of successful families, and which services proved helpful to them.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

A. What does policy and procedure require?

Safety and risk assessments are required throughout the life of the case from the point of a child abuse intake to the closure of the service case. Although linked, safety interventions focus on an immediate need while risk is a long-term intervention.

The safety assessment tool is designed to guide the determination whether a child is in present or immediate danger and assists in defining interventions needed immediately to safeguard the child after assessing the threat of maltreatment, vulnerability of the child and the protective capacity of the caretaker.

If the child is unsafe, an immediate response is warranted to address safety. If the child is conditionally safe, policy requires a safety plan to address immediate short-term safety.

The Department of Human Services has identified times during the Life of the Case when a formalized safety assessment needs to be completed. Formalized safety assessments are required within 24 hours of first contact with the child during a child protective assessment, at the conclusion of a child abuse assessment, whenever circumstances suggest the child is in an unsafe situation, prior to a decision to recommend unsupervised visitation, prior to the decision to recommend reunification and prior to the decision to recommend closing protective services.

Although there is not a policy requirement to formally utilize a safety assessment tool for children entering or residing in foster homes there is policy, which instructs workers to formally do a safety assessment “whenever there is a need”. Informally, staff evaluate the child’s threat of maltreatment, vulnerability to maltreatment and caregiver’s protective capacity. If there is a safety concern, a formal safety assessment is completed.

Staff are required to develop a safety plan with the family during the child abuse assessment and during case management services when the safety assessment indicates a child is “conditionally safe”. A transfer packet to initiate a referral from the child abuse assessment to case management includes the child protective assessment, life of the case history, family risk assessment, safety assessment and the safety plan if applicable. The safety plan is time limited and the timeframe is identified on the safety plan. The

case manager will monitor the safety plan if the time limit identified overlaps into the case management responsibilities.

Policy requires staff to assess risk of maltreatment during a child abuse assessment and to document this on the risk assessment tool that is imbedded in the child protective services assessment summary report. The ongoing case manager will assess risk informally throughout the life of the case and formally document their findings on the risk reassessment. Policy states “the worker shall continuously monitor and assess risk of abuse or re-abuse for each child and family. When case plans for in-home services are reviewed, the worker shall review and document whether the child would be at imminent risk of removal from the home if in-home services were not provided.” Procedure for risk reassessment includes completing the risk assessment every 90 days and before case closure.

As noted earlier, in March 2005, the State of Iowa DHS, implemented Better Results for Kids that was an initiative to redesign the child welfare system. The redesign focused resources on the most vulnerable children. As a result of focusing on the most vulnerable children, DHS services are provided voluntarily or by court order to children under age 6 who have experienced founded abuse regardless of the outcome of the risk assessment.

Children age six and older with founded abuse, low risk and children with confirmed or not confirmed abuse and moderate to high risk are offered a referral to Community Care. Community Care is a community-based intervention that focuses on the prevention of future maltreatment and assists families with mitigating risk and safety concerns. DHS contracts with a provider to produce outcomes that will ensure children and families are benefiting from service.

Allegations of abuse in foster care are met with a child abuse assessment of the named victim child and all other children under the care of the alleged person responsible. Protocols exist for the management of risk in out of home settings. The regulatory DHS staff are notified to conduct a review of the facility or foster home regulatory requirements compliance.

Effective July 1, 2009 a safety assessment is required at the completion of all child protective assessments.

Reducing risk of harm is also performed by sending a safety notification before or at the time of placement to a foster parent or facility when a child in care has exhibited violent behaviors. This notice is for the protection of all children in the out-of-home setting and caretakers.

B. What does the data tell us?

Outcome	Baseline (2003 Federal Review)	Nov 2007- Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 4 Risk of harm	93%	92% n=769	86% n=812	91% N=793	95% n=813	95% N=855	97% n=981	Case Readings

The case reading data indicates that children are free from risk of harm in 97% of cases reviewed.

Data gathered from the current quarter indicates that this is an area that meets/exceeds the federal target. Statewide performance during this timeframe varied from 86%-97%. Consistent positive performance across service areas statewide indicates that the child welfare system is effective in reducing the risk of harm to children, including those in foster care and those who receive services in their own home.

Child Fatalities as a Result of Maltreatment

In terms of incidence of child fatalities due to maltreatment; NCANDS data indicates:

<u>Federal Fiscal Year</u>	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008
<u>Number of Deaths</u>	8	9	6	5	11

Iowa experienced a significant increase in the number of child fatalities due to abuse during federal fiscal year 2008. For the most part, the incidents appear to be unrelated and are primarily the result of physical abuse. With the exception of one incident it appears that the families did not have any prior contact with the child welfare system, a more in depth analysis is underway to determine if there are any systemic factors, which could be addressed to prevent child abuse fatalities.

Since 1995 the multidisciplinary Child Death Review Team has been conducting case reviews, making policy and practice recommendations that may prevent child deaths, and making recommendations to the Governor and General Assembly. In December 2008, the CDRT recommended:

- Continue the recognized progress in assessing the safety of surviving siblings of a deceased child within 24 hours of a child death due to ignorance, neglect or aggression of a caretaker.
- Long-term close monitoring of children after they have been returned to their parental home or after a parent who is incarcerated returns home, giving special attention to substance abuse by and parents.
- Removal of very young children [<4] from unsafe family situations and close monitoring and follow-up for one year after the child is returned to parental care.
- Certification of all foster parents in child and infant CPR; monitoring for second hand smoke in foster homes; and extensive education in appropriate sleep practices and environments for infants. (DHS is in the process of adopting rules to require CPR and limit second hand smoke.)

C. Where was the child welfare system in Round One of the CFSR?

State of Iowa achieved substantial conformity with safety outcome 2, which is assessed through two indicators (item #3 and item #4). Item #4 was assigned an overall rating of strength because 93% of the applicable cases reviewers determined that DHS had made diligent efforts to address risk of harm to the children. Because this item was rated as strength it was not addressed in the PIP.

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated in preventing removal?

DHS implemented a new contract, recruitment and retention, in March 2007 with a statewide contractor selected for foster care and adoption recruitment and retention services. The agency will provide support and training that is intended to reduce the risk of harm to a child.

New safety services were implemented in October 2007 for children determined to be conditionally safe in their own homes during a child abuse assessment based on a safety assessment and a safety plan developed with the plan. In addition, family safety risk and permanency services (FSRP) were implemented to protect a child from risk of abuse in their own home. FSRP services allow contractors to provide a flexible array of services based on the family's needs. Contracts are outcome based.

DHS has worked with the Department of Public Health and Children's Justice to focus on reducing harm to children with:

- Substance abuse and child abuse grants
- Drug Courts
- GAL training

In April 2008 DHS 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.

DHS policy includes many of the components and qualities of an exemplary CPS program. There are just a few areas where revisions or enhancements to policy are needed to ensure expectations are clear and sufficient guidance is provided to staff regarding how responsibilities for safety intervention are to be carried out.

Key recommendations from this study are reflected in the DHS five-year plan goals and objectives.

PSSF Safe Haven

In 2001 Iowa passed The Safe Haven Act that 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. Without appropriated funding, DHS was able to develop resource information for use by hospitals, healthcare facilities, parents, and DHS. A printable logo is also available to designate a Safe Haven.

In 2007 DHS partnered with the Iowa Hospital Association to launch a Safe Haven public awareness campaign. First Lady Marie Culver held a press conference and introduced the campaign to state media. The Iowa Hospital Association purchased an already developed campaign and DHS utilized PSSF funds to contract for the airing of these ads. Some ads are still being run.

DHS continues to contract with an existing 800 line to provide information to callers regarding Safe Haven.

A volunteer has been working with DHS to collect information regarding Safe Haven efforts in other states. Iowa plans to contract for curriculum purchase/development and move to the second phase of the Safe Haven public awareness campaign while continuing to air the ads.

To date, 13 babies have been surrendered under Safe Haven.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance reducing risk of harm to children, including those in foster care and those who receive services in their own homes?

Inconsistent use of the risk reassessment tool and how it relates to ongoing case management case plans is an area that DHS is currently addressing. A task team has been meeting to address effectiveness and the use of the risk reassessment tool. In June 2009, DHS provided a statewide training to DHS 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.

Focus groups held with stakeholders addressing the question of reducing the risk of harm yielded a variety of responses. The stakeholder group for state, DHS and Judicial members, on a scale of one to 10 with ten rating highest, believed the child welfare system rated a 9.7 overall. Breaking down their answer further, the respondents thought policy was good, with frequent staff turnover influencing the quality or ability to follow policy.

Another focus group was composed of service providers, foster families and community partners. This group noted that the state was doing a good job focusing on placing children in the least restrictive placement that meets their needs. The group felt the downside of that was children placed in foster care had more, or multiple, needs and support and training for foster parents had not kept up with this change. Foster parents and providers want to make a difference in children's lives and they don't want to see the child welfare system "setting them (children) up to fail." The group was split on the advisability of placing children who had committed sexual abuse, violent offenders, fire setters and the emotionally disturbed in a family setting due to their high needs for therapy, supervision and the risks they pose to themselves and other children residing in the same home and community.

Permanency

National Composite Measures:

Statistical analysis was completed in the fall of 2007 to determine the relative impacts of the components on the composite measures. Those components with the higher degree of impact were used to set performance standards for Service Areas.

Iowa meets the national standard for Composite 3 and is within .2 points of meeting Composite 2. There is a significant positive trend toward meeting the Composite 1 and 2. In Composites 3 and 4, there is very little variation from year to year in performance. As can be expected, the longer period of time for measurement, results in lower scores in the components and measures that make up the composites.

IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].		
Federal FY 2006ab	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07b08a)
State Score = 87.9	State Score = 112.7	State Score = 114.2

For **Permanency Composite 1 - Timeliness and Permanency of Reunification**: Iowa does not meet the national standard of 122.6. Iowa's score for this measure has improved each year, over the last three years, from 87.9 to 114.2. There are two components to this composite: Component A - Timeliness of Reunification; and Component B - Permanency of Reunification. The measures making up all of the components are found in the ACF data profile.

X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].		
Scaled Scores for this composite incorporate three components.		
Federal FY 2006ab	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07b08a)
State Score = 97.8	State Score = 98.0	State Score = 106.2

For **Permanency Composite 2 - Timeliness of Adoptions**: Iowa does not meet the national standard of 106.4 but is within .2 points of meeting it. There are three components to this composite: Component A - Timeliness of Adoptions of Children Discharged from Foster Care; Component B - Progress Toward Adoption for Children in Foster Care for 17+ Months; and Component C - Progress Toward Adoption of Children who are Legally Free. The measures making up these components are found in the ACF data profile.

XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components		
Federal FY 2006ab	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07b08a)
State Score = 133.5	State Score = 135.0	State Score = 133.4

For **Permanency Composite 3 - Permanency for Children and Youth in Foster Care for Long Periods of Time**: Iowa exceeds the national standard of 121.7 and remains consistently higher than the national standard for the last three years. There are two components to this composite: Component A - Achieving Permanency; and Component B - Growing Up in Foster Care. The measures making up these components are found in the ACF data profile.

XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates no components but three individual measures		
Federal FY 2006ab	Federal FY 2007ab	12-Month Period Ending 03/31/2008 (07b08a)
State Score = 96.5	State Score = 95.3	State Score = 94.1

For **Permanency Composite 4 - Placement Stability**: Iowa does not meet the national standard of 101.5. Iowa’s score has a small trend downward, from 96.5 to 94.1 over the last three years. There are no sub-components to this composite. The measures making up this composite apply to all children in care for at least 8 days, by CFSR definition. The national medians and Iowa scores are found in the ACF data profile.

Areas of improvement in permanency practice since CFSR Round One include:

- Pre-placement conferences and Family Team Meetings are engaging parents in the case planning and decision-making process much earlier and ease the transition of children to foster care. In some areas of the state, pre-placement conferences engage Visiting Nurse Services, 0-3 programs, and Early Access programs. An area of concern remains; FTMs need to be done more regularly with quality adherence to program models.
- Family team meetings are contributing to preventing entry and re-entry into foster care and promoting stability of placements.
- Family interaction is being used as a pathway to permanency and will be a statewide practice by 7/1/09. 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.
http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Family_Interactions/Family_Interactions.html

- Parent Partners program is also important in helping to improve timely reunification to prevent the re-entry of children into foster care.
- The Iowa KidsNet recruitment and retention contract through Four Oaks has expanded and improved recruitment, training, and support to foster homes. Supports such as cultural connections, resource and referral information, training and peer support are provided whenever possible to maintain placements that might disrupt. In addition, foster parents are becoming more involved with reunification efforts. Iowa KidsNet currently offers adoptive families ongoing casework support after finalization of adoption.

Stakeholder Assessment

Judges, County Attorneys, Guardian ad Litem, youth, and foster parents were asked to identify how effective the child welfare system was in each of items identified for permanency as well as to identify any perceived obstacles to effectiveness and existing strengths or best practices to build upon. Judges were surveyed through a focus group; youth, foster parents, attorneys (Guardian ad Litem and county attorneys) were provided a survey to complete. Foster care review boards, CASA, and DHS Field offices were also surveyed.

Multiple entries into foster care: In preventing multiple entries of children into foster care, Judges cited that for the most part the child welfare system was effective in this area. One strength identified for children not having to reenter the system was the implementation of the new safety plan services and family safety, risk, and permanency services (FSRP). Other programs identified as strengths were those that provided support to families after a CINA case closed, i.e. Parent Partners, drug court programs, etc. The County Attorneys surveyed reflect that 47% believe that the child welfare system is usually effective with another 41% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 45% believe that the child welfare system is sometimes effective with another 27% believe that it is usually effective.

Placement stability: In providing placement stability for children in foster care, Judges cited that for the most part the child welfare system is somewhat effective-to-effective in this area. Judges identified that it is an emphasis for them to limit disruption of children once they enter into foster care. Every effort is made by the Department and the Court to limit the number of changes to zero. The county attorneys surveyed reflect that 43% believe that the child welfare system is sometimes effective with another 36% believe that it is usually effective. The Guardian ad Litem surveyed reflects that 36% believe that the child welfare system is not effective, and 27% believe that it is usually effective.

Permanency goals: In determining the appropriate permanency goals for children on a timely basis into foster care, Judges cited that for the most part the child welfare system was effective in this area. The Judges concurred that there is an emphasis from the Department and the Court to identify a permanency goal for a child as soon as it is appropriate and not to defer that decision in an unwarranted fashion. Strict adherence to ASFA requirements was cited as a reason for this. The county attorneys surveyed reflect that 54% believe that the child welfare system is usually effective with another 30% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 40% believe that the child welfare system is not effective, 20% believe it is sometimes effective, 20% believe it is usually effective, and the final 20% believe that it is very effective.

Placement transitions: In helping children in foster care return safely to their families when appropriate, Judges cited that for the most part the child welfare system was effective in this area. One of the strengths is to include a period of transition for the child working up to having the child returned so as not

to set the family up for failure. One concern noted is that the Department has a “cookie cutter” approach by requiring all families to move from supervised to semi supervised to partially unsupervised, to unsupervised to extended time rather than making sure that the parents know up front that a possible consequence of removal is termination of parental rights. The parents also need to know that the Department and the Court are concurrently planning for success and/or failure of the family to achieve reunification. The county attorneys surveyed reflect that 53% believe that the child welfare system is usually effective with another 29% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 64% believe that the child welfare system is sometimes effective with another 27% believe that it is usually effective.

Adoptions: In achieving timely adoption when appropriate for a child, Judges cited that for the most part the child welfare system was effective to very effective in this area. Some Judges hold regular reviews following termination to ensure that the Department is working diligently toward achieving an adoptive home. The county attorneys surveyed reflect that 44% believe that the child welfare system is usually effective with another 26% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 36% believe that the child welfare system is sometimes effective with another 27% believe that it is very effective.

Permanent living arrangements (APPLA): In establishing planned permanent living arrangements for children in foster care and providing services consistent with the goal, Judges cited that for the most part the child welfare system was effective in this area. Court looks at APPLA as a last resort in establishing permanency and believe that the Department does as well. However, when APPLA is the goal, the Judges felt that the Department diligently looked for appropriate placements and then for the most part monitored those placements. Most Judges review APPLA cases at least every six months to determine whether the placements continue to be in the best interest of the child. The county attorneys surveyed reflect that 42% believe that the child welfare system is usually effective with another 33% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 45% believe that the child welfare system is sometimes effective with another 27% believe that it is usually effective.

Court Appointed Special Advocates (CASAs) & Citizen Foster Care Review Board: Members were surveyed and provided the following information in order to identify best practices and obstacles that need to be overcome. The groups also offered recommendations. This group identified that children’s best interests in Iowa are being increasingly met through recent child welfare system changes and other Department of Human Services initiatives that support best practices. These things included:

- Promoting family team meetings
- Increasing assistance to children as they age out of foster care
- Increasing the frequency of DHS worker contacts with their clients
- Supporting community-based prevention services
- Assisting parents receive mental health services for their children
- Developing new practices that promote kinship care for children needing placement
- Involving parents and children with system experience in system planning discussions
- Aligning policies and practices with federal Children and Family Service Review guidelines
- Planning improvements for the care of children with mental health treatment needs

This group also identified that Iowa’s foster family care and family-centered services are now going through early stages of major redesigns that include:

- Foster parent recruitment and support practices
- Providers and provider expectations

- Family service providers, provider contracts and provider expectation
- Service definitions and case management practices
- Protocols for accessing mental health services for system-involved children
- Safety, risk and well-being philosophy to guide case assessments and planning and more.

The progression of these multiple changes are challenging DHS workers, supervisors and administrators, foster parents, contract service providers, court officials, attorneys, families and other interested parties in many ways. Because the changes are still quite new and because anecdotal assessments and case-specific impacts have predictably been both positive and negative, it is difficult to assess the overall progress of the redesign at this time. The inter-relatedness of the redesign's many features also adds to the difficulty of isolating and validating system-wide successes or challenges that may be surfacing at this phase of the redesigns.

Many children in Iowa's child welfare system continue to experience obstacles to reunification or other permanent solutions. Although progress can be noted with efforts to address items listed below, they all continue to surface as obstacles in child welfare cases:

- Parental substance abuse and mental health
- Parents not successfully accessing or benefiting from services
- Large DHS worker caseloads
- Families and children experiencing DHS worker turnover
- Frequent and regular family team meetings are lacking in many cases
- Many children's attorneys/GALs spend too little time in face-to-face meetings with children or in other pre-hearing case preparation activities
- Visits between children in foster care and their parents do not happen frequently enough
- Transportation to and from services and to and from visitations with their children continues to be a problem for many parents
- Adult transition planning for children in foster care starts too late or is otherwise inadequate in many cases
- Keeping siblings affected by abuse and neglect together or in contact continues to be difficult
- Some children experience too many placements or placements that are too lengthy or too far from their parents due to the lack of a placement in the right part of the state with the ability to meet their special needs
- It is often difficult to locate relatives and other suitable adults to serve as permanent guardians for children for whom neither reunification nor adoption are feasible

Children's Advisory Board (CAB)

CAB recommendations include the following:

1. Establish statewide and service area goals and initiatives to reduce worker turnover as well as the number of children and parents who experience multiple changes in their assigned worker.
2. Improve policies that guide how children's services, permanency goals and other features of case plans are transitioned from one worker or service unit to another, including following a termination of parental rights.
3. Ensure that adult transition planning and progress monitoring is underway for all youth 16 years of age or older that are in a DHS supervised placement and that all such plans contain clear and realistic action steps to attain successful adult living skills and conditions.
4. Ensure that youth's transition plans with DHS are developed and implemented in coordination with any special needs education transition plans in place or being developed.

5. Identify and take steps to increase the number of youth accessing Medicaid, living stipend and Iowa Aftercare Services Network supports.
6. Assess and improve the written case plans for ease of understanding by parents and other interested parties and require that case plans include permanency goal target dates.
7. DHS - school coordination: Establish protocols with the Department of Education, local school districts and Area Education Agencies for the sharing of child welfare case planning and school information on attendance, achievement and special needs education plans for all children under DHS custody or supervision. Ensure that such protocols address children's moves between schools and school districts due to foster care placement changes.
8. Elevate – Continue to support the establishment of Elevate chapters throughout the state. (Elevate members include youth currently in foster care and alumni)
9. Parents Partners Program: Expand efforts to establish parent-to-parent supports that assist parents participate in case planning and meet service and reunification goals.
10. Family Team Meetings (FTM):
 - a. Hold a FTM for each child for whom DHS has responsibility as soon as practical, and regularly thereafter until the case is closed.
 - b. If resources are not sufficient for regular family team meetings in all cases, determine case-types most likely to benefit and establish state policies to guide case selection for family team meetings and their frequency.
 - c. Specific and distinguishable goals for family team meetings and case staffing (where DHS staff, providers and other selected parties meet to discuss the case) should be clarified and consistent across the state.

In summary CAB recommended that the state needs to do a better job of providing periodic public reports to document process and result measures, issues of concern and future plans for community care provider services; children's mental health waiver and remedial services; transitioning to adulthood initiatives; resource (foster and adoptive) family program services; safety plan services and family safety, risk, and permanency services; drug testing services; and other major initiatives designed as demonstration projects (i.e. Family finding, overrepresentation of minorities in the child welfare system, other). In regard to some of these needs the state is moving toward performance-based contracts that encourage positive outcomes with children and families.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: How effective is the child welfare system in preventing multiple entries of children into foster care?

A. What does policy and procedure require?

Policy and procedures identify the activities that the Iowa Department of Human Services (DHS) will carry out to ensure that children have a safe and permanent placement.

Timelines for permanency are measured by the distance between the following dates: "Entry into foster care" is defined as the date of a child's removal from the child's normal place of residence and placement in a substitute care setting under the care and placement responsibility of the Department. A child is considered to have entered foster care if the child has been in substitute care for 24 hours or more.

"Discharge from foster care" is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home

visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless:

- The trial home visit is longer than six months, and
- There is no court order extending the trial home visit beyond six months.

In partnership with the family, the department worker shall develop goals and strategies that are measurable and build on client strengths whenever possible. The foundation for developing effective strategies is rooted in a thorough functional assessment. The purposes of strategies are to identify actions that must occur in order to reach the desired goals.

DHS provides or arranges for services to the child to ensure that they will receive all needed services in the areas of:

- Educational services
- Health assessment and medical services
- Mental health services
- Psychological services
- Legal services
- Religious opportunities
- Leisure time activities

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007-Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008– Jan 2009	Feb – April 2008	Data Source
<u>Item 5 – FC re-entries</u>	60%	86% n=185	82% n=196	87% n=183	85% n=196	88% n=195	88% n=240	Case Readings
<u>Re-entries (National Target 8.6% or less)</u>	27.7%	12.4%	12.7%	15.3%	13.1%	11.6%	11.8%	Admin Data

Foster Care re-entries shows the percentage of children in foster care who have been placed in foster care for the first time or who have not re-entered foster care within 12 months of a prior exit from foster care. The data from case readings shows an increase in re-entries during the first quarter of 2008 that quickly reversed in subsequent quarters. Overall the percentage of children who did not re-enter care varied from a low of 82% to a high of 88% over the time period reported. The data from the SACWIS system (Admin Data) shows a similar trend in re-entries except that the spike occurred on quarter later.

C. Where was the child welfare system in Round One of the CFSR?

Item #5 was noted as an Area Needing Improvement – 60% of children had only one placement episode.

Iowa’s foster care re-entry rate was determined to have an overall rating of an Area Needing Improvement during the CFSR on site review. Six of the ten applicable cases rated Strength, but the remaining four cases showed the child had one or more entries into foster care during the period under review. At the time of Iowa’s initial CFSR report the State Data Profile for FY 2001 showed our foster care re-entry rate (within twelve months of a prior foster care episode) was 25% compared to the national standard of 8.6%.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Since round one, there has been an increase in the training provided to DHS staff. There has been an increase in the use of Family team meetings (FTMs). Family team meetings are used to ensure that there is a good support plan when a child is exiting care. FTMs are held prior to the child's return home and help identify community-based resources to connect the family with. FTMs also assist in the development of crisis plans in order to identify responses before crises happen.

The completion of safety assessments is now used at the time a recommendation is made to return the child home. The completion of a thorough family functioning assessment assists in identifying the needs of the parents and what supports and resources are needed to mitigate their needs. Relative placement options are now explored early in the assessment and case planning process.

The implementation of safety plan services and family safety, risk, and permanency services (FSRP) provide for a wider range of supports for children/parents preparing for the child to return home.

Ongoing data analysis of re-entry cases assists to identify possible reasons behind the re-entry.

The service areas have identified staff to be "methamphetamine specialists" who assist in identifying and developing recommended practices related to parental substance abuse and treatment. Re-entry is often related to parental drug relapse.

PSSF Family Reunification

Service Areas continue to contract for and provide support services to families who have had a child in placement within the past 15 months in order to prevent re-entry into the system and to assure that children have a safe and permanent home. These include:

- Individual, group, and family counseling.
- Inpatient, residential or outpatient substance abuse treatment services.
- Mental health services.
- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Transportation to or from any of the services and activities described above.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance?

Substance abuse by parents and mental health issues continue to be viewed as a significant barrier. Lack of available funding for mental health treatment and the need for more mental health providers is a concern. Poverty and limited financial assistance are also factors.

There is the need for relapse planning and safety planning to help ensure that there is a back up plan. Attempts to do timely reunification can result in re-entry if parental changes have not been sustained for a reasonable amount of time.

Item 6: How effective is the child welfare system in providing placement stability for children in foster care (that is, minimizing placement changes)?

A. What does policy and procedure require?

Policy and procedures address placement stability in at least three areas: permanency planning, adoption services, and foster care services. In terms of permanency planning, DHS is required to consider the child’s best interests in assessing placement options for that child.

DHS provides a variety of placement types to meet the child’s needs.

Procedures detail the information to be provided to the child, the child’s family, and the placement provider in preparing for placements and require that the worker provide services to the child and foster parent to help maintain the child’s placement.

Adoption Services:

Policy and procedures support stability in adoptive placements by providing adoption subsidies for eligible children. DHS added post-adoption support to the Resource Family Recruitment and Retention contract. IFAPA also provides support s to adoptive parents, including training and support groups.

Foster Care Services:

Policy and procedures spell out requirements for foster parents and relative placement and further supports placement stability by monitoring and supporting licensed foster homes including conducting home visits and clarifying the roles of the foster parent.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007- Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008- Jan 2009	Feb – April 2009	Data Source
<u>Item 6 Stability</u>	82%	89% n=406	91% n=418	92% n=409	93% n=444	93% n=437	93% n=523	Case Readings
<u>Stability (National Target 86.7% or more)</u>	82%	85.8%	86.2% (Revised 9/08)	87.2% (Revised 9/08)	89%	88.7%	89.4%	Admin Data

The case reading data indicates that for the most part children are not being moved or when changes in placement occur the change is planned for and is related to meeting the needs of the child. The percentage of children who have had no moves or a planned move has remained relatively steady over the last year with only minor fluctuations and a trend toward improvement over time. The overall range was from 89 to 93 percent. The data from the SACWIS system (Admin Data) shows more fluctuation and with no clear trend. The lower percentages in the admin data are to be expected because the admin data counts changes in placement and lack the quality component that is part of the case reading data.

C. Where was the child welfare system in Round One of the CFSR?

Item #6 was noted as an Area Needing Improvement – 82% had fewer than two placements

The overall rating for item 6 was determined to be an Area Needing Improvement. The State Data Profile for FY 2001 showed 88.8% of children experienced no more than 2 placements in their first twelve months in foster care, which met the national standard of 86.7%. Of the 28 applicable foster care cases reviewed it was determined 18% of the children experienced multiple placements changes that did not achieve the child's permanency goal or meet the child's service needs.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

There has been an increased use of relative placements, family team meetings, and father involvement. There is now the referral process for Remedial Service Provider (RSP) Services when indicated so that the child's behavior needs can be met, including support to foster parents on how to deal with the child's behavior. There has been an increased effort to place siblings together.

The Iowa KidsNet recruitment and retention contract through Four Oaks has expanded and improved recruitment, training, and support to foster homes. Supports such as cultural connections, resource and referral information, training and peer support are provided whenever possible to maintain placements that might disrupt. In addition, foster parents are becoming more involved with reunification efforts.

Iowa KidsNet currently offers adoptive families ongoing casework support after finalization of adoption.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance?

While DHS continues to make gains in matching children to families and foster parents who can best meet their needs, there are instances when the placement is disrupted. Families or foster parents may not have the skill level needed to manage children with difficult behavior problems and therefore may request to have the children removed. The proximity of the children placed in foster care becomes an issue for transportation if there is a large distance between the foster care placement and the birth family's home.

For children placed in relative care adequate supports must be put in place to assist the family with addressing any behavioral problems.

The services provided through Iowa KidsNet provide support to resource families while family safety, risk, and permanency services provide support to the child to ensure permanency and well-being. It is essential that there be coordination between these two services and that the clarity of purpose is assured.

There are concerns regarding the lack of foster homes that can accept siblings placed together and inadequate community resources to assist foster parents with parenting challenging children.

Item 7: How effective is the child welfare system in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

A. What does policy and procedure require?

Permanency for a child means that the child has a safe, stable, custodial environment in which to grow up, and have a life long relationship with a nurturing caregiver.

State statutes stress the necessity for state child welfare agencies to make reasonable efforts to eliminate the need for removal of children from their homes, reunify children with their families after out of home placement, and arrange and finalize a new permanent home for a child when reunification is no longer a possibility.

Permanency options, ranked from the most permanent to the least permanent, are:

- Children remain safely with their parents.
- Children are reunified safely with their parents or relatives.
- Children are safely adopted by relatives or other families.
- Children are safely placed with relatives or others as legal guardians.
- Children are safely placed in another planned alternative permanent living arrangement (APPLA).

The child's age and relationship with parents, child and parent's capacity and needs, and the severity and duration of founded abuse/neglect should be considered in selecting the appropriate permanency goal.

The Department shall establish in the case plan a permanency goal for every child receiving services. The Department shall establish steps and clear time frames for achieving reunification or proceeding with an alternative permanent placement.

Policy requires that staff establish an appropriate permanency goal that matches the child's need for permanency and circumstances of the case. An appropriate permanency goal must be established for the child and specified in the case plan within 60 days of the child's placement into foster care. Two concurrent permanency goals may be established and identified in the case plan.

The permanency goal is to be selected from the following:

- Remain in the home
- Return child to the home
- Transfer custody to the other parent
- Adoption
- Transfer custody or guardianship to relative
- Transfer custody and guardianship to suitable person
- Another planned permanent living arrangement (APPLA)

The permanency goal should be reviewed for appropriateness at least every six months at the time of the case review.

Timelines for permanency are established through the judicial review process in accordance with applicable state and federal statutes. [See case review systemic factor]

Concurrent planning is required to expedite permanency for a child in placement when the assessment indicates that there is a poor prognosis for the child’s return home within the first six months of placement.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
<u>Item 7</u> Permanency goal	75%	82% n=417	76% n=426	80% n=419	85% n=447	85% n=435	85% n=532	Case Readings

The data from case readings reflects an increase in our attention to case planning. There was a drop in the establishment of timely and appropriate case goals during the February to April 2008 quarter; however, there was a quick recovery during the next quarter. The data shows a leveling off during the last 3 reporting periods.

C. Where was the child welfare system in Round One of the CFSR?

Item #7 was noted as an Area Needing Improvement – 75% had appropriate permanency goals and were determined timely

At the time of the onsite review 75% of the cases were rated a strength as reviewers determined that the child’s permanency goal was appropriate and had been established timely. The overall rating assigned was Area Needing Improvement based on the determination the 25% of the cases reviewed had not established an appropriate permanency goal for the child in a timely manner.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Concurrent planning and the increased use of family team meetings (FTMs) is effective to ensure that all subjects involved with the family are present when permanency discussions occur. FTMs are now completed at the beginning of virtually all cases, not just the younger children or those children in placement. In some areas, Judges have started tracking more closely on permanency time frames.

Family safety, risk, and permanency services address permanency for children.

Family interaction is being implemented statewide by 7/1/09 as a pathway to permanency.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

Family team meetings provide an effective vehicle to explore permanency options with the family and consider the family’s formal and informal support system necessary to provide for the safety and well being of the child in the home or upon return to the home from out of home placement. Resources and staff time can be barriers to having more family team meetings on a periodic, consistent basis throughout the life of the case.

The permanency decision must be made in the context of the child’s family. Permanency planning and permanency options need to be individualized for each family.

Parental usage of methamphetamine causes difficulty and delays in the process. Another barrier is the parent's ability to sustain change.

A focused review of cases where there was an APPLA goal was conducted in October, 2008 and found that:

- APPLA has been utilized for very young children [under the age of 12];
- Compelling reason documentation did not justify APPLA as the goal
- APPLA is the default goal for children at the time of the permanency hearing who do not have established realistic concurrent plans.

Inappropriate APPLA use was confirmed during the eight IA-CFSR reviews, and found to impact Item 7 most. Also of concern is the rise in both the number of children with APPLA as a permanency goal as well as the length of time to discharge. The number of children has increased from 359 in FFY 2004. Service areas, in response are requiring social work administrator review of all APPLA and prior approval for its use.

Item 8: How effective is the agency in helping children in foster care return safely to their families when appropriate?

A. What does policy and procedure require?

Concerted efforts must be made to reunify the child safely with the parents or primary caregiver. Reunification must occur at the earliest possible time or within 12 months of the child entering foster care. A goal of "reunification" is defined as a plan for the child to be discharged from foster care to his or her parents or primary caretaker. Justification for the delay in permanency beyond 12 months must be documented in the case plan. If reunification is not appropriate, concerted efforts must be made to permanently place the child with a guardian or relative at the earliest possible time or within 12 months of the child entering foster care.

A goal of "guardianship" is defined as a plan for the child to be discharged from foster care to a legally established custody arrangement that is intended to be permanent.

A goal of "permanent placement with relatives" is defined as a plan for the child to be discharged from foster care to a permanent care of a relative other than the one from whose home the child was removed.

Policy and procedures address returning the children home through reunification, guardianship, or relative placement.

The Department is required to make reasonable efforts to prevent the removal of a child from his/her home and to return the child home as long as the child's safety is assured.

A permanency hearing is required for each child within 6 months of the initial review or 12 months of the child's entry into custody. At this hearing, a determination is made as to whether the child should return home or establish a new permanency plan.

B. What does the data show?

Iowa Title IV-B Child and Family Services Plan

Outcome	Baseline (2003 Federal Review)	Nov 2007- Jan 2008	Feb - April 2008	May - July 2008	Aug - Oct 2008	Nov 2008 - Jan 2009	Feb - April 2009	Data Source
Item 8 Reunification, Guardianship, or Permanent Placement with Relatives	90+%	90% n=269	87% n=281	91% n=278	96% n=307	94% n=267	96% n=354	Case Readings
Reunification (National Target 76.2% or more)	76.2%	55.3%	59.9%	57.1%	58.6%	58%	61.2%	Admin Data

From a quality perspective the case reading data shows a continued improvement in the achievement of permanency goals for children in foster care. In the last quarter 96 percent of the cases examined show that the permanency goal was achieved within 12 months or the delay was due to circumstances beyond the control of the department or the courts. The admin data indicates that there is a continuing struggle to increase the rate of reunification within 12 months of removal, although the data suggests there has been slow but steady progress in increasing the rate of reunification.

C. Where was the child welfare system in Round One of the CFSR?

Item #8 was noted as an *Area of Strength* – 92% of children were reunified with family

Of the 28 foster care cases reviewed 12 of them were applicable to this item. Item 8 was assigned an overall rating of Strength as reviewers determined the goal of reunification was achieved in a timely manner or the agency was making diligent efforts to achieve the goal.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

There has been an increased use of family team meetings, completion of the safety assessment, use of flexible and creative funding through family safety, risk, and permanency services (FSRP). The implementation of the Safety Construct language has provided consistency across the child welfare system in communicating with one another. FSRP services allow for more flexibility in service delivery. Workers are completing more thorough family functional assessments to identify the needs of parents and then identifying appropriate services/resources available to mitigate those needs. The focus on establishing behavioral indicators that need to be addressed has been improved through training. FSRP services are a performance-based contract that provides contractors incentive to reunify children home, as this is one of the performance measures contractors strive toward.

There has been joint training for DHS Staff as well as provider staff around distinguishing between “safety” and “risk”. This increased training has been extremely valuable in improving case practice and performance.

PSSF Family Reunification

Service Areas continue to contract for and provide support services to families who have had a child in placement within the past 15 months in order to prevent re-entry into the system and to assure that children have a safe and permanent home. These include:

- Individual, group, and family counseling.
- Inpatient, residential or outpatient substance abuse treatment services.
- Mental health services.

- Assistance to address domestic violence.
- Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries.
- Transportation to or from any of the services and activities described above.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

The complexity of cases involving parental substance abuse and mental health issues can create barriers that are at times difficult to address.

Item 9: How effective is the agency in achieving timely adoption when that is appropriate for a child?

A. What does policy and procedure require?

When a child has been in foster care 15 of 22 months concerted efforts must be made to achieve the goal of adoption at the earliest possible time or within 24 months of the child’s entry into foster care. In order to meet this time limit, concurrent planning is necessary in most cases.

Policy states that that the child’s case should be transferred to an adoption worker within 45 days of termination of parental rights (TPR); however; evidence-based practice demonstrates that the adoption worker needs to be involved earlier. This allows the adoption worker to establish a relationship and support the child during this time of change. In one service area, adoption workers are assigned at the 30-day post placement permanency staffing.

When the child is placed in an adoptive home, the Department is to visit the adoptive family’s home as often as needed, and at a minimum: one visit no later than 30 days after placement; one visit no later than 90 days after placement and one final visit before the consent to adopt is issued.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
<u>Item 9</u> Timely adoption	55%	82% n=95	80% n=100	85% n=103	84% n=111	76% n=113	82% n=120	Case Readings
<u>Adoption</u> (National Target 32% or more)	55%	55%	58.2%	50.7%	53.4%	55.7%	56%	Admin Data

The qualitative data indicates a continuing fluctuation in the appropriate and timely achievement of adoption for children in foster care. The rates varied from a low of 76% to a high of 85% over the last 5 quarters, however, it continues to be well above the baseline that was established in 2003. The administrative data indicates a similar pattern for the achievement of adoption within 24 months of entry.

Iowa Title IV-B Child and Family Services Plan

The data ranged for a low of approximately 51% to a high of 58%. It continues to stay close to the baseline that was established in 2003 and still well above the national target of 32%

CWIS Data on Adoptions

Pre-Subsidy and Subsidy Cases	As of 06/13/2007 DHS had the following counts: Pre-subsidy clients: 304 Subsidy clients: 7,955
	As of 06/05/2008 DHS had the following counts: Pre-subsidy clients: 194 Subsidy clients: 8,574
	As of 4/09/2009 DHS had the following counts: Pre-subsidy clients: 213 Subsidy clients: 8,802

Children Severed and Characteristics

As of 04/09/2009 Children in care with TPR awaiting adoption	482	
The counts below are based on adoptions finalized in Calendar Year 2008		
Number of finalized adoptions	928	
Gender	Female 465	Male 463
Race	Black Or African American	189
	American Indian Or Alaskan Native	16
	Native Hawaiian Or Other Pacific Islander	4
	Asian	18
	White	656
	Unable to Determine	86
Ethnicity	Hispanic or Latino	50
	Unable to determine	113
	Not Hispanic or Latino	697
Age	0-5	553
	6-11	292
	12-15	70
	16-18	13

C. Where was the child welfare system in Round One of the CFRS?

Item #9 was noted as an Area Needing Improvement – 55% of all adoptions were achieved within 24 months

The onsite review showed of the 11 applicable cases, 6 rated a Strength and 5 rated as an Area Needing Improvement. Although data from the State Data Profile indicated the State's percentage of finalized adoptions occurring within 24 months of removal from home was 49%, which exceeded the national standard of 32.0 percent or more. Based on the two measures the overall rating for Item 9 was an Area Needing Improvement.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Concurrent planning at entry to out of home placement helps to ensure that the correct home is located early on. At the concurrent planning meeting, the identification of all necessary documents/issues are resolved early in the case.

There is the use of adoption checklists and improved upfront performance around relative searches. There has been an increase and earlier contact with Tribes and the Mexican Consulate.

The consistent focus on timely adoptions by DHS administrative and judges has contributed to our improved performance – cases are far more likely to get adoption finalized in a timely manner when multiple eyes and hands are on the case. An increase in the use of relative placements has streamlined the adoption process.

Service array throughout the life of a case offers a sense of consistency for the child. Utilization of the guardianship list to track benchmarks and barriers to achieving goals and the use of the adoption worker to provide technical assistance to workers around adoption throughout the life of the case.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance?

Court delays can affect timely adoptions and it is difficult to show reasonable efforts when some parents are incarcerated. The appeal process can also delay timeliness as well as schedules for hearings.

Item 10: How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

A. What does policy and procedure require?

Another planned permanent living arrangement (APPLA) means that the child, even though remaining in foster care, is in a "permanent" living arrangement with a foster parent or relative caregiver and that there is commitment on the part of all parties involved that the child remain in that placement until the child reaches the age of majority. The APPLA goal refers to a situation in which the Department maintains care and placement responsibilities for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood, such as with:

- Foster parents who have made a commitment to care for the child permanently,
- Relative caregivers who have made a commitment to care for the child permanently, or
- A long-term facility (for example: for a child with developmental disabilities who requests long term residential care services).

The Long Term Placement Agreement form 470-4540 can be found in the manual appendix: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/17-app.pdf
 DHS is also required to document efforts to ensure that a child who does not have a goal of adoption, reunification, or guardianship has long-term stability until the child reaches adulthood.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 10 APPLA	80%	90% n=133	95% n=109	88% n=91	97% n=86	96% n=92	96% n=110	Case Readings

The qualitative data from case readings shows a continued performance above the baseline. The percentage of cases where APPLA is rated as a strength varied from a low of 88% to a high of 97% with the most recent review periods showing a marked increase.

Although case reading data indicated that the APPLA goal was a strength, the decision was made to conduct a focused review. A review of cases where there was an APPLA goal was conducted in 2008 and found that:

- APPLA has been utilized for very young children [under the age of 12];
- Compelling reason documentation does not justify denying a child permanence, and
- APPLA is the default goal for children at the time of the permanency hearing who do not have established realistic concurrent plans.

In response Service Areas require Social Work Administrators to review of all existing APPLA cases and require prior approval for it’s use.

C. Where was the child welfare system in Round One of the CFSR?

Item #10 was noted as an Area Needing Improvement – 80% of APPLA goals were appropriately established

In the onsite review five of the foster care cases were applicable to Item 10. In reviewing those cases 4 rated as Strength and 1 rated as an Area Needing Improvement. The overall rating for Item 10 was an Area Needing Improvement.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Social workers are better informed regarding the importance and expectation regarding moving toward a planned permanent living arrangement for each child. Children are able to reenter into foster care after the age of 18 years if certain criteria are met. The use of guardianship as well as an emphasis on the use of relative placement has improved permanency for children with a goal of APPLA.

- Aftercare Network. In April 2002, DHS used Chafee funds to develop the Aftercare Network, which includes 11 agencies around the state that provide case management for youth that have “aged out” of foster care. The Aftercare Network provides case management, emergency

financial assistance, self-sufficiency advocates, support for employment, crisis intervention, and the PAL monthly stipend.

- Elevate. As noted above, Elevate began in 2005 as the result of a small grant to develop a DVD aimed at recruitment of adoptive families for teens. It has spread rapidly to become a statewide organization with 8 chapters. Elevate has impacted the child welfare system in a number of ways including; passage of legislation directing DHS to place siblings together whenever possible, to ensure adequate sibling visits when siblings are placed separately, and court inclusion of youth in hearings so they can have input into the decisions that are made about their lives. DHS now includes Elevate youth in new worker training and Iowa KidsNet includes them in pre-service foster and adoptive parent training.
- PAL/MIYA. The Legislature passed these programs in 2006 after extensive advocacy by DHS and Elevate. The PAL monthly stipend, plus case management services through the Aftercare Network is enabling youth to make a more successful transition to young adulthood.
- The Legislature created the All Iowa Opportunity Foster Care grant program in July 2007. A state Senator along with Elevate and youth advocates worked together to develop the grant opportunity.
- As a result of the positive work in Iowa related to transition, funding provided to DHS was used to expand the Jim Casey Youth Opportunity Initiative to other sites. DHS has also incorporated “Dream Teams”, a youth version of the family team meeting, into casework. As a result of DHS work in this area and with support from the Iowa Collaboration for Youth Development and Workforce Development funding from the Department of Labor has been used to further expand this work into two other sites. (Dubuque and Storm Lake)
- As a result of the collaborating work and participation of the Iowa Collaboration for Youth Development, DHS was recently awarded a Rural Homeless Youth grant. This will enable DHS to add three transitional living providers in rural communities to better meet the needs of transitioning youth in these areas. The project will involve a one-year planning phase followed by a 4-year demonstration project in one rural community.

The following activities have been initiated and continue to improve the likelihood that youth will successfully transition to adulthood:

- Continued initiatives to strengthen Elevate Youth Council – additional Chapter added in Dubuque and Mapleton, Iowa.
- Initiated the annual Youth to Adulthood Day through the elevate youth council, which honors youth in care and alumni through community awareness efforts. The following activities were designed to provide support, make connections, and raise awareness.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

There are issues with the availability of funding for older youth. There is a lack of sufficient support in the smaller, rural communities.

State law limits access to PAL and the All Iowa Opportunity Foster Care grant program to children in foster care at age 18. This has been a disincentive to adoption and guardianship for older youth.

DHS helps pay for the establishment of guardianship through the payment of legal fees, etc. Guardianship subsidy can be offered in situations where children are eligible. It is believed that we would be able to serve more children through guardianship if the pool of children eligible were expanded.

Challenges continue around the establishment of planned permanent living arrangement as an appropriate plan.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Stakeholder Assessment

Limitations exist regarding the availability of quality assurance data and other information. Placement and distances are major factors in the ability to preserve connections. Also, some foster parents are unwilling or unable to transport youth placed in their home; some have space issues limiting siblings being placed together, and some are reluctant to work with or have contact with birth parents/families. Most children need a wide array of services and this presents challenges to foster parents to manage complicated time and transportation schedules. The incarceration of a parent impacts the ability to preserve connections.

Strengths included practice documents that are shared on an ongoing basis related to the importance of such practices as preserving connections, father's involvement to children, relative placements, and the importance of siblings to each other. Protocols around parent and child visits have been established. Staff are trained to identify family strengths and needs during visits. A staff increase has allowed for increased visitation with children and parents and additional supervisory staff has provided greater clinical guidance and support for direct line staff. In all counties, increased case readings by supervisors provides greater oversight to assure that quality case management occurs in many performance areas.

Focus Group/Survey Results

Judges, County Attorneys, Guardian ad Litem, Youth, and Foster Parents were asked to identify how effective the child welfare system was in each of the items identified for permanency as well as to identify any perceived obstacles to effectiveness and existing strengths or best practices to build upon. Judges were surveyed through a focus group; youth, foster parents, Attorneys (Guardian ad Litem and County Attorneys) were provided a survey to complete. In addition, Foster Care Review Boards, CASA, and DHS field offices were also surveyed.

Proximity of placement: In placing foster children close to their birth parents or their own communities, Judges cited that for the most part the child welfare system was somewhat effective-to-very effective in this area. Judges identified that the Department attempts, within budgetary constraints, to continue the child's relationships with birth parents and communities. A problem that was identified involved children who had to change schools when placed in foster care. Most Judges indicated that they attempt to avoid this if at all possible. For children who may return home, there are some budgetary concerns regarding parents not having the funds to buy gas or obtain a valid driver's license. This was seen as an obstacle to continuing the child's relationships with birth parents. The County Attorneys surveyed reflect that 44% believe that the child welfare system is usually effective with another 28% believing that it is sometimes effective. The Guardian ad Litem survey reflected that 36% believe that the child welfare system is rarely effective, while 27% believed that it is usually effective. Of the youth surveyed, 44.7% believe that the child welfare system was very effective in placing them closer to their birth parents and/or community with another 18.4% believing it is sometimes effective.

Sibling Placements: In keeping brothers and sisters together in foster care, Judges cited that for the most part the child welfare system was effective in this area. Most Judges commented that they emphasize to the Department the importance of keeping children with their siblings if possible. Judges indicated that the Department does make good efforts to do this, but some sibling groups are too large to be

accommodated by one foster home. The Department and the Court make diligent efforts to have the siblings visited regularly with one another. One comment from a Judge was that he was in attendance at a conference where there was a presentation by Elevate youth that brought home the importance of, keeping siblings together or if this is not possible and encouraging a Court Order for sibling visitation. Another comment from the Judges was that the recent legislative changes have made it easier to do this. The County Attorneys surveyed reflected that 45% believe that the child welfare system is usually effective, with another 31% believe that it is sometimes effective. The Guardian ad Litem surveyed reflected that 27% believe that the child welfare system is not effective, 27% believe that it is sometimes effective with another 27% believe that it is usually effective. Of the youth surveyed, 38.9% believe that the child welfare system was very effective in placing them and their siblings together but another 36.1% believe it was not effective.

Visitation: In planning and facilitating visitation between children in foster care and their parents and siblings placed separately, Judges cited that for the most part the child welfare system was effective to very effective in this area. The Judges commented that the Department and the Court worked to ensure that visitation occurs unless there were some safety reasons not to permit it. Again, the legislative changes have made it easier to work on this issue without much impetus from the Court. The County Attorneys surveyed reflect that 44% believe that the child welfare system is usually effective while another 37% believe that it is sometimes effective. The Guardian ad Litem surveyed reflects that 55% believe that the child welfare system is sometimes effective, while another 27% believe that it is not effective. Of the youth surveyed, 33.3% believe that the child welfare system is usually effective in arranging visits between them and their parents and another 25% believe that it is very effective. Of the youth surveyed, 32.3% believe that the child welfare system is not effective in arranging visits between them and their separated siblings but another 29% believe that it is usually effective and another 29% believe it is very effective.

Preserving Connections: In preserving important connections for children in foster care, Judges cited that for the most part the child welfare system was effective to very effective in this area. However, there were also a few comments that identified this as an area that was ineffective. There are sometimes issues with children attending the same church or even the same denomination of church, as they were when they were at home or attending church with foster parents when they didn't attend at home. Some Judges were uncomfortable with addressing this issue and felt that those decisions should be left to the parent and foster parent to work out through the Department. There were concerns about whether connections were maintained with friends and extended family and the consensus of the Judges was that those efforts were probably lacking in some way, but there wasn't enough information to form a solid opinion one way or another. The County Attorneys surveyed reflect that 42% believe that the child welfare system is sometimes effective with another 25% believe that it is usually effective. The Guardian ad Litem surveyed reflect that 36% believe that the child welfare system is not effective, while another 36% believe that it is sometimes effective. Of the youth surveyed, the following identifies how effective they believed the child welfare system is in preserving important connections to:

Neighborhood – 27.8% not effective, 22.2 % rarely effective, 22.2% very effective

Community – 27.0% not effective, 27% very effective

Faith/Church – 38.9% very effective, 25.0% usually effective

Friends – 42.5% very effective, 17.5% not effective

School – 44.7% very effective, 21.1% usually effective

Tribe – 35.3% very effective, 29.4% not effective

Identifying relatives: In identifying relatives who could care for children entering into care as placement resources, Judges cited that for the most part the child welfare system was very effective in this area. The consensus of the Judges was that the Department works diligently to find kinship placements for children

when appropriate. The County Attorneys surveyed reflect that 40% believe that the child welfare system is usually effective with another 33% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 33% believe that the child welfare system is sometimes effective with another 33% believe that it is usually effective. Of the youth surveyed, 44.1% believe that the child welfare system is not effective in finding relatives/guardians as placement options, but 17.6% believe it is very effective. There was another 17.6% that believe the child welfare system is sometimes effective in this area.

Parent-child relationship: In promoting or helping maintain the parent-child relationship for children in foster care when appropriate to do so, Judges cited that for the most part the child welfare system was somewhat effective in this area. It was commented that the Department and the Court are good at “promoting” an ongoing relationship when it is in the child’s best interest; however, transportation sometimes becomes an obstacle in this area. The key issue here is the “appropriate to do so”. All Judges surveyed concurred that this is an ideal goal to maintain the relationship, but often after permanency is established through guardianship for example, the Court and the Department are no longer involved with the family. So, although the Court and the Department promoted an ongoing relationship between birth parents and their children, it is up to the caregivers of the child on how and to what extent these relationships are maintained. Post termination raises other issues and is again generally left up to the parties to devise a plan to implement the goal that may have been established by the Department or the Court. The County Attorneys surveyed reflect that 51% believe that the child welfare system is usually effective with another 26% believe that it is sometimes effective. The Guardian ad Litem surveyed reflect that 64% believe that the child welfare system is usually effective with another 27% believe that it is sometimes effective. Of the youth surveyed, 32.5% believe that the child welfare system is very effective in keeping their biological family involved and connected in their life and another 27.5% believe it is usually effective.

Court Appointed Special Advocates (CASAs) & Citizen Foster Care Review Board. Members were surveyed and provided the following recommendations:

Parent Visitation: Direct child welfare funding, statewide policies, service area practices and service provider contract provisions to impact the number, frequency and quality of parents’ visits with their children in placement in every case for which reunification is the goal.

Sibling Visitation: Continue to expand efforts that maintain regular visits and other positive connections among siblings whenever one or more of them are removed from their parents’ home.

Placement with Relatives and Guardians:

- Continue efforts to more actively seek and support relatives and other connected adults willing and able to care for children who are removed from their parents’ home and placed under DHS custody or supervision.
- Establish policies to guide the seeking, approval, support and ongoing monitoring of DHS supervised child placements in the homes of persons not licensed as foster parents.
- Continue efforts to educate the general public and system partners about the need for permanent guardians for some children and about the existence of Iowa’s subsidized guardianship program. Provide updates about the subsidized guardianship waiver demonstration program at regular intervals to show utilization and projections for long-range fiscal impacts.

As it relates to parental substance abuse and mental health, with the Judicial Branch and the Iowa Department of Public Health, continue to support the new *Parents and Children Together: A Drug Court Initiative* and the *In-Depth Technical Assistance Project with the National Center on Substance Abuse and Child Welfare*; through these initiatives, promote the development of new coordinated case planning, treatment delivery, service funding and case monitoring approaches that connect the child welfare and the

substance abuse service systems. Assess the extent to which parents' compliance with court-ordered reunification plans is hindered by their inability to pay for medication prescribed for a mental health condition they have been court-ordered to have treated. Ensure that all possible steps are being taken to assist parents access to needed medications when they have children in placement or at risk of placement.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

A. What does policy and procedure require?

Policy and procedure requires that children be placed in close proximity to their homes. When a child with a plan of reunification is not placed close to the child's home because of special needs, the worker must document why the placement is superior to other placements and facilitate visits.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 11 Proximity of placement	95%	91% n=309	91% n=316	94% n=288	98% n=321	95% n=323	96% n=387	Case Readings

In the past year Iowa case reading data show that the state has varied from 92% to 95% and for the past quarter is at 96%.

C. Where was the child welfare system in Round One of the CFSR?

Item #11 was noted as an area of Strength – 95%

Item 11 was assigned an overall rating of Strength based on results from the on site review. Of the foster care cases reviewed, 20 were applicable to Item 11. Through the review of the 20 applicable cases reviewers determined 95% of the cases rated a Strength based on the foster care placements that were made in close proximity to their parents, relatives, or were necessary to meet special needs.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

PS MAPP supports linkages between foster and birth parents. Workers are more cognizant of locations when making placement arrangements for children as part of concurrent planning.

There is a better understanding by staff of the importance and expectations of placing children in close proximity to their families and communities.

Efforts have expanded in terms of searching for relatives and the overall concept of preserving connections has received a lot of attention since Round One.

DHS added a performance measure related to placement proximity to the contract for recruitment and retention of resource families. DHS also published a practice bulletin on placement proximity and supervisors reviewed this with all caseworkers.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance?

It is often a challenge to balance proximity of placement with the consideration for placing siblings together and relative placement. The availability of foster families does not always align with where DHS most need placements. There are some areas that have very few or no foster homes for the placement of children. In other areas, there are more children that need placement in foster care than foster homes available, which makes it more difficult in placing the child close to their parent, home community, and school. Transportation becomes a barrier if the child is not placed in close proximity of their birth family.

Group care use continues to be high in some areas of the state, which often leads to moving away from the home community. If youth need a higher level of care, there are often no services in close proximity.

Item 12: How effective is the agency in keeping brothers and sisters together in foster care?

A. What does policy and procedure require?

Policy and procedure require that DHS place children with siblings so that an appropriate relationship with their siblings can be developed or maintained. When members of a sibling group are placed separately, the worker must document efforts to place them together and reasons they are placed separately. The worker must also document how contact between the siblings will be accomplished.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb –April 2009	Data Source
<u>Item 12</u> Placement with siblings	88%	91% n=255	90% n=241	94% n=228	96% n=276	93% n=273	98% n=332	Case Readings

The Iowa baseline is 88% and all service areas regularly exceed this mark. The most recent quarter of case reading data shows the state at 93% with two areas achieving 100%. Although resources for large sibling groups continue to be a problem, there has been an emphasis on keeping siblings together.

C. Where was the child welfare system in Round One of the CFSR?

Item #13 was noted as a Strength – 88%

This item received an overall rating of Strength based on the information obtained from the onsite review. Of the foster care cases reviewed 88% of the applicable cases rated as Strength. The reviewers determined that DHS makes diligent efforts to place siblings together in foster care whenever possible.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Staff are better informed regarding the importance and expectation of placing siblings together in foster homes and are more attentive to this from the moment a placement need is identified.

With the increased use of relative placements, IFPA is providing training to DHS staff that highlights the importance of sibling being placed together. The use of relative placements increases the likelihood that siblings remain together. Family Team Meetings focus on connecting siblings if they have not been placed together.

In 2007 legislation provided for siblings to be placed together and connections to be maintained when they are not placed in the same foster care placement. Documentation is required as to why siblings cannot be placed together and why sibling visitation is not possible, and the court is required to review the decision. DHS included foster homes for siblings as a target population in the recruitment and retention contract.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system's overall performance?

There is a need for more foster homes. There are a limited number of homes that are able to take large sibling groups.

Item 13: How effective is the child welfare system in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

A. What does policy and procedure require?

Policy and procedure requires DHS to arrange for visitation between the child and the child's parents and between the child and the child's siblings, based upon the child's safety and best interests. A visitation plan must be created and document when and where visits will take place.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 13 Visiting with parents and siblings in foster care	85%	76% n=341	81% n=347	80% n=350	83% n=366	87% n=350	89% n=415	Case Readings

The data from case readings shows that efforts to promote visitation for child in out of home care had begun to drop below the baseline, however, there is a significant improvement in the more recent quarters. The upward trend is most likely reflecting the best practice efforts that are noted on the section on practice changes below.

C. Where was the child welfare system in Round One of the CFSR?

Item #13 was noted as a Strength – 85%

The results of the on site review rated Item 13 to be Strength. Of the 20 applicable cases the reviewers determined that DHS ensured visitation occurred between the foster child and parents and siblings at a sufficient frequency to meet the needs of the foster child in 85% of the cases.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

The early implementation of family team meetings as well as the planning at the time of removal is important factors in facilitating this process. Family team meetings explore informal supports and family members who would be able to assist with the facilitation of visitation and in the development of a plan. Staff are better informed on the importance of visitation between children and their siblings as well as children with their parents.

The implementation of Family Safety, Risk, and Permanency Services has expanded the capacity for ensuring visits occur. Relative placements help increase the likelihood and frequency of visits between parents and their children.

Diligent efforts are being made regarding parent and sibling visitation, to include involvement with incarcerated parents and special attention made to ensure father involvement/participation. Efforts are being made to ensure that visitation is progressive and expanded to locations that accommodate the family. DHS has published practice bulletins related to parent-child visits/interaction and specific to the importance of engaging fathers.

DHS and the Safety Plan/FSRP contractors formed a joint workgroup chaired by DHS and Mid-Iowa Family Therapy to oversee implementation of the Family Interaction guidelines for parent child interaction when children are in foster care. The guidelines are based on Norma Ginther’s work. Family interaction is designed to do a number of things, including: making contacts between parents and their

children who are placed out of home more meaningful; strengthening the relationships between parents and their children in care; and moving more quickly to permanency for children.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

Transportation and travel time involved with visitation are barriers. Incarcerated parents pose a challenge in that few institutions allow physical contact and visiting hours, etc.

Item 14: How effective is the child welfare system in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

A. What does policy and procedure require?

Policy and procedure requires that children be placed in close proximity to their homes, that relationships with siblings are encouraged and maintained, that ICWA placement preferences are followed, that the agency appropriately identified Indian children and notifying the tribe, and that efforts be made to maintain important connections for children.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 14 Preserving Connections	79%	90% n=397	91% n=400	93% n=396	95% n=430	93% n=416	96% n=513	Case Readings

The case reading data indicates a continued improvement in the efforts made to preserve connections for youth placed out of home. Having reached the level where less than 5% of the cases are in need of improvement in this area it maybe that a plateau has been reached. The results from future reviews will be important in helping to determine whether the improvement is continuing or if additional efforts will be needed to sustain and improve the agencies ability to preserve connections for children in foster care.

C. Where was the child welfare system in Round One of the CFSR?

Item #14 was noted as an Area Needing Improvement – 79%

All 28 foster care cases were applicable to Item 14. The overall rating was an Area Needing Improvement based on 6 (21%) of the cases assessed; reviewers determined that DHS had not made diligent efforts to preserve the children’s connections.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Increased use of family team meetings and identifying the need for this at the time of placement during concurrent planning.

Preserving connections has been a high priority. In addition to compliance with ICWA and maintaining connections with extended family, staff identifies other opportunities and methods to maintain connections for children in foster care.

DHS has published a practice bulletin on the importance of maintaining the child’s connections and on ICWA; supervisors with casework staff reviewed both.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

One barrier is the lack of an adequate number of foster homes to assure close placement to the child’s community and connections. Culturally diverse foster homes are also challenging to recruit. Transportation is another barrier. Transportation and distance can create barriers to successfully maintaining connections.

Item 15: How effective is the child welfare system in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

A. What does policy and procedure require?

Policy and procedure address placing children with relative foster care placements. Preference is given to an adult relative over a non-relative caretaker if the relative meets licensing or safety standards.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb– April 2009	Data Source
<u>Item 15</u> Relative placement	77%	92% n=310	90% n=313	91% n=295	95% n=366	94% n=354	96% n=417	Case Readings

The most recent case reading data shows the state at 96% for this item. This has been fairly steady for the past year. Recent emphasis on involving non-custodial parents and their kin may help increase this item even further. State legislation was passed in July 2009 in regard to Public Law 110-351 to notify relatives within 30 days after removal of a child. In addition, DHS is currently working on a plan to train field staff and supervisors on Family Finding.

C. Where was the child welfare system in Round One of the CFSR?

Item #15 was noted as an Area Needing Improvement – 77%

This item was rated as an Area Needing Improvement. Of the 22 applicable cases reviewed it was determined in 23 percent of the cases DHS had not made diligent efforts to locate and assess relatives as potential placement resources.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Family team meetings help in the identification of relatives who are willing to be involved as placement resources or as informal supports. The use of checklists/concurrent planning questions assist in identifying potential relatives. Reinforcing the use of genograms and other tools to identify resources/supports through the completion of family functional assessments have also helped.

Finding Families was a pilot project in two service areas throughout the State that was successful in identifying relatives. Although there was not funding to continue or expand, DHS is looking at ways to integrate some of the practices and strategies into practice. Child Support Recovery staff has provided training to staff on the use of the Parent Locator and other Internet search tools. DHS published a practice bulleting on placement with relatives.

During the development of the Centralized Intake curriculum, specific questions relating to kinship care were added in order to begin this exploration at the Intake level. The Centralized Intake curriculum was implemented in May of 2007.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

A barrier is the lack of staff time to identify relatives. Although this is difficult, this is an area that has been pursued and is showing signs of improvement.

Some relatives are not willing to accept placement of relative children and are not supportive of the plan for the child. There are some parents that are unwilling to have their child placed with a relative. The financial support provided non-licensed relatives (caretaker FIP) is often not adequate unless they are licensed to provide foster care.

Item 16: How effective is the child welfare system in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

A. What does policy and procedure require?

Policy and procedure address promoting or maintaining the parent-child relationship. Policy and procedure emphasize the need to place children in close proximity to their parents and the importance of ongoing contact and involvement of the parents in case planning for their children.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 16 Relationship of child in care with parents	79%	93% n=308	91% n=322	91% n=315	96% n=331	97% n=329	97% n=408	Case Readings

The most recent case reading data shows the state at 97% for this item.

C. Where was the child welfare system in Round One of the CFSR?

Item #16 was noted as an Area Needing Improvement – 79%

Of the 19 applicable cases reviewed 15 rated this item as a strength and 4 rated as an area needing improvement. The overall rating was determined to be an Area Needing Improvement. This was established based on the reviewers determination in 21 percent of the cases reviewed the agency had not worked to support the parent-child relationships of children in foster care.

D. What changes in performance and practice have been made since round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Family safety, risk, and permanency services allow for greater flexibility in service delivery, which also includes supervision and visitation.

Foster parents who have attended PS MAPP during their licensures are more willing to have the parent involvement in the child’s care when they are in foster care. The use of family team meetings have increased to identify informal supports and family members to assist with visits through transportation and supervision.

As noted, under Item 13, DHS providers and the court are implementing guidelines for family interaction, which promote and support maintaining the parent-child relationship for children in foster care.

E. What are the casework practices, resources issues, and barriers that affect the child welfare system’s overall performance?

Some foster parents do not see the importance of maintaining the parent-child relationship.

Distance and transportation issues can create barriers in some areas. Promoting the parent-child relationship when parents are incarcerated can also be very difficult for the same reasons that impact visitation and involvement in case planning.

Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Parent Partners

One of the exciting strategies for building parental capacity and engaging them with hope for reunification is the Parent Partners program. This program partners a parent who has successfully reunified with their children with a parent who is first entering the system and has had their children removed.

The Parent Partner Program has completed its first full year of implementation. There are six established Parent Partner Programs: 1) Cherokee, Ida, Lyon, Plymouth, and Sioux Counties; 2) Buena Vista, Clay, Dickinson, O’Brien, and Osceola (Lakes Area); 3) Polk County; 4) Linn County; 5) Madison, Marion,

and Warren Counties and 6) Wapello County. New areas continue to request presentations and materials to learn more about the Parent Partner Program.

A Statewide Steering Committee has guided implementation of the Parent Partner Programs through a shared decision-making process. The committee has diverse representation including Parent Partner coordinators, DHS, Parent Partners, program administrators and/or Building A Better Future (BABF) trainers. The committee has been instrumental in developing an implementation and start-up guide; collecting data and tracking outcomes; updating BABF curriculum; defining expectations and responsibilities of coordinators, Parent Partners, and local steering committees; and establishing criteria for participants and BABF trainers.

Data was collected from four sites (Lakes Area; Polk County; Linn County; and Madison, Marion and Warren Counties) from Oct 2007 to Oct 2008. Thirty-nine Parent Partners supported 152 families.

Types of Support Provided	# Times Parent Partners participated	Types of Support Provided	# Times Parent Partners participated
Attend FTM	123	Helped a parent access needed services	422
Support family at court	130	Supported the parent during visitation	61
Attended other child welfare meeting	30	Had face-to-face contact with a family	979
Went to counseling session with a parent	41	Had other contact with a family	3952

DHS has submitted a proposal to the Mid West Child Welfare Implementation Center to expand Parent Partners statewide over the next four years.

Item 17. How effective is the agency in assessing the needs of children, parents, and foster parents and in providing needed services to children in foster care, to their parents and foster parents, and to the children and families receiving in-home services?

A. What does policy and procedure require?

Policy and procedure require the gathering of information about the child and family at the beginning of case assessment and treatment planning. This can include any or all of the following:

- Family interviews and family team meetings
- Observation of the child and family members at home and in the community
- Collateral contacts with other agencies involved with the family
- Interviews with extended family members and non-custodial parents
- Reviewing written materials such as school, medical, psychiatric, and psychological reports and case records

In assessing children and gathering information, the primary consideration must be ensuring safety and protection for the child and the community. The information gathered will help to identify strengths and needs with the family that can be used in planning for possible services and for safe case closure. Safe case closure starts at the beginning of the assessment process. The specific changes that must occur in

order for the family to function successfully without external intervention or supports should be identified at the initial assessment of the case.

B. What does data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007–Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 17 Assessment & Services	72%	84% n=814	84% n=858	88% n=828	91% n=850	93% n=885	94% n=1003	Case Readings

The data from case readings indicates a continuing improvement in assessing the needs of families and providing services to meet those needs. We have gone from a low of 84% at the begin of the period reported to a high of 94% in the most recent period.

Foster Parent Survey: A statewide foster parent survey (February 2008) asked the question (in the last 12 months) if the foster parent had actively participated in case planning with DHS related to the needs of the foster/pre-adoptive child in their care. The results were:

- 44% (n = 281) – Yes, for all placements
- 25% (n = 159) – Yes, for some of the placements
- 31% (n = 199) – No, for none of the placements

C. Where was the child welfare system in Round One of the CFSR?

Item #17 was noted as being an Area Needing Improvement.

Rated as a Strength in 36 (72%) of the 50 applicable cases (20 of which were foster care cases).
 Rated as an ANI in 14 (28%) of the 50 applicable cases (8 of which were foster care cases).

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Since Round One, Iowa has instituted a number of changes in support of this indicator.

- Over the last two fiscal years, DHS has emphasized visits with children and parents within the context of incremental performance progress. The focus on seeing families and children more often has 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 has been 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.
- Utilizing a more comprehensive functional assessment approach supported by statewide training. In child protective assessments reports greater detail in the domain sections supports and improves initial needs assessments of children and their parents for cases that are referred to ongoing protective services.

- For children referred for foster care services, a formal foster care behavioral assessment is completed by the DHS worker to determine the mental health needs of the foster child. These are to be done within 30 days of initial entry into foster care, when there is significant behavior change, a placement change, TPR (ties in with adoption subsidy or pre-subsidy), and for guardianship subsidy.
- Iowa has five operating Family Drug Courts that are designed to provide more comprehensive needs assessments for families where parental substance abuse is the major barrier to the safety of the children. These courts stress collaborative working relationships between the Court, child welfare, substance abuse, mental health and the community in support of improved outcomes.
- In December 2007, DHS submitted to the Iowa Legislature a report and recommendations regarding “Options and Resources Needed to Support Responsible Fatherhood”. This was due in part to the existing CFSR results nationwide regarding state’s efforts to engage fathers in the child welfare system.
- In service areas with high performance, specific focus on family team meetings (including front-loaded, and supporting facilitation by use of dedicated DHS staff and/or contracts) or pre-removal conferences, focusing on family functioning at the point of assessment (and by contractors), and monthly worker visits to engage and perform ongoing assessing are key strategies.
- DHS contract for Resource Family Recruitment and Retention now includes expectations regarding assessing foster parent needs and providing supports to address identified needs.
- DHS published a practice bulletin related to assessing the needs of birth parents, children and foster parents.
- As noted earlier, DHS began a Parent Partner program with a goal to spread it statewide over the next four to five years.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

- A continued barrier impacting performance surrounds the absent parent-incarcerated parent-uninvolved parent. Continued improvement is needed in the initial search for and engagement of the non-custodial parent (NCP), as well as periodic efforts to locate and engage the NCP during the life of the case. In cases where the NCP declines involvement, more consistency is needed in documenting efforts and following the protocol for periodic efforts to re-engage the parent.
- In service areas with lower performance, barriers cited included culture existing where foster parents & relatives are less involved, distance, addressing the absent/non-custodial parent, and FTM issues (not happening timely or family unreceptive).

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

A. What does policy say?

Policy requires the worker to involve the family and child (when appropriate) in case planning and promotes the use of family team meetings to engage families in case planning.

B. What does data say?

Outcome	Baseline (2003 Federal Review)	Nov 2007–Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008–Jan 2009	Feb –April 2009	Data Source
Item 18 Child and Family Involvement in Case Planning	66%	78% n=814	78% n=858	84% n=828	90% n=850	90% n=885	93% n=1002	Case Readings

The case reading data shows a continuing trend of improvement in engaging families in the case planning process. Over the period reported, the percentage of cases where parents and children were engaged in case planning increased from 78% to 93%.

C. Where was the child welfare system in Round One of the CFSR?

Item #18 was noted as being an Area Needing Improvement.

- Rated as a Strength in 33 (66%) of the 50 applicable cases (20 of which were foster care cases).
- Rated as an ANI in 17 (34%) of the 50 applicable cases (8 of which were foster care cases).

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

- A notice of court hearings is required to be given to youth in foster care; if a minor is not present at the hearing, the court is required to inquire as to whether the minor was notified of his or her right to attend the hearing.
- Dubuque and Davenport are using 30-day reviews for children placed out of home in order to promote planning and concurrent planning and reinforce the need to engage parents and children in the change process. Cedar Rapids is doing periodic internal reviews on children in shelter and group care placements, as well as an initial foster family placement to look at issues and characteristics of children in foster care and what planning is occurring.
- Family Team meetings are being offered for all cases in some parts of the state to engage parents in shared decision making.
- Pre-removal conferences, a type of family team meeting, are being utilized in Polk County to engage parents in planning and address the transition, medical, and emotional needs of children when they are placed in foster care.
- In service areas with high performance there is a specific focus on family team meetings (including front-loaded, and supporting facilitation by use of dedicated DHS staff and/or contracts), pre-removal conferences, child/parent/foster parent participation, transition events (SW3-SW2 with family and FTM), and monthly worker visits to engage and perform ongoing assessing are key strategies.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

- A continued barrier impacting performance surrounds the absent parent-incarcerated parent-uninvolved parent. Continued improvement is needed in the initial search for and engagement of the non-custodial parent, as well as periodic efforts to locate and engage the non-custodial parent (NCP) during the life of the case. In cases where NCP declines involvement, more consistency is needed in documenting efforts and following the protocol for periodic efforts to re-engage the parent.
- Distance continues to be a barrier with re-engaging NCP in their child’s life, particularly as it relates to out-of-state parents.
- Having access to an ICWA specialist for areas without large Indian populations has assisted DHS staff in engaging Native family involvement.
- In some cases, mothers are reluctant or refuse to name fathers. Some Court systems are addressing by having the parents on the stand to provide testimony regarding putative fathers.
- In service areas with lower performance, barriers cited included workload, constraints of data systems, absent parents, and no-show for monthly visits.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

A. What does policy say?

Policy requires caseworkers to visit children monthly and provides guidelines to promote quality visits.

B. What does data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
<u>Item 19</u> SW visits, child	10%	69% n=811	74% n=853	81% n=828	84% n=846	87% n=878	87% n=1000	Case Readings

The case reading data shows a continuing improvement in worker visits with children over the periods reported. The case reading data looks at visits with children over a 3-month period. The percentage of children who were visited at least monthly has risen from 69% to 87% over the periods reported. The administrative data measures visits with foster care children over a 12-month period. A similar increase can be seen in this data where for the 2008 federal fiscal years the visit percentage has increased to 41.6% with over four fifths of the visits occurring in the child’s place of residence. The differences between the

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case reading data and the admin data (refer to chart below) are most likely due to the differences in the time period covered by the reporting period and do not reflect a substantive difference in the true rate of re-entry.

Iowa DHS FY 2008 Data on Caseworker Visits

Reporting Requirement	Type of Data	Baseline Data [FFY 2007]	2008 Goal	Type of Data	2008 Performance [FFY 2008]
The aggregate number of children served in foster care for at least one month	SACWIS	7043		SACWIS	11,035
The number of children visited <i>each and every</i> calendar month that they were in foster care,	SACWIS	2272		SACWIS	4,593
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
The total number of visit months in which at least one child visit occurred in the child's residence ¹	Case Reading Sample of 50 Cases	254		SACWIS	30,664
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%
The percentage of visits that occurred in the residence of the child. ²	Case Reading Sample of 50 cases	65%	65%	SACWIS	82.67%

¹ 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.

² 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.

C. Where was the child welfare system in Round One of the CFSR?

Item #19 was noted to be an Area needing Improvement.

- Rated as a Strength in 5 (10%) of the 50 applicable cases (2 of which were foster care cases).

- Rated as an ANI in 45 (90%) of the 50 applicable cases (26 of which were foster care cases).

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

- Starting in 2003, the Better Results for Kids (BR4K) Child Welfare Redesign made several changes relative to this indicator, including reducing child welfare caseloads and a concerted focus on monthly visits with children and parents.
- Over the last two fiscal years, DHS has corporately increased emphasis on worker visits with children and parents within the context of incremental performance progress. The focus on seeing families and children more often has 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 has been established regarding criteria for when it is appropriate to flag (in the CWIS system) adequate efforts to locate and engage an absent parents, as well as expectations for the ongoing search for and efforts to engage absent parents.
- Beginning in December 2007, DHS began to provide monthly practice bulletins to its staff in order highlight practice issues and strategies.
- In December 2007, DHS submitted to the Iowa Legislature a report and recommendations regarding “Options and Resources Needed to Support Responsible Fatherhood”. This was due in part to the existing CFSR results nationwide regarding state’s efforts to engage fathers in the child welfare system.
- In service areas with high performance, specific focus on monthly worker visits, staff training, lower caseloads, increased staff, weekly supervisions and team meetings, and tracking systems to focus on worker performance are key strategies.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

- No-shows/cancellations/inclement weather all negatively impact performance. Especially in the more rural environments or when children are placed outside of their community, distance becomes an issue. Full day trips to make visits that are unsuccessful (no-shows) are difficult to reschedule within the same month. This past winter, which was more difficult than usual, resulted in more cancelled visits due to worker safety concerns about traveling or closed roads.
- In Service Areas with lower performance, barriers cited included distance, travel time, not all children being available when visiting, problems with the CWIS system not tracking visits (30 days vs. monthly) and not having a planning tool for future visits (requiring hand tracking systems), caseload size, infancy on using data, and staff viewing visitation as compliance vs. how it impacts practice.
- As a result of recent declines in state revenue, DHS experienced a reduction in state funding for staff and has had to implement a hiring freeze resulting in caseload increases. While additional federal funding through ARRA has helped to stabilize funding for child welfare, DHS anticipates the caseloads to remain at higher levels throughout SFY 2010 and SFY2011. This will present challenges to meeting expectations to increase monthly visits.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-

face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

A. What does policy and procedure require?

Policy requires regular worker visits with parents at least monthly to review progress on the case plan.

B. What does the data show?

Outcome	Baseline (2003 Federal Review)	Nov 2007 – Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008– Jan 2009	Feb – April 2009	Data Source
<u>Item 20</u> SW visits, parents	23%	46% n=712	46% n=754	53% n=723	57% n=726	55% n=762	60% n=875	Case Readings

The results of case readings indicate a continuing trend toward improvement in the case managers ability to meet with parents or primary caretakers on a consistent basis while serving the child and family. The percentage of cases rated as a strength rose from a low of 46% to a high of 60% over the periods reported.

C. Where was the child welfare system in Round One of the CFSR?

Item #20 was noted to be an Area Needing Improvement.

- Rated as a Strength in 11 (23%) of the 48 cases (3 of which were foster care cases).
- Rated as an ANI in 37 (77%) of the 48 cases (23 of which were foster care cases).

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

See Item 19 for a description of changes in performance and practice regarding visits with parents and children since Round 1.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

See Item 19 for a description of changes in performance and practice regarding visits with parents and children since Round 1.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

A. What does policy say?

Policy requires that the case plan for a child in placement shall include the most recent information available concerning the child’s health and education records. Policy also requires assessments to address the educational, physical, psychological, social, family living, and recreational needs of the child and the family’s ability to meet these needs. The assessment shall be a continual process to identify needed changes in service or placement for the child.

B. What does data show?

Outcome	Baseline	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008– Jan 2009	Feb – April 2009	Data Source
Item 21 Educational needs of child	93%	94% n=553	92% n=597	93% n=594	96% n=586	96% n=597	97% n=742	Case Readings

Item #21 was noted as an area of strength for Iowa with 97% of children in-home or in foster care having their educational needs met.

C. Where was the child welfare system in Round One of the CFSR?

Item 21 was assigned an overall rating of *Strength*; in 93% of the applicable cases, reviewers determined that DHS had made diligent efforts to meet children’s educational needs. Iowa has a strong history of good educational programs, and those strengths benefit children in foster care. Stakeholders in all counties agreed that positive collaboration between DHS and Iowa schools allows DHS to effectively meet children’s educational needs.

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

The Polk County Model Court has established checklists that are utilized by Juvenile Court Judges to assure concerns relative to a child’s education are addressed. The Iowa Foster & Adoptive Parent Association (IFAPA) also distributes pamphlets and brochures to both foster parents and educators related to children’s issues and needs. In 2007 Iowa’s Elevate youth created an educational DVD that is made for teachers about and by foster youth.

Regarding the Early ACCESS program, the Iowa Department of Education received \$1.7 million from the state legislature in January of 2007 to expand early intervention services for children under age three who have been abused or neglected. Early ACCESS is using stakeholder recommendations to improve CAPTA referral procedures in Iowa.

The Polk County Juvenile Court is working with Zero to Three, a national child advocacy organization, to improve court ordered services for children below the age of three. The project is targeting children of parents who have been charged with drug abuse. Dr. Joy Osofsky has presented several workshops for staff that provide services to children in foster care. The goal of the project is to respond more effectively and quickly to the needs of infants and toddlers affected by parental drug use.

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 DHS 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 DHS 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 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.

In Iowa services under IDEA Part C is called Early ACCESS. During the last three years there has been a steady increase in the number of children below the age that 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 2008	496	12.5%	592	23.1%
FY 2007	436	9.9%	445	17.3%
FY 2006	328	7.9%	365	14.8%

From the perspective of the Iowa Department of Education (DOE), it provides support, technical assistance, monitoring, and guidance to Iowa's more than 360 public school districts, ten Area Education Agencies (AEA), and dozens of accredited non-public schools. The education of children in foster care is an area of concern for the DOE, consistent with the State Board's three goals for education:

- All children will enter school ready to learn;
- All K-12 students will achieve at a high level; and,
- Individuals will pursue postsecondary education in order to drive economic success.

The DOE recognizes that if the needs of foster children go unmet, those needs and concerns could result in decreased achievement and increased risk of school failure. To this end, the Director of the Iowa DOE has been briefed on the work of the Children's Justice Initiative and has discussed how best to communicate with the DOE's partners regarding the educational needs of foster children.

To support its goals, the DOE has engaged in several activities, such as:

- Release of the document “Education of Foster Children in Iowa” (February 2006)
- The DOE has revised its policy on student attendance to make court appearances “excused absences”
- 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
- School and AEA employees attended the March 2007 Children’s Justice Summit and are involved in Children’s Justice district court teams

The DOE understands the needs that arise from frequent school changes. To address those needs, the Department is preparing programs to assist with course credit recovery and course component recovery.

Recent legislative changes have increased schools’ abilities to serve children in foster care. For example, the reauthorized IDEA allows schools and AEA’s to spend up to 15% of their federal special education dollars to provide early intervention services to children who need additional academic and behavioral support to succeed in the general education environment. The IDEA also places an emphasis on positive behavioral interventions and supports, in contrast to punitive discipline techniques. Part C of the IDEA also provides for linkages between child welfare and early intervention services for infants and toddlers with disabilities. The IDEA also requires the DOE to appoint a representative of the state agency responsible for foster care to the state’s special education advisory panel. These legislative changes have the potential to improve educational outcomes for children in foster care.

A DVD produced by Iowa’s foster children group (Elevate), that illustrates the importance of improving connections between foster children and their schools, was shared with DOE and AEA staff. The Department and its partners in education understand the importance of a positive learning environment (e.g., recent anti-bullying legislation), and the added importance of such an environment to foster children.

The DOE also ensures that foster children receive the same periodic progress reports (e.g., report cards, IEP progress reports) as other students. Report cards and other documents are provided to the parents of foster children and/or to the DHS. Because of a federal statute limiting the disclosure of personally identifiable information contained in education records (known as FERPA), report cards are not typically provided to foster parents, unless a consent for release of information has been signed by the established parent and/or DHS.

Additionally, while schools may not be at liberty to disclose IEP information to foster parents without receiving the consent of an established parent and/or DHS, the staff of DHS could make sure foster parents are aware of this information. Foster parents may be invited to IEP meetings by either the school or the established parents.

Transition plans or services are required at the age of 14 for children in special education. Also, all students are by statute required to prepare, in conjunction with their schools, a plan of study in their 8th grade year. That plan must address “career options and shall identify the coursework needed in grades

nine through twelve to support the student's postsecondary education and career options." The DOE sees the value in jointly developing the transition plans required by education law and the transition plans required by child welfare law. The DOE anticipates such a discussion could occur through the mechanisms set forth in the interagency agreement between the Iowa Department's of Education and Human Services.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance?

There is general agreement that inconsistencies exist with children placed in residential treatment or group care settings relative to education. Meeting a child's educational needs for things such as, but not limited to; transfer of school records, extracurricular activity involvement, length of placement perhaps affected by school schedules, attempts to maintain them in their home school district, in a coordinated manner between the residential facilities, the Department of Education, the juvenile courts, and local school districts have been problematic.

Further, Iowa's implementation of the McKinney Homeless Assistance Act Iowa does not define children in foster care as homeless.

As previously noted, because Early ACCESS is a voluntary program, not all parents have used the services available, even though they are invited by letter asking if they would like to have their children evaluated for possible developmental delays. While small improvements in the number of abused and neglected children served by Early ACCESS have been seen, research indicates that Iowa should be identifying and serving three to four times the number of children currently served under Iowa's Part C system. During SFY 2008, 496 children below the age of three, who were abused or neglected, received early intervention services through the state's IDEA Part C program.

In the view of the DOE, information exchange and confidentiality is a barrier. For example, the issue of school records repeatedly arises in discussions. Before a school transfers records to a foster child's new school, it must know what that school is. As reflected in the interagency agreement mentioned earlier, the DOE and DHS jointly see the need for improved information flow.

Another barrier is transfer of coursework and credits. The Department believes its credit recovery and component recovery initiatives will address this issue in part. However, this won't completely remove this barrier because of the local control that each school district will exercise over its curriculum, textbooks, grading standards, and course offerings. For example, some schools assign credits based on quarters, some on semesters, and some on trimesters. A foster child who is taking trigonometry before removal from home may be placed in a foster home located in a district where trigonometry will not be offered until the following year.

Given the accountability for the achievement of all students, recently heightened by the No Child Left Behind Act and the 2004 IDEA reauthorization, the DOE and its partner school districts, Area Education Agencies, and accredited nonpublic schools will continue to seek ways to surmount barriers to educational achievement of foster children.

Education and Foster Care Summit: On 2-19-09, the Children's Justice, DHS, and DOE met to review follow-up and next steps from the 12-5-08 Education and Foster Care Summit.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

A. What does policy say?

In compliance with Federal law 42 USCA 671(a)(15)(A), 671(a)22, 675(1), and 675(15) and Iowa Code section 232.2(4), state administrative rules in 441 Iowa Administrative Code 130.7(1) require that, in partnership with the family, agency workers must develop measurable goals and strategies that build on client strengths whenever possible. The foundation for developing effective strategies is rooted in a thorough functional assessment. The purposes of strategies are to identify actions that must occur in order to reach the desired goals. Additionally, and as noted in relation to Item 21, 441 Iowa Administrative Code 202.2(2) requires that the need for foster care placement and service shall be determined by an assessment of the child and family to determine their needs and appropriateness of services. Assessments and screening of the physical health needs of children involved in child welfare services is paramount. If a child is placed out of their home, a physical health screening is required within 14 days of placement.

B. What does data show?

Outcome	Baseline	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008 – Jan 2009	Feb – April 2009	Data Source
Item 22 Physical health of child	89%	65% n=565	64% n=675	71% n=656	73% n=677	77% n=657	78% n=815	Case Readings

The January 2008 Case Reading Tool indicates 78% compliance. This is short of meeting the established target.

In relation to Item 21, Child Welfare Service Supervisors conduct a random case reading on one case per child welfare worker in their respective units; this includes an assessment related to Item 22, Physical Health of the Child. The purpose of this assessment is to determine whether or not the agency made concerted efforts to assess the child’s physical needs including dental health needs. All foster care placement cases are assessed for this measure. In-home cases are also applicable for an assessment if physical health issues were relevant to the reason for agency involvement.

When the assessment is complete, the agency must determine if the identified physical health needs were addressed appropriately in case planning and case management activities. Evidence of assessment is taken from the case file documentation as well as from personal interviews with the child welfare workers, foster parents, service providers and medical professionals.

C. Where was the child welfare system in Round One of the CFSR?

Item #22 was noted as an area of Strength.

This item was assigned an overall rating of *Strength* based on the finding that in 89% of the applicable cases, reviewers determined DHS adequately addressed the health needs of children in both the foster care and in-home services cases. Stakeholders commenting on this item generally agreed that DHS is effective in meeting children’s physical health needs. It was noted, however, that there are widespread difficulties finding providers of some Medicaid-eligible services, such as dental services.

Stakeholder Assessment

Iowa’s youth group Elevate and Iowa’s Foster and Adoptive Parents Association (IFAPA) report the following regarding physical and mental health.

Seventy-three percent (73%) of the Elevate youth responding (N = 40) reported they felt their health needs were met while they were in foster care. Seventy-six percent (76%) of 31 respondents felt their dental needs were adequately met. Fifty-four percent (54%) of respondents report that their mental health needs were met “very effectively” while they were in foster care.

Seventy-eight percent (78%) of the foster or pre-adoptive parent respondents to survey questions regarding whether or not DHS provided them with information about a child’s medications, the child’s behavioral status, and the name and contact that could be called in case of an emergency reported the DHS had provided this information. Sixty-four percent (64%) reported they had been told the name of the child’s physician

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Iowa has also established statewide targets and benchmarks. Partnerships have also been established with some county health departments and Visiting Nurse Services to conduct health screening at Pre-Removal Conferences.

Dentists that provide Medicaid-funded dental care have been sought to become Medicaid-enrolled providers. Health checklists are being utilized at the time a child is removed from their home in order to ensure physical health needs are addressed.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is a special program for people receiving Medicaid and are pregnant or are under the age of 21. EPSDT detects and treats healthcare problems early through regular medical, dental, vision, and hearing checkups; in depth diagnosis of problems; and treatment of dental, eye, hearing, and other medical problems.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

At the local level, health screening instruments and tools has been developed, but a checklist tool has neither been standardized nor used consistently across the state. The agency’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. This tool is utilized for children who are placed in foster care but could be used for all children as needed. This form is completed with the parents, foster parents or with an older youth to screen.

Case readings reveal that health screening problems occur more often that it appears; this may be due to lack of documentation in the case file.

Recent Accomplishments: Rules were revised to clarify when physical exams must be completed and to include in that exam a preliminary screening for dental and mental health.

DHS also filed rule changes including the provision that foster parents cannot smoke in their home or car while the foster child is present, adding more safety standards for the foster parent home, and requiring that all foster parents be certified in CPR and First Aid.

DHS is working on a plan to coordinate with the Medicaid Division and other health care professionals for on-going oversight and coordination of health care services.

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

A. What does policy say?

As noted previously, Iowa administrative rules define requirements for foster care placement and service be determined by an assessment of the child and family to determine their needs and appropriateness of services. These assessments must address the educational, physical, psychological, social, family living, and recreational needs of the child and the family’s ability to meet these needs, and they are a continual process to identify needed changes in service or placement for the child.

Iowa’s case permanency plan also asks that a child’s mental health needs be addressed both in the domains of Child Well-Being and Part C of the case plan.

B. What does data show?

Outcome	Baseline	Nov 2007– Jan 2008	Feb – April 2008	May – July 2008	Aug – Oct 2008	Nov 2008– Jan 2009	Feb – April 2009	Data Source
Item 23 Mental health of child	86%	90% n=558	92% n=596	90% n=590	94% n=553	94% n=603	95% n=700	Case Readings

The January 2008 Case Reading Tool indicated 95 % compliance with Item 23.

The process of random case readings as described for Items 21 and 22 applies here too; it focuses on how well a child’s mental and behavioral needs have been addressed. As before, these assessments apply to all foster care placement cases and in-home cases if the mental health or behavioral needs for the child were relevant to the reason for agency involvement.

The Children’s Mental Health Medicaid (CMH) waiver that allows eligible children to receive behavioral health services in their home and community was begun in October of 2006. In SFY 2007, an average of 287 children were served each month and the program was funded at just over \$2 million. The program will nearly double in SFY 2008 by serving an estimated 438 children each month with projected funding climbing to over \$4 million. Over 1,100 children have participated in this program since its inception.

C. Where was the child welfare system in Round One of the CFSR?

Item #23 was noted as a Strength

This item was assigned an overall rating of *Strength* based on the finding that in 86% of the applicable cases, reviewers determined that DHS had made concerted efforts to address the mental health needs of children.

D. What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

As noted for Items 21 and 22, a monthly case review system that includes statewide targets and benchmarks has been established.

Numerous projects or initiatives have been established in Iowa since Round One. They include:

- The Children’s Mental Health (CMH) Medicaid Home and Community Based Services waiver was instituted in 2006 and expanded with additional state funding in 2007. The intent of this program is to avoid placement by allowing children with behavioral health needs to be served in the community using services and supports unavailable through other mental health programs that can be utilized with traditional services to develop a comprehensive support system for children with serious emotional disturbance.
- Creation of the Division Mental Health Division and Disability Services within DHS that includes a Bureau of Children’s Mental Health.
- Projects across Iowa addressing the needs of children with a Serious Emotional Disturbance (SED).⁷
- Implementation of a federally funded pilot project in NE Iowa that focuses on systems of care for children. Included is a 10 county region (with plans to expand to an additional 9 county area in south central Iowa) and it is expected that these initiatives will provide a model for how to create a system of care statewide
- Changes to Iowa laws that preclude a family having to relinquish custody of a child in order to access mental or behavioral health services and that prohibit psychiatric medical institutions for children from denying admission based on the fact that a child is not a ward of the state.
- Licensed Practitioners of the Healing Arts are able to complete an assessment for mental health/therapy services through the Medicaid program. These Remedial Services are provided through Medicaid to address the mental and behavioral health needs of children and adults that do not require being in a particular service setting in order to receive them.

Iowa is also in the process of enhancing its state mental health system. Its SFY 2009 budget proposes to include initiating crisis and emergency mental health services and a statewide system of care for all children that will increase access to mental health assessments; school based mental health services, and other community-based services. This will increase access for child welfare clients as well by creating a more consistent and collaborative system of mental health care across the state. When children are moved to different placements in different parts of the state, it can be difficult for families or caseworkers to find the services that they need in that area. Community mental health centers vary in their capacity and ability to focus on children and family needs. The goal of the redesign of the children's mental health system will be to reduce those barriers, strengthen the community mental health system and improve access for all children in need of mental health services.

⁷ Past projects in Iowa have included sites in Story, Polk, Linn, and Dubuque Counties. Currently, there is new project funded in Northeast Iowa, called Circle of Care, which began to serve youth in January 2008. The service array being developed includes care coordination, psychological evaluation assessment and recommendations for treatment, family team meetings, and wrap-around services. The Division of Mental Health and Disability Services submitted a funding proposal for a second System of Care Grant to SAMHSA that would be similar to the Northeast Iowa project and serve nine additional counties.

The overarching goals of this initiative are to reduce inequalities in access to treatment and services in the community; to prevent or reduce utilization of more costly, restrictive care such as institutional care, residential treatment, out of state placements, or other out-of-home placements; divert youth with mental illness from unnecessary involvement with law enforcement, corrections, and juvenile justice; reduce unnecessary involvement of youth with child welfare services; provide needed services to children and youth in the community; and promote strengths-based, community and family-driven services and supports.

Because youth with a serious emotional disturbance and their families often have needs that extend beyond the mental health system, mental health services will be coordinated with services from other agencies such as schools, juvenile justice agencies, the child welfare system, and others.

E. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance?

Accessibility to mental health services can be problematic in parts of the state; either services don’t exist or they are limited, causing waiting lists.

Stakeholders commenting on this item reported there were waiting lists for children, limits for length of treatment, and there are regional caps across the state for access to psychiatric services, substance abuse treatment, and mental health assessments. Stakeholders also noted that mental health providers do not attend case staffings or appear at court hearings because their time is not “reimbursable” for these activities.

As suggested previously, Iowa’s mental health delivery system is fragmented and access to service is often defined by insurance status rather than by need. The mental health system redesign will serve children at the community level with services they need so that the child welfare system does not become the place children are sent simply because parents cannot access in-home or community services without DHS involvement.

Funding is always an issue, along with the allocation of resources. Iowa has historically spent large sums on out of home placements for children who could not function in their homes and communities. The mental health system redesign would create a true wrap-around system that provides high-intensity services to these children and youth, and that would divert all but the most seriously emotionally disturbed from out of home placements, such as psychiatric medical institutions for children.

SYSTEMIC FACTORS

Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?(item 24)

Iowa's SACWIS has been in statewide operation since April 1995. Further, Iowa has undergone two federal SACWIS compliance reviews: an initial review in August 1997, and a follow-up review in August 29 – 30, 2000 & May 17 – 18, 2004. Iowa is in the final stages of federal review for SACWIS acceptance. The system design has been reviewed and has been deemed to meet the requirements.

Where was the child welfare system in Round One of the CFSR?

Iowa was determined to be in substantial conformity with this systemic factor because the State's Statewide Information System can identify the required information for all children in foster care.

Stakeholder Assessment

In a survey of DHS staff that use the SACWIS system 90% of the approximately 400 respondents indicated that the data system was sometimes or usually effective in providing timely and accurate data. 58% indicated that data reports are useful. In the comments to the survey respondents expressed concerns about the accuracy of data entry that impacts on the timeliness and accuracy of the data reports. Some comments expressed a need for better information regarding how and when entries should be made. Other comments were unsure of what data reports are available.

Systemic Factor Evaluation

Use of Iowa's SACWIS is discussed throughout Iowa's policy manuals and a Desk Aid is maintained with detailed information on system entries required for various tasks including but not limited to, setting up cases, providing services and maintaining licensing status for foster families. Data from the SACWIS system is being used more and more often as a tool to evaluate and improve the performance of the child welfare system in Iowa. The SACWIS system is providing data used in our Digital Dashboard (<https://dhssecure.dhs.state.ia.us/digitaldashboard/>) and other performance measures that are being used to monitor performance of contracts as well as internal monitoring.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its statewide information system?

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 is responsible for tracking 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.

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 DHS locations to every DHS staff person needing access Monday through Friday from 5:30 A.M. to 7:30 P.M. and 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 a day and it is available 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

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of the statewide information system?

Areas of improvement for Iowa's SACWIS system include:

- Iowa's information system needs to become more "user friendly"
- A full scale review of the alert system needs to be made to assure that alerts are presented in a prioritized and useful manner
- Increased staffing at all levels. Focus group participants reminded us that the reliability of data within the DHS system varies with the time caseworkers have available for updating. Staff at all levels need time to utilize information generated by the system and staff dedicated to working on the information system is essential to maintaining a useful and up-to-date system.
- Provide accessible, timely, and accurate data to child welfare partners
- Provide training for management and supervisory staff on the use of data

Case Review System

Five indicators are used to assess the State's performance with regard to the systemic factor of a Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

Iowa has strong partnerships with the Court, Judges, and Children's Justice. [See Agency Responsiveness systemic factor.]

The Iowa Child Advocacy Board's Foster Care Review Board (FCRB) program continues to provide an additional oversight function to children in foster care placement in Iowa, and has expanded its role and refined its practices since the Round One review. Local boards are now operating in 62 Iowa counties, and in FY2009 FCRB volunteers held 3,645 case reviews. FCRBs continue to solicit the participation of children, parents, and foster parents which, together with the reports and testimony from DHS workers, service providers and others, helps to inform and facilitate the boards' assessment of case needs and each child's movement toward permanency. In 2008, local boards began revising their protocols to align their

case review procedures and reports with federal CFRS best practice indicators. Findings regarding these indicators and other case plan developments are provided to DHS and the Courts with case-specific information and recommendations, as well as through aggregate data reports.

The Iowa Child Advocacy Board's Court Appointed Special Advocate (CASA) program has experienced considerable growth since the Round One Review. Through the 2007 Acts of the Iowa General Assembly, new funding was appropriated to expand the CASA program into Iowa's 31 counties previously not served by the CASA program. Appointed by the Court in child abuse and neglect cases, CASA's maintain regular contact with their assigned children, communicate with all case participants, review case plans and service progress reports, participate in court hearings and family team meetings and make regular reports to the Court and interested parties regarding the child's best interests. In FY2009, 1,482 children were assigned a CASA in Iowa.

Where was the child welfare system in Round One of the CFRS?

Iowa was not in substantial conformity with the factor of Case Review system. Although the State implements 6-month reviews and 12-month permanency hearings on a timely basis, and has a procedures in place for seeking termination of parental rights (TPR) in accordance with the provisions of the Adoption and Safe Families Act (ASFA), the CFRS determined that case plans are not consistently developed jointly with the child's parents. In addition, the CFRS found that key stakeholders in the agency, courts, and community do not seem to have a clear and uniform understanding of who is responsible for notifying foster parents of reviews or court hearings, although the Statewide Assessment indicates that there is a written protocol for this process.

Where is DHS currently?

The following information is from the Children's Justice Initiative Annual Assessment Report for 2008 based on a review of seventeen courts in Iowa counties. The Chief Justice of the Iowa Supreme Court and State Court Administrator initiated a plan for Children's Justice to review the child welfare practices of two counties in each of the eight judicial districts annually to assist the districts in reaching compliance with federal and state requirements.

Children's Justice staff worked with the Chief Judges and District court Administrators to select the review sites in each district. The county Clerks of Court and Court Administration staff assisted CJ staff in scheduling and organizing the reviews. CJ staff provided the assessment services, including interviews, data gathering, court observation, and analysis of the results. In some counties DHS staff, court administration staff and student interns assisted in data gathering and court observations.

Approximately 91 individuals from the seventeen sites provided input for the assessment study. The participants included judges, District Court Administrators, clerks of court and their staff, attorneys representing all parties, foster parents, CASA and FCRB, DHS, providers, and families.

Court System

Primary items reviewed for this category included:

- Court room hearings
- Participant attendance
- Continuances
- Quality and timeliness of information presented for judicial decision making

Length of Hearing and Hearings Delays

The Resource Guidelines, *Improving Court Practice in Child Abuse and Neglect Cases*, state that enough time should be allocated in the court docket to allow for a thorough and meaningful hearing. Best practice suggests this would include time to determine the issues that need to be addressed and time for inquiry of all of the parties. In the assessment counties DHS reviewed, the average length of time for a hearing was 16 minutes. The longest hearing held in the assessment counties was 75 minutes. The shortest hearing was 3 minutes.

Also important is the timely commencement of hearings. The average delay for all assessment counties was 18 minutes. The longest delay was 80 minutes in a county that uses block scheduling. The most common reasons listed for the delays were: distribution of reports, waiting for parties or their attorneys or the court was fulfilling other responsibilities.

Setting of Hearings

The Resource Guidelines indicate that best practice is for all hearings to be held in the courtroom with all parties present. There were clear differences in hearing settings among the assessment counties. For many sites, court hearings are routinely held in the courtroom, with a minimal amount of chamber hearings and paper reviews. A few sites, however, hold a significant number of hearings in the judges' chambers or by paper review. Fourteen sites schedule certain times for hearing each case. Three sites are still using block scheduling for certain days or for particular types of hearings. These results were compiled through observation, interviews and case file reviews,.

Strengths: Using the best practice guideline that all hearings are to be held in the courtroom, with all parties present, investigators found that judges who routinely serve in juvenile court are more likely to have hearings in the courtroom. They also demonstrate a stronger understanding of the practice required for child welfare cases. Exemplary practices observed, include:

- Full hearings in the courtroom
- A record was made for every proceeding
- High levels of parental participation, attendance of CASAs, private providers, relatives, foster parents and other caretakers
- Active judicial inquiry of parents, children, CASAs, foster parents and other caretakers
- Acknowledgement of caretakers and other supporters of the family and the important role they play
- Scheduling certain times for hearings results in more timely hearings

Results of strong judicial leadership that supported courtroom hearings are:

- Parental attendance and involvement is higher when actual hearings are held in the courtroom;
- Parents have opportunity to speak for themselves, have opportunity to ask questions about the proceedings, and hear the judge's conclusions personally. Attorneys are more likely to have face-to-face contact with their clients, and are better informed and represent their clients more thoroughly.
- Court orders provide more detail of the information presented at the hearing and more clear direction for the participants.

Time certain scheduling, that is, set times for a case to be heard, is identified in the Resource Guidelines as best practice. This practice is deemed a more effective utilization of court time,

participants' time, and the time of the other professionals involved in the case. In this series of reviews, more timely hearings were accomplished in time certain scheduling. Block scheduling resulted in the longest wait time of 80 minutes.

Challenges: Sites that routinely had hearings or conferences in the judge's chambers had the greatest challenges including:

- Failing to meet the federal requirements and best practices
- Higher rate of continuances being granted which creates delays in achieving permanency for children
- Little or no judicial inquiry, a critical component for informed judicial decision making
- Lowest attendance of and involvement or follow-through from parents, leading to more failed cases
- A record was seldom made, so no documentation of the hearing or progress of the case is available for appeal
- Lack of opportunity to be heard by foster parent or alternative caregiver

The following challenges were identified when the practices of block scheduling, hearings in judges' chamber, and paper reviews were used:

- Required determinations in court orders are less accurate.
- The judge has little opportunity to directly inquire of the family or other participants when in chambers, relying only on the attorneys and sometimes the case manager for information to understand the situation or the possible need for further services.
- There is a higher emphasis given to achieving stipulations. The use of stipulations was reportedly used to avoid the need for contested hearings, not because it was in the best interest of parents or children.
- Parents reported they did not feel as if they knew what was happening during court hearings and they did not see themselves as playing a central role in proceedings.
- Foster parents are not having the opportunity of being heard.

Appearance of Parties

Reviewers found a wide range of practices when comparing appearance rates across sites. In courts where the judge held courtroom hearings and held an expectation that all parties and professionals appear for hearings, attendance was much greater than at court hearings seldom held in the courtroom. Attorneys in sites of chamber conferences indicated that hallway conferences and chamber conferences were used frequently to save time and protect the family from having to go through the adversarial court process. When talking with families, they expressed appreciating the opportunity to be heard, and saw that courtroom hearing was important.

The range of parent attendance was 33% to 92% for mothers and 33% to 78% for fathers. In addition, one might expect that the professionals would be present at all scheduled hearings. A review of this shows there is room for improvement. Range of other caretaker attendance was 0% to 62% for relatives, and 0% to 33% for foster parents. Few foster parent or other caretaker reports were seen in court files. Regardless of the setting, many foster parents reported being unaware they could attend the court hearings or were hesitant to attend.

It is important to note that observations made during court hearings were the most accurate way to report attendance of parties. Practice varies in terms of who is listed as being in attendance in court orders. In some counties the judge lists everyone in attendance while in others, it lists the county attorney,

Guardians ad Litem, DHS, parents and their attorneys. Another important point is it is not always easy to identify during court observations if fathers have been actively engaged in the case and whether or not they have legal counsel. DHS results reflect those situations where fathers were involved and if they had an attorney. A low rate of attendance by fathers and other parties may indicate a diligent search to locate them has not yet been completed or they have not been considered as essential to the case. Child and Family Service Review guidelines (CFSR is the federal review) require active efforts to involve the father.

Continuances

The Resource Guidelines states, “When juvenile court proceedings are allowed to proceed at the pace of other civil litigation, children will spend years of their childhood awaiting agency and court decisions concerning their future. The oversight role of the judge is critical to continued progress of a case. The court must have a firm and effective policy on continuances. Continuances should not be allowed because hearing dates prove inconvenient for attorneys, judges or parties; neither should continuances be granted based upon the stipulation of the parties.”

With this in mind, and recognizing that continuances are addressed in juvenile court training for judges and attorneys, it was a surprise to again see a broad use of continuances. In the review of 371 case files and the observation of 186 court hearings, which included information on 1,643 hearings, the range of use of continuances granted was 17% of cases in one site to 88% of the cases reviewed in another site. Most frequent reasons for granting continuances were:

Strengths: Five of the seventeen county sites used continuances in less than 50% of the cases reviewed. The file review showed:

- A trend of reduction in continuances in the more recent hearings compared to hearings that were held before the federal guidelines were implemented.
- Judges are moving hearings forward instead of delaying them when granting continuances. This practice occurred in eight of the seventeen counties.
- Leadership of the judge has created a culture that juvenile court is important and will not be superseded by criminal court or other obligations. The practice of coordinating scheduling of the next hearing at the present hearing was present in all seventeen counties. This helps to assure that cases are moving within federal timelines.

Challenges:

- 12 sites had continuances in over 50% of their cases.
- Continuances were granted with only stipulation of the parties as the reason, or what appeared to be little review by the judge and with no reason stated in the order for continuance. Not enough time to hold hearings and scheduling conflicts were listed as the reasons most hearings were continued. A review of scheduling practices may be helpful in learning what changes can be made to alleviate this issue.
- There was a sentiment expressed in some sites that other court cases are still taking priority over juvenile court, so if an attorney had cases scheduled in both courts, the non-juvenile case took precedence

Since continuances appear to be an area that will need improvement, DHS decided to take look at the cases that had a one continuance to see what percent had further continuances. Each continuance that is granted in a case means a delay in achieving permanency for a child.

With the exception of a few cases, most hearings were continued an average of 30 days or less.

This seems to represent a slight improvement from the 2005 reassessment. The average length of continuance during the previous assessment was 39 days.

Information Provided to the Court

The most common reports submitted to court were the DHS Case Permanency Plan, private provider reports, CASA and FCRB reports, social histories and psycho/social evaluations. Reviewers found a wide range of practices within and across all sites with regard to timeliness of submission, quality and completeness of reports. In two of the assessment counties a quick reference sheet or cover page was developed to assist the judge and attorneys with the current status of the case. In other counties, information was not submitted timely or was incomplete. In seven of the counties, we received feedback that reports were not being filed timely or there was not an updated report filed prior to the court hearing.

Family composition, history of services, out of home placements, and the child's legal status are listed initially. In one county, 48% of the cases did not have a DHS Case Permanency Plan for the Dispositional Hearing and 31% of the cases did not have an updated DHS Case Permanency Plan for the Permanency Hearing. All of the judges DHS spoke with said they rely on written reports submitted to the court when making their judicial determinations.

Judges who heard cases in the courtroom used inquiry to supplement the written reports. This procedure helps to assure that the needs of the clients, children or parents, were getting met. Some respondents indicated that if the issue of reasonable efforts is addressed by anyone during a hearing, then the inquiry is sufficient and the judge's only responsibility is to make a written finding. While this practice is sufficient to meet the reasonable efforts requirements, the standard set by the National Council of Juvenile and Family Court Judges states that "complete and in-depth hearings include the active verbal participation of the judge inquiring during the hearings of all the parties regarding their participation in the case plan." This assessment, as in the assessments in 1996 and 2005, found that family members were more motivated and involved when the judges were verbally engaging in the courtroom. Yet, responses received and observations of the reviewers demonstrated that hallway or chamber conferences are still being used routinely in some areas.

This is a continuing pattern that was previously identified in the initial assessment of 1996. It was reported in the 1996 report that hallway conferences designed to reach stipulation are "preferred in order to keep conflict out of the courtroom and eliminate the need for formal hearings under the assumption this is better for the families. This unfounded belief deprives families of their right to a full and fair hearing and often results in children remaining in the system longer."

Strengths:

- The case plan was the most consistent report found in the court file or entered into evidence. This document was mentioned in all interviews as the most important piece of evidence used to inform the court, with the narrative section of the case plan or a one page summary of progress toward goals, when available, as the most helpful part of the report to the court.
- Most reports were submitted four to ten days prior to the hearing.
- Another source of information for the court in some of the assessment counties is the report filed by the Guardian ad Litem. These reports include information about the contact the GAL's with others involved in the case, an update on the case situation and recommendations for consideration by the judge.
- Judicial inquiry is routinely used in some jurisdictions, and is essential to bring forth information not available through reports or attorney examination.

Challenges:

- Judicial inquiry, examination, or testimony does not occur at all hearings, leaving the case plan as the only source of information for judicial decision making. It should also be noted that case plans were routinely accepted by the court without any modifications.
- While uncommon, there were instances where hearings were continued because reports had not been received, were incomplete, or were handed out at the start of the court hearing.

While quality of the case plan was perceived to be adequate or good, some case plans showed no permanency goal when submitted for the permanency hearing or little information was updated from case plan to case plan.

Time Frames

The following key time frames were examined through case file reviews.

1. CINA Petition filing to Adjudication Hearing

Guideline: The Iowa Juvenile Court Benchbook recommends that the time between filing of the CINA Petition and the Adjudication hearing be no more than 30 days.

- Result: The range of averages in the review sites was 26 days to 78 days. One county was within the recommended timeframe. Three counties were over the recommended timeframe by a few days. The remaining thirteen counties were at least 11 and as many as 48 days over the recommendation, averaging between 53 days from the filing the petition and holding the adjudication hearing. Compared to the 2005 Reassessment, the timeframe between the filing of a CINA Petition and the Adjudication Hearing has increased

2. Adjudication to Disposition

Guideline: The Iowa Juvenile Court Benchbook recommends that the time between the adjudication and dispositional hearings be 30 days for those in shelter and 40 days for those in other placements.

- Result: The range of averages was 32 days to 73 days, with 6 counties averaging more than 60 days between the two hearings, and 6 counties averaging 48 days or less. Comparing these results with the 2005 Assessment range of 10-69 resulted with increased time to disposition. With some counties holding the Adjudication and the Dispositional Hearing on the same day, the average is artificially small. In some counties, the Dispositional Hearing was the hearing most frequently continued which may account for the longer timeframes between these two hearings.

3. Disposition to Dispositional Review

Guideline: The Review Hearing is held within 6 months (180 days) after the dispositional hearing if the child has been removed from the home.

- Result: Thirteen of the assessment counties were holding review hearings within the recommended timeframe. Three of the remaining counties were just outside the timeframe by a few days. One county was 21 days beyond the recommended timeframe.

4. Removal to Permanency Hearing

Guideline: Within 12 months after removal of the child from the home or within 30 days after finding of "aggravated circumstances" and reasonable efforts have been waived.

- Result: Eight of the counties assessed were in compliance with the timeframe for holding Permanency hearings, with one additional county's average just two days over the guideline. The remaining seven of the counties were substantially out of compliance with this timeframe. One county did not have any Permanency Hearings in any of the cases reviewed.

5. TPR Petition to TPR Hearing:

Guideline: within 60 days after TPR petition filed.

- Result: Three counties were in compliance with this guideline. Five counties were out of compliance by 3 to 9 days. The remaining counties were substantially out of compliance with one county delaying the TPR hearing an average of 200 days beyond the filing of the TPR Petition.

6. TPR Hearing to Post TPR Review

Guideline: Within 6 months after the TPR order is entered if child is not in an adoptive placement.

- Result: Out of the seventeen counties included in the assessment, nine counties had cases that included post TPR Review Hearings. Of those counties, six had review hearings within the 6-month timeframe. The remaining three counties were 22-59 days beyond the timeframe. This timeframe is important when achieving permanency for children. It was noted that a successful practice is emerging that a judge setting a review hearing results in the professionals being more diligent in trying to establish permanency for children.

7. Timeliness of Court Orders

Guideline: The “Resource Guidelines Improving Court Practice in Child Abuse and Neglect Cases” indicates that best practice is to issue the court order at the end of the hearing. Court rules indicate that all hearings must have a ruling completed within 60 days

- Result: For the seventeen assessment sites, the percent of orders by site that were made available on the same day of the hearing ranged from 22% to 100%. Many of the counties issued their orders within a week from the hearing, well within what would be considered good practice.

When comparing the results to the 2005 Reassessment, both assessments suggest timeliness of court orders is excellent in most counties. However, in 2007-8, two counties were not able to issue court orders for 40-50% of their cases within 7 days, while in 2005, all counties were able to issue orders within the 7 day timeframe.

Strengths: Most court orders are available very quickly, giving direction to the family, DHS, providers and caretakers. This is a very important document that provides the roadmap for families and professionals. Under the tight time constraints of child welfare cases, receiving the order in a timely manner assures the family of maximum opportunity to understand the requirements and work toward their success. Some delays in hearings are planned by the court, allowing families the time to resolve the issues that brought them to court and eliminate the need for adjudication or disposition. While this delay may reflect negatively on the “numbers”, it is an effective tool to support families in continuing their progress.

Challenges: Many Iowa courts reviewed were not in compliance with guidelines or best practice recommendations for timing between hearings. Possible reasons offered for these delays included:

- Lack of docket time
- Lack of availability of attorneys
- Planned delays for families to resolve their own situations

The most prominent reasons observed by the reviewers included:

- Frequent continuances, some were to allow completion of reports and assessments

- Lack of effective use of docket time
- Lack of awareness of the actual time between hearings

Many factors and community cultures exist that contribute to lack of adherence to recommended timeframes. These include antiquated processes that no longer serve a legitimate purpose, lack of awareness of federal and state requirements, judicial reliance on other professionals to lead the process, and convenience for the professionals.

More information, by individual site, is needed before solutions can be developed to increase the occurrence of more timely hearings.

Judicial Leadership

Topics considered within judicial leadership are:

- Case management issues of docketing, timeliness of hearings and continuances
- Quality of hearings, including setting expectations for attendance and involvement of parties and caretakers
- Quality of information, including inquiry and testimony, and expectations for timely, accurate, and thorough written reports
- Federal and state compliance
- Consistent application of best practices and standards of procedures
- Accountability, including accurate and timely data, routine feedback, and review of federal requirements compliance

Judicial leadership provided the structure and direction in the most effective courtrooms. This was demonstrated through clear expectations regarding behavior, attendance, quality of representation, quality of information, timely reports, judicial inquiry, and courtroom hearing process. Where judicial leadership was less direct or inconsistent, the courtroom expectations were also less clear and the process drifted away from best practice. Since the implementation of one judge, one family, there has been a noticeable improvement in judicial leadership.

Quality of Representation

As noted in previous assessments, most respondents regarded quality of representation as an issue that needed to be reviewed further. While judicial leadership can impact the quality of representation, this issue warrants discussion and review of its own.

There are many experienced attorneys who participate because they are committed to juvenile practice. They demonstrate understanding of the change in requirements, the need of children and families, and the important role that attorneys play.

However, with no adopted standards of best practice, issues arising are:

- Lack of awareness or inconsistent use of uniform guidelines and expectations
- Lack of familiarity with their client and preparation for hearings
- Lack of specific requirements to practice in juvenile court
- Lack of advocacy for client

Recommendations

- Supreme Court appoint a task force staffed by Children’s Justice to address the quality of representation, including, but not limited to the development of standards of practice for each of the roles including Guardians ad Litem, parents’ representatives, and representation by the county attorneys.
- Children’s Justice Advisory Committee submit to the Supreme Court a policy or guidelines on the use of continuances in CINA proceedings.
- Children’s Justice provides assistance to interested districts in developing a plan for improvement.
- Children’s Justice works with interested districts to develop a self-assessment tool that could be used by any county or district to monitor them. This process could address monitoring key timeframes in cases.

The previous assessment recommended that CIP assemble a data work group to improve the availability of accurate data to inform judges and assist in monitoring for compliance. This is currently the focus of a federal grant being implemented through the Children’s Justice Program. Continued support from State Court Administration, the Supreme Court, and DHS is essential to providing accurate data and improving compliance.

Quality Assurance System

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Iowa developed and implemented standards to ensure children in foster care are provided quality services that protect the safety and health of the children. (Item 30)

Iowa has continuously operated an identifiable Quality Assurance and Improvement system since 2005, originally implemented as one aspect of the state PIP response to CFSR Round One. The Quality Assurance and Improvement (QA&I) 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 needs of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa’s Child Welfare system. (Item 31).

The Department implemented a” Digital Dashboard” in 2004 which provided quarterly performance data to staff, managers, and the public on the six child welfare measures with national standards. The department increased the information available to staff and managers in 2009 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.

Where was the child welfare system in Round One of the CFSR?

Iowa was not in substantial conformity with the systemic factor of Quality Assurance System during the first round of the CFSR. Although the State implemented standards to ensure the safety and health of children in foster care, DHS did not have a quality assurance system that operated Statewide. As part of its PIP response to Round One, Iowa did develop and implement a statewide Quality Assurance. The

system continues to function to improve safety, permanency and well-being results for children and families of Iowa. A link to the Iowa DHS Quality Improvement website follows:
http://www.dhs.state.ia.us/Partners/PublicInformation/DHSDivisions/RBA/QA_and_I/RBA%20Home.html

The Iowa DHS Quality Assurance & Improvement 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 DHS 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, sets focused goals for improvement
- Implements strategies to improve, monitors results and adjusts when needed.

Values for Iowa's Quality Improvement system:

- Customer Focused (how value is measured)
- Clear Standard Definitions (for process and for performance expectations)
- Simplify, Streamline, Consistent (incl. processes, geographically, and results)
- Do it Right the First Time
- Quantifiable Results (know what results are expected, measure, check & adjust)
- Bias for Action (avoid analysis paralysis - be nimble - simple & quick e.g. PDSA).
- Support Continuous Learning, Creativity and Improvement in Practice
- No Blame (problems indicate broken processes - do not blame people/groups)
- Creating, using, measuring, monitoring and adjusting Quality Improvement Plans.

Attributes of Iowa's Quality Improvement system:

- Quality Improvement serves to develop and maintain a culture of excellence.
- Quality Improvement develops skills of all staff to recognize both quality, and opportunities for improvement.
- Quality Improvement encourages staff to seek new experiences beyond normal duties and outside normal work areas, so they might consider additional ways of improvement they may not have previously experienced.
- Quality Improvement demonstrates that all staff have the ability to influence quality of the work they do directly, and also through others they work with.

Organizational Structure 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 focusing on Child Welfare in each of the state's eight Service Areas, and also a Management Analyst providing data support and analysis in each of the state's eight Service Areas. Also, each Service Area has a Quality Assurance and Improvement Committee (which acts as the steering committee for QA&I activities in the Service Area). In addition, the QA&I system links and coordinates with the Social Work Administrators for coordination improvement and with the Service Business Team and the DHS Cabinet for statewide projects requiring coordination or allocation of resources. The newest addition to Iowa's QA&I system, is the recent addition of Quality Assurance Coordinators in each of the eight service areas focusing on economic assistance related program areas and processes, furthering the support for continuously improving client outcomes and agency efficiency across the agency.

Iowa uses a case reading tool based upon the CFSR case reading instrument, which every supervisor uses to review cases for staff they supervise. Supervisors using the case reading instrument integrate CFSR/ best practice in consultation with their staff. Integration of best practice into casework has strengthened the work with families and has resulted in improved outcomes.

Iowa uses “focused Quality Assurance and Improvement projects” to create statewide performance improvement in specific result areas.

Quality Assurance and Improvement only begins by assuring compliance with applicable regulations and laws. The Iowa DHS 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.

Iowa’s Quality Assurance and Improvement system takes a two pronged approach, balancing monitoring and improvement at statewide and local focus areas. This helps to support statewide improvements, sharing and efficiency. It also supports local areas, making improvements that are not prioritized as statewide need areas.

Iowa’s Quality Assurance and Improvement system encourages and supports paired practice reviews across jurisdictional boundaries with staff representing diverse roles within the agency to support learning and shared understanding. Reviews focus on many specific issues, but 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.

There is a strong feedback-loop between training, supervision, and quality assurance. Quality Assurance has a strong representation on the training committee and a standing agenda item to up-date the training committee on current QA activities, as many of these impact training components. In each of the eight 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.

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 by using quick small, incremental changes routinely applied and sustained over a long period the results in significant performance improvements. DHS receives support and training Kaizen from the Department of Management, see the [Office of Lean Enterprise](#) web site for more information.

A significant improvement that has been made since the implementation of QA&I is the availability and accessibility of data used to assess performance and improvement. Data regarding CFSR measures and best practices have been incorporated into daily operations and this has led to a better understanding of priorities and informed decision-making resulting from data.

Opportunities for improvement of Iowa's QA&I system include increasing the amount of direct contact between QA&I staff, the field, and stakeholders. While conducting the mini-CFSRs in eight Iowa counties, stakeholder feedback indicated that, although there have been joint efforts between the Department and stakeholders to resolve quality issues resulting from implementation of new services, there is not a consistent, on-going role that allows for feedback and participation routinely. Another opportunity noted was to increase communication regarding the role of QA&I and how it can support practice, leading to greater understanding of roles as well as providing increased opportunities for sharing of information locally and statewide.

Quality Assurance: IA CFSRs Reviews

Between April and November 2008, Iowa DHS conducted eight IA-CFSR reviews in the following counties: Polk County; Scott County; Tama County; Pottawattamie County; Winneshiek County; Dickinson County; and Cerro Gordo County. The review included a in-depth review of 32 cases (4 per site); and included interviews with children, family members, foster parents, and service providers. In addition, in each county, 8 focus groups were conducted with:

- DHS/JCO Administrators
- Legal Representatives:
- GALs, Parents Attorneys,
- CASA, FCRB, Assistant
- County Attorney
- Foster Parent
- Providers
- DHS & JCO workers
- Juvenile Court Judge
- QA Staff
- Youth

The review process is expected to continue as a QA mechanism although availability of resources may impact the activity. The QA review will:

- Determine how DHS performs compared to federal standards
- Make system improvements and continue to enhance practice before and after the federal review in 2010.

Efforts are underway to integrate the Judicial Branch Children's Justice Reviews and IA-CFSR. An integrated review process will engage child welfare partners and stakeholders as reviewers and provide a more holistic system review and report.

Staff and Provider Training

The systemic factor of Training incorporates an assessment of the State's new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

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. DHS Training is an on-going activity and includes content from various disciplines and knowledge bases relevant to child and family services policies, program 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 and Iowa State University was developed to provide access to professional services to DHS 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 DHS staff and partners, the Department will continue to provide additional training opportunities through contract trainers and DHS 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 DHS staff curriculum development and trainings for DHS staff and partners may be in conjunction with the consortium and other contractors.

Through the educational resources of the consortium, contractors, and DHS 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 60% 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 and 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 DHS 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 now provided to these service providers via joint and provider only training.

Provider of Training

Title IV-E training is provided to DHS employees and its partners by contracting through a “Basic Ordering Agreement” with Iowa State University and its consortium, by contract trainers and by DHS

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 DHS staff and partners. DHS staff may provide training independently or in conjunction with the consortium or other contractors.

Duration Category and Administrative Functions the Training Addresses

The consortium, contractors or DHS staff provides initial in-service 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. 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.

Setting/Venue for the Training Activity

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

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 600 field staff has 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 DHS 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 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.

Child Welfare Provider Training

DHS and the Coalition signed the contract for the Coalition to administer the \$250,000 child welfare provider training allocation in early November 2008. The Coalition has developed a proposed training plan for the remainder of SFY 2009, and will have a proposed plan for SFY 2010 no later than July 15, 2009. The plan includes training in the following areas: The plan includes 45 days of face-to-face sessions, focused on the following topics: de-escalation, substance abuse and chemical dependency, engaging youth and families, safety planning and risk assessment, child development, clinical supervision, and the supervisor's role in addressing worker stress. The plan also includes access to on-line training. The Coalition launched the Child Welfare Provider Training Academy website on March 19, 2009. All details of upcoming training to be held for children welfare provider frontline staff and supervisors are now available at www.cw-academy.org. The website will be updated periodically to include any new offerings of training. The website allows for online registration and provides an

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immediate confirmation of registration. It also provides information on courses, trainers, locations, dates, etc.

In FY 2009, there were 143 courses offered with 6,237 participants.

Course Offerings & Benefiting Programs					
FY 10					
COURSE NO.	COURSE TITLE	Revision Required	Benefiting Program	# OF TIMES	# OF DAYS
HS 001	Confidentiality is key	update	All Child Welfare	web	0.3
CP 200	Basic Training for CPW	major	2/5 All Child Welfare & 3/5 State Only	3	5
DS 168	Dependent Adult Abuse Mandatory Reporter Training	new	State Only	ongoing	ongoing
DS 169	Child Abuse Mandatory Reporter Training	update	All Child Welfare	ongoing	ongoing
SP 100	Overview of Child Welfare	update	All Child Welfare	web	0.3
SP 103	Legal Fundamentals	major	All Child Welfare	web	0.3
SP 104	Medical Fundamentals	update	All Child Welfare	web	0.3
SP 105	Substance Abuse Fundamentals	update	All Child Welfare	web	0.3
SP 106	Domestic Violence	update	All Child Welfare	web	0.3
SP 107	Child Development	update	All Child Welfare	web	0.3
SP 108	OJT Basic Training (Guidebook)	major	All Child Welfare	ongoing	ongoing
SP 150	Child Welfare Practice in Iowa via webinar	major	All Child Welfare	4	3
SP 300	Application of Legal & Medical Issues	major	All Child Welfare	2	3
SP 301	Impact of Domestic Violence & Substance Abuse	major	All Child Welfare	3	2
SP 302	Advanced Medical Issues	update	All Child Welfare	1	1
SP 533	Shared Parenting-Family Interaction to Assure Safety, Well-being & Permanence	update	Foster Care & Subsidized Adoption	3	1
SP 534	Family Team Meeting Facilitation	update	All Child Welfare	4	3
SP 535	Assessing Throughout the Case	update	All Child Welfare	3	2
SP 536	Frequently Seen Families	major	All Child Welfare	4	1

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SP 539	Facilitating FTDM with Domestic Violence	new	All Child Welfare	2	1
SP 600	Poverty Simulation	new	All Child Welfare	1	1
SW 020	Foundation of Social Worker 2 Practice	major	All Child Welfare	4	4
SW 071	Legal Aspects of Social Work	update	All Child Welfare	4	2
SW 072	Testifying in Juvenile Court	major	All Child Welfare	8	1
SW 073	Permanency & Termination of Parental Rights	update	Foster Care & Subsidized Adoption	4	1
SW 102	FACS for Adoption	update	Subsidized Adoption	on request	1
SW 122	Dependent Adult Abuse	major	State Only	2	3
SW 321	Legislative Issues & Appellate Court Decisions	major	All Child Welfare	1	0.3
SW 341	Working with Native American (ICWA)	major	All Child Welfare	1	1
SW 342	Psychological Testing: From Referral to Intervention	update	All Child Welfare	1	1
SW 344	Topics in Dependent Adult Abuse	new	State Only	6	0.3
SW	Adoptioon Training	new	Subsidized Adoption	1	1
SW 500	Social Work Ethics	update	All Child Welfare	1	0.5
SW 504	Ethics for the Child Welfare Professional	update	All Child Welfare	1	1
SW 505	Changing Faces of Iowa: Culturally Competent Practice with Families & Communities	major	All Child Welfare	3	1
SW 603	Sexual Abuse	update	All Child Welfare	1	1
SW 604	Advanced Domestic Violence	update	All Child Welfare	3	1
SP 304	Advanced Legal Course	new	All Child Welfare	1	1
	Community Partnerships for Protecting Children	update	All Child Welfare	ongoing	ongoing
	CPTA Law Manual Update	major	All Child Welfare	ongoing	ongoing
	Risk-DHS/Provider Training	new	All Child Welfare	ongoing	1
	Family Team Meeting Seminars	update	All Child Welfare	bi-monthly	0.3
	Parent Partner Seminars	update	All Child Welfare	bi-monthly	0.3
	New Social Worker Guidebook	major	All Child Welfare	ongoing	ongoing

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	Practice Initiatives	new	All Child Welfare	ongoing	ongoing
	Teleconferences/Webinars	new	All Child Welfare	ongoing	ongoing
	Writing Court Reports	new	All Child Welfare	1	1
	Interviewing	new	All Child Welfare	8	1
	Attachment and Child Development	new	All Child Welfare	8	1
	SA and Recovery Matrix	new	All Child Welfare	4	1
	Family Finding	new	All Child Welfare	2	1
	Mental Illness in Children with Eileen Swoboda	new	All Child Welfare	4	1
	Effect of Mental Disorder on Parenting Capacity	new	All Child Welfare	4	1
	Motivational Interviewing	new	All Child Welfare	6	2
	Health Realization	new	All Child Welfare	2	0.5

Child Welfare CASA and FCRB Training

The Department provides for initial and in-service training of Court Appointed Special Advocate (CASA) volunteers under a cooperative agreement with the Department of Inspections and Appeals. The CASA volunteers must be volunteers for the Iowa Child Advocacy Board. The costs for these trainings are being paid in part by title IV-E training funds through the state's approved cost allocation plan following.

Where was the child welfare system in Round One of the CFSR?

Iowa was not in substantial conformity with the systemic factor of Training. Although the CFSR determined that the State had a well conceptualized and broad pre-service training curriculum for caseworkers, the training system was not functioning, as it should.

Where is DHS Currently?

Initial Training: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff that deliver these services. Training is a strength in our State, but review and improvements continue to be an ongoing process.

Ongoing Training: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP. Staff has identified advanced training for experienced social workers as an area needing improvement. Based on this feedback, we have implemented the following training:

- Monthly distance learning opportunities e.g. (Bureau calls, access to National Resource Center distance learning, on-line advanced training opportunities.)

- CFSR Practice Bulletins as a guide to supervisor monthly training of staff
- Monthly advanced learning sessions for supervisors around Best Practices

There is a strong feedback-loop between training, supervision, and quality assurance. Supervisors have a strong representation on the training committee and Quality Assurance meets with both the supervisor Social Work Administrators monthly and has several representatives on the Training committee to provide a continual feedback loop.

Stakeholder Assessment

A survey of eighteen stakeholders noted strengths and opportunities for improvement. Updates to training have occurred and plans are being developed to enhance and refine initial and ongoing training. Future directions include E-learning, more focus on practical skill based training with greater assistance with a learning management system to assist with learning transfer. A learning needs survey is being implemented to focus on areas of needed learning for ongoing training that is not required training.

These were some of the listed strengths of the training system

- An active training committee ensures that training is adequate, effective and relevant to DHS staff by providing recommendations and feedback to the training office and helping to develop and review curriculum.
- Accessibility of courses with a mix of on-line and classroom setting learning options
- Comprehensive guidebook for new staff with corresponding checklist for both new workers and supervisors to complete together to support the new worker's learning
- Basic courses specific to each job classification
- Courses adapted on an ongoing basis to incorporate changes
- Training developed by a committee that included policy and field staff (e.g. safety/risk training)
- Training expectations clearly identified, outlined and communicated to staff
- Key topics addressed: domestic violence, substance abuse, sexual abuse, etc.
- Timely new policy and practice training

Based on feedback, suggestions being implemented include:

- Identifying staff for focus groups to assist in reviewing and updating of new worker training
- Implementing a learning survey for course development

Staff Training: Initial and ongoing staff training is detailed in the DHS Training Plan requirements. The Training Plan lays out for both social worker 2s and 3s the required learning activities. Iowa utilizes a blend of self study, instructor-led events, and group collaboration each deployed in a blend of asynchronous (directed study) or synchronous (real time learning) modes appropriate to the learning.

In 2006 a required week long training that is tailored to each of the two classifications was made available. New workers need to attend before receiving primary case assignments. All workers and supervisors are required to attend a minimum of 24 hours of continuing education annually.

Supervisory training includes participating in the Recruitment and Retention grant's curriculum of Committed to Excellence through Supervision and the Supervisory Transition Training modules. Both of these trainings are in cooperation with the University of Iowa Department of Social Work and the Department with funding from the Children's Bureau. The evaluation of supervisor training for the two federal grants, improving recruitment and retention, and improving outcomes for youth in transition, has found a high level of participation by DHS supervisors (ranging from 92% - 96% across sessions). In addition, knowledge tests administered before and after the training have demonstrated increased knowledge among participants (78% to 93% across sessions).

Additional improvements since the round one review include:

- The frequency of course offerings has increased and required basic foundation courses are available to staff within a short time of their hire.
- The Department's Quality Assurance program and training have developed a feedback loop between the QA, Social Work Administrators/Supervisors and Training.
- The Department has been collaborating with the University of Iowa School of Social Work with Professor Miriam Landsman, Principal Investigator, on two Children's Bureau training grants that have targeted supervisory training. These grants on Recruitment and Retention and Transition Training have provided needed supervisory training.

In 2003 item 33 was rated as an Area Needing Improvement because the availability of on-going training had been significantly reduced due to a 75 percent reduction in funds available for training purposes. At the time of the onsite CFSR, stakeholders reported that ongoing training was not readily available to DHS staff."Since the round one review:

- Ongoing training has increased in number of offerings and the inclusion of Provider Partners for some significant practice training on safety and service array. Several new advanced courses were implemented to bolster practice including Assessing Throughout the Life of the Case and Working with Frequently Seen Families: Practical Help for your Most Difficult Cases of Chronic Neglect.
- As part of the federal grant on improving outcomes for youth in transition, training for all supervisors and caseworkers in ongoing services will be provided in each of the eight service areas around the state. In addition, community partners/services providers in each service area have been invited for an additional day of training.
- Meetings have been held with our university partners to develop ongoing training initiatives. Graduate level courses are now available to staff with tuition reimbursement.

Iowa DHS training uses Blended Learning that is a mix of self-directed and real time courses with the New Social Worker Guidebook and the New Social Worker Monitoring Checklist guiding the social worker's self-directed learning. Feedback is sent to the new worker and supervisor after the introductory course and shadowing and journaling are part of the on the job transfer of learning strategies. Aggregate evaluations for new worker courses are in the good and excellent categories with a consistent 70 plus percent return rate of evaluations.

In a survey regarding training in judicial court districts, in which 6 of the 8 districts responded, the survey found that the audience and content of multidisciplinary training included a high percentage of child welfare participants and content in the training the past 12 months.

As required, new Iowa DHS Social Workers attend the basic foundation course for their job classification before receiving primary responsibility for a caseload. Required initial training includes these real time courses:

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First six months:

Course	Position	Days
SP 150 Child Welfare in Iowa	SW 2 & 3	3
SW 020 Foundation of Social Worker 2 Practice – before case assignments	SW 2	5
SW 071 Legal Aspects of Social Work	SW 2	2
SW 072 Testifying in Juvenile Court	SW 2	1
SW 073 Permanency & Termination of Parental Rights	SW 2	1
CP 200 Child Protective Basic Orientation – before case assignment	SW 3	5
SP 300 Legal and Medical Issues in Child Protective Assessments	SW 3	3
SP 534 Family Team Decision Making	SW 2 & 3	3

By end of 12 months:

SP 535 Assessing throughout the Life of a Case	SW 2 & 3	2
SP 533 Shared Parenting to Assure Safety, Well-Being & Permanence	SW 2 & 3	1
SP 301 Domestic Violence & Substance Abuse	SW 2 & 3	2

The self-directed learning activities are guided by the New Social Worker Monitoring Checklist which includes: DHS vision and mission, Model of Practice, Social Worker Competencies, which laws and policies guide their practice and ICWA, MEPA Acts and Mexican Consulate Agreement in addition to a plan to follow through self directed and real time classes. To assist with transfer of learning, there are a series of shadowing exercises and a journaling component. With extensive system wide changes, training is being reviewed for currency and completeness. Possible future areas of incorporation include E-learning, more focus on practical skill based training with greater assistance with a learning management system to assist with learning transfer. In general, workers are trained with a blended format relying heavily on the training environment with mentoring provided in many offices by more experienced workers and/or supervisors.

Ongoing training is a mix of required training and advanced courses including such courses as Frequently Seen Families: Practical Help for your Most Difficult Cases of Chronic Neglect and Cultural Competence Training in addition to a yearly ICWA training. There was a required statewide training on Safety for all workers and provider partners followed by another statewide training for workers and provider partners on the New Service Array. Tuition reimbursement is available for approved graduate level university social work classes. This type of training offers great opportunities for statewide introduction of new ideas and advanced learning.

Changes in policy, procedure need to be continually relayed to staff of the Department’s training contract in order to ensure that training is comprehensive, current and accurate. Resources are needed to sustain the supervisor training and increase adequacy of new worker training and provide advance learning for experienced workers.

Staff and Provider Training Item 34: Foster and Adoptive Training: The State Provides training for current or prospective foster parents, adoptive parents, and staff of State-licensed or approved facilities that care for children receiving foster care or adoption assistance under title 4E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Stakeholder Assessment: The team determined that the State is “Usually Effective” in this area, as, “There is a training system in place statewide that usually provides adequate initial and ongoing training to all foster/adoptive family caregivers.”

Team members, individually or collectively, noted:

- The curriculum that the State uses for foster/adoptive families, “Partnering for Safety and Permanency Model Approach to Partnership in Parenting” has led to consistency and quality in training since its implementation in 2003
- Courses available to foster and adoptive parents after licensure often link to the concepts taught in PS-MAPP.
- PS-MAPP participants are generally receptive to communication and interaction with birth parents.
- The curriculum of PS-MAPP is of high quality, but standardized to the point of inhibiting exploration of issues that are unique to the group being taught. Some team members related this to a lack of relative-specific training, as there is currently no established relative-caregiver curriculum. Licensed kin go through the same training as non-kin caretakers. The curriculum is geared towards the latter group.
- It can be difficult for families to find childcare while they attend PS-MAPP and challenging to commit to the lengthy training process. Families in rural setting sometimes have to travel long distances to access on-site trainings.
- There is at times a long period of time between the time of the initial contact with a potential family, and the time that the initial PS-MAPP training begins. This could contribute to families dropping out of the process.
- Foster and adoptive parents should have CPR and First Aid training; a variety of opinions were offered regarding the logistics and specific timeframes for this certification.

Iowa Foster and Adoptive Parent Association (IFAPA) Survey: In early March 2008, an online survey was sent to foster and adoptive parents whose email addresses are in the IFAPA database. There were 771 total respondents. Not all respondents answered all of the questions. 68% (771 total respondents) agreed/strongly agreed that their initial training provided them with the skills to adequately meet the needs of children placed in their care. 18% were neutral, and 14% disagreed/strongly disagreed. Regarding the post-licensure/approval training that is available to them, 75% (757 total respondents) agreed/strongly agreed that the training provides them with the knowledge and skills to adequately meet the needs of the children placed in their care. 17% were neutral, and 9% disagreed/strongly disagreed. 82% (725 total foster parent respondents) indicated that they agree/strongly agree with the statement, “I am comfortable engaging with birth parents when it can be done in a way that does not put my family or the foster child at risk of harm.” 13% were neutral, and 6% disagreed/strongly disagreed.

Judicial Focus Group: On March 7, 2008, a Judicial Focus group responded to questions concerning the Child Welfare System. The group was composed of eight judges who were from all but one of the eight Iowa judicial districts. Some were from rural areas, others more urban, and one from the most populous county in Iowa. Experience in Juvenile Court matters ranged from 18 years to 8 months. They were asked, “How effective is the State in providing and ensuring completion of adequate training for current or prospective foster and adoptive parents, including relative caregivers? Staff of group facilities?” Most of the judges were aware that training was done, but are unfamiliar with the specifics of it. One Judge mentioned that he meets regularly with foster parents to discuss training issues non-specific to any case that may be pending before that Judge. One Judge mentioned that kinship care providers receive, to his knowledge, no formal training, and in some situations are as much in need of training as a foster parent would be. Another Judge indicated that he believes the PS-MAPP training is good, and he has been asked to participate in providing training to prospective foster parents. He indicated that other judges may be willing to provide some training, but may not have been asked.

The **Statewide Assessment Team** suggests that there be further development of training opportunities for kin. The reasons for delays between the point of first contact with an interested family and the initiation of the first PS-MAPP class need to be further explored and addressed. There needs to be a concerted effort to further educate foster and adoptive parents on system changes related to role changes. The Statewide Assessment team supports implementation of dual licensure rules that will ensure that foster and adoptive parents have the same annual training requirements.

Evaluation: Training for foster and adoptive parents is addressed in Policy Manual reference 12B, Iowa Administrative Code Chapters 113 and 117, and Iowa Code 237.

In January 2007, the State entered into a contract with Iowa KidsNet for the recruitment and retention of foster and adoptive homes. On July 1, 2007, IKN assumed responsibility for the orientation, initial training, licensure, retention and recruitment of foster and adoptive parents using the Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (PS-MAPP) curriculum. This curriculum has been used in Iowa since 2003. KidsNet maintains a statewide, centralized customer service center that fields initial inquiries from interested families about the orientation and training process. IKN posts the orientation and class dates on the IKN website. Previous to this contract, the State had several contracts with several different providers for licensing, and contracted with different agencies for training and recruitment. Each potential foster and adoptive parent must take the 30- hour PS-MAPP class to be licensed and/or approved. Additionally, each potential foster and adoptive parent must take a course called "Universal Precautions" prior to licensure. This course addresses blood-borne pathogen protections. Mandatory Reporter Training must be taken within 6 months of licensure/approval and every five years thereafter.

The PS-MAPP courses are held over the course of 10 weeks. The curriculum is standardized and structured. It addresses a variety of topics, including basic foster care information, reasons for foster care placement, the cycle of needs and how that relates to trust and healthy attachment, the need of a resource parent to be a "loss expert" to help the child, helping children form attachments, managing behaviors, helping children maintain birth family connections, helping children leave foster care, understanding the impact of foster or adoptive care for a child, teamwork and partnership, and endings and beginnings.

The PS-MAPP courses address both foster and adoptive care. A family who goes through PS-MAPP and decides to only do fostering does not have to undergo additional training in order to become approved for adoption. However, the family who decides to foster only where a foster home study was completed and later wants to be an adoptive parent must have an additional home study completed for adoption. The same applies if a family decides to be approved only for adoption at the completion of PS-MAPP and wants to be a licensed foster parent. If the family later decides to foster, they need to go through the foster care licensing process, but do not have to re-attend PS-MAPP.

Training and licensing of foster and adoptive parents are integrated processes in Iowa. Included in the licensing packet are materials that are completed during the training process. The PS-MAPP trainer provides written feedback to the home study worker about strengths/needs of the applicants as observed through the training process. The home study worker attends five PS-MAPP classes, per the contract requirements. Three of these classes are mandatory (1,3,10) A license cannot be issued without the PS-MAPP training, unless DHS waives the requirement in accordance with the guidelines as laid out in the [441 IAC 113.8\(1\)c](#).

All or part of the PS-MAPP training can be waived by DHS for foster parents in accordance with 441 113.8(1)(c) 1-2: 1) The applicant has relevant training or has a combination of relevant training and experience that is an acceptable equivalent to all or portion of the required pre-service training, or 2) There is good cause for the waiver based upon the circumstances of the child and the applicant.

All or part of PS-MAPP training can be waived by DHS for adoptive parent applicants according to 441 200.4(4) a 1-3: 1) The foster parents were licensed prior to 12/31/02 and have been caring for a foster child in their home for more than 6 months whom they have been selected to adopt, or 2) The applicants are relatives who have cared for a related child for at least six months and have been selected to adopt the related child. (Additionally, the provisions for waivers outlined for foster parents also apply to adoptive parents.)

There is a statewide tracking sheet on which DHS service areas are to record basic information about PS-MAPP waivers. The tracking sheet currently indicates that there were 13 PS-MAPP waivers granted in fiscal year 2007. The tracking sheet indicates that 23 waivers have been granted statewide so far in 2008. From June through December 2007, IKN offered 46 PS-MAPP sessions. Sessions were offered in all 8 DHS Service Areas in the state. There are currently PS-MAPP sessions being offered throughout Iowa, and several classes are scheduled through June 2008.

Iowa DHS has entered into a contract with the Iowa Foster and Adoptive Association for the provision of ongoing training for foster and adoptive parents after the initial license is issued. Every foster parent must complete 6 hours of training annually after the initial license is issued. At least three hours must be group training. Foster parents must receive approval from DHS prior to attending the training to ensure the training will meet the requirements as outlined in IAC 441-117.7(2). Foster parents must provide proof of training to DHS. This annual training is required for annual relicensure, and verification is submitted with the annual relicensure packet submitted to DHS by IKN. Foster parents are able to take more than the required training, if they choose. IFAPA is not the only provision for on-going annual training. Other providers and also foster parents can submit an approval form to DHS for the 6 hours of annual training.

IFAPA has developed “Preventative Practices,” and “Managing Risk” trainings. IFAPA offers nine, 2-hour sessions on Building Strengths, a curriculum that has training modules on boundaries, professional relationships, placement practices, foster family system, behavioral emergencies, documentation, foundation for discipline and strategies, and recognizing risks. These trainings build on the PS-MAPP, “Preventative Practices” and “Managing Your Risk” classes. IFAPA sponsors a statewide, annual conference for foster and adoptive parents. Classes are offered at the conference related to fostering and adopting, and the classes are approved for the annual relicensure training requirement. IFAPA also sponsors support groups. Participation in the support groups can count towards the relicensure training requirements if training is provided through the support group.

IFAPA posts information about the trainings on its website, and sends mailings about the trainings to foster and adoptive parents and unlicensed relative caregivers who have joined IFAPA. Every Service Area in the state has an IFAPA liaison (who is a licensed foster parent) who provides peer support and outreach to foster and adoptive parents. Although not an official “trainer,” the liaison provides information to foster and adoptive parents related to a variety of topics, with an emphasis on navigating the DHS systems and licensing requirements.

IFAPA maintains a database of all of the registrations and attendance at each training. Foster parents receive an annual stipend for training to cover enrollment and childcare costs. Adoptive families are not required to have six hours of annual training; however, they may participate in IFAPA trainings. These trainings are also offered to unlicensed kin caregivers.

In January 2007, the State adopted a new foster parent reimbursement system that based payment rates solely on the level of complexity of the child’s needs. Previous to the implementation of the new structure, foster parents could take additional training and comply with additional requirements in order to obtain a “treatment level” status. If the children in the treatment family’s home met specified criteria, these foster parents could receive supplemental reimbursement for these children. At the present time,

foster parents are allowed to take as many classes as they choose; however, the rate of reimbursement is tied solely to the needs of the child.

Child Foster Care facilities caring for children receiving foster care or adoption assistance under Title IV-E in Iowa are categorized as shelter and group care (comprehensive and community.) Rules governing training requirements for staff for these facilities are provided in Iowa Administrative Code 441, Chapters 105 (shelter), 112 (Licensing and regulation of child foster care facilities,) Chapter 114 (Licensing and regulation of all group living foster care facilities for children,) and Chapter 115 (Licensing and Regulation of Comprehensive Residential Facilities for Children). Iowa Code 237 governs facility licensing and training. DHS Policy Manual Chapter 12C addresses staff training and development.

The Iowa Department of Human Services contracts with the Department of Inspections and appeals for formal reviews of the facilities' compliance with statutes and rules.

Facility staff are mandatory reporters and are subject to rules and code relating to that status. The October 2003 Final Report lists Item 34 as a strength, although the overall rating in the general systemic area of "Training" (of which this Item is a part) was "2- not in substantial conformity".

During Round One of the CFSR, the State was implementing the PS-MAPP curriculum statewide (pursuant to 2002 legislative changes.) IFAPA was providing in-service training; 6 hours of annual training for foster parents was required every year, and this was provided through a variety of modalities. Stakeholders at the time indicated that the "NOVA" training that was offered at the time was inconsistently delivered, foster parents were not prepared to meet the needs of special needs children, (and related this to instability in placement) and DHS workers did not have the time to adequately support foster parents due to high caseloads.

Strengths:

- Statewide implementation of PS-MAPP and standardized curriculum with emphasis on partnerships and team approach.
- Ongoing training is offered that relates to the core concepts in PS-MAPP. Ongoing training is offered to unlicensed caregivers
- Foster parent licensure is tied to training. Training is tracked and monitored by IKN, IFAPA, and DHS.
- In 2006, the Sioux City Area held trainings for Native American families interested in fostering and adopting. IFAPA has provided funding to an African-American foster family in Polk County. This family serves as a "liaison" for families who request training in culturally-specific practices.
- DHS performance indicates that since April 2007, there has been a less than one percent frequency of child abuse (as indicated by a confirmed or founded child abuse report) by foster and adoptive parents towards the children in their care.
- Shelter and group facilities consistently adhere to training requirements for staff

Barriers:

- PS-MAPP and IFAPA course offerings are dependent upon the number of people interested in attending.
- There is no mandated annual training for adoptive parents, who are often dealing with challenging and complex behaviors.
- Foster and adoptive parent reimbursement is not tied to the level of expertise of the foster parents; this impacts the "incentive" for foster parents to seek additional training.
- Foster parents have a variety of options for annual training for relicensure; however, there is little guidance provided for developing a "training plan" that will ensure that foster parents are getting the training they need.

- There is an absence of “Nuts and Bolts” training for foster and adoptive parents about working with DHS, reimbursement types, and practical matters related to foster/adopt care.
- The number and type of staff development trainings that can be offered to facility staff is tied to the resources available to that facility.

The Foster and Adoptive Task Team is revising the Foster Parent Training Plan, form 470-3341, that was used for evaluating the strengths and needs of the treatment level foster parent, to use it to identify the training needs of all foster parents. This revised form should be in policy manual this fall.

There are limited fiscal resources upon which to build and implement curriculums on kinship care, and cultural competency and awareness for foster and adoptive parents and the staff who work with them.

TA Requests and Planned Requests:

- Managing Change in Programs to address upcoming needs in rules, policy, practice and partnerships. Ellen Kagen TA provider.
- National Resource Center for Organizational Improvement: Licensing of Indian Foster Care Homes by Tribes. Kathy Dorsley TA Provider.
- National Resource Center on Organizational Improvement; Review Process Integration – Foster Care Review Board, DHS – QSR & IA-CFSR, and Court Reviews; March 08 – still in progress.
- National Resource Center for Protection – Safety and Risk Policy
- National Child Welfare Center Resource Center for Youth Development: Transitioning Youth; NYTD
- National Resource Center for Adoption: Dual Licensure
- National Resource Center for Legal and Judicial Issues: Multidisciplinary Training in Court Procedures
- National Resource Center for Family Centered Practice and Permanency Planning: Case Planning; Group Care preparation for family centered contracting changes.
- National Resource Center for Resource and Technology: NYTD and CFSR Electronic Tool Implementation
- National Resource Center for Substance Abuse and Child Welfare: Substance Abuse and Child Welfare Issues

Service Array and Resource Development

The assessment of the systemic factor of Service Array addresses three questions:

- Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)?
- Are these services accessible to families and children throughout the State (item 36)?
- Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Stakeholder Assessment

In focus groups conducted with Parent Partners across the state regarding their comparisons of involvements with the DHS as clients 3 or 4 years ago, and now that they have been reunified with their

children and are serving as mentors for active cases involved with DHS, the following conclusions were drawn:

The Partners believe that the DHS system has changed over the past few years. It is “amazing” to some of them that DHS has embraced and supported the Parent Partner effort. One Partner noted that it was like “unifying with the enemy and using it as an asset rather than a barrier.” Others stated that they felt they were part of the collaboration; that their voices are starting to be heard in changing policy. Some believe that the program is helping DHS workers to change their perspective of how they “look at people and that people can and do recover and get better.”

Overwhelmingly, the Parents stated that DHS has changed. One summarized for their group by saying, “We now have belief in a system that we thought was corrupt – actually it was corrupt and now that has changed.” One state that, “Four years ago I would have never imagined sitting in a room with DHS; this is very empowering and a reminder that we have all come a long way.”

Of the three focus groups conducted across the state, all acknowledged the growth that they have recognized within the DHS system.

In a focus group discussion held at the Child and Family Services Stakeholder Panel in January 2008, participants reported:

- There are lots of services for families, but often families don’t know of the services or workers don’t know how to access it. The array is good, but effectiveness in delivery is not good.
- Foster parents or families don’t know how to access it. The array is good, but access is hard.
- There is inconsistency in the service array depending on workers, judges, and funding.
- It is difficult to deliver services in rural settings. Provider pay is not based on the differential costs of providing services in rural vs. urban areas. Resources that are skilled in specialized areas are in limited supply.
- The State seems to be moving away from individualizing services because the State desires to provide equitable process for everyone in the State, both in urban and rural areas.
- The State tends to tailor or individualize service more when it comes to permanency. But the State should individualize more for the child when looking for another goal besides reunification.
- The State is making huge strides to individualize services based on the needs of the child or family because people are listening.

What does the data say?

- Community Care served families that have been identified by DHS as having a lower risk of abuse. An average of 625 to 650 families are served each month through Community Care.
- The HCBS Children’s Mental Health Waiver serves children that have behavioral health needs that would otherwise require placement. An average of 287 children were served monthly during FY 2007 and an average of 438 children served monthly during FY 2008.
- Medicaid Remedial Services Program (RSP) serves Medicaid eligible children with behavioral health needs. An average of over 7,000 children a month has been served through RSP. These children are not involved in the formal child welfare system, and include children participating in the adoption subsidy program

Where was the child welfare system in Round One of the CFSR?

Item 35 was rated as an Area Needing Improvement because recent budget cuts had resulted in significant reductions in the service array, leading to a number of critical services either being eliminated or sharply reduced, particularly with regard to culturally appropriate and bilingual services.

Item 36 was rated as an Area Needing Improvement because services were not available in all areas of the State, particularly in rural areas.

Item 37 was rated as an Area Needing Improvement because services are not routinely meeting the diverse needs of the children and families.

What changes in performance and practice have been made since Round One? Overall, what are the strengths and promising practices that the child welfare system has demonstrated?

Since 2005, DHS has strengthened the array of services for children and families through two methods: 1) implementing community-based supports for families, and 2) changes in formal child welfare services.

In terms of implementing community-based supports for families, the following have been implemented: **Community Care** – is a single statewide performance-based contract for delivery of child and family focused services and supports provided to families referred from the Department in all rural and urban areas of state. Community care is identified as needed to prevent future abuse and the family needs support beyond current formal or informal systems. Community Care services and supports can only be accessed through the DHS child protective assessment process and only for those families who meet the defined eligibility criteria and who voluntarily accept a referral to Community Care. By providing families with lower risks of abuse access services voluntarily and without DHS monitoring, resources are then better focused on the families that DHS is there to serve.

HCBS Children’s Mental Health Waiver (CMH) – provides services for children that have behavioral health needs that would otherwise require placement.

Medicaid Remedial Services Program (RSP) – provides services for Medicaid eligible children with behavioral health needs.

In terms of changes in formal child welfare services, the following have been initiated:

- Performance Based Contracts & Evidence Based/Informed Practice. DHS has implemented performance-based contracts with monetary incentives for improved outcomes. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for providers to deliver services based on child and family needs in exchange for greater provider accountability for positive outcomes.
- Single statewide foster and adoptive family recruitment, training, matching and support.
- Multiple regional contracts with private child welfare agencies that provide safety and permanency services to abused children and their families.
- Drug Testing. In FY 2008, DHS allocated funding for drug testing of parents in open child welfare cases. Prior to this, funding was only available for drug testing during a child abuse assessment, through Court Ordered Services on a limited basis for families involved in Juvenile Court, and through locally funded decat projects.
- Legal Fees. In FY 2008, DHS allocated funding to reimburse legal fees associated with achieving permanency for a child through guardianship or transfer of custody in district court. Previously, funding was only available for legal fees associated with adoption subsidy.
- Shelter Care. Between January 2004 and September 2005, the number of youth in shelter care decreased by 26%, reflecting primarily a significant (60%) reduction in median length of stay for both DHS and JCS placements. In October 2005, DHS implemented new contracts with shelter

care facilities that provided for guaranteed payment of 273 beds, regardless of usage, in order to stabilize funding for shelter care facilities. The use of emergency juvenile shelter care use is trending downward and SFY 2009 began with DHS contracting for 267 guaranteed payment beds. SFY 2010 is anticipated to begin with the DHS contracting for 246 guaranteed payment beds with the equivalent of funding for 21 beds reinvested into the development or enhancement of child welfare emergency services that provide alternatives to congregate shelter bed placements when appropriate.

- Subsidized Guardianship. In February 2007, DHS implemented IV-E Subsidized Guardianship waiver. To date, 6 children have achieved permanency through guardianship as a result of this program.
- Transition Services. Over the last 2 years, DHS has also implemented several changes to improve outcomes for youth that transition from foster care to young adulthood.
- Preparation for Adult Living (PAL) – provides ongoing support for youth that have left foster care at age 18, and are working or in post-secondary education. As of December 2007, there were 198 youth participating in PAL.
- Medicaid for Young Adults (MIYA) – provides Medicaid coverage for youth that have left foster care at age 18. As of December 2007, there were 224 youth participating in MIYA.
- The College Aid Commission has also implemented a new program expanding post-secondary educational support.
- All Iowa Opportunity Foster Care Youth Grants – provides financial assistance for youth that have left foster care at age 18 (or were adopted at age 16 or older) that are attending post-secondary education. For the 2007-2008 academic years, there were 171 youth participating in the federally funded Education and Training Voucher program, and an additional 80 participating in the All Iowa Opportunity Foster Care Youth Grant program.
- As part of Better Results for Kids (BR4K) redesign, DHS instituted the use of *Family Team Meetings (FTM)* to engage parents and youth in identifying family strengths and needs, as well as service plans. Between July 2006 and December 2006, DHS staff almost tripled the number of FTM's used to engage families in case planning – from 284 per month to 819 per month.
- Along with the advent of Family Team Meetings, DHS has emphasized pursuing placements with relatives or kinship care, and has utilized the family team meetings as a means to identify the supports needed to sustain a relative placement.

Iowa KidsNet, a contract provider of the Department of Human services, offers free support services to resource families (foster and adoptive parents). The ultimate goal of Iowa KidsNet support services to strengthen placements, prevent disruption and achieve permanency. 'This service is a support service is available to foster parents and /or adoptive parents with a DHS subsidized adoption. Foster families are automatically assigned a support specialist after completing PS-MAPP training. Adoptive families are assigned a support specialist upon the family's request. Adoption support services help prevent adoption dissolution.

Iowa Foster and Adoptive Parents Association (IFAPA) a contract provider of the Department of Human Services also has a unique support role with foster parents and adoptive families. IFAPA provides vital peer support. IFAPA has peer liaisons throughout the state of Iowa who are experienced foster and adoptive parents. IFAPA has recently instituted two multi-cultural liaisons who will provide training and support for transracial foster care and adoptive placements.

Minority Youth and Family Initiative (MYFI)

In March 2004, DHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families. Disparities persist, but the project to reduce disparities among Native Americans has been particularly successful in establishing bridges between the DHS and tribal officials in northwest Iowa and in increasing the use of relative placements. The separate project addressing African American families in Des Moines is also helping to build bridges between DHS and the community.

Community Partnership for Protecting Children

The Community Partnerships for Protecting Children (CPPC) approach aims to keep children safe from abuse and neglect and to support families. This approach recognizes that keeping children safe is everybody's business and that community members must be offered opportunities to help vulnerable families and shape the services and supports that can be offered.

In Iowa, Community Partnerships have brought together parents, youth, social service professionals, faith ministries, local business, schools and caring neighbors to help design, govern and participate in programs that seek to create a continuum of care and support for children, youth and parents in their neighborhoods. Each partnership creates a network of agencies, neighborhood groups and families to support the overall mission of the community child protection. Core members of networks include; schools, faith institutions, mental health professionals and healthcare providers, substance abuse and domestic violence programs, police, childcare providers, parents groups, and DHS. Networks develop community "hubs" places that provide the base of operations for partnership-related activities in the area. Child protection services staff who are linked with these hubs are easily accessible to families, work closely with other service providers, and learn more about the unique characteristics of the community in which they are located. Each Community Partnership establishes a local decision-making body that reviews the effectiveness of community child protection and engages community members to participate in and support the initiative.

Each site forms a decision-making group to create the structure for the local partnership. This group takes responsibility for setting the ongoing direction of the partnership and leads efforts to reach out to neighborhood residents, parents, local faith institutions, and schools and to inform the broader public about the purposes and benefits of community child protection. In addition, this group takes primary responsibility for self-evaluation that includes the assessment of Quality Service Reviews. DHS is partnering with CPPC sites to implement 2 demonstration projects that the hope is to ultimately rollout statewide.

Parent Partners – which trains parents that have successfully had their children returned home from foster care to provide support and mentoring to parents that have an open child welfare case.

Jim Casey Youth Opportunity Initiative – which engages the community in supporting the successful transition of youth from foster care to young adulthood.

Decategorization is another process by which flexible, more individualized services can be provided at the local level. Decategorization was created through legislation enacted by the Iowa General Assembly in 1987. The legislation authorized for the participation of two counties initially. Polk County and Scott County were selected to be the pilot projects and both started in 1988.

Decategorization was designed to be a process that combines the individual state appropriations for child welfare services into a single fund to encourage the development of services that better meet the needs of youth and families by allowing the local county flexibility in how these funds are used. Participation by

the Department of Human Services, Juvenile Court Services, and the County are required terms of the legislation.

Decategorization is an effort to significantly change the child welfare system to one that is needs based, family focused, easily accessible, more intensive, less restrictive, and cost effective. Decategorization projects are organized by county or clusters of counties. Today there are 39 decategorization projects across the state of Iowa, covering every county.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance?

It is more challenging to deliver services in rural areas of the state. Budget limitations in FY10 have affected resource allocation to Decategorization Projects.

Where was the child welfare system in Round One of the CFSR?

Iowa was not in substantial conformity with the systemic factor of Service Array. The CFSR found that severe budget cuts resulted in significant reductions in the service array, leading to a number of critical services either being eliminated or sharply reduced.

Child Welfare Improvement Efforts

Iowa continues the Child Welfare Redesign: *Better Results for Kids [BR4K]* – a statewide commitment to improve the child welfare system. The Child and Family Service Review Program Improvement Plan [PIP] was completed May 2, 2007. With child welfare partners DHS has made positive changes in Iowa's child welfare system that have contributed to better results for families and their children:

- **Decreased Workloads:** Increased the numbers of workers and reassigned other work so that DHS could decrease worker caseloads from 50 to 30 cases per worker. DHS is currently piloting technology to streamline the documentation process and provide technical support for workers to decrease duplicative entry of information.
- **Focusing on visits with children and parents,** workers are better informed about progress and safety issues for children. DHS has focused on safe case closure using protective constructs to recognize progress towards behavioral change for parents.
- **Improved Clinical Consultation:** Increased number of supervisors. Supervisory training has been offered through a federal recruitment and retention grant that addresses knowledge and skills to improve practice.
- **De-linking of child welfare services from Medicaid:** Delinking and redesign of the child welfare service array has resulted in services that are more family centered and outcome focused. Services can be individualized based on the unique needs of individual children and families.
- **Safety First:** Implementing a standardized safety assessment to identify children most at risk for abuse with safety constructs, coupled with statewide training on safety assessments, has allowed DHS to focus on safety first and at every contact with a child and family.
- **Court Initiatives:** The Chief Supreme Court Justice has established a Division of Children's Justice and a State Juvenile Court Summit with District Juvenile Court teams to focus on safety, permanency, and well-being of children and families, making foster children a priority of the

court and implementing the Pew Commission recommendations, including “One Family – One Judge.” The Children’s Justice Division [CJI], formerly Court Improvement, has implemented initiatives to: formalize training for court staff and child welfare partners; share data to improve timeliness and inform outcomes; and pilot initiatives for substance abusing parents and children, including expansion of drug courts and community based treatment in pilot sites.

- Youth Initiatives: Elevate youth group has strengthened the voice of foster care youth and provided a venue for youth to provide peer support and advocate for their needs. They inform and train child welfare system partners, share their personal stories, and initiated legislative changes to improve the lives of children in foster care.
- Community Partnerships: Statewide expansion of Community Partnerships for Protecting Children [CPPC] from 38 counties to 98 counties has resulted in community members coming together to improve protection for children. Parent Partners and Youth Opportunities initiatives have been integrated and implemented through Community Partnerships.
- Family Team Meetings: Standards for family team meetings were established to assure quality of family team meetings. Family team meeting facilitation was implemented statewide to assure family involvement and ownership in developing a plan for family change.
- Community Care: Implementation of Community Care services provided services to families of low risk who may have not received services in the past. Community care is serving over 2,000 families yearly.
- Quality Assurance: Implementation statewide of a quality assurance system including -- data sharing with all child welfare partners and the public; initiation of a case reading process; inclusion of CFSR items in Foster Care Review Board processes and reporting, and initiating an ongoing internal CFSR review process to measure outcomes and indicators.
- Other child welfare initiatives: increased use of relative care, significant expansion of services to help youth transition from foster care to young adulthood, decrease in emergency shelter care utilization, work with Native American Communities; and two Disproportionality projects.

Where is DHS currently?

Community Based Alternatives to Formal Child Welfare Services.

Since 2005, DHS has implemented several community-based supports for families to prevent the need for involvement in the formal child welfare system. In addition, the General Assembly passed legislation enabling families to voluntarily place a child in a psychiatric medical institution for children (PMIC), rather than going through child in need of assistance (CINA) adjudication.

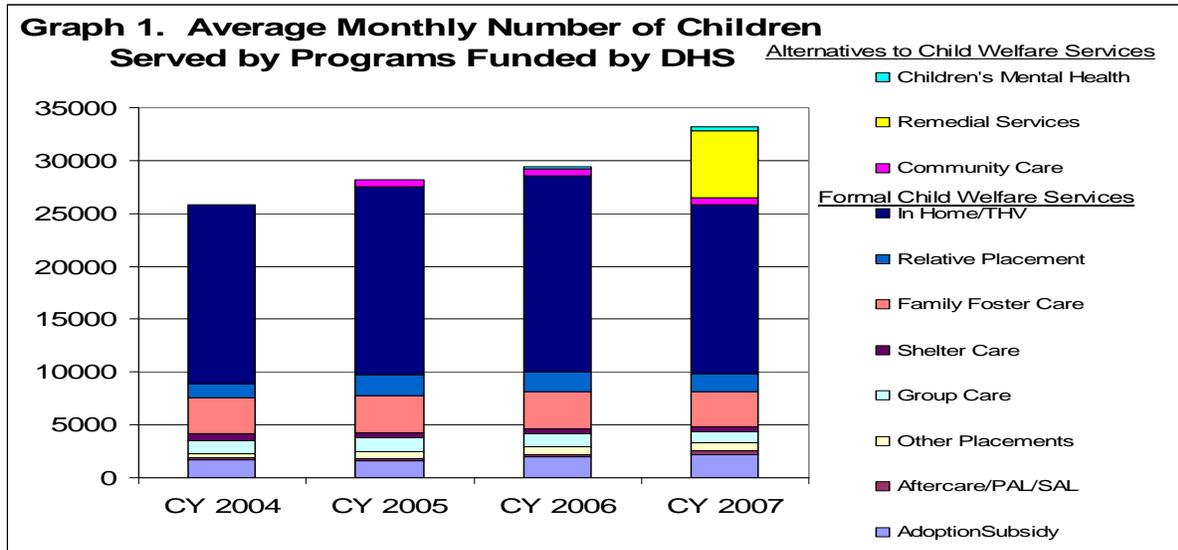
Program	Population Served	Number of Children/Families Served	FY 2007 Actual Expenditures/FY 2008 Projected Expenditures
<i>Community Care</i>	Families that have been identified by DHS as having a lower risk of abuse	Average of 625 to 650 families/month	FY 2007 - over \$2.3 M FY 2008 - almost \$2.5 M
<i>HCBS Children’s Mental Health Waiver</i>	Children that have behavioral health needs that would otherwise	FY 2007 - Average of 287 children/month FY 2008 – Average of 438 children/month	FY 2007 -- over \$2 M FY 2008 - almost \$4.7 M

Iowa Title IV-B Child and Family Services Plan

<i>(CMH)</i>	require placement		
Medicaid Remedial Services Program (RSP)	Medicaid eligible children with behavioral health needs	FY 2008 - Average of over 7,000 children/month that are <u>not</u> involved in the formal child welfare system ⁸ , including children participating in the adoption subsidy program.	FY 2007 -- almost \$15 M FY 2008 --almost \$42 M

Graphs 1 and 2 show how these changes have impacted both children and families, and expenditures.

- Graph 1 shows the average monthly number of children served by programs funded by DHS for the time period's calendar 2004 through calendar 2007. For the most part, the numbers reflect an unduplicated count across services. This chart excludes expenditures for mental health services for children funded by the federal Community Mental Health Block Grant and Medicaid (other than the Children's Mental Health waiver and remedial services [RSP]). Note that this chart also excludes the number of children receiving decategorization services and juvenile justice services, as case counts were not readily available; as well as the number of youth participating in MIYA (Medicaid for Young Adults), as these counts would be largely duplicative of PAL and Aftercare.
- Graph 2 shows total DHS expenditures for services to children for the time periods SFY 2005 through SFY 2007. This chart also excludes expenditures for mental health services for children funded by the federal Community Mental Health Block Grant⁸ and Medicaid (other than the Children's Mental Health waiver and remedial services [RSP]).

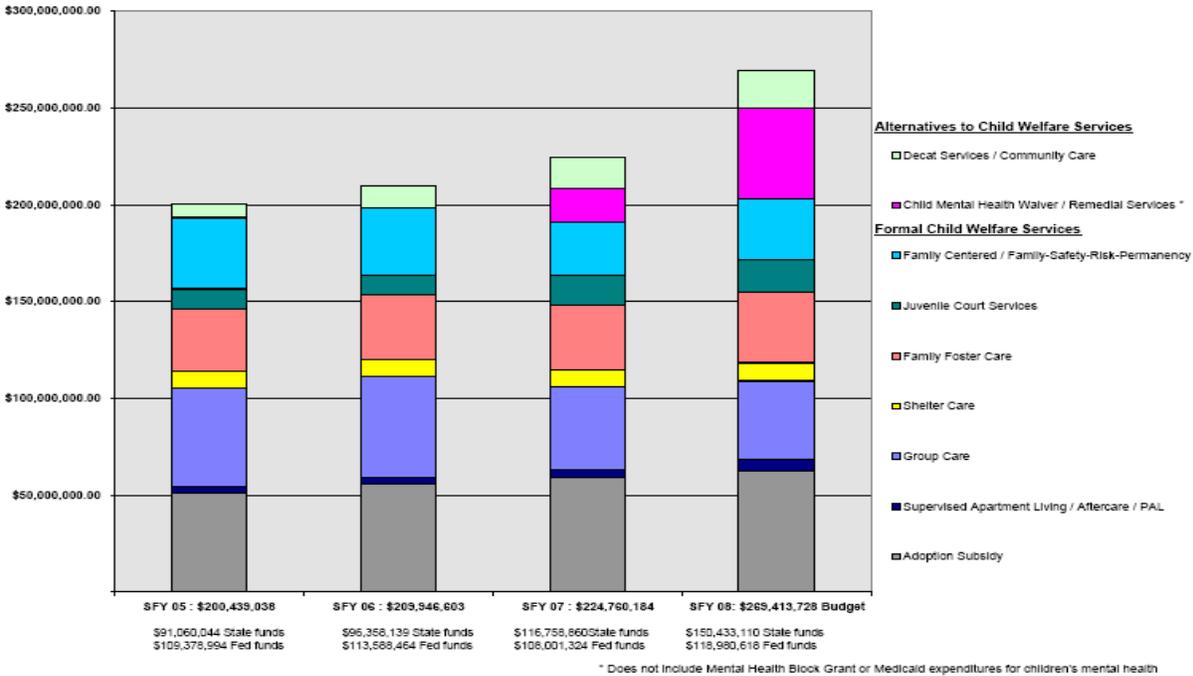


⁸ In addition, an average of over 2,600 children/month that are involved in the child welfare system also received remedial services during FY 2008. Prior to November 2006, families had to be involved in the formal child welfare system to access these services.

Iowa Title IV-B Child and Family Services Plan

Graph 2. Total DHS Expenditures for Children's Services SFY 2005 - SFY 2008

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Agency Responsiveness to the Community

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State's consultation with external stakeholders in developing the Child and Family Services Plan (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally assisted programs serving the same population (item 40).

Where was the child welfare system in Round One of the CFSR?

Iowa was in substantial conformity with the systemic factor of Agency Responsive to the Community.

Where is DHS currently?

DHS continues to partner 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.

- Juvenile Court
- County Attorneys
- Private child welfare providers
- Substance abuse treatment providers
- Schools and teachers
- 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
- Juvenile Court Services
- Native American tribes
- Decategorization and Community Partnership for Protecting Children projects
- Law enforcement

Judicial Leadership/Children's Justice

- The Family Preservation and Support Services Program Act of 1993 created the Court Improvement Program. The Iowa Supreme Court has used these funds over the years to strengthen training for attorneys and Judges, and develop recommendations to improve the Court's role in child welfare cases. In January 2002, the Supreme Court implemented an expedited process for termination of parental rights (TPR) appeals that transformed permanency for children, reducing the appeals timeframe from an average of a year or more to 90 days.
- In May 2004, the Pew Commission on Children in Foster Care issued a report including a set of recommendations to strengthen the role of the Court to ensure that children are protected from harm and are able to grow up in permanent families. These included recommendation for court performance measures, requirements for collaboration with public child welfare agencies, effective advocacy for children through attorneys and CASA programs, and leadership from state Chief Justices. Several of these recommendations ultimately ended up in the Deficit Reduction Act of 2005 in the form of additional CIP grant dollars and projects.
- In September 2005, the National Center for State Courts, coordinated the first National Judicial Leadership Summit for the Protection of Children: Changing Lives by Changing Systems in Minnesota. The Supreme Court Justice represented the Supreme Court at that Summit, and came back determined to have the Iowa Supreme Court take a stronger leadership role in child welfare.
- After she was elected as Chief Justice in 2006, she led the Court to adopt the Pew Commission recommendations on 9-10-07, and worked with the Chief District Court Judges to establish the "One Family One Judge" system. She also held a similar summit here in Iowa, created the Children's Justice State Council, established a system of court reviews in each of the 8 Judicial Districts as a means of monitoring and improving the quality of judicial overview of child welfare cases, and directed each of the Chief Judges to establish a Children's Justice committee and process. DHS staff are 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.

Child Welfare Advisory Committee (CWAC)

- The Legislature created the CWAC in 2007.
- The CWAC began meeting in the spring of 2008. They have formed 4 subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee has joined forces with the Children's Justice subcommittee on the same issue and with DHS and Department of Education to develop a shared agenda.

Child Welfare Partners Committee

The purpose of the Child Welfare Partners Committee and its workgroups is to strengthen the public-private partnership in order to improve outcomes for children and families. Through collaborative public-private efforts 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 will be created. The Committee will serve 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.

The vision of the Child Welfare Partners Committee is joint planning, mutual problem-solving opportunities, and actions taken in a collaborative, continual quality improvement process will strengthen the partnership between the child welfare public and private contract providers and improve the integration/coordination of contracted services. A true sense of shared accountability will occur when forces are joined at the state level and in the field to mutually address the policy, practice, and fiscal issues that will help improve the results that both public and private agencies want -- the safety, permanency, and well being for children and families that are served in the child welfare system

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 meet quarterly.

The Department of Human Services Division of Child and Family Services and the Iowa Judicial Branch created the Child and Family Services Stakeholder Panel in order to more actively elicit input from a diverse group of Iowa citizens who have a stake in the child welfare system. 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), this plan 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.

Coordination with Tribes

The DHS is committed to compliance with both the federal Indian Child Welfare Act [ICWA] and the Iowa Indian Child Welfare Act, which became effective July 1, 2003, and provides several more stringent protections for tribes and Native American children and families. The 2008 Supreme Court decisions

have resulted in changes in the definition of “Indian Child” in IA-ICWA to be consistent with the federal definition.

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 partner 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 partner 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 partner 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.
- In FY 2005, DHS put in place a contract with a Native American individual, or organization that employs Native American staff, to provide technical assistance, consultation, and training to state staff on ICWA cases, issues, and best practices.
- During FY 2005, DHS implemented a Minority Youth and Families Initiative demonstration project in Woodbury County that focused on reducing the overrepresentation of Native American children and families in the child welfare system. Lessons learned from this project will be used to inform future training, practice, and compliance efforts statewide.
- 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 MOA on July 18, 2006. DHS has provided a copy of the memorandum of agreement with all staff and provide training.
- 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.

Foster and Adoptive Home Licensing, Approval, and Recruitment

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's effort to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children.

Iowa was in substantial conformity with this systemic factor during round 1.

DHS has developed a set of rule changes for foster and adoptive parent licensing/approval. Among other things, the changes are designed to implement the recommendations from the Child Death Review Committee that DHS require foster parents to be certified in CPR and First Aid. The draft rules also proposed language related to foster parents smoking while caring for children in foster care. Prior to noticing the rule changes, DHS worked with IFAPA to engage foster parent input into the rules.

<p>ITEM 41: STANDARDS FOR FOSTER HOMES AND INSTITUTIONS: Licensing and Adoptive Standards: The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended National Standards.</p>
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1. Stake Holder Assessment:

Iowa Foster and Adoptive Parent Association (IFAPA) Survey: In early March 2008, an online survey was sent to foster and adoptive parents whose email addresses are in the IFAPA database. 755 people responded to the statement, "The licensing process promotes safety of children without undue burden to the family," 69% agreed/strongly agreed; 18% were neutral; 12% disagree/strongly disagreed. 728 people responded to the statement, "The adoption approval process promotes safety of children without undue burden to the family." 58% agreed/strongly agreed. 34% were neutral; 8% disagreed/strongly disagreed.

Judicial Focus Group: On March 7, 2008, a Judicial Focus group responded to questions concerning the Child Welfare System. The group was composed of eight judges who were from all but one of the eight Iowa judicial districts. Some were from rural areas, others more urban, and one from the most populous county in Iowa. Experience in Juvenile Court matters ranged from 18 years to 8 months. They were asked, "How effectively has the State implemented licensing or approval standards for foster family homes and child care institutions (group care facilities) that ensure the safety and health of children in foster care?" Most of the responses were that the judges were not aware of the training that was required of foster parents, or group care facilities, and were therefore unable to answer. One Judge responded that he felt the department was proactive in moving forward to license foster homes that were suitable, and to provide training that was appropriate. One Judge commented that he regularly does training, or meets with foster parents in order to answer questions (non-specific to any pending case) that the foster parents may have (systemic questions).

2. Factor Evaluation:

What does Policy and Procedure Require?

Iowa has maintained comprehensive standards for foster family and adoptive family homes since 1981. These are defined in Chapter 237 of the Iowa Code, and Iowa Administrative Code 441-113 and 200. The DHS Policy Manual Chapter 12B addresses foster family licensing. DHS Policy Manual 17F, 17F(1), 17F(2) and 17F(3) addresses adoption standards.

On January 1, 2007, the Department entered into a contract for the recruitment and retention (R&R) of foster and adoptive parents with Iowa KidsNet. As part of that contract, the licensing/relicensing of foster homes and the approval/renewal of adoptive homes is completed.

Prospective foster/adoptive parents attend orientation (offered through the R& R contractor) and make application to become licensed/approved. Upon receipt of an application, record checks are completed. Families who are determined eligible to continue in the process are referred for pre-service (PS-MAPP) training unless a waiver is granted.

Foster Family Home Licensure

During the 30-hour PS-MAPP training, the consultative and home study process is initiated. As part of the licensing process, applicants provide:

- Universal Precaution self study training
- PS-MAPP family profile
- Physician's report for foster and adoptive parents
- HIV general agreement
- Foster Care Private Water supply survey (well water)
- Provision for alternate water supply (if applicable)
- Floor Plan of the home/living space
- Three reference names and addresses (three additional references are selected and contacted the home study licensing worker.
- Finger Prints
- Applicable consents to release of information.

Additional documentation provided to the Department by the home study licensing worker includes:

- The Foster Family Survey Report, which documents the foster family's compliance with all licensing requirements.
- The home study summary and recommendation
- Recommendation for Provisional Licenses, if applicable.
- All forms obtained through record checks and assessment of the family

This packet of information is submitted to the Department for approval. Prior to issuing the initial license, the information is reviewed by the Service Area Manager (or designee). Files on all licensed family foster homes include the packet of information and are maintained in the DHS office for the county in which the family resides.

Foster homes are reviewed on an annual basis. As part of this annual review, an updated home study summary and recommendation is completed, which is submitted to the Department for review and approval along with:

- Application
- Survey Report
- Record checks,
- Training reports

- Unannounced visit reports– During the licensing period, prior to renewal, at least one unannounced visit is made by the contractor's licensing worker to assess the quality of the living situation and to determine compliance with licensing standards.
- HIV general agreement
- Family Profile Part 1 and 2
- Other optional forms including Physician's report, and Private water supply

The foster family file will also include record check evaluations if applicable (conducted by the Department), copies of current and past licenses, Notices of Action, and other relevant information pertinent to the history of the home. When a family is approved for a foster home license the DHS licensing worker enters demographic and approval status into FACS. The results of unannounced visits are also entered into FACS. The R&R Contractor receives a monthly report of licenses that are coming due for renewal, as well as any licenses that are overdue for renewal. The department also monitors the status of family foster care licenses on a monthly basis at the state level.

Adoptive Homes: As noted above, families who are interested in becoming adoptive families are required to attend orientation and PS-MAPP training. Additionally, according to Code of Iowa, Chapter 600.8 they are subject to a pre-placement investigation. The pre-placement investigation is conducted to determine whether the prospective adoptive individual or family is suitable for placement of a special needs minor child. The results of the investigation are documented in the same home study format used for foster home licensing. Licensed child placing agencies staff or certified adoption investigators must complete adoptive home studies. Adoptive home studies are valid for one year and are updated annually as long as the individual or family remains interested in continuing to adopt.

Relative Care Homes: Relatives must be licensed to receive foster care payment. Relatives and non-relatives are subject to the same licensing requirements described above if they are to receive foster care payment. Currently, DHS policy does not provide for placement in unlicensed relative homes if DHS has custody (unless otherwise ordered by the court.) Relative placements are subject to child protection standards including the completion of criminal and child abuse record checks.

Adoptive pre-placement investigation and report for relatives: The Court may waive the adoption home study for relatives within the fourth degree of biological relationship when the child has been in the care of the relative for six months.

Timeframes for completion of licensing and approval activities: The Iowa KidsNet contract contains performance standards related to the submission of the foster home licensing packet or completed adoption home study to the Department within one hundred and ten (110) days of the date a new applicant begins pre-service (PS-MAPP) training. For renewals and updates, the timeframe is forty-five (45) days prior to the expiration of the foster or adoptive home study.

Exceptions to Licensing Standards: The department has administrative rules that allow the agency director to make exceptions to specific rules in individual cases. Exceptions are granted at the complete discretion of the director after consideration of all relevant factors.

Iowa Code 237 and Iowa Administrative Code Chapters 105, 112, 114, and 115 govern licensing standards for and regulation of shelter and group facilities that care for children who receive foster or adoptive assistance under title 4E. DHS contracts with the Department of Inspections and Appeals for the initial licensure, annual on-site visit, unannounced visits, and relicensure of these facilities. DHS governs licensing decisions for facilities and issues the licenses and Notices of Decision.

Where was the child welfare system in Round 1 of the CFSR?

Item 41 was rated as a strength in the first round of CFSR.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of foster and adoptive parent licensing?

As state workers have increased their visits in foster homes, the oversight of the homes has also been enhanced. Deficiencies and concerns related to the home are brought to the attention of State and contracted licensing home workers on a timely basis.

The State continues to develop dual licensure standards that will ensure that foster and adoptive parents have uniform licensing requirements.

The recruitment and retention contract has provisions to promote the timely completion of licensing and approval activities. The contractor receives incentive pay if packets are provided to DHS timely. Data gathered for this performance measure thus far is as follows:

- 95%- Completed packet sent to DHS 110 days from start of MAPP. Referrals started 2/1/07.
July-Sept 2007: 99%
Oct-Dec. 2007: 100%
- 98% renewals and updates sent to DHS at least 45 days prior to the license expiration.
Renewal referrals started 5/1/07.
July-Sept 2007: 98%
Oct-Dec. 2007: 99%
- In 2007, Provider licensing files were reviewed as part of a Federal 4E audit. The reviewers noted that, "Licensing files were well organized with appropriate criminal background checks and clearances for the length of the child's stay in placement."

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in this area?

- Federal regulations prohibit DHS from developing a "kin-specific" licensure process
- The licensing process is time-consuming and lengthy.

ITEM 42: STANDARDS APPLIED EQUALLY: Standards are applied equally to all licenses or approved foster family homes or childcare institutions receiving title 4E or 4B funds.
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1. Stakeholder Assessment:

The team rated this area as "Very effective"; The State has a procedure to ensure that title 4E and 4B funds are provided only to children placed in homes or child care institutions that meet the full licensure standards, and the procedure is applied consistently to all homes and facilities."

2. Factor Evaluation

What does Policy and Procedure Require?

Policy and procedure require that the standards that are in place for homes and facilities be applied equally and objectively.

There is a standardized process and protocol for evaluation of unlicensed relative homes when DHS contracts with IKN to do them. Per contract, the provider is to use a standard home study template.

Where was the child welfare system in Round 1 of the CFSR?

Item 42 was rated as a strength in the first round of CFSR

What are the strengths and promising practices that the child welfare system has demonstrated in this area?

- In March 2008, the DHS and IKN collaborated to create a statewide “checklist” that is to be used with all licensing and approval packets submitted to DHS.
- There is a standardized set of criteria used when granting variances and exceptions
- DHS developed a Kinship Care workgroup that explored several issues related to relative caregivers. This workgroup developed and disseminated a “Kinship Care Guide” for DHS workers. The team created a checklist for “protective capacities” related to caregivers. Rules and policy have been drafted.
- There is a Polk County Model Court project that has as its focus kinship care.

What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance in this area?

- The State tracking and payment system used for foster care licensing does not contain information about variances and exceptions. While this in and of itself is not an indicator of the State’s overall performance in this area, incorporating this information into the tracking and payment system could enhance efforts to track and monitor performance.

Item 43: Requirements for Criminal Background Checks. The State complies with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements.

1. Stakeholder Assessment:

The Statewide Assessment team determined that the State is “Very effective- The State has an effective process in place for conducting criminal background clearances on prospective foster and adoptive parents before licensing or approving them to care for children, and applies the process consistently and timely to foster and adoptive caregivers statewide.” The team discussed the results of the last 4E audit in September 2007, noting that DHS was in substantial conformity with 4E requirements in regard to licensing. There was discussion about the difficulty that the requirement that everyone in the foster or adoptive home who is fourteen years of age or older be subject to fingerprinting can pose, as law enforcement is reluctant to do fingerprinting on anyone younger than 18 in some areas. There was agreement that fingerprinting does provide an extra measure of protection for children, as it can pick up “hits” that are missed in conventional records checks. Concerns were noted about the lack of legal basis for mandating that records checks be done annually on foster parents, as is the requirement for adoptive parents. There was discussion about the need for training for DHS staffs on how to evaluate record check hits in a culturally- competent manner.

The team recommended that rules be implemented to require foster families and facility staff to undergo records checks on an annual basis. Also, the team recommended that the rules be revised to require evaluation of both confirmed and founded abuse reports. Currently, evaluation is limited to founded abuse reports.

2. Factor Evaluation

What does Policy and Procedure Require?

Per Iowa Administrative Code 441—113.13(237) and 441-200.4 (1)(b) Record checks: Effective 5/1/09 the department shall submit record checks for each applicant living in the home of the foster or adoptive applicant to determine whether they have founded child abuse reports or criminal convictions or

have been placed on the sex offender registry. Each person subject to record checks shall also be fingerprinted for a national criminal history check. The department's contractor for the recruitment and retention of resource families assists applicants in completing required record checks. Each person in the home age 14 or older is subject to all record checks except finger printing.

In 2007, the Iowa Legislature enacted the Adam Walsh Child Protection and Safety Act of 2006. The Department is in compliance with this law.

Per Iowa Administrative Code 441- 113.13(1) and 441- 200.4(1)(b): If the applicant or anyone living in the home has a record of founded child abuse, a criminal conviction, or placement on the sex offender registry, the department shall not license the applicant as a foster family or approve that applicant as an adoptive parent unless an evaluation determines that the abuse or criminal conviction does not warrant prohibition of license. If there is a "hit" DHS does the evaluation with at least three staff persons with knowledge of the process. The evaluation shall consider the nature and seriousness of the founded child abuse or crime in relation to the position sought or held, the time elapsed since the circumstances under which the abuse or crime was committed, the degree of rehabilitation, the likelihood that the person will commit the abuse or crime again, and the number of abuses or crimes committed by the person. This process occurs prior to the applicant attending the PS-MAPP pre-service. The fingerprinting result is not required to be returned prior to attending PS-MAPP. Due to the length of time it takes for out-of-state records to be returned, DHS has authorized that PS-MAPP can be started prior to the records checks being returned in those instances.

The administrative code specifies exceptions to the evaluation process that are tied to more serious crimes. In these cases, no evaluation is done and the application is automatically denied. DHS also issues the appropriate notice for any action taken on the application to be a foster or adoptive parent. The applicant has the right to appeal and no further action is taken until the appeal is heard and a decision rendered. If a child has been placed in a home with an unlicensed caregiver who later seeks to go through the licensing process, the background check process is implemented regardless of whether or not it has been done prior to licensure. DHS has developed a IV-E checklist that is used to assure compliance for claiming IV-E funds. In addition, Iowa DHS has a IV-E unit and several staff around the state that are responsible for case reviews for claiming compliance. Case files are monitored and read for compliance. Criminal records checks are part of 4E compliance requirements.

The statewide contractor for licensing is responsible for getting all information to DHS in a timely manner and prior to the expiration of licensing. Incentive payments are tied to timely submission of all information. Staff of shelter and facilities are required to undergo criminal and child abuse background checks in accordance with IAC Chapters 105 and 114. DHS is responsible for evaluating records checks hits for facility staff.

Where was the Child Welfare System in Round One of the CFSR?

Item 43 was determined to be a **strength** for Iowa, as the State was consistently conducting the necessary background clearances that were in compliance with Federal requirements.

What are the strengths and promising practices that the child welfare system has demonstrated in this area?

- The statewide R and R contract specifies that the contractor is responsible for ensuring that records checks are completed on people in the home who are required to have them. DHS monitors this to ensure completion prior to the issuance of a license.
- The establishment of staff dedicated to 4E compliance has bolstered efforts to ensure that criminal records checks are completed on foster and adoptive parents
- There is a standardized process in place for record check evaluations
- The contractor has implemented the use of SING to check all records, which has reduced the delays in getting the needed record check information. No issues were identified in family foster care during the September 2007 4E audit.
- Adoptive families who have an approved study have annual criminal and child abuse record checks.

What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in this area?

- Law enforcement in some areas will not do fingerprinting for people under the age of 18; in that case, the contractor is to submit an exception to policy request. This lengthens the licensing processing time.
- Current law does not require annual records checks for foster parents and facility staff.
- The IV-E audit in September 2007 revealed that a few employees in group homes did not contain the explanation of follow-up when there was a "hit" on an employee but safety requirements were determined to be met.

Item 44: Diligent Recruitment: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

1. Stakeholder Assessment:

The Statewide Assessment team rated the State as "Sometimes effective- an effective recruitment plan generally is in place statewide and is implemented sometimes." Team members noted that there were some transition issues with the implementation of a new contract. Like the previous recruitment contract, the current statewide contract builds upon localized recruitment and retention teams who participate in developing Service Area specific plans. The composition of the teams and the degree of participation by DHS varies. The initial plans were to be built upon data provided by DHS, but that data was not gathered in a consistent manner statewide. Plans were not developed using a standardized method of analysis or goal- setting statewide. The contract encompassed many facets of the foster and adoptive care process, and taking on recruitment in addition to matching and support by the contractor was a lot to take on at one time. Team members shared that IKN was recently doing promising work with data gathered in the last year by IKN, applying a methodical analysis to the data in order to determine standard goals. Team members agreed that this type of work was needed to move the recruitment efforts forward. Team members talked about the need for a different "method" of recruitment that builds upon existing connections and networks. All agreed that the standard "billboard" technique is not effective in recruiting a sufficient number or type of foster parent to meet the needs of children in need of placement. Team members noted that funding for recruitment has historically been inadequate. DHS agreed that the State is moving in the right direction and acknowledged that DHS can continue to improve our efforts in this area.

Iowa Foster and Adoptive Parent Association (IFAPA) Survey: In early March 2008, an online survey was sent to foster and adoptive parents whose email addresses are in the IFAPA database. In this survey, 771 people responded to the statement, “I plan to continue to be a licensed foster parent and/or approved adoptive parent for the next year.” 81% agreed/strongly agreed; 9% were neutral, and 10% disagreed/strongly disagreed.

Judicial Focus Group: On March 7, 2008, a Judicial Focus group responded to questions concerning the Child Welfare System. The group was composed of eight judges who were from all but one of the eight Iowa judicial districts. Some were from rural areas, others more urban, and one from the most populous county in Iowa. Experience in Juvenile Court matters ranged from 18 years to 8 months. They were asked, “How effectively has the State implemented a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children needing foster and adoptive homes? Does the current pool of foster families reflect the ethnic and racial diversity of children in need of foster care and adoptive placement, and meet most of the foster care placement needs of the children it serves? Please identify strengths and barriers or unmet recruitment needs.” Most of the responses from the judges focused on the new process of using Kids Net as a resource for securing foster homes for children, and the fact that this new system does not, from the judges’ perspectives work as well as when the social work case managers or child protection workers were assigned that responsibility.

The judges also responded that there were insufficient foster homes in all of their jurisdictions to deal with the increasing number of Latino families that are in our courts. It also appeared to at least one judge that overall there appear to be fewer homes now than there were before. A judge noted that in his community there are too few foster homes, and too few foster homes that reflect the racial and ethnic diversity of his community. He felt, however, that the department was “building bridges” in the community to recruit foster parents from the African-American and Latino communities, and thought that this was a step in the right direction. Otherwise, the judges were largely unaware of the processes used by the department to recruit potential foster and adoptive families that reflect ethnic diversity. All of the judges agreed that the current pool of foster families do not reflect ethnic and racial diversity of the entire population of children in need of placement. Another Judge noted that while there are insufficient numbers of foster parents in his community to address the Latino population, it may be difficult to secure many foster families because of the transient nature of that community. Many or most of the families work in packing plants, or do migratory labor and are not stable residents of the community for long periods of time. Another barrier noted was that in rural communities there are very few African-American families available to recruit to become foster parents, or adoptive placements for children. Judges were also somewhat unsure of the process, or tools the department uses to recruit foster parents, whether those prospective foster parents are Caucasian or a member of a minority group.

2. Factor Evaluation:

What does policy and procedure require?

Recruitment practices comply with the principles of the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoptions Act of 1996.

On January 1, 2007, DHS entered into a contract with Iowa KidsNet for the recruitment and retention of foster and adoptive parents. The contract required that the contractor develop and implement Service Area specific recruitment plans within 60 days of the effective date of the contract. The contract specified that each plan need to: 1) Be based on a needs assessment of each service area based upon area-specific data provided by DHS; 2) Include strategies that will result in the recruitment of resource families willing to care for the kids entering care in each area; 3) Be approved by DHS, and 4) Include strategies to recruit

families of color with specific emphasis on African American, Hispanic, Native American, ethnic resource families; 5) Include strategies to recruit families for specific populations such as teens, large sibling groups, and children with mental and physical challenges; 6) Include strategies to develop partnerships with faith-based organizations; 7) Include a description of family and peer mentoring, and strategies that will be used to assist resource families to support the successful transition of teens to adulthood.

Recruitment Plans developed in the service areas established numerical goals for increasing the number of families in each area. Some areas established numerical goals for targeted recruitment categories as defined by the area recruitment and retention teams. Specific activities were identified and completed over the course of the last year. The Dubuque Service Area achieved its overall numerical recruitment goal. A key component of the recruitment and retention contract is the provision of support to foster and adoptive families. This support has as its goals the retention of foster and adoptive parents, and the stability of placements.

Where was the child welfare system in Round One of the CFSR?

Although the overall systemic factor of which recruitment is a part (Foster and Adoptive Home Licensing, Approval, and Recruitment) was determined to be in substantial conformity

Where is DHS currently?

As a result of the identification of the area of recruitment as being an “area in need of improvement”, a plan was put in place and incorporated into the PIP to improve Iowa's performance in this area: This plan included the performance of a needs assessment for each area, the development of a diligent recruitment plan with TA from Adopt US Kids, specialized training to DHS staff, focused communication about unmet needs, working with communities of faith, and the development of service area teams that would participate in recruitment plan development. Additionally, the plan established the goal of developing a performance-based contract for recruitment and retention.

In 2004, AdoptUsKids provided technical assistance through planning sessions that involved stakeholders from DHS, private agencies, and foster/adoptive parents. From 2002 until January 2007, DHS contracted with IFAPA for the recruitment and retention of foster and adoptive parents (through the Kidsake project.) IFAPA established recruitment teams in each of the DHS services areas to address local recruitment needs. Kidsake developed the Heart Gallery (describe) and had a website that listed Iowa’s Waiting Children. IFAPA established the liaison system of support and published several helpful handbooks for foster/adoptive parents.

The current performance-based, statewide recruitment and retention contract provisions capture the core elements of the PIP plan.

Foster and Adoptive Parent Data: According to data provided by IKN, 423 families were newly licensed across the state from February 2007 until December 2007. From Jan 1 to Dec 31, 2008, 587 families had an initial license/approval (were newly licensed).

According to DHS data, for reporting month February 2008, there were 2995 licensed foster families in the state. 1292 had foster placements during that month; 1703 did not. Total license capacity for February 2008 was 6994; the number of children in placement was 2424.

According to DHS data, as of February 29, 2008, 583 families were without a placement in the last year.

Iowa Title IV-B Child and Family Services Plan

According to DHS Iowa Adoption Exchange data, for reporting month February 29, 2008, there were 534 families approved for adoption in the state. 351 had adoptive placements; 183 had none.

Foster and Adoptive Children Data:

Chart A reflects the racial and ethnic breakdown of children in non-relative foster family care for calendar year 2007; Chart B reflects the breakdown in relative care (both licensed and unlicensed.) (Source DHS)

CHART A: Non-relative foster family

Service	American	Asian	Black /	Hawaiian	White	Unknown	Total	Hispanic
Ames	5.0%	0.0%	8.6%	0.4%	78.9%	7.1%	100.0%	15.4%
Cedar	1.0%	0.7%	25.3%	0.0%	72.1%	0.8%	100.0%	3.5%
Council	1.6%	0.8%	2.7%	0.0%	92.3%	2.5%	100.0%	5.5%
Davenport	0.7%	0.4%	18.6%	1.1%	68.5%	10.8%	100.0%	9.3%
Des	0.9%	1.1%	20.3%	0.2%	65.7%	11.9%	100.0%	6.9%
Dubuque	0.0%	0.0%	13.6%	0.0%	79.3%	7.1%	100.0%	3.3%
Sioux	8.4%	1.7%	5.8%	0.0%	74.6%	9.6%	100.0%	13.4%
Waterloo	1.9%	2.3%	19.1%	0.4%	64.1%	12.2%	100.0%	6.5%
Total	2.5%	0.9%	15.2%	0.2%	73.8%	7.3%	100.0%	7.8%

CHART B: Unlicensed and licensed relative

Service	American	Asian	Black /	Hawaiian	White	Unknown	Total	Hispanic
Ames	4.0%	2.0%	16.8%	0.7%	72.5%	4.0%	100.0%	2.7%
Cedar	1.9%	0.3%	20.7%	1.1%	75.3%	0.8%	100.0%	2.7%
Council	0.9%	0.0%	2.7%	0.0%	94.2%	2.2%	100.0%	4.4%
Davenport	0.0%	0.0%	21.3%	0.6%	70.6%	7.5%	100.0%	5.0%
Des	0.3%	0.3%	18.3%	0.0%	59.9%	21.1%	100.0%	5.4%
Dubuque	1.0%	0.0%	12.1%	0.0%	81.8%	5.1%	100.0%	2.0%
Sioux	10.1%	1.0%	2.0%	0.5%	77.3%	9.1%	100.0%	10.6%
Waterloo	1.3%	2.0%	24.7%	0.0%	64.7%	7.3%	100.0%	2.7%
Total	2.3%	0.6%	15.2%	0.4%	73.9%	7.6%	100.0%	4.5%

For reporting month February 2008, there were 96 children registered on the Iowa Adoption Exchange System. Children are placed on this exchange if, after 60 days from termination of parental rights, there is no home identified for them. 1 child was identified as Asian; 1 American Indian/Alaskan Native; 78 white; 1 Hawaiian Islander; 2 “unable to determine”, and 1 Hispanic/Latino.

According to the March 2008 “late matching report” issued by Iowa KidsNet, there were 43 children statewide in need of foster care placement. 35 of these children were teens. 17 had a history of sexual perpetration, 32 were specific to the Waterloo Service Area, and 36 had specific matching requests by DHS workers (specific school, location, no placement with younger children, etc.)

For reporting month May 2009, there were 100 children active on the Iowa Adoption Exchange System. Children are placed on this exchange if, after 60 days from termination of parental rights, there is no identified home for them. 59 children were Caucasian; 23 African/American; 0 Native American; 2 Asian; 3 Hispanic; and 6 unable to determine.

According to the March 2009 "Matching Report" there were 32 children with outstanding referrals for foster home placement. Eleven were teens; four were youth with a history of sexually acting out; four were specific to the Dubuque Service Area; three were for a specific geographic location (within a certain school district, county, etc.); 3 were for specific behavioral or special needs accommodations (do not place with young children, medical needs, etc); and sixteen children are for pending visits. Children could have more than one reason for the difficulty in finding placement for example, a teen with sexual acting out behaviors.

What are the strengths and promising practices that the child welfare system has demonstrated in this area?

- There is the establishment of R and R teams in each Service Area. These teams hold the potential for networking and innovative approaches to recruitment.
- IKN is using real time data to accurately identify and address targeted recruitment priorities. As this data becomes better utilized and analyzed, gaps will be more effectively identified and addressed.
- IKN is collaborating with Wendy's Wonderful Kids and AdoptUs Kids and is implementing "Fostering Faith" initiatives
- IKN has utilized the expertise of Charlotte McCullough, a child welfare consultant, to assist in the development of viable recruitment strategies and methods of analysis.
- In Woodbury County in the Sioux City area, there is a specialized DHS team that serves clients who self-identify as Native Americans. This team organizes specialized cultural activities that explore Native traditions. These activities are open to Native American children and families that the unit serves. In May 2008, a "Meet and Greet the Elder" activity took place. There are two Native American liaisons that work with the team at the local DHS office. Members of this team are in a unique position to understand the complexity and uniqueness of the Native American cultures in the area. This knowledge could play a significant role in developing effective recruitment strategies for Native American families. These staff people can assist in building cultural competency amongst other staff members.
- There are two additional specialized units within the Sioux City Area Recruitment team for Native American and Hispanic families.
- The Sioux City Area Elevate team has actively participated in recruitment efforts.
- The Casey/CSSP Alliance on Racial Equity is providing support for grass roots organization of Native Americans in the Sioux City region. This holds the potential for collaboration and networking for effective recruitment efforts.
- In Waterloo, the recruitment team is collaborating with a group that is addressing the issue of minority disproportionality in foster care.
- Creative recruitment strategies to both identify the relevant family profile for the purpose of meeting recruitment priorities are in the process of being identified but not yet implemented by IKN.
- IKN has a recruitment specialist or two in each Service Area who are allocated part-time to both directly implement and facilitate volunteers to assist with meeting recruitment goals. These recruitment specialists are currently licensed foster parents so have credibility among currently licensed families (who are accessed for the purpose of recruitment), and potential families.
- IKN is expanding support to families from the point of inquiry through the licensing process.

What are the casework practices, resource issues, barriers that affect child welfare system's overall performance in this area?

- There was an inconsistent approach in methodology and goal setting in different service areas in the development of recruitment plans when the IKN contract was initiated.
- There is too little data that demonstrates what types of supports are needed for families to "convert" their interests to better meeting the type of needs that youth who are being referred today have. There is too little data that demonstrates what type of supports work to retain families who are currently licensed and provide a meaningful resource to youth being referred today. If current resource families continue to be viewed as the best resource for meeting these needs and for recruiting other families who have similar values/attitudes/interests, more effort will need to be made to better understand how this should occur.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements: The State has in a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

1. Stakeholder Assessment:

The Statewide Assessment team determined that the State is, "Usually effective- The State most often seeks homes across jurisdictional boundaries for children in need of placement, by listing them in appropriate exchanges or other means, and places children in appropriate homes when identified."

Judicial Focus Group: On March 7, 2008, a Judicial Focus group responded to questions concerning the Child Welfare System. The group was composed of eight judges who were from all but one of the eight Iowa judicial districts. Some were from rural areas, others more urban, and one from the most populous county in Iowa. Experience in Juvenile Court matters ranged from 18 years to 8 months. They were asked, "How effectively does the State seek out and use families who live in other jurisdictions (for example, out of State) to facilitate timely adoptive or permanent placements for waiting children? Please identify strengths and barriers or gaps in cross-jurisdictional efforts." All of the judges concurred that the department actively works toward placing children in out-of-state placements. They indicated that the real hold-up in these cases is not the department dragging their feet. They indicated that the real problems lie with the Interstate Compact Office...usually of the receiving state. (Few problems cited with the DHS ICPC office.) This was generally regarded as a real strength of the department.

DHS Social Work Administrators: The social work administrators were surveyed in February and March 2008. None reported issues with Service- to- Service Area placements within the state. Children and families are being registered on IAES. Children awaiting adoption are placed on the National Exchange. The SWA's reported the workers do not need to use the National Exchange very often, as they are able to find families for most children.

2. Factor Evaluation:

What does Policy and Procedure require?

Code of Iowa, Chapter 232.119 and Iowa Administrative Code 441-203 requires that a child must be placed on the Iowa Adoption Exchange System (IAES) 60 days after termination of parental rights and assignment of guardianship to the State if an adoptive home has not been located. If a placement has not been located 90 days after the child is registered on IAES, the Code of Iowa requires that the child must be registered on a national electronic exchange and electronic photo listing system. Central Office may grant a deferral for a limited time period for specific reasons. Additionally, prospective adoptive families

requesting a special needs child shall be registered on the adoptive exchange upon receipt of an approved home study.

Frontline DHS workers are responsible for entering the IAES information for both children and families into the system. Through its contract with DHS, Iowa KidsNet is responsible for registering children and updating information on the national exchange that is located on the AdoptUsKids website. IKN receives its information on which kids need to go on the national exchange from DHS. IKN is to provide waiting adoptive families with AdoptUsKids registration information. IKN's contract also specifies that it is to coordinate ongoing recruitment and retention activities with national recruitment initiatives, such as AdoptUsKids and the Wendy's Wonderful Kids project.

IKN maintains a list of waiting children on its website. Their practice is to place the child on the IKN website when they place the child on the National Exchange, unless requested by the DHS to not do so.

DHS has a statewide process in place to expedite adoptive placements between counties within the state.

Iowa abides by the Safe and Timely Interstate Placement of foster children Act of 2006. IKN is responsible for completing the foster and adoptive home studies that are referred through ICPC. A process has been established with the Compact Administrator and the local DHS offices to ensure that IKN receives the requests in a timely manner. IKN also has a 60-Day timeframe for processing relative home studies.

In 2006, there were a total of 143 adoptive placements and 39 foster care placements made out of state. In 2007, the numbers for out-of-state placements were 134 for adoption, and 55 for foster care. In 2006, there were a total of 86 adoptive placements and 54 foster care placements coming into Iowa from other states. In 2007, the numbers were 81 adoptive and 60 foster care.

Iowa has implemented the Interstate Compact of Medical Assistance, a provision of Cobra. This assures that children who are eligible to receive adoption subsidy who are being placed out of and who are coming into the state receive Medicaid. Medicaid Reciprocity was established in 2007, further increasing the pool of children eligible for Medicaid. The Adoption Program Manager estimates that as of March 2008, there are approximately 300 children who are benefiting from ICAMA (This total includes children from other states coming into Iowa, and Iowa children moving to other states.) Currently, 43 states provide reciprocal Medicaid. Statewide procedures are in place to ensure that eligible children obtain access to Medicaid.

Where was the Child Welfare System in Round One of the CFSR?

This area was rated as a strength.

What are the strengths and promising practices that the child welfare system has demonstrated in this area?

The central office for the Interstate Compact for the Placement of Children (ICPC) continues the efforts that were started in 2007 to improve the accuracy and efficiency for placing children safely across state lines. Tracking ICPC requests by each service area helps home studies and placement requests to be finished in a timely manner. ICPC is used to place children with parents and relatives whenever possible.

- Establishment of "point person" in each area as central contact for ICPC referrals from Central Office
- ICPC administrator is responsive to needs of field and other states in expediting referrals

- IKN has implemented text and email alerts to Waiting Parents; IKN lists children on its own electronic “Waiting Child” exchange, in addition to listing children on the National Exchange
- Establishment of ICAMA reciprocity in 2007

What are the casework practices, resource issues, barriers that affect child welfare system's overall performance in this area?

- Two bordering states, Illinois and Nebraska, do not provide Reciprocal Medicaid
- Some states will not do adoptive studies unless TPR has occurred; this impacts timely permanency in some cases through ICAMA
- There are no resources available to reimburse relative placements

FIVE-YEAR GOALS AND OBJECTIVES

Vision, Mission and Guiding Principles

Vision. Children grow up safe from abuse and with permanent family connections.

Mission. To align DHS child welfare resources to achieve safety, permanency and well-being for the children and families we serve.

Results. Iowa’s child welfare system is focused on achieving the following results.

Safety

- Children are first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes when possible and appropriate.

Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved.

Child and family well-being

- Families have enhanced capacity to provide for children’s needs.
- Children receive services to meet their educational needs.
- Children receive services to meet their physical and mental health needs.

Guiding Principles

Customer focus. We listen to and address the needs of our customers in a respectful manner that builds upon their strengths. Our services promote meaningful connections to family and community.

Excellence. We model excellence through efficient, effective, and responsible public services. We communicate openly and honestly, and adhere to the highest standards of ethics and professional conduct.

Accountability. We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.

Teamwork. We work collaboratively with customers, employees, and public and private partners to achieve results.

Stakeholder Advisory Groups. Stakeholder groups formally provide advise to DHS related to child welfare policy, practice and budget: ♦ Child Abuse Prevention Council ♦ Child Welfare Stakeholder Panel ♦ Child Welfare Advisory Committee

Iowa Title IV-B Child and Family Services Plan

Goals, Objectives, and Activities

DHS has identified the following activities to improve child and family results and meet federal standards for systemic factors for implementation in SFY 2010 - 2015. An “x” in the column means that the activity is intended to impact that outcome or systemic factor.

Note: this is a living document and the list of activities below is subject to change based on events that may impact priorities during this CFRP cycle.

SFY 2010 - 2014														
Following is a summary of where DHS anticipates moving over the course of the next fiscal year. By and large, these activities build on the work already underway.														
Activity ⁹	Outcomes ¹⁰							Systemic Factors ¹¹						
	S1	S2	P1	P2	W1	W2	W3	IS	CR	QA	T	SA	AR	FP
Safety														
<ul style="list-style-type: none"> ▪ Implement changes in safety and risk assessments, based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work¹² 	X	X												
<ul style="list-style-type: none"> ▪ In collaboration with the Department of Public Health and the Judicial Department, implement revised protocol for drug testing, protocol serving families involved in both child welfare and substance abuse system, and improved data collection 	X	X												
<ul style="list-style-type: none"> ▪ Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions. 	X	X												
Permanency and Well-Being														
<ul style="list-style-type: none"> ▪ Improve assessment of child and family needs, and 	X	X	X	X	X		X							

⁹ Strategies are listed as Activities.

¹⁰ S1 = Children are, first and foremost, protected from abuse and neglect. S2 = Children are safely maintained in their homes whenever possible and appropriate. P1 = Children have permanency and stability in their living situations. P2 = The continuity of family relationships and connections is preserved for children. W1 = Families have enhanced capacity to provide for their children’s needs. W2 = Educational needs of children are identified and addressed. W3 = Children receive adequate services to meet their physical and mental health needs.

¹¹ IS = Statewide information system. CR = Case review system. QA = Quality assurance system. T = Training. SA = Service array. AR = Agency responsiveness to the community. FP = Foster and adoptive parent licensing, recruitment and retention.

¹² Most of NRC recommendations will likely be implemented by the end of SFY 2009.

Iowa Title IV-B Child and Family Services Plan

SFY 2010 - 2014														
Following is a summary of where DHS anticipates moving over the course of the next fiscal year. By and large, these activities build on the work already underway.														
Activity ⁹	Outcomes ¹⁰							Systemic Factors ¹¹						
	S1	S2	P1	P2	W1	W2	W3	IS	CR	QA	T	SA	AR	FP
matching services to needs														
▪ Improve engagement with both parents, including non-custodial					X									
▪ Increase the percentage of children and parents that have monthly visits with their DHS caseworker	X	X	X	X	X									
▪ Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice		X	X	X	X		X						X	
▪ Continue expansion of Parent Partners program, Elevate and Transitioning Youth Initiative			X	X	X		X						X	
▪ Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures, provide a framework to help staff become better purchasers of group care, and engage Casey Family Programs in working with DHS, JCS and group care providers to shift from “bricks and mortar” to family-based services					X							X		X
▪ Develop a comprehensive plan/model for contracting with child welfare service providers that supports achieving safety, permanency and well-being outcomes, including a framework for emergency services	X	X	X	X	X	X	X			X		X	X	X
▪ Implement policy and practice changes included in the Fostering Connections to			X	X	X	X	X						X	

Iowa Title IV-B Child and Family Services Plan

SFY 2010 - 2014														
Following is a summary of where DHS anticipates moving over the course of the next fiscal year. By and large, these activities build on the work already underway.														
Activity ⁹	Outcomes ¹⁰							Systemic Factors ¹¹						
	S1	S2	P1	P2	W1	W2	W3	IS	CR	QA	T	SA	AR	FP
Success and Increasing Adoptions Act of 2008; including implementing new kinship guardianship and improvements in education and medical care														
Education														
<ul style="list-style-type: none"> ▪ Increase Early Access take-up rate for child abuse victims and children in foster care ▪ Continue work with ABA Center on Foster Care and the Law, Children’s Justice and CWAC subcommittees on education and foster care to improve education for children in foster care 						X								
Service Array														
<ul style="list-style-type: none"> ▪ Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical costs categories (e.g., staff salaries) 	X	X	X									X		
Quality Assurance														
Complete CFSR Statewide Assessment, On-site Review, and PIP										X				

**Iowa Title IV-B Child and Family Services Plan
2005 – 2009**

SFY 2011 through SFY 2015															
In August 2010, DHS will have the second Child and Family Service Review (CFSR). The findings from the CFSR will influence our priorities for the subsequent 2 – 3 years. Based on what is known today, DHS would identify the following priorities for SFY 2011 through SFY 2015.															
Activity ¹³	Outcomes ¹⁴						Sys ¹⁵								
	S1	S2	P1	P2	W1	W2	W3	IS	CR	QA	T	SA	AR	FP	
Well- Being															
Implement new case plan format that meets the needs of children and families					X	X	X		X						
At least 95% of children and parents will have monthly visits with their DHS caseworker			X	X	X		X								
Expand Parent Partners and Elevate programs statewide			X	X	X		X						X		
Safely reduce the number of children and youth served in foster care, especially congregate care					X		X					X	X	X	
Reduce the number of children aging out of foster care, and ensure that each child that does age out of foster care has at least one permanent connection with a caring adult and a high school degree				X	X	X	X								
Reduce child welfare disproportionality for children and families of color by at least 50%					X		X						X		

¹³ Strategies that are asterisked reflect legislation passed in the 2008 General Assembly session. Strategies marked with 2 asterisks reflect federal mandates.

¹⁴ S1 = Children are, first and foremost, protected from abuse and neglect. S2 = Children are safely maintained in their homes whenever possible and appropriate. P1 = Children have permanency and stability in their living situations. P2 = The continuity of family relationships and connections is preserved for children. W1 = Families have enhanced capacity to provide for their children’s needs. W2 = Educational needs of children are identified and addressed. W3 = Children receive adequate services to meet their physical and mental health needs.

¹⁵ IS = Statewide information system. CR = Case review system. QA = Quality assurance system. T = Training. SA = Service array. AR = Agency responsiveness to the community. FP = Foster and adoptive parent licensing, recruitment and retention.

Iowa Title IV-B Child and Family Services Plan

Activity ¹⁶	Outcomes ¹⁷	Sys ¹⁸												
	S1	S2	P1	P2	W1	W2	W3	IS	CR	QA	T	SA	AR	FP
Achieve significant improvement in educational outcomes for children in foster care						X								
Service Array														
Significantly increase retention and continuity of DHS and provider frontline staff and supervisors			X	X								X	X	
Identify and implement more evidence-based services/programs.												X	X	
Implement comprehensive plan/model for contracting with child welfare service providers, including implementing a fair and adequate provider payment/reimbursement system with performance based incentive payments and the group care RFP												X	X	
Agency Responsiveness														
Parents and youth have a voice in all policy and practice decisions.													X	
Medical/Dental Care, and Medication Management														

¹⁶ Strategies that are asterisked reflect legislation passed in the 2008 General Assembly session. Strategies marked with 2 asterisks reflect federal mandates.

¹⁷ S1 = Children are, first and foremost, protected from abuse and neglect. S2 = Children are safely maintained in their homes whenever possible and appropriate. P1 = Children have permanency and stability in their living situations. P2 = The continuity of family relationships and connections is preserved for children. W1 = Families have enhanced capacity to provide for their children’s needs. W2 = Educational needs of children are identified and addressed. W3 = Children receive adequate services to meet their physical and mental health needs.

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Iowa Title IV-B Child and Family Services Plan

Activity ¹⁹	Outcomes ₂₀	Sys ₂₁												
	S1	S2	P 1	P 2	W 1	W 2	W 3	IS	C R	Q A	T	S A	A R	F P
Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion Significantly improve access to physical, dental and mental health care for children in foster care							X							
Information System														
Implement new SACWIS and enhance other technology supports for staff and improved data for frontline staff and managers								X						

¹⁹ Strategies that are asterisked reflect legislation passed in the 2008 General Assembly session. Strategies marked with 2 asterisks reflect federal mandates.

²⁰ S1 = Children are, first and foremost, protected from abuse and neglect. S2 = Children are safely maintained in their homes whenever possible and appropriate. P1 = Children have permanency and stability in their living situations. P2 = The continuity of family relationships and connections is preserved for children. W1 = Families have enhanced capacity to provide for their children’s needs. W2 = Educational needs of children are identified and addressed. W3 = Children receive adequate services to meet their physical and mental health needs.

²¹ IS = Statewide information system. CR = Case review system. QA = Quality assurance system. T = Training. SA = Service array. AR = Agency responsiveness to the community. FP = Foster and adoptive parent licensing, recruitment and retention.

**Iowa Title IV-B Child and Family Services Plan
2005 – 2009**

**Child Welfare Strategic Plan
Performance Measures²²**

Outcome	Performance Measures	Data Source	
		Child Welfare Information System (CWIS)	Case Reading/Mini-CFSR
Safety 1. Children are, first and foremost, protected from abuse and neglect	Initiate of investigations of reports of child maltreatment are timely		X
	Children that are maltreated do not experience repeat maltreatment	X	X
	Incidence of child abuse and/or neglect of children in foster care	X	
Safety 2. Children are safely maintained in their homes whenever possible and appropriate	Services are provided to protect children in the home and prevent removal		X
	Risk and safety concerns are assessed and addressed		X
Permanency 1. Children have permanency and stability in their living arrangements	Children do no re-enter foster care	X	X
	Children are in stable placements	X	X
	Permanency goals are appropriate and timely		X
	Permanency goals of reunification, guardianship, or permanent placement with relatives are achieved timely	X	X
	Permanency goals of finalized adoption are achieved timely	X	X
	Permanency goals of another planned permanent living arrangement are achieved timely.		X
Permanency 2. The continuity of family relationships and connections is preserved for children	Children in foster care are placed in close proximity to their parents		X
	Children in foster care are placed with their siblings		X
	Children in foster care have frequent visits with parents and siblings		X

²²

Iowa Title IV-B Child and Family Services Plan

Outcome	Performance Measures	Data Source	
		Child Welfare Information System (CWIS)	Case Reading/Mini-CFSR
	Children in foster care maintain connections to their community, faith, extended family, tribe, school, and friends		X
	Children in foster care are placed with relatives whenever possible		X
	Positive relationships between children in care and their parents are encouraged and supported		X
Well-Being Outcome 1. Families have enhanced capacity to provide for their children's needs	The needs of children, their parents, and foster parents are assessed and addressed		X
	Children and their parents are involved in the case planning process on an on-going basis		X
	Case workers visit children regularly to promote achievement of goals		X
	Case workers visit parents regularly to promote achievement of goals		X
Well-Being 2. Children receive appropriate services to meet their educational needs	Educational needs of children are identified and addressed		X
Well-Being 3. Children receive adequate services to meet their physical and mental health needs	Physical health need of children are addressed		X
	Mental and behavioral health needs of children are addressed		X

Child Welfare Services – Service Business Team

DHS has established a Service Business Team to guide the collaboration and partnership between Central Office and Service Area in achieving the goals of the Child Welfare Strategic Plan. The Service Business Team is responsible for developing and monitoring the Child Welfare Strategic plan.

The Service Business Team members include the Division Administrator of Field Operations Support, a Service Area Manager, and the Division Administrator of Child and Family Services.

The Service Business Team has chartered six Task Teams. These teams are responsible for different aspects under the Child Welfare Strategic Plan. These task teams cover the following areas:

- Safety
- Permanency
- Service Array and Agency Responsiveness
- Case Review
- Statewide Information System, Quality Assurance, and Training
- Foster and Adoptive Parent Recruitment and Licensing

Teams are co-led by a staff person from Central Office (either the Division of Child and Family Services [DCFS] or the Division of Field Operations [DFO]) and by a representative of the Service Areas. External stakeholders are invited to work on specific activities as appropriate.

TITLE IV-B CHILD AND FAMILY SERVICE PLAN

Section A: Background

Background information can be found in the executive summary.

Section B: Overview of the Child and Family Services Plan and Integration with the Child and Family Services Review Process

Overview information can be found in the Executive Summary. The 5-year Strategic Plan sets forth:

- The vision and the goals to be accomplished to strengthen the overall child welfare system;
- A final review of accomplishments and identified needs; and
- Coordination and alignment with the CFSR and statewide assessment; can be found in the section on Safety, Permanency, and Well-Being Outcomes and Systemic Factors.

The Fostering Connections initiatives can be found in the Appendix.

Section C: Submittal Rule for Insular Areas

This section is not applicable for Iowa.

Section D: Final Report for CFSP for Fiscal Years 2005-2009

A description of the specific accomplishments and progress can be found in the executive summary and sections on Safety, Permanency, Well-being, and Systemic Factors.

The State does not receive any adoption incentive payments.

A description of activities that the State has undertaken for children adopted from other countries can be found in “Service Array”, page 107.

A description of the activities implemented by the State to make yearly progress to meet the requirement that by October 1, 2011, 90 % of children in foster care are visited by their caseworker on a monthly basis can be found under Well-Being Outcome 1, Item 19, page 66.

A description of the progress and accomplishments made with regard to compliance with ICWA can be found in the systemic factors under “Agency Responsiveness to the Community”, page 115.

Accomplishments to date under the CAPTA portion of the consolidated CFSP can be found in the CAPTA section, page 149. The Annual Citizen Review Panel Reports and Response can be in the Appendix.

The State does not operate a child welfare waiver demonstration project.

The accomplishments and progress made toward meeting the Chafee Foster Care Independence Program [CFCIP] can be found on page 156.

Section E: Five-Year Child and Family Service Plan for 2010-2014

Stephanie Tubbs Jones Child Welfare Services Program [title IV-B subpart 1], services provided under the Promoting Safe and Stable Families Program [title IV-B subpart2], family preservation; family support; time-limited family reunification services can be found under the systemic factor “Service Array”, page 107. Adoption services can be found in that section. The evaluation of the services can be found under Items 1-23 within the sections on Safety, Permanency, and Well-Being.

Training activities and costs to be funded through titles IV-B and IV-E can be found in the systemic factor “Training”, page 93.

State agency administering the programs: Executive Summary, page 4.

Vision statement, goals, objectives, measures of progress can be found in the section on “Five Year Goals and Objectives”, page 131. The goals, objectives and activities will be measured by the quality assurance process currently in place that is consistent with the CFSR Outcomes. The data and information is measured on a quarterly basis through case reading, CWIS data, and through Iowa CFSR reviews in the service areas.

A description and evaluation of consultation and involvement of stakeholders and the coordination with tribes can be found on page 115, in the systemic factor section, “Agency Responsiveness to the Community”.

Child and Family Services Continuum and Service Descriptions can be found in the section on “Service Array”, page 107. The specific percentages of title IV-B, subpart 2 funds expended on service delivery can be found in the attachment titled “Estimated Expenditures” that is located in the Appendix, page 190.

Decision Making Process

This section explains how agencies and organizations are selected for funding to provide family support services and how these agencies are community based.

A competitive procurement process is used for selection of services from community-based agencies. Competition is required for service contracts when the estimated annual value of the services contract is equal to or greater than \$5,000 or when the estimated value of the multiyear services contract in the aggregate, including any renewals, is equal to or greater than \$15,000, unless:

- There is adequate justification for a sole source or emergency procurement pursuant to rule 106.7(18) or 106.8(18) or another provision of law; or
- Services are obtained from an intergovernmental agreement.

In keeping with the state’s public policy favoring competition, use of competition is recommended when feasible even if competition is not technically required. Executive Order 25 also encourages agencies to use reasonable efforts to ensure that they use public funds to purchase services in a way that obtains the best value.

Competitive procurement of some types of services involves evaluation of proposals based on multiple factors. Agencies determine the weighted value of evaluation criteria and negotiate the contract based on these criteria. “Community-based” services are assured through defining the contract services.

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. The majority of services offered fall under one of the following categories:

- Family Support
- Time-limited reunification
- Adoption

PSSF service funds are allocated to the eight community-based DHS service areas according to a formula based on child population and poverty. Less than 20% is allocated for family preservation services because Iowa has family centered services statewide. Family centered services are funded through a combination of state and federal Medicaid funds.

See the Attachments Section in this report for the Iowa Title IV-B Child and Family Services Plan, Child Welfare Profile Charts.

Monthly Caseworker Visits

Definitions:

Family Interaction: means planned, in-person contact between the child or young adult and one or more family members.

Caseworker: means the person responsible for either the case or for visitation of the child.

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 an 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 and family. When the child’s needs dictate more frequent contact, visits need to be made more frequently than monthly.

Child's residence: is 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.

Funding: 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 of \$74,710 for FFY 2009 and the full allotment for years 2010-2014.

Procedures to track and report: Management information system service requests have been completed to improve tracking and reporting caseworker visit baseline data to our federal partners. Caseworkers record client visits in FACS that includes the location of visit. 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).

State standards: 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 an 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.

Baseline Data: There has been no change in DHS base line data since reporting October 2007.

FY 2008 data can be found in the Executive Summary, page 4.

Visit Goal: Benchmarks to achieve 2011 target: October 08 - 40%; 09 - 50%; 2010 - 70%; 2011, 90%. Steps to ensure 90 percent of children in foster care are visited monthly and a majority of visits occur in the residence of the child by October 1, 2011, follow:

Strategies for Visitation Improvement

Administrative Strategies and Performance Data:

- Aligning performance measures for Service Area Administrators with CFSR and IV-B visit requirements.
- Performance improvement goals set by the Deputy Director.
- Monitoring and tracking performance monthly on administrative reports distributed to all administrators.
- Aligning Foster Care Review Board reviews and reports with the CFSR to add external review and compilation of data.
- Developing data reports as a tool for workers to track visits (e.g., mid-month report of all kids not yet visited that worker and supervisor get and use to plan for making visits).
- Adding documentation fields to SACWIS, to enhance tracking and reporting.
- Increase staff numbers and improve work focus.
- Fund additional social work staff to decrease caseload size.
- Redirection of existing social work staff from "other duties" to child welfare to reduce caseloads.
- Add supervisors to improve supervisor to staff ratios.
- Focus supervision on improving/increasing clinical consultation with child welfare staff on such issues as quality of visits.

Policy:

- Placing the standard for visits in the administrative code and strengthening manual requirements consistent with the code.
- Developing a standardized visit guide with reporting requirements.

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.

Quality Assurance:

- Monthly case reading using CFSR based case reading tool by supervisors of at least 1 case per staff, and discussion with staff of findings.
- Implementation of Iowa CFSR's beginning April 2008; with 8 reviews per year.
- Including discussion of quality visits with supervisors and workers, including as part of debrief from supervisory CFSR case reading.

Partnership Strategies:

- Juvenile Court Judges are now asking about caseworker visitation with children and parents, which prompt workers to make sure they are doing the visits.
- Working on improving communication with permanency contractors around family conditions and progress, so the focus is on visits, key issues in the case plan, changes that have occurred, etc.

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 and is in the process of being included in the implementation plan, currently being reviewed by the Service Area Administrators. The caseworker visit funds will be utilized to provide training during the implementation process.

Child Welfare Demonstration Activities

Subsidized Guardianship:

Iowa's subsidized guardianship waiver project was initiated on February 1st 2007. The first list of eligible children was released and case managers have begun to include consideration of Subsidized Guardianship as a potential option for permanency for children who have been identified as part of the experimental group. A total of 1987 children have been identified as meeting the criteria to be included in the project as of February 2009. The random allocation of these children into control and experimental groups resulted in 1381 children in the experimental group and 606 children in the control group. There are currently 19 children in subsidized guardianship placements. Following the passage of the Fostering Connections for Success and Increasing Adoptions Act of 2008 (FCSIAA) Iowa has begun a process to terminate the waiver program and begin an on going Subsidized Guardianship program according to the FCSIAA legislation.

Adoption Incentive Payments: The State of Iowa does not have any adoption incentive payments.

North American Council on Adoptable Children Award (NACAC): awarded Elevate its 2009 NACAC Adoption Activist Award for their work empowering teens to become advocates; encouraging them to share their personal stories to educate legislators, foster parents, and professionals about foster care and adoption; and recruiting families to foster and adopt teens

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.

Health Care Services

Health Care Services Plan (Overarching Trends)

The Department revised the Physical Record, Form 470-0580 or 470-0580(S) in June 2008 to include mental health and dental information. The form is used to obtain an initial physical record before a child's entry into foster care or within 14 calendar days of the child's entry if it was not possible to complete before the child was placed. The physical record form is also used as a continuing record of a child's physical history and medical care. Immunization information is attached to the physical record form. The physical record form may be used for children in all foster care situations, as it meets the federal Medicaid requirements for early and periodic screening and the federal requirements for inclusion of health information in a child's case permanency plan. The service worker is required to obtain from the health practitioner or practitioners an annual medical review of treatment the child has received.

One of the Department's strengths is Child Protection Centers who provide medical, dental and initial mental health screenings for children who experience emergency removals from their homes. The screenings do not address the child's immunizations.

The Department automatically refers children ages zero to three to the Early ACCESS program when abuse is confirmed or founded.

Department Health Care Services Plan

Initial and Follow-up Health Screenings

The initial physical is completed before a child's entry into foster care or within 14 calendar days of the child's entry if it was not possible to complete before the child was placed. The initial physical also addresses hearing, dental and mental health needs. The physical record form is also used as a continuing record of a child's physical history and medical care and contained in the child's case permanency record.

The Department will continue to use the Child Protection Centers who provide medical, dental and initial mental health screenings for children who experience emergency removals from their homes. The screenings do not address the child's immunizations. The Department engages the child's

parents to provide the health care services history of the child before and after removal of their child that includes the child's immunizations. If the child's parents cannot provide all the needed health history of the child, the Department will work with Visiting Nurse Services and the child's medical provider to obtain this information.

Case work policy and practice is on-going assessment and meeting the needs of the children, involvement of the children and their parents in case planning for meeting the health care needs of the children in out-of-home placement.

The Department automatically refers children ages zero to three to the Early ACCESS program when abuse is confirmed or founded.

Health Care Needs Identified Through Screenings, Monitoring and Treatment

The Department will continue to train service workers and foster parents on documenting the health care treatments, follow-up health care services. Family Team Meetings and Pre-removal conferences that identified any health care services needed by the child will be documented in the child's case permanency plan (Family Case Plan), including six month case reviews, case consultation between the service worker, supervisor and social work administrator, and quality assurance case reviews.

Children in foster care continue to be required to have an annual routine physical examination. Besides Early ACCESS for children ages zero to three, children age three are referred for:

1. Dental examinations and teeth cleaning every six months.
2. Vision examinations annually and as needed.

A hearing examination should be obtained if a problem is suspected.

The Department will look at new service worker training to focus it more on best practice rather than data systems and follow-up service worker trainings. New service worker trainings are intensive and difficult for a new service worker to digest and use without follow-up trainings on specific areas such as documentation of the health care needs of the child in case record notes and the case permanency plan.

Medical Information

The Department has had two meetings with staff of the Iowa Medicaid Enterprise (IME) to review the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) with the Medicaid division. The focus of these meetings has been to:

- Identify any current weaknesses and gaps in responding to the health care needs of foster children within the current system and a strategy to close those gaps,
- Provide access to child welfare caseworker to the Iowa Medical Electronic Records System information that contains the Medicaid claims data to improve their access to health information for children in foster care.
- Develop strategies to ensure the continuity of health care services
- Address ways to provide oversight of prescription medicines
- Identify strategies to involve medical professionals outside of the IME Medical Services Unit in ongoing discussion of the health care needs of children in foster care.

The identified strategies will be prioritized by the most immediate health care service needs of foster children for implementation in the case management system of child welfare services.

One of the initial strategies of the Department was to amend administrative rules requiring all foster parents to complete a self-study Medication Management course, require foster parents to complete CPR and First Aid classes, and prohibit foster parents from smoking in their home or vehicle while the foster

child is present. The Department noticed administrative rule amendments April 8, 2009 with a projected effective date of these administrative rules of October 1, 2009. The smoking prohibition will be implemented on the effective date. The CPR, First Aid, and Medication Management classes will be completed by newly licensed foster parents within the first year of license and by current foster parents within their licensing year. Policy manual changes will be completed to reflect the amendments to the administrative rules and service worker staff and applicable contract providers will be informed on the changes and training incorporated into new service worker training and training of on-going service workers.

The Department will review current language in the Child Abuse Assessment Report to address the health care needs of the child, list the name of the child's doctor, involvement of Family Safety, Risk and Permanency Providers, and the Department's recruitment and retention contractor service area coordinator.

Current Weaknesses Identified To Date

DHS has identified the following identified weaknesses or gaps will be reviewed at the June 25, 2009 meeting of the Department and IME: Transportation services are provided and paid through Medicaid when medical services can only be obtained outside the local area for lack of medical care providers. The lack of medical care providers in rural areas is one of the gaps within the current system. While medical clinics are now available in shopping malls, there are no incentives for medical providers to be in rural areas where the population does not have the density as it does in metropolitan areas of cities. Transportation services places a burden on foster parents, biological parents, service workers and service providers.

Many medical providers do not accept Title 19 Medicaid because the rate of reimbursement is much less than the reimbursement rate paid by medical insurance providers. The lack of mental health providers through out the state contributes to the lack of timely access to mental health evaluations and dental services as well as transportation to these providers.

Recommended follow-up medical services are provided to the foster child though may not be documented at all times in the child's case permanency plan. Foster group care providers do not always provide documentation to the Department regarding health care services they delivered to the foster child without the service worker requesting this information. Some of our service workers are confused about what health care services should be in the child's case permanency file. The Department plan is to address what is needed in the child's case permanency file in service worker training and in policy manual.

Section F: Child Abuse Prevention and Treatment Act State Plan

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE OF IOWA 5-YEAR PLAN 2010-2014 June 30, 2009

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 will seek to implement some of these recommendations. A CFSR based guided intake tool is being developed for the CPCCRP to evaluate intakes that have been received including those accepted, and rejected for assessment.

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 turn around on payment claims. The turn around 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 (DHS) 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 assessment and safety assessment, planning and management.

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

In FY 2010-2014 IDHS will enhance the policy manual to include more guidance regarding safety assessment and planning. Focus will be placed on definitions for present and impending danger, and worker response to these situations. IDHS will also enhance policy manual to include definitions, and worker response to standards for safety thresholds. IDHS has been working with the University of Iowa to conduct a formal review of the Risk Assessment tool used by the department. A workgroup has been gathered and will identify activities to implement recommendations, and training

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

Iowa has continued to implement new, and on-going training to DHS child protective workers, service workers, supervisors, and community based service providers in the three major areas identified in CAPTA. IDHS continues to support the Child Protection Training Academy (CPTA), 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 2010. 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.** Iowa has implemented new training programs in FY 2009. The training provided a focus on domestic violence with courses offered for both new workers in a basic course, and an advanced course for experienced workers. 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 CPTA is seeking curriculums to train workers with conducting abuse assessments in cases involving individuals with disabilities. The CPTA is also seeking to identify a curriculum addressing relapse issues and planning for families where substance abuse exists.

DHS has provided the Safety training curriculum to the Child Welfare Provider Training Academy (CWPTA) to facilitate training with their provider staff statewide. This is the same training provided to DHS staff in the previous year. In FY 2010-2014 the training will be updated to reflect enhanced language that comes from recommendations from the NRC review. DHS will roll out Enhanced Safety and Risk training to DHS staff via ICN in FY 2010. Providers will be invited to attend as well. This will incorporate the rest of the NRC recommendations and begin the discussion of Safety Threshold and Risk.

- b. **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 DHS 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.
- c. **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, as well as adding new trainings and ensuring that worker safety is addressed.

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. This program is currently available in 6 sites covering 16 counties. During the past year 39 parent partners provided assistance to 123 families. 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 FY 2010-2014 Iowa is seeking to expand this program. Iowa is currently applying for a Midwest Child Welfare Implementation Center grant to expand this program statewide.

Iowa has also increased the focus on involving fathers in services. The 24-7 Dad's Program is a pilot project seeking to provide support, and parenting information to fathers who have children involved in the child protective system. In FY 2010-2014 Iowa will seek to expand this program and provide assistance

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

Iowa is also seeking to establish initiatives to reduce disproportionality of minorities represented in the child protective services system. In recent reviews of the State of Iowa it was found that minorities are over represented in child welfare and/or juvenile justice systems. Minorities comprise approximately 10% of the state population, but account for nearly 33% of the population in child detention centers. In the past year Iowa has worked with the Casey Family Programs. On May 7, 2009 Casey Family Programs (CFP) hosted a compression planning session to develop key elements for an Iowa framework to address disproportionality. Participants included DHS staff from 5 of the Service Areas and the Division of Child and Family Services, as well as Children's Justice and community members representing families, youth, the court, Native American tribes, and organizations serving the minority community. In FY 2010-2014 Iowa will continue to work with the Casey Foundation on the development and implementation of the framework. The group identified five key elements for our framework – community and family participation, leadership, data and key decision points, resources, and racial bias. The group also identified possible strategies for each element. DHS is working with Casey Family Programs to develop a Breakthrough Series Collaborative (BSC) on disproportionality that would engage 8 communities across the state (one per DHS Service Area), based on the framework developed on May 7th. The framework has identified existing leverage points such as the Community Partnerships for Protecting Children program that will continue to be developed and enhanced.

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 DHS 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 17.3% in fiscal year 2007, to 23.1% in fiscal year 2008. This is compared to the number of children referred and receiving services from protective assessments, which showed numbers of 9.9% for fiscal year 2007, and increasing to 12.5% for fiscal year 2008. 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 2010-2014 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.

During the past year IDHS continued to support the Healthy Opportunities for Parents to Experience Success (HOPES)/Healthy Families Iowa (HFI) program. This program provides in-home visits targeting pregnant women, and families with newborns. The goals of the program are to improve the health, coping skills, interactions, and safety of children and families, and to reduce the incidence of abuse, and infant mortality and morbidity. A Memorandum of Understanding has been established between IDHS, and IDPH, which helped to improve the collaboration between the agencies. In FY 2010-2014 Iowa will seek to continue this program.

In the FY 09 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 have met and established steps to meet the requirements of this bill to be implemented in FY 2010-2014. The Department of Human Services will begin training workers on more specific issues regarding substance abuse. Workers will be trained in the use of either the CAGE, or COVE questionnaire to identify when substance abuse issues are present. DHS workers will then either assist a family in accessing services, or provide them with information on available services. IDHS, and IDPH are also working to develop a common release form that both agencies accept and can initiate to allow the exchange of information.

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. In FY 2010-2014 Iowa will seek to continue this

- 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.

(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 will be introduced to staff in FY 2010 as a result of the work done with NRCCPS. Training will also be provided to staff regarding Forensic Interviewing for cases of suspected child abuse. Training will also be provided regarding Motivations Interventions to help workers identify the motivations of abuse, and planning effective interventions. IDHS will continue to update staff regarding legislative changes implemented. For FY 2010 the Iowa Legislature revised Iowa Code regarding Registered Sex Offenders. These changes modify categories, and the criteria to be considered for abuse referrals assessed by IDHS.

(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 DHS 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 DHS manual and policy. In FY 2010-2014 IDHS will continue to work with this panel. In response to a recommendation by the CJA Statewide Taskforce, the department will bring a proposal to IDPH to establish a multi-departmental committee to review current practices and any concern regarding the variation of mandatory reporter trainings.

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

The assurance form, Attachment C, has been signed by the Governor of the State of Iowa and is included as an attachment.

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 effect 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 law, as stated in the Code of Iowa, requires criminal background checks for prospective foster parents, adoptive parents, and other adults residing in the home. DHS 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 that would impact the requirements as specified in 106(b)(2)(A)(xxii) of CAPTA.

Section G: Chafee Foster Care Independence Program

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

B1. Service Description for the Chafee Foster Care Independence Program

The specific accomplishments and progress have been achieved to date in the past fiscal year toward meeting each goal and objective in the CFSP Chafee Foster Care Independence Program:

Training – Revised the training “Improving Outcomes for Youth in Transition,” developed via a 3-year grant from Department of Health and Human Services, specific to foster and adoptive parents of teens. Training focuses on the key areas of permanency, cultural competency, positive youth development, and system and community resources.

Six Community Partnerships sites have been given a small two-year grant to implement collaborative efforts designed to increase partnerships and integrate services and resources to improve outcomes among youth over the age of 16 who are involved in, or who have aged out of Iowa’s foster care system with a focus on sustainability at the community level. Trainings held during this developmental stage provided essential learning opportunities for facilitators, youth, and mentors/advocates to provide for Youth Dream Teams, a youth-centered transition planning process.

On-going training provided to child welfare and juvenile justice staff, providers, education staff and youth regarding effective youth-centered transition planning process.

Contracted Aftercare program staff received training focusing on writing high quality self-sufficiency plans for all participating youth; “Youth Voice and Choice”; Ansell Casey Life Skills Assessment/related tools and process; Youth Dream Team process. Additionally staff have received on-going training on ensuring eligible youth remain on extended Chafee Medicaid (known as MIYA in Iowa) through awareness of continuing eligibility forms youth must complete, mental health policy/protocol, program responsibilities regarding youth abusing substances, and on-going aftercare eligibility protocol for youth.

Training – Updated goals and objectives for FY 2010-2014

- Continued training specific to transitioning/life skills/permanency to staff, care-providers, and youth. Continued training of specific life skills conducted via Elevate; development of a “Trainers Bureau” incorporated within Elevate chapters that consists of people in the community willing to teach a life skill to groups of teens in foster care – link this with the Transitioning Youth Initiative (TYI) sites.
- Printing of the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older will be completed when needed (most likely within the next 2 years).
- Staff training specific to youth-centered transition plans personalized at the direction of the youth per Fostering Connections Act requirements.
- Follow-up training to local transition committees around best practices.
- Training provided to Iowa Kids Net (contractor for recruitment and retention of resource families) and group home staff around transition needs assessment, planning and methods for effective transition of youth to self-sufficiency.

Transition Plan Practice – Department local transition committees continue to operate in each of the Department’s 8 service areas. Committees review, make recommendations and must provide approval of each youth’s transition plan prior to the youth reaching 17 ½ year of age. Committee membership includes a wide array of key stakeholders within the community, such as representation from IDHS, Education, juvenile court, adult services, social service providers, and others knowledgeable about community resources. A total of 768 transition plans were reviewed/approved during the past fiscal year. New legislation passed in the 2009 session strengthens Iowa law and policy regarding transition planning, required for every youth in foster care who is 16 years of age and older. Legislation mandates that the plan must be personalized at the direction of the youth, developed with the youth present, honoring the goals and concerns of the youth, address specific key areas (e.g., education, employment, housing, health services, relationships), and is a working document, reviewed and updated at each case review and during the 90 days prior to youth turning 18 years of age.

Additionally, Family Team Meetings are occurring on a more regular basis for older youth in care in addition to Youth Dream Teams (which follows standards similar to that of Family Team Meetings) in the several communities discussed above under Training.

Transition – Updated goals and objectives for FY 2010-2014

- Youth-centered transition plans completed for youth, 16 years and older, who are in foster care. Plans will be personalized at the direction of the youth, reviewed and updated at case plan review and within ninety days prior to turning 18 years of age. Areas to be addressed in the plan will include education, employment, health (inc. coverage), housing, and relationships (support system). Increased understanding by a minimum of 75% of stakeholders of a youth-centered transition planning process, focusing on key areas necessary for successful transition.
- Strengthen coordination between the adult disability system and the child welfare system for youth who “age out” with significant mental health issues that will require adult disability services. Continue training to staff and the adult disability system to understand the process required to transition a youth from foster care into adult disability services.

Permanency - A key component to the “Improving Outcomes for Youth in Transition” training was permanency. This training is now being rolled out to foster and adoptive parents. Legislation passed in 2007, which was initiated by Iowa’s Youth Council Elevate, requiring siblings be placed together when possible, and when not possible, promoting visitation between siblings; priority upon sibling placement

and connections has increased since passage. Legislation passed in the 2009 session continues to promote permanency mandating the Department, juvenile court services, or other agencies placing a child to notify the child's relatives within 30 days of transfer of custody to the Department. Notice includes options available to the relatives to participate in the care of the child and financial and program assistance for doing so.

During this past year, the Child Welfare Advisory Council has formed a Permanency Sub-Committee. Recently, the sub-committee developed a permanency vision and foundational principles of permanency, from which to develop a statewide plan to ideally achieve permanency for all youth in care. Analysis of and recommendations for improvement will be in the following key areas: policy, practice, involvement of youth in planning their own permanence, training, data tracking and outcome measures, public-private partnerships, integration of permanence with other initiatives.

Permanency - Updated goals and objectives for FY 2010-2014

- Expansion of TYI to 10 communities (county/cluster of counties).
- Employ innovative approaches to ensure permanency and positive relationships with supportive adults for all participants enrolled in the aftercare program, involving a variety of means.
- Increase peer-to-peer mentoring in the ETV program and through the Elevate chapters.
- Increased number of youth with transition plans having goals related to achieving permanency and mentoring opportunities.
- Increased number of youth "aging out" participate in a youth-centered team planning process for permanency and adult living; increased number of youth 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.
- 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 permanence with other initiatives.

Youth Engagement - Significant efforts and opportunities for increased youth engagement within the child welfare system have occurred, with the IDHS continuing to utilize Chafee funding and state funding to support and provide for growth within "Elevate," a grass roots youth council that has increased to 8 chapters. To date, Elevate has developed 5 trainings, focusing on education, court involvement, relationships, and coping with mental health needs. Elevate has partnered with the TYI, described below. Additionally, Elevate began a group mentoring project through a CWLA grant this past year, matching younger teens with older youth for mentoring opportunities during Elevate support group meetings.

Iowa has 8 Community Partnership sites (2 of which are the sites described below involved in the shared youth vision pilot) involved in the Transitioning Youth Initiative (TYI) that have created shared decision-making teams to focus on issues that youth face as they "age out" of foster care and transition into early adulthood. Part of this effort includes an individualized course of action known as the Iowa Youth Dream Team planning process. This process was designed in part by youth in foster care and is youth-focused. Following standards similar to that of Family Team Meetings, it is offered to youth 16 years and older who are connected to one of the 8 sites. Implementing collaborative efforts designed to increase partnerships, integrating services and resources that improve outcomes among youth over the age of 16, as well as policy and practice change at the state and local levels that promotes successful transitions are also key components of TYI.

Iowa continues to be involved in the shared youth vision team via a grant from the Department of Labor to pilot collaborative community efforts to address the needs of system-involved youth. The shared youth

vision team is working with public-private coalitions in 2 counties to implement strategies to improve partnerships, build capacity, and integrate services and resources to improve outcomes of involved youth. Permanency/lifelong connections continue to be a priority in Iowa's aftercare program, serving youth who have aged out of care. Positive permanent connections with supportive adults have been found to be important to achieving a number of positive outcomes, including decreasing at-risk behaviors (e.g., substance abuse, self-harm). See additional outcome information in Appendix-Aftercare.

Youth Engagement - Updated goals and objectives for FY 2010-2014

- Increased youth engagement within the child welfare system (see above strategies) as indicated by increased #'s of Elevate chapters across the state and increased #'s of youth involved in Elevate and serving on committees.
- Proposal of development of a "Transition Closet" in several communities across the state, coordinated through the Aftercare program and Elevate. People would donate items earmarked for youth aging out of foster care.
- Create a list of "Door Openers" of connections in the TYI community sites for banking, car repair, discounts, reduced/free membership to health facilities, etc. that youth in foster care receive in the transition planning process.

B2. Collaboration

Collaboration with key stakeholders in conjunction with the service delivery system for older youth is not only necessary but also a vital part of the overall CFCIP in Iowa. Partner involvement in the review of progress made in the past year and updates for the upcoming 5 years include input from resource parents, providers, juvenile court services staff, IDHS staff, court staff, and most importantly extensive input from youth in care.

CFCIP continues to partner with Department selected contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration.

Workforce Development (specifically around the Workforce Investment Act) as a result of Iowa's Shared Youth Vision initiative, including how the CFCIP program and the WIA program can better align resources serving the same population. Plans to increase and improve coordination with Job Corps; there is a need for Job Corp to more actively recruit foster youth – often times, a youth's mental health issues are a barrier to acceptance in Job Corp and need not be with appropriate support and services.

Legislation passed in the 2009 session calls for increased collaboration with the Iowa Department of Education for better outcomes for youth in foster care, including educational stability of the youth and of the educational setting the youth attends while in placement. Schools are now required to provide immediate and appropriate enrollment of youth along with the requirement that transfer of school records must occur within 5 school days upon transfer from one school to another.

Meaningful and ongoing 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 involved 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 with: the Court Appointed Special Advocate program (1 Department service area has specifically assigned a CASA volunteer for teens in care); Mentor Iowa volunteers, who provide mentoring for court involved youth; judges and attorneys. Additionally, Elevate youth are involved in various juvenile justice committees within the state, training to new staff and foster/adoptive parents.

B3. Program Support

Training on transition planning for youth in foster care and for those who have aged out continues to be part of the new worker-training curriculum (for terms of course offering, numbers and positions of prospective trainees and estimated cost see Training Plan incorporated within the APSR). For this reporting period, the Department contracted with the Iowa Foster and Adoptive Parents Association (IFAPA) to provide statewide training to resource families on “Lifelong Connections” trainings (a 6-hour training module), “Teaching Life Skills” training (a 6-hour training module), “Community Resources” and “Generations X, Y, and Z – the Toxic Culture of Teens”.

Iowa continues to participate in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a prospective study following a sample of young people in Iowa, Wisconsin, and Illinois as they make the transition from foster care to early adulthood; a fourth wave study of the population (now 23 years of age) sampled 6 years ago when they were 17 will be completed this year.

Specific accomplishments and planned activities for FY 2010-2014:

1. Assist youth to transition from dependency to self-sufficiency; Specific accomplishments achieved:

Increased training on transition planning involving youth as trainers and participants is crucial. See Section B.1, Youth Engagement; B.3, Program Support.

Key stakeholder involvement to provide input for training needs and curriculum, system needs, youth needs, current program needs (see Section B.2 – collaboration, above).

Planned Activities for FY 2010-2014:

- 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).
- Printing of the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older.

2. Help youth receive the education, training and services necessary to obtain employment; Specific accomplishments achieved:

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.

The Department, Juvenile Justice System, and Department of Education have recently begun collaboration specific to the federal Fostering Connections Act education requirements, particularly around best meeting the needs of youth in the education setting. 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.

ETV materials were distributed to Iowa’s high school guidance counselors, DHS case workers, colleges and universities, foster parents and Iowa’s Aftercare Services Network. Additionally, the Department is administering the 100% state funded All Iowa Opportunity Foster Care Grant, another financial aid program to assist youth aging out of foster care with post-secondary education.

Planned Activities for FY 2010-2014:

- Expanded partnering with Dept. of Education, 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.
- 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 one service area has 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.
- Revise ETV promotional materials to emphasize availability of vocational and apprenticeship programs available at community colleges.
- Promote usage of web-based software, called Choices, which provides a series of interest, skill and ability assessments to high school students and suggests possible areas of study/job training at the post-secondary level.

3. Help youth prepare for and enter post-secondary training and educational institutions; Specific accomplishments:

See responses in Section above in addition to Section – Education and Training Vouchers.

Planned Activities for FY 2010-2014:

See responses in– Education and Training Vouchers.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults; Specific accomplishments:

See responses in Permanency, Youth Engagement, and Aftercare Services Program; and Program Support.

Planned Activities for FY 2010-2014 (in addition see updated goals and objectives above):

- Increased number of youth with transition plans having goals related to achieving permanency and mentoring opportunities.
- Increased number of youth “aging out” participate in a youth-centered team planning process for permanency and adult living; increased number of youth 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.
- 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 permanence with other initiatives.
- Increase peer-to-peer mentoring in the ETV program and through the Elevate chapters.

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; Specific accomplishments:

- Iowa's statewide aftercare program, implemented in April 2002 and known as the Iowa Aftercare Services Network (IASN), has continued to expand in numbers of youth served and program objectives during this reporting period, particularly since the 2006 implementation of the PAL stipend for aftercare youth working or attending school.
- Aftercare participants who don't participate in the PAL program may be eligible for vendor payments up to \$1200 per calendar year.
- For the most recent closed SFY '08, the aftercare program served 567 unduplicated youth, with 228 youth receiving aftercare services only and an additional 339 youth receiving the PAL stipend. (See Appendix Aftercare for additional outcome data)
- Iowa is one of 3 states that received a 5-year demonstration grant from the Family and Youth Services Bureau (FYSB) – Support Systems for Rural Homeless Youth, 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. During this first year, all of Iowa's Transitional Living Programs have participated and done data mapping for rural areas they cover; one program will be selected and, working with youth, design a system that ensures housing for youth, including connections to survival support services, the community, and employment and/or educational opportunities.

Planned Activities for FY 2010-2014:

- Enhance and increase services and supports, centered on evidence-based and best practice, to reduce high-risk behaviors, particularly related to substance abuse.
- 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.
- Enhance links to educational services within the community to increase of participants who exit Aftercare program with a high school diploma/GED/post high school degree.
- Enhance services/supports and community links to increase of youth exiting care to participate in certification/internship/training programs.
- Enhance services/supports and community links to increase of youth employed while in the Aftercare program and upon exit.

Report service collaboration activities achieved and planned for FY 2010-2014 with other Federal and State programs for youth; Specific accomplishments:

See section B2, Collaboration, for service collaboration activities achieved in past several years. Additionally, collaboration and partnering occur on a statewide basis through the IDHS Transition Planning Specialists (TPS), each covering a section of the state. The TPS meet regularly with WIA staff, educational staff, youth, providers, IDHS and Juvenile Court Services staff, vocational rehabilitation staff, community partners, and aftercare provider staff to ensure effective and efficient transition planning processes.

The IDHS local transition committees continue to refine committee membership to ensure various public and private programs and agencies are represented. Additionally, collaborative efforts are increasing through Iowa's Shared Vision for Youth sites and TYI sites (see Section B.1, Youth Engagement), with the CFCIP staff part of the team and pilot projects.

Planned Activities for FY 2010-2014:

- Expanded partnering with Iowa Workforce Development and WIA statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care. Continued and expanded participation in Iowa's Shared Youth Vision on behalf of youth in care and continued growth in TYI sites.
- Expanded collaboration and partnering with Iowa's education system, including the Department of Education, Area Education Agencies, and school district staff, in addition to the Courts.
- Increased collaboration with Department of Public Health on teen/young adult prevention programs, particularly regarding substance abuse.
- Collaboration with Chambers of Commerce throughout Iowa to increase employment opportunities and outcomes for youth who have aged out of care; increased connection with local businesses to get involved in youth employment initiatives, including job shadowing, volunteering, apprenticeships, and worker training programs leading to employment.

Provide information on specific training that was conducted. Specific accomplishments achieved:
See Section B.1, Training and Youth Engagement and B.3, Program Support, for specific training conducted during FY '08 in support of Iowa's CFCIP goals and objectives.

Planned Activities for FY 2010-2014:

- Follow-up training to local transition committees around best practices.
- Training provided to Iowa Kids Net (contractor for recruitment and retention of resource families) and group home staff around transition needs assessment, planning and methods for effective transition of youth to self-sufficiency.
- Continued training specific to transitioning/life skills/permanency to staff, care-providers, and youth. Continued training of specific life skills conducted via Elevate; development of a "Trainers Bureau" incorporated within Elevate chapters that consists of people in the community willing to teach a life skill to groups of teens in foster care – link this with the Transitioning Youth Initiative (TYI) sites.
- Printing of the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older will be completed when needed (most likely within the next 2 years).
- Staff training specific to youth-centered transition plans personalized at the direction of the youth per Fostering Connections Act requirements.

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. 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.

Youth input is regularly received from youth participating in the Aftercare program, via a survey tool administered to participants on a semi-annual basis.

Elevate will be a vital part of youth involvement into Iowa's CFSR/PIP process as well as youth not connected with Elevate.

Iowa is utilizing the CFSR Toolkit for Youth Involvement.

Describe, if applicable, how the State utilizes or plans to utilize, the option to expand Medicaid to provide services to youth ages 18 to 20 years old who have aged out of foster care.

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 18th 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 begin to have youth dropping off coverage primarily due to not returning their review form. It has been stressed to Department and Aftercare staff to educate youth on the review procedure prior to discharge from care but more work needs to be done in this area; 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 are at this time receiving monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month.

Another issue that was 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. With the Aftercare program now getting monthly lists of participating youth who have an upcoming review, it is expected that for at least the population receiving Aftercare services, percent of youth remaining on MIYA will increase. Additionally, more education with youth regarding preventive care and basic medical treatment needs to occur to limit the crisis visits to emergency rooms.

B4. Describe the results of the Indian Tribe consultation (Section 477(b)(3)(G) of the Act) specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care;

Describe how each Indian Tribe in the State has been consulted about the programs to be carried out under the Chafee Program;

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 and in Tama County, with the settlement of the Meskwaki Sac and Fox Nation. 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 IDHS has created a specialized Native American unit that provides services to Native American children and families. IDHS has also partnered with a local group, the Community Initiative for Native Children and Families, 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.

Goals for FY 2010-2014 include: Indian Tribe representation on transition committees serving areas of the state with Indian youth populations; 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.

Describe the efforts to coordinate the programs with Tribes;

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 IDHS 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 available to review transition plans for all youth in care prior to turning 17 ½ years of age. Additionally, the TPS share services and supports (e.g., Aftercare, PAL, MIYA, ETV, All Iowa Opportunity Foster Care Grant) available to youth once they have "aged out" on a constant basis to youth/case manager/care provider.

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 16th 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)

Chafee Allocated Funds

At state option, provide actual expenditures of Chafee allocated funds for FY 2007 (final) and FY 2008 (year-to-date). Identify the amount of Chafee funds used to provide room and board for youth ages 18-21 in the last fully reportable year, FFY 2007 (on the CFS-101, Part III at Attachment B). Report how the funds were used and any planned changes to service provision.

Detailed in Appendix-Chafee Funding.

Education and Training Vouchers

FY 2008: 267 youth received vouchers

175 new

92 renewals

FY 2009 year-to-date: 181 youth have received vouchers

20 new

161 renewals

During the five-year time span from 2005-2009, Iowa's ETV program saw significant growth. From an initial applicant pool of 106 students in academic year 2004-05, to our current applicant pool of 382 for the 2009-2010 school year, we have certainly succeeded in educating Iowans about the existence of ETV.

Each year Iowa spends its entire federal ETV allocation and in July 2007 the Iowa legislature recognized the need to support the post-secondary education of former foster youth and created the All Iowa Opportunity Foster Care Grant with a yearly allocation of \$500,000. Both the ETV and All Iowa Opportunity Foster Care Grant serve almost identical populations and have greatly reduced the student loan burden of foster alumni.

During the timeframe of 2010-2014, the ETV program will focus on two primary initiatives: Currently the ETV population is dominated by students enrolled in two and four-year Associate and Bachelor programs. The community colleges offer numerous trade/vocational training options including apprenticeship opportunities. DHS will work to raise awareness with youth that these vocational options exist and can be funded with ETV. Emphasize the availability of *Choices* – a web-based education and career-planning program provided at no cost to all Iowa middle and high school students. *Choices* provide a series of interest, skill and ability assessments that assist a student in choosing a career or education path.

Section H: Statistical And Supporting Information

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 108 in 2008.

Evaluation and Technical Assistance

This section describes evaluation and research activities underway or planned with which the State agency is involved or participating and which are related to the goals and objectives in the plan. This section also includes the technical assistance activities that will be undertaken in support of the goals and objectives of the plan.

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

DHS 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

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 http://www.ncsacw.samhsa.gov/	<ul style="list-style-type: none">○ Substance abuse [Meth] cross training○ Drug and HIV affected infants

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National Resource Center	Training Needs
National Child Welfare Resource Center for Family-Centered Practice http://www.cwresource.org/	<ul style="list-style-type: none"> ○ Individualized functional assessment skills ○ Strength base and achieving permanency ○ Facilitation ○ Family/group conferencing ○ Supervisors - coaching ○ Case Consultation ○ Re-entry ○ Family centered practice
National Child Welfare Resource Center on Legal and Judicial Issues http://www.abanet.org/child/rcjji/aboutus.html	<ul style="list-style-type: none"> ○ ASFA ○ Attorney/judge training ○ Non-adversarial case resolution/mediation ○ Permanency ○ Model court orders
National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) http://www.friendsnrc.org	<ul style="list-style-type: none"> ○ Community partnerships related training
National Resource Center for Foster Care and Permanency Planning http://www.hunter.cuny.edu/socwork/nrcfcpp	<ul style="list-style-type: none"> ○ Subsidy training ○ Concurrent planning training ○ Post adoption supports and services ○ Promoting permanency for children ○ Resource home training ○ Family to family practice
National Resource Center for Information Technology in Child Welfare http://www.nrcitcw.org/	<ul style="list-style-type: none"> ○ CWIS, FACS STAR & data needs ○ Developing user friendly, meaningful data reports
National Resource Center for Organizational Improvement http://www.muskie.usm.maine.edu/helpkids/	<ul style="list-style-type: none"> ○ Worker safety ○ Using data to inform practice ○ Managing in a time of change ○ Best practice
National Resource Center for Special Needs Adoption http://www.spaulding.org/	<ul style="list-style-type: none"> ○ Diligent recruitment ○ MEPA ○ Cultural diversity
National Resource Center for Youth Development (NRCYD) http://www.nrcys.ou.edu/nrcyd.htm	<p>The DHS 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"> ○ 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

National Resource Center	Training Needs
	<p>for adolescents in care.</p> <ul style="list-style-type: none"> ○ On-site training on the Permanency for Teens curriculum for appropriate DHS staff. ○ Technical assistance on teen conference planning. ○ Technical assistance on effective collaboration with public and private partners in developing innovative job training programming in conjunction with the ETV program. ○ 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 competency-based training for workers of adolescents transitioning from foster care. ○ Successful Transitioning ○ Independent Living ○ Mental Health Needs and Transitioning to the Adult System of Care
<p>National Resource Center on Child Maltreatment http://gocwi.org/nrccm</p>	<ul style="list-style-type: none"> ○ Safety & Risk in repeat maltreatment ○ Skill Based Repeat Maltreatment Prevention

SECTION I: ESTIMATED EXPENDITURES

Refer to Appendix

ADDITIONAL INFORMATION

Disaster Plans

The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS or Department) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the Department's Division of Child and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Included in this Section are selected sections from the COOP/COG Plan in addition to supplemental procedures that specifically relate to the disaster plan federal requirements of the following:

- Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records and coordinate services and share information with other States (Section 422(b)(16) of the Act).

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *"It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings."*²³

Updates to the Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the Department and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. As the Division's service procurements proceed and contracts are initiated or renewed over the coming, contracted foster care providers will be expected to develop emergency response and staff and volunteer

²³ State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (July 1, 2005)

training plans that pertain to situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made disasters. For foster group care this became effective in July, 2009 when new contracts are implemented for these contractors.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the Department or inhibits the ability of the Iowa Department to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Child and Family Services, or the Chief of the Bureau of Child Welfare Services shall call Sue Bradfield, the state's Program Specialist in the DHHS Regional Office, at her office (816) 426-2261 or on her cell phone (816) 916-6324 at the earliest possible opportunity.
- If Ms. Bradfield is unavailable, the Director or designee shall call the main number at the DHHS Regional Office at (816) 426-3981.
- If there is no response from the Regional Office, the Director or designee shall call the Children's Bureau at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Disaster Communications with Other State and National Organizations

If Iowa is affected by either a natural or man-made disaster that affects the clients of the Department or inhibits the ability of the Iowa Department to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Child and Family Services, or the Chief of the Bureau of Child Welfare Services shall call the administrative office of the American Public Human Services Association (APHSA) at 202/682-0100 and the Child Welfare League of America (CWLA) at 703/412-2400.
- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Charles J. Krogmeier, Department Director of the Iowa Department of Human Services, 515/281-5452
- Sally Titus, Deputy Director of Field Operations, 515/281-6360
- Thomas Huisman, Chief Information Officer, 515/281-8303
- Laverne Armstrong, Division of Field Operations Support, 515/281-5621
- Matt Rensch, Bureau Chief, Child Welfare Information System (CWIS), 515/281-5126

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- The Division or Bureau Policy Team:
 - Mary Nelson, Administrator of the Division of Child and Family Services, 515/281-5521
 - Margaret Wright, Chief of the Bureau of Child Welfare Services, 515/281-6802
 - Julie Allison, Chief of the Bureau of Protective Services, 515-281-6802
 - Jim Chesnik, Group Care Program Manager, 515/281-6004
- Central Abuse Hotline, 1/800/362-2178

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State Procedures Related To The Identified Federal Requirements

The actions reported in the following table are either taken from the existing COOP/COG Plan or are supplemental to that plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements that are identified at the beginning of this Section.

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
Foster Care				
1 Communicate with Foster Care providers regarding status and assistance needs and any initial instructions, determine if there is an initial need to relocate clients, through Deputy Director for Field Operations	Division/Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
2 Determine potential relocation sites (other institutions or Foster Care homes) to use if needed and offer assistance with placement and transportation logistics if needed	Division Policy Team Institution/foster care providers (DHS Field Office responsibility)	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
3 Contact IT to transfer the Central Abuse Hotline from the Hoover State Building to the Alternate location	Division Administrator Field Office Managers locally	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
4 Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk	Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
5 Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline	Chief of the Bureau of Protective Services, IT Manager	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/alternate location conference room

Iowa Title IV-B Child and Family Services Plan

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
Coordinate with the Division of Field Operations Support for response Respond to abuse allegations; assign local staff to respond to local site				
6 Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs	IT Liaison, Chief of the Bureau of Child Welfare Services	Cellular/telephone system, email, internet/intranet, Mainframe	Foster care database	Primary/alternate location conference room
7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure mainframe STAR database and fax are operational) Implement paper back-up payment system if necessary	Chief of the Bureau of Child Welfare Services	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
8 Provide staffing to back-up inoperable service areas to respond to foster care providers' needs	Chief of the Bureau of Child Welfare Services	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
Protection of Children and Adults				
1 Determine status of group homes or institutions in affected area Assess the affected area and determine the nearest institution that's able to accept persons if needed	Bureau of Child Welfare Services	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/alternate location conference room
2 Coordinate with C4-CWIS team and ICN to ensure the Abuse	Division or Bureau Policy team	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/alternate location conference room

Iowa Title IV-B Child and Family Services Plan

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
Hotline Phone Number is transferred to alternate location site Provide staffing to receive abuse allegations Forward reports to the specific area where abuse may have occurred If no local phone lines: phone assessment will be completed by policy division				
3 Contact C4-CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers If not available, implement paper issuance system using the most recent database back-up	Division or Bureau Policy team, Chief Information Officer	Cellular/telephone system, email, internet/intranet, Mainframe	Foster care database/Mainframe, Payroll list, STAR database	Primary/alternate location conference room
4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification	Bureau of Child Welfare Services and Field Support Offices	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
5 Ensure access to the Central Abuse Registry and MIS systems are available (STAR) Determine need to modify current policies regarding child abuse allegation response times	Bureau of Protective Services and Division of Field Operations Support, Chief Information Officer Bureau of Protective Services and Division of Field Operations Support	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline, Servers, Mainframe	Foster care database	Primary/alternate location conference room
6 Provide staffing to respond to abuse allegations	Bureau of Protective Services and Division	Cellular/telephone system, email, internet/intranet,	Foster care database	Primary/alternate location conference room

Iowa Title IV-B Child and Family Services Plan

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed	of Field Operations Support	Central Abuse Hotline		
7 Assist new placement of children and provide transportation if required	Division or Bureau Policy Teams/ Division of Field Operations Support	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room

Iowa Title IV-B Child and Family Services Plan

Plans for alternate sites of the Department of Human Services/Division of Child and Family Services Central Office (current location is the SW corner 5th Floor of the Hoover State Office Building on the Iowa State Capitol Complex in Des Moines, Iowa)

Dependent on what areas of the Hoover State Office Building and Department are affected by an event, multiple strategies will be used to ensure the continuity of business operations.²⁴ The potential strategies that will be used to continue operations include, but are not limited to, the following:

- The Department/Division will transfer work to another of its own locations that has available facilities within the Des Moines Metro Area, such as the Iowa Medicaid Enterprise office located on Army Post Road; the Child Support Recovery Central Office located on 7th Avenue; or, the Regional Child Support Recovery Office located on Bell Avenue in Des Moines. Several alternative site locations currently operated by the Department have been identified to accommodate critical function continuance and/or recovery depending on the extent of the affected area within the Capitol Complex. Alternate site locations include the eight state institutions located in the cities of Woodward, Glenwood, Independence, Cherokee, Eldora, Toledo, Mt. Pleasant, and Clarinda. Locations leased by the Department in each county across Iowa provide the capability to relocate to other locations.
- Internal Arrangement: Space currently used for training and conference rooms within the Hoover State Office Building on the 5th or First floors will be used as available.
- Reciprocal Agreements: Other department and business unit space in the Des Moines Metro Area or Capitol Complex may be re-designated to accommodate those affected, including the temporary suspension of non-critical functions usually conducted in the areas not affected by the event.
- Due to the nature and scope of work the Department performs for Iowans, redundant computer systems have been established. The Department operates on a day-to-day basis from the Hoover State Office Building, with back-up operating capability through designated servers located off-site at the State Emergency Operation Center.
- External Suppliers: A number of external companies offer facilities covering a wide range of department recovery needs.
- Community Support Partners: The Department has developed partnerships with county and city governments and school systems across Iowa for the use of space in emergency situations.
- In some cases, the Department may not need to provide alternative location arrangements because certain business activities would be considered non-essential and ceased until routine business operations are resumed.

Considerations for foster care and other service providers contracted with the Department:

As the opportunities arise (e.g., new or renewed contracts due to future procurement activities or renewal of certification or licensure) the Department will clarify expectations contractors must meet. Influenced by procedures in other states with which Iowa is familiar, these will include, but not be limited to, the following:

²⁴ These strategies explain what could occur if the central office of the Department were affected by an event. Similar local protocols would be used when the Department's local offices, found in county-based sites throughout Iowa and the Department's eight regional Service Areas, are affected by an event.

Iowa Title IV-B Child and Family Services Plan

Each foster care provider will be expected to develop emergency procedures that are consistent with state and local guidelines. These written procedures must be submitted to the Department prior to contracting, licensing, or certification approval, and they must be made available to persons served by the contractor and updated at least every six months. These procedures will be expected to describe the ways in which the provider will respond to situations involving the following:

- Accidents, illness, or medical emergencies;
- Accidents or illness;
- Fire;
- Earthquakes, tornado, flood, blizzard, or other weather incidents;
- Power failures;
- Bomb threats;
- Chemical spills or events involving nuclear materials;
- Natural or man-made disasters;
- Acts of terrorism; and,
- Other life threatening situations for children in-out-of-home care.

At a minimum each foster care provider shall develop procedures that address the following:

- A description of the provider's responsibilities;
- Provisions for evacuation and identification of a common meeting place for all family members or others in care if, and when, a disaster occurs;
- Detailed emergency contact information related to local, state, and federal law enforcement and others;
- A plan to communicate with the Department's local and state level staff; and,
- Supplies for various needs like first aid, medications, a change of clothing, battery powered radio or television, food, bottled water, and tools.

These procedures will be expected to address steps to be taken if the child is in school or the provider is otherwise separated from the child.

ASSURANCES AND CERTIFICATION

According to 45 CFR 1357.15(c), certifications and assurance are submitted on a one-time-only basis. This section includes assurances that cover regulations that are new or have been subject to a change.

Attachment C

Title IV-B, subpart 1 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State/Tribe assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
 - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State/Tribe assures that not more than 10 percent of the expenditures of the State/Tribe with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

Iowa Title IV-B Child and Family Services Plan

6. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State/Tribe complies with the requirements of the above assurances.

Certified by: Gov. Anit Allen

Title: _____

Agency: _____

Dated: _____

Reviewed by: _____

(ACF Regional Representative)

Dated: 6/11/09

Iowa Title IV-B Child and Family Services Plan

Title IV-B, subpart 2 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State/Tribe assures that after the end of each of the 1st 4 fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State/Tribe assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.
3. The State/Tribe assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State/Tribe in which the services will be available.
4. The State/Tribe assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State/Tribe submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State/Tribe assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.
6. The State/Tribe will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's/Tribe's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

Iowa Title IV-B Child and Family Services Plan

Child Abuse and Neglect Prevention and Treatment State Plan Assurances

State Chief Executive Officer's Assurance Statement for The Child Abuse and Neglect State Plan

As Chief Executive Officer of the State of _____, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii) of CAPTA);
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii) of CAPTA);
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv) of CAPTA);
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v) of CAPTA);
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi) of CAPTA);
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii) of CAPTA);
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
 - a. individuals who are the subject of the report;
 - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
 - c. child abuse citizen review panels;
 - d. child fatality review panels;
 - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and

Iowa Title IV-B Child and Family Services Plan

- f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
 - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
 - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);
15. provisions, procedures, and mechanisms -
 - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
 - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);
16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
 - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
 - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred

Iowa Title IV-B Child and Family Services Plan

- in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
- c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
 - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);
17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);
 18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);
 19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);
 20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);
 21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);
 22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);
 23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
 - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
 - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
 - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA);

Iowa Title IV-B Child and Family Services Plan

- 24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and
- 25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer:

Gov. Anit Lamb

Date: 5/11/09

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-E, Section 477 Certifications

Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer/Tribal Leader of the State/Tribe of _____, I certify that the State/Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(b) or (j)(2) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State/Tribe will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State/Tribe from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State/Tribe has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
5. The State/Tribe will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State/Tribe with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State/Tribe has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

STATE ONLY:

8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];

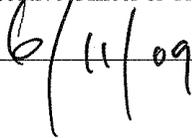
Iowa Title IV-B Child and Family Services Plan

9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];



Signature of Chief Executive Officer or Tribal Leader

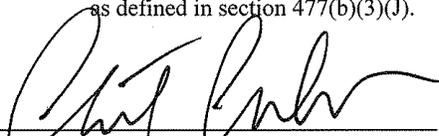
Date



**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of IOWA, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

6/11/09

Date

APPENDIX

FY 09 Iowa Department of Human Services Training Plan



Training fy 09 Plan - (Microsoft Word -
To Direc... FY 2009 Chil...

Iowa Child Welfare Individual Learning Needs Survey & Individual Learning Plan



Iowa DHS Learning
Needs Survey...

Chafee: After Care and Funding



AppendixAftercareI AppendixChafeeFu
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Family Interaction Training PowerPoint



Family Interaction
Joint Train...

CAPTA

Annual Reports From the State's Citizen Review Panels and DHS Response



SFY 2008-09 2009 Cerro Gordo 2009 Sioux City 2009 Citizen
tatewide CPC Annu. Annual Report... Annual CAPTA ... Review Panel Reco..

National Resource Center on Child Protective Services Report



Iowa - Executive Summary of Po...



Iowa Report - Final 10-08 .doc...



Iowa-Report on Focus Groups Fi...



NRCpolicysummary provider.doc



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Final Report IA-CFSRs



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Iowa Title IV-B Child and Family Services Plan Statistics



Iowa Title IV-B Child and Fami...

Estimated Expenditures



MOE for PSSF.xls



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4.pdf



Fostering Connections



Fostering Connectio
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