

Iowa Department of Human Services



Title IV-B Child and Family Services Plan
FFY 2010 – 2014 Final Report

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Title IV-B Child and Family Services Plan FFY 2010 – 2014 Final Report

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

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Table of Contents

ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY ..	5
Goals and Objectives	5
Service Array	49
The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)	
.....	52
Promoting Safe and Stable Families Programs (PSSF) (title IV-B, subpart 2).....	86
Chafee Foster Care Independence Program (CFCIP).....	105
Education and Training Voucher (ETV) Program.....	124
COLLABORATION.....	132
Prevention.....	132
Child Abuse and Neglect Intervention and Treatment.....	134
Collaboration with Iowa Children’s Justice (ICJ) (Iowa Court Improvement Project)	143
PROGRAM SUPPORT	147
Training.....	147
DHS Training	147
Child Welfare Provider Training Academy	155
Foster Parent Training	160
Technical Assistance and Other Program Support	161
Technical Assistance	162
Management Information System: Statewide Automated Child Welfare Information	
System (SACWIS)	162
Iowa Based Research.....	164
Quality Assurance (QA) System	165
CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES.....	173
FOSTER AND ADOPTIVE PARENT RECRUITMENT.....	180
CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES	187
CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN	
REQUIREMENTS AND UPDATE	188
STATISTICAL AND SUPPORTING INFORMATION	189
Child Abuse Prevention and Treatment Act (CAPTA).....	189

Other Reporting Requirements 189

 Child Maltreatment Deaths 189

 Education and Training Vouchers..... 191

 Inter-Country Adoptions..... 191

ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY

Goals and Objectives

In Iowa's CFSP, dated June 30, 2009, Iowa delineated the goals and objectives to be met during the five year period, FFY 2010-2014. With [Iowa's 2010 Child and Family Service Review \(CFSR\)](#), many of the goals and objectives were changed to reflect needed improvement in identified areas as outlined in [Iowa's Program Improvement Plan \(PIP\)](#)¹. In the 2012 Annual Progress and Services Report (APSR) and subsequent APSRs, Iowa noted changes made to the goals and objectives in the CFSP due to Iowa's PIP and other issues, such as resource constraints. The following goals were deleted from Iowa's CFSP due to implementation of Iowa's PIP and a need to focus on those goals in the PIP:

- Continue expansion of Transitioning Youth Initiative
- Implement new kinship guardianship
- Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical cost categories (e.g., staff salaries)
- 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
- Implement new case plan format that meets the needs of children and families

In addition, due to information technology (IT) demands of implementing the Affordable Care Act and a decision to work with the Children's Bureau to plan a new Statewide Automated Child Welfare Information System (SACWIS), Iowa deleted the goal of implementing a new SACWIS.

No further changes were made to the goals and objectives in Iowa's FFY 2010-2014 CFSP. There were no changes made to the CFSP as a result of Iowa's IV-E reviews or Adoption and Foster Care Analysis and Reporting System (AFCARS) review.

¹ Iowa's PIP implementation period was October 1, 2011 through September 30, 2013. Currently Iowa is in the non-overlapping year (October 1, 2013 through September 30, 2014). Close out of the PIP will occur at the end of the non-overlapping year.

Below were the revised FFY 2010-2014 goals and objectives, with specific accomplishments and progress achieved:

Implement changes in safety and risk assessments, based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work – Goal Met:

In April 2008, the DHS requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to improve our safety and risk assessments. 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 Safety Plan services and Family Safety, Risk and Permanency (FSRP) services. NRCCPS noted the following findings:

“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.”

In June 2009, DHS provided a statewide training to DHS staff and providers entitled, “Enhanced Safety and Risk Training”, which incorporated policy enhancements and clarification of existing policy. Policy enhancements comprised 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. 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. Policy enhancements were effective July 1, 2009.

In Iowa’s 2010 CFSR, Item 4: Risk assessment and safety management was rated “strength” in 65% of cases. Reviewers noted that there was a lack of comprehensiveness or consistency in safety and risk assessments on an ongoing basis throughout the life of the case. Additionally, reviewers noted that services provided did not address the safety concerns identified by staff. As a result, Iowa addressed this through our Program Improvement Plan (PIP) activities. Specifically, the caseworker visits workgroup noted that these assessments were occurring but were not being documented. Therefore, as part of caseworker visit documentation, a mandated template was developed and implemented that also addresses documentation of safety

and risk assessments throughout the life of the case. Furthermore, services are to address underlying needs and identified safety concerns. Below is data from the PIP for Item 4 showing improved performance over time:

Table 1: PIP Case Reviews for Item 4

Federal Fiscal Year (FFY)	% Met
FFY 2014 (October 2013 – March 2014)	87.9%
FFY 2013	83.3%
FFY 2012	82.3%

Source: DHS

In collaboration with the Iowa Department of Public Health and Iowa Children's Justice, implement revised protocol for drug testing – Goal Met:

In 2008, while the DHS had a statewide laboratory drug testing service contract in place, not all service areas utilized that contract. At that time, service areas could choose to use the contract or access services from local providers. As for collections, there was no statewide contract so the service areas had no choice but to arrange for their own services. As a result, service areas wrote numerous contracts, Memorandums of Understanding and/or agreements with local providers and agencies for drug testing collection services within each service area. These varied approaches resulted in inconsistencies in drug testing collection services across the state.

The Statewide laboratory drug testing contract was set to expire on June 30, 2013. As this date neared, leadership agreed that the DHS would again offer such a contract through a competitive Request for Proposal (RFP) process and also move to establish a statewide collection services contract to provide statewide uniformity and consistency in drug testing services. A competitive bid process allows for a provider and rate to be determined. Under a competitive bid process, contracts may be effective for up to six years at which time they must be re-procured.

Drug Testing Laboratory & Collections Services

In the fall of 2012, the DHS released two statewide requests for proposals (RFPs) regarding drug testing services. One RFP was specific to the provision of statewide drug testing collection services. The second RFP was specific to statewide drug testing laboratory services. Under the new RFP, all service areas were mandated to utilize the contract for laboratory services. To help ensure uniformity and consistency, the DHS included SAMHSA standards in the new contracts. These industry standards comprised guidelines around the handling of drug testing; uniformity in the cut off levels used, and enhancements of the laboratory certification. With the implementation of these standards, a drug test conducted in Northwest Iowa would be handled in the same manner as one in Central or Eastern Iowa.

Drug Testing Laboratory Services & Drug Testing Collection Services Contracts

On July 1, 2013, the DHS implemented two new DHS drug testing contracts for the purpose of retaining statewide collections and laboratory drug testing services. Each contract is for 24 months, beginning July 1, 2013 and ending on June 30, 2015. For each contract, there is the possibility of up to four additional one-year extensions at the sole discretion of the DHS.

Highlights under the new statewide *Drug Testing Laboratory Services Contract* include the following:

- Drug testing cutoff levels are those endorsed by Substance Abuse and Mental Health Services Administration (SAMHSA).
- The laboratory contractor and any subcontractor must be certified by the College of American Pathologists with Certification from Substance Abuse and Mental Health Services Administration (SAMHSA) and/or certification from the Clinical Laboratory Improvement Amendments Program (CLIA), which is strongly encouraged.
- The contract requires the laboratory contractor to provide laboratory Gas Chromatography/Mass Spectrometry (GC/MS) for substance(s) where instant result samples yielded a presumptive positive result.
- All drug-testing must incorporate immunoassay technology and all positive results are verifiable by Gas Chromatography/Mass Spectrometry (GC/MS), Liquid Chromatography/Mass Spectrometry (LC/MS) or Liquid Chromatography – Mass Spectrometry/Mass Spectrometry (LC-MS/MS).
- Instant testing must provide testing for adulterant tests for pH, specific gravity and temperature.
- Drug test results are available through a secure web site that includes online reporting so to be in compliance with HIPPA requirements.
- The contract requires a quality assurance mechanism.

Highlights under the new *Drug Testing Collections Services Contract* include the following:

- Statewide consistency in the collection process
- Uniform training for collectors
- Increased accuracy in the completion of the chain of custody paperwork for submission of samples
- Cultural competency relative to drug testing
- A secure electronic website for the exchange of drug testing information
- A quality assurance mechanism
- A daily log for all collections including attempts and “no-shows” for each Service Area
- A randomized system of testing

The *Drug Testing Collections Services Contract* also provides for the following types and modes of drug testing:

- Types of drug testing available under the contracts include: Urine, Hair, Sweat Patch and Instant Tests (urine)

- Modes of collections include Fixed-Sites, In-Home Testing and Emergency Testing. The expectation is that the majority of drug testing for DHS will occur at Fixed-Site locations. In-Home and Emergency Drug Testing require prior approval by the Service Area Manager and/or designee and each limited to two collection attempts. Any attempts beyond this point are exceptions and require a repeat of the approval process. The DHS restricts the use of Emergency Testing to rare occasions when a rapid response is needed, such as in the course of a Child Protective Assessment when either In-Home drug testing or the use of a Fixed-Site location is not an option.

Statewide Drug Testing Practice, Policy & Protocols

The DHS formed a Drug Testing Workgroup in 2012. Members of the group included DHS administrators and Service Area staff along with representatives from Iowa's judicial branch (Iowa Children's Justice). The purpose of the group convened was to review the DHS' approach and usage of drug testing services. The charge of the workgroup comprised a review of current drug testing research and Iowa law relative to DHS policies, protocols, and practices. The goal of the group was to ensure that each of these areas reflected the other and that the DHS followed best practice in drug testing in order to protect children.

Based on the work of this group, the DHS produced and distributed to the field a statewide drug testing protocol. The *2013 DHS Drug Testing Practice Policy & Protocol* document discusses the purpose and approach to drug testing within child welfare and introduces the use of behavioral indicators when deciding whether or not to drug test. The document also offers statewide guidelines regarding the effective use of drug testing and discusses the importance of collaborating with substance abuse and mental health providers and/or any medical personnel who may be involved in the child abuse case. Below is data for 2013.

**Table 2(a): Calendar year (CY) 2013
Child Abuse Registry Collections**

DHS Service Area	Number of Child Abuse Registry Collections
Western	252
Northern	1079
Eastern	1159
Cedar Rapids	596
Des Moines	860
Total	3946

Source: DHS

Table 2(b): Calendar Year (CY) 2013 - Drug Testing Volume by DHS Service Area

Type of Tests	Western SA	Northern SA	Eastern SA	Cedar Rapids SA	Des Moines SA	Total
Hair	98	779	874	430	523	2704
UA	154	300	283	166	337	1240
Instant Salvia			2			2
Sweat Patch	216	587	143	1682	329	2957
Instant Test Urine	30	1	963	244	2131	3369

Source: DHS

Provide a framework to help staff become better purchasers of group care; Engage Casey Family Programs in working with DHS, JCS and group care providers to shift from “bricks and mortar” to family-based services – Goals Met:

With the assistance of Casey Family Programs, DHS worked with youth and communities to improve permanency outcomes for children and youth placed in group care. Specifically, in 2009, DHS staff facilitated group care discussions with youth and communities across the state to guide group care planning. DHS staff then worked on releasing a Request for Proposals (RFP) for child welfare emergency services (CWES) and foster group care. Through the RFP process, the DHS selected successful bidders and awarded contracts in 2011. Both services' contracts were effective July 1, 2011.

For more detailed information regarding CWES and foster group care services, see *The Stephanie Tubbs Jones Child Welfare Program (title IV-B, subpart I), CWES and Foster Group Care*.

Implement policy and practice changes included in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law (P.L.) 110-351) – Goal Met:

To achieve this goal and objective, Iowa completed the following:

- Complied with the various title IV-E requirements as evidenced through submission of Iowa's Title IV-E State Plan and other required documents
- Terminated Iowa's child welfare waiver demonstration project to implement the guardianship assistance program, which Iowa did not end up implementing. See *Child Welfare Waiver Demonstration Project* later in this report for more information.
- Delinked adoption assistance eligibility from AFDC eligibility requirements
- Included educational stability information in case plan documentation; Complied with other requirements related to education (See *Education and Foster Care* below for more information)
- Submitted Title IV-B Plan Health Care Oversight and Coordination Plan in accordance with federal requirements.

- Implemented transition planning, directed by the child, within the 90 days prior to a youth aging out of foster care (See *Chafee Foster Care Independence Program (CFCIP)* in this report for more information)
- Complied with Good Faith Negotiation with Tribes (See *Consultation and Coordination Between States and Tribes* and *Chafee Foster Care Independence Program (CFCIP)* for more information)
- In 2009, the Iowa General Assembly passed legislation regarding notification of relatives within 30 days after the removal of a child from his or her home. DHS staff utilizes a state form to notify relatives of a child's placement in foster care.
- Complied with the waiver of non-safety related licensing standards, on a case-by-case basis, for relative foster family homes and provided required information regarding this practice to the Children's Bureau
- Implemented a process by which DHS caseworkers submit a request through IV-D agency worker (child support worker) for information from the Federal Parent Locator Service for non-custodial parents and relatives.

Identify and implement more evidence-based services/programs - Goal Met - See *The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)*, the *Promoting Safe and Stable Families Program (Title IV-B, subpart II)*, and *Chafee Foster Care Independence Program (CFCIP)* for more information

Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions – Goal Met

The DHS worked with the Child Protection Council Citizen Review Panel (CPCCRP) to review the intake process for reports of suspected child abuse. The study began by reviewing statistical data maintained by the DHS to look for trends that would suggest areas where changes to the system would be beneficial. In State Fiscal Year (SFY) 2010, CPCCRP and DHS staff utilized a tool aligned with CFSR expectations to conduct a guided intake review. The focus of the review was to determine if DHS was accepting and rejecting those intakes received from medical professionals in compliance with Iowa Code and DHS policy. The study identified trends present across multiple cases, and evaluated what practices and issues were behind those trends to identify both the strengths of the system and the opportunities to improve the system. The review had four teams comprised of two council members and a DHS child protection supervisor. Each team reviewed unique cases, evaluating compliance with intake policy and quality issues using the same standard tool. The outcome of the review was that in every case, reviewers felt that the correct decision was made in regard to accepting or rejecting a report, according to policy. The DHS continues to engage the CPCCRP in conversations related to safety and risk.

The DHS' staff develops, disseminates, and discusses practice bulletins in supervisor seminars and in unit meetings with staff. The DHS not only disseminate these bulletins to staff but also to service providers. Some of the bulletin topics related to this goal and objective over the five year period include but are not limited to Risk Assessment and Risk Re-Assessment, Preventing Unnecessary Placements: Keeping Children Safe at

Home, Family Engagement, Social Worker Visits, and Reunification. Supervisor seminars provide an opportunity for local DHS and service providers' supervisors to attend the webinars together and then to have collaborative discussions after the webinars regarding the practice bulletin's content and implementation in their respective agencies.

For additional information, see Collaboration Efforts in this report and FFY 2014 CAPTA Report.

Improvements in medical care; Significantly improve access to physical and dental health care; Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion – Goals Met

If a child coming into care has not had a physical health screening prior to placement, the initial physical health screening must be scheduled within 14 calendar days of the child coming into care. Medical professionals determine the need for any follow-up appointments and the foster care provider and the social work case manager (SWCM) work together to ensure the child attends all follow-up appointments. After the initial physical, children in foster care have physicals on an annual basis, or in accordance with the applicable Medicaid periodicity schedule for health exams according to the age of the child. In addition, dental screens are conducted initially at the time of placement and follow-up screenings are completed every 6 months.

Iowa Medicaid has a new pilot program entitled Integrated Health Homes. The Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The IHH is administered by the Medicaid Behavioral Health Care Managed Care Organization (Magellan Behavioral Care of Iowa) and provided by community-based Integrated Health Homes. Children with a SED and their families will receive IHH services using the principles and practices of a System of Care model. This includes peer support and family support services. The peer support is a person who has a child with SED and can provide emotional support to the parents and assist the family in navigating the system for obtaining mental health services. Foster children in foster homes are eligible for this program.

Below are information regarding fiscal year (FY) 2010-2011 (our baseline), FY 2012, and FY 2013 psychotropic medication data.

Table 3(a): FY 2010-2011 Data - Psychotropic Medication Use for Foster Care Children

Foster Children FY 11 Age Range Mos.	Age range	Anti- convulsant s	Anti- Depressa nt	Anxiolytic s	Atypica l Anti- psychot ic	Sedativ e	Stimulan ts	Typical Anti- psychot ic	Gran d Total
1 to 18 mos.	1-1.5 yrs	2		3	1	2			8
19 to 36 mos.	1.6 -3 yrs		5	1	10	1	7		24
37 to 60 mos.	3.1 to 5 yrs	6	19	6	35	1	78	1	146
61 to 96 mos.	5.1 to 8 yrs	12	58	7	74		186		337
97 to 144 mos.	8.1 to 12 yrs	41	181	17	186	1	287	6	719
145 to 180 mos.	12.1 to 15 yrs	113	505	54	318	3	432	10	1435
181 to 215 mos.	15.1 to 17.9 yrs	106	424	32	264	4	306	11	1147
Grand Total		280	1192	120	888	12	1296	28	3816

Source: Iowa Medicaid Enterprise

Table 3(b): FY 2012 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Anti- convulsants	Anti- Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti- psychotic	Grand Total
1-18 mos. 0-1.5 yrs.	2	2	4	3	1	5		17
19-36 mos. 1.6 -3 yrs.	2	13	2	18		34		69
37-60 mos. 3.1 - 5 yrs.	9	30	6	41	1	107	1	195
61-96 mos. 5.1- 8 yrs.	17	70	9	66		165	1	328
97-144 mos. 8.1 - 12 yrs.	60	297	32	238		343	7	977
145-180 mos. 12.1 - 15	142	661	69	374	11	454	11	1,722
181-215 mos. 15.1 - 17.9	37	159	16	87	4	118	1	422
Grand Total	269	1,232	138	827	17	1,226	21	3,730

Source: Iowa Medicaid Enterprise

From FY 2010-2011 to FY 2012, the total psychotropic medications prescribed decreased 9.7%. The Atypical Antipsychotics decreased 9.3%, and the Typical Antipsychotic decreased 7.5%. The older children (age 12.1 to 17.9 yrs.) also had a decrease in the amount of medications prescribed.

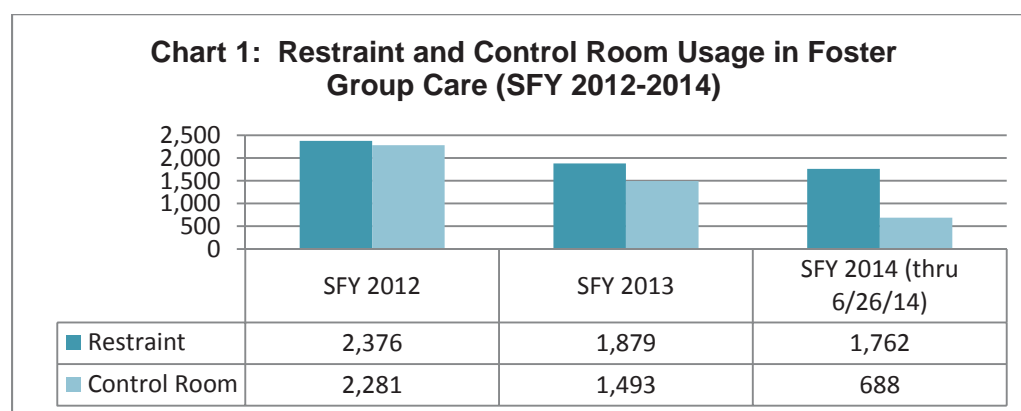
Table 3(c): FY 2013 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1-18 mos. 0-1.5 yrs.	4	5	4	5		14		32
19-36 mos. 1.6 -3 yrs.	3	21	3	27		92		146
37-60 mos. 3.1 - 5 yrs.	7	34	5	40		117		203
61-96 mos. 5.1- 8 yrs.	18	88	7	80		168	3	364
97-144 mos. 8.1 - 12 yrs.	92	425	41	262	4	428	9	1,261
145-180 mos. 12.1 - 15	124	599	61	245	7	394	15	1,445
181-215 mos. 15.1 - 17.9	1	6		4		9		20
Grand Total	249	1,178	121	663	11	1,222	27	3,471

Source: Iowa Medicaid Enterprise

From FY 2012 to FY 2013, the total psychotropic medications prescribed decreased 19.8%. The Atypical Antipsychotics decreased 7.7%, and the Typical Antipsychotic increased 28% but returned to FY 2010-2011 level. The older children (age 12.1 to 17.9 yrs.) again had a decrease in the amount of medications prescribed by 32%.

The chart below shows a decrease in restraint and seclusion (control room) use in foster group care settings. Over the last few years, DHS emphasized with foster group care providers the need to utilize de-escalation techniques, other than restraint and control rooms, to control behavior and ensure child safety.



Source: DHS

For more information, see *Foster Group Care* later in this report.

Increase Early ACCESS take-up rate for child abuse victims and children in foster care – Goal Partially Met:

At the conclusion of a protective assessment, child protective workers (CPWs) refer automatically all children under three years of age, including those placed in foster care, to Early ACCESS (IDEA Part C), through the DHS' State Automated Child Welfare Information System (SACWIS). A referral letter goes out to the family by mail.

Additionally, DHS' workers and service providers are encouraged to make referrals. It remains the parent(s) option to seek evaluation and services from Early ACCESS.

The number of children referred and receiving services from child protective assessments (CPA) decreased from 16.1% in SFY 2009 to 12.7% for SFY 2012. The decrease in the number of children could be reflective of a slight decrease in child abuse, although the percentages suggest the decline was real. There may be many factors contributing to this decline. For example, in calendar year 2009-2010, during the DHS reorganization, an early retirement option was offered to eligible staff, resulting in a significant portion of more seasoned workers leaving. Bringing on new staff and getting them trained, not only in child welfare, but in knowledge of the various other services/programs families are eligible for has been an ongoing process.

The table below represents the number of CAPTA children (those referred following a CPA) on an Individualized Family Service Plan or IFSP (meaning receipt of Early ACCESS services):

Table 4(a): Children Receiving Early ACCESS services (CPA)		
Children who receive Early ACCESS services (following CPA)	# of Children receiving services	Percent of children on IFSP's receiving services
SFY 2013	*	*
SFY 2012	382	12.7%
SFY 2011	404	14.6%
SFY 2010	556	14.8%
SFY 2009	581	16.1%

Source: DHS *At time of this report, data not available.

The number of children in foster care, under the age of three, referred and who received Early ACCESS services increased from 31.0% in SFY 2009 to 32.4% in SFY 2011 but then dipped and rebounded from SFY 2012 (25.5%) to SFY 2013 (27.9%). The decrease between SFY 2011 and SFY 2012 may be associated with the 6% decrease in the number of children under age five in foster care for that same time period. The table below shows the number of children and the percentage of children in foster care receiving Early ACCESS services:

Table 4(b): Foster Care Children Receiving Early ACCESS Services

Foster Children who receive Early ACCESS services in SFY	# of Children receiving services	Percent of children on Individualized Family Service Plan (IFSP)'s receiving services
2013	456	27.9%
2012	459	25.5%
2011	788	32.4%
2010	713	29.2%
2009	666	31.0%

Source: DHS

To address declining receipt of Early ACCESS services, in early 2013, the DHS and Iowa Department of Education (DE) delivered a joint training entitled, “The Power of Teaming”, to approximately 212 DHS and Early ACCESS staff across the state. The 2% increase for children in foster care receiving services seen in SFY 2013 may be attributable to this training. The DHS and DE continue to work together to increase utilization of Early ACCESS services.

Safely reduce the number of children and youth served in foster care, especially congregate care – Goal Met: Iowa tracks the status of children in foster care regardless of placement type through Iowa’s State Automated Child Welfare Information System (SACWIS). The following information is tracked:

- Name
- Legal status;
- Demographic characteristics;
- Location; and
- Goals for placement.

As the table below shows, over the past five years, Iowa experienced a decrease in the number of children in foster care, except for the noted slight increase for 2013. The data for 2013 is similar in number to the 2011 data. The DHS will continue to monitor the data to see if a trend develops. Overall, the data reflects Iowa’s efforts to keep children in their homes, whenever possible, by providing services in the home, such as Safety Plan Services and Family Safety, Risk and Permanency (FSRP) services (for more information on these services, see *The Stephanie Tubbs Jones Child Welfare Services Program* in this report). The table below also reflects Iowa’s commitment to the “least restrictive” placement setting and best practice regarding placing children with relatives.

Table 5: Number of Children in Foster Care by Placement Setting

Period Ending - September 30 th	Foster Family Home (non-relative)	Foster Family Home (relative)*	Group Home **	Institution	Pre-Adoptive Home	Runaway	Supervised Independent Living	Trial Home Visit	Total
2013	1893	1786	887	326	156	53	68	1136	6305
2012	1963	1578	956	308	154	37	70	1120	6186
2011	2182	1422	987	290	187	52	53	1128	6301
2010	2259	1445	1025	299	176	46	45	1206	6501
2009	2239	1358	1097	337	156	82	82	1231	6582
Source: AFCARS Extract *Largely unlicensed relative homes with some licensed relative homes included **Includes shelter placements									

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 – Goal Partially Met

As shown in the table below, the number of children aging out of foster care in Iowa decreased from a high of 491 in FFY 2010 to 401 in FFY 2013. Improvement may be due to the utilization of permanency roundtables. Permanency roundtables examine cases where children have been in foster care for an extended period of time and need permanency. The purpose of the roundtables is to review the case to determine opportunities missed to pursue permanency and family connections for youth and develop an action plan to achieve permanency for the youth. The team then decides who does what by when to implement the action plan.

Table 6: Children Aging out of Foster Care in Iowa (FFY 2009-2013)

Federal Fiscal Year (FFY)	Number of Children
2013	401
2012	403
2011	410
2010	491
2009	478

Source: DHS

For more information, see *Education and Foster Care* below and *Chafee Foster Care Independence Program (CFCIP)* in this report.

Improvements in Education; Continue work with the ABA Center on Foster Care and the Law, Children's Justice and CWA subcommittees on education and foster care to improve education for children in foster care; Achieve significant improvement in educational outcomes for children in foster care – Goals Met:

Iowa's foster care population constitutes a small portion of the DE's population served. According to the DE, there were 444,615 students enrolled in Kindergarten through 12th grade for the 2012 – 2013 school year². On September 30, 2012, there were 4,380 children in foster care ages 5 through 17³. Utilizing this information, foster care children represented approximately 0.9% of all children enrolled in Kindergarten through 12th grade in Iowa for the 2012 - 2013 school year. Although the DE desires and continues to collaborate on this issue with DHS, the DE has a finite set of resources and must expend their resources wisely to achieve the greatest impact.

The *Education Collaborative* (Court system, Department of Education (DE), and Department of Human Services), formed by the Iowa Children's Justice State Council to address the education needs of youth in foster care continues to meet; requirements (i.e., continuity of school setting, 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) are measured via case plan reviews, CFSR, and placement proximity to home, with the continual push to keep youth in their current school as appropriate for increased permanency and well-being while the youth is in care. The Collaborative is an opportunity for students, foster parents, educators, state policy professionals and others to work together to help children in foster care succeed in school.

In 2011, DHS contracted with *Iowa Jobs for America's Graduates (iJAG)* to support the education and employment achievement of youth ages 14 to 20 currently in, or who have been in, Iowa's foster care system. Since 2012, DHS pays the contractor only if youth are actively participating. In the high school program, iJAG serves on average 35 students each month. Services expanded so youth in foster care are recruited for iJAG in all of their 27 sites. In July 2013, for the state fiscal year 2014, DHS extended the contract duration for the grant. Furthermore, in the SFY 2014 contract year, the contract with iJAG expanded to include youth attending college or training through the education and training vouchers (ETV) program for the largest community college in Iowa, Des Moines Area Community College (DMACC). At this time, iJAG is working with three college level youth. iJAG student academic outcomes are as follows:

- 100% of foster care students who were classified as seniors graduated in the 2012-2013 within 4 years.
- 97% of foster care students in the 9th -11th grade program are currently on track to graduate and on track to move onto the next grade level according to credits.
- 100% of students who were retained in the same district will remain in the iJAG program.
- 71% of students increased their daily attendance from first term to second term.

² Source: Iowa Department of Education, 2012-2013 Iowa Public School PreK-12 Enrollments by District, Grade, Race and Gender, available at <https://www.educateiowa.gov/documents/district-level-projections/2013/05/2012-2013-iowa-public-school-prek-12-enrollments>.

³ Source: SACWIS

- One student went from 143 absences when she entered the program to 23 absences last semester.
- 69% of foster care students served in iJAG increased their GPA from first to second semester.
- 40% of the foster care students involved in iJAG is currently employed.

Although Iowa would like to have a foster care liaison in each high school, resource restrictions, both for DHS and the DE, prevent this from occurring. The iJAG contract is DHS' effort to demonstrate how effective this approach can be. DHS staff continues to collaborate in order to build partnerships, ensure comprehensive and coordinated services, and identify best practices for serving youth who are involved with the foster care and juvenile court systems.

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

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

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

The Rural Homeless Youth Project continued education efforts through an Education Success for Foster and Disconnected Youth event in June 2012, where a number of people from the Education Collaborative and others convened in Boone, Iowa to address some of the major education barriers. The event brought together professionals who address education issues currently. At the event, participants completed an action grid of recommendations. The activities were broken out by what

we can do now, what might take a year, and long term activities that reasonably would take a year or more. The grid was a nice segue into discussions about iJAG and Collaboration of Agencies for Permanency and Stability (CAPS); two projects trying to address these very issues (more below).

In 2011, the Administration for Children, Youth, and Families (ACYF's) Education System Collaboration to Increase Educational Stability grant was awarded to the *Iowa Collaboration of Agencies for Permanency and Stability (CAPS)*. The three year grant project completed in February 2014 provided a foundation of groundbreaking work to improve outcomes for youth in foster care and alumni. CAPS effectively raised awareness of education related issues within the child welfare, education, and legal communities. CAPS also worked to reduce recidivism, though the data is not available to show the impact.

The CAPS initiative developed a web-based system to transfer student records. The transfer request comes from the child welfare case manager of a child entering foster care. The system was tested in the DHS western service area in SFY 2014. Director of the Iowa Department of Education (DE), Jason Glass, expressed an interest in seeing if this mechanism for transferring records could be utilized statewide, however, he left the DE and was replaced by Director Buck.

Initial analysis of usage of the Iowa transcript center in Western Iowa demonstrated that the system was useful to child welfare caseworkers as it eliminated the guesswork of who they needed to contact at a school when they had a student going to or coming out of a group care facility placement, and it also eliminated their need to provide a signed parental consent or court order. Caseworker access to the system also benefited schools by eliminating their validation process in order to determine whether or not the caseworker was a legitimate party to a student's records, and it provided a safe and secure platform for sending personally identifiable student information to a caseworker.

The *Iowa Collaboration for Youth Development (ICYD) Council* members are leaders of ten state agencies with the vision that "All Iowa youth will be safe, healthy, successful, and prepared for adulthood". The DHS director or his designee attends the state council. Policy staffs from child welfare and mental health division attend a "results team". The ICYD oversees a youth council, SIYAC, which partnered with the foster care youth council on legislative agenda items around education and bullying.

ICYD Council members agreed that the focal point for collaborative efforts should be a specific and aggressive goal for the state. In 2010, the ICYD Council identified the goal: By 2020, Iowa will increase the graduation rate from 89% to 95%. To achieve this shared goal, the ICYD Council agencies work to address these issues as individual agencies and together as a team to maximize efficiency in state government, make the best use of existing resources, and create substantial and lasting positive changes for Iowa's youth.

Iowa's youth council for children in foster care (Achieving Maximum Potential (AMP)) returned education of children in foster care to its annual legislative agenda. Young people in foster care told compelling stories to lawmakers and other concerned citizens about the need for stricter legislation to ensure foster care does not have a detrimental impact on educational outcomes. Bullying and human trafficking also was on the agenda. To date, an education bill was passed (described below) but the anti-bullying and trafficking bills remain in the process. These successes further validate the importance of the youth voice.

Iowa's focus on education for the *Iowa General Assembly and the Iowa Department of Education (DE)* over the last couple of years was statewide education reform. With different political parties interfacing on education reform, it took Iowa the last few years to come to a compromise for reform.

- Iowa Governor Branstad signed education reform in House File 215 on June 3, 2013. The law was not specific to foster care, but established education as a priority for the administration. The bill became effective on July 1, 2013.
- HF 604, signed by Governor Branstad on June 20, 2013, required the Department of Education to conduct a study regarding the establishment of an online curriculum to facilitate the transfer of academic credits earned by students residing in child foster care facilities and in institutions controlled by the Department of Human Services.
- Representatives from the DHS joined DE partners, school district leaders and others met in the fall of 2013 to explore challenges and opportunities around online schooling for children in foster care. The resultant report, titled [Uniform Curriculum Study: Online Transfer of Academic Credit](#), included the following recommendations to the Iowa Legislature:
 1. Iowa should collect data on the performance of students in the child welfare and juvenile justice systems and report those findings to the General Assembly annually.
 2. Each district in the state that has a residential educational program(s) within its boundaries should be required to house the information in its student information system (Infinite Campus, PowerSchool, JMC) for all students being served in the on-campus program.
 3. The Department of Education should prepare protocols for the process of academic intake, determining course of study and transition planning for all residential facilities providing an "on-campus" educational program.
 4. School districts should ensure that students in care settings are treated in the same manner as traditional students with regard to providing an offer-and-teach curriculum as required by Iowa Administrative Code.
 5. Create a standardized set of competencies/requirements/credits that can be easily transcribed and inserted onto a transcript between districts, facilities and district to facilities.
 6. Require each Area Education Agency (AEA) to have child welfare advocates or liaisons as part of its representative Learning Supports Teams, to be in charge of tracking down information and guiding smooth transitions for students who are in

facilities with an on-campus residential education program and out-of-state placements.

7. Consider following the example set by several states in creating rules with regard to unilateral transfer and acceptance of any partial or full credits earned while students are in residential care.
 8. Multiple committees and task forces around Iowa have referred to a “Children’s Cabinet” to help increase interagency communication and collaboration to oversee the best interest of children.
 9. School district stakeholders recommended that the state study the feasibility of having a statewide, Department of Education-managed student information system.
- During the 2014 legislative session, Iowa Governor Branstad signed HF2388, an Act relating to continuity of learning for children adjudicated under the juvenile justice law receiving foster care services. The bill contained direction to the local education agencies to better support children in foster care by addressing the transfer of records, data sharing, and “encouraged” hiring of staff specifically to work on practices to improve outcomes of youth in foster care.

Additionally, DHS tackles transfer of credit issues through several strategies. DHS staff tries to maintain children within their home school district. As part of Iowa’s CFSR Program Improvement Plan (PIP), in 2013, DHS and DE released an Issue Brief, which provided information regarding available data to infer the need for transportation assistance through examination of placement proximity to home data, with closer proximity to home preferable for allowing children to remain in the home school. The Issue Brief also noted strategies to assist with maintaining children in the home school, particularly transportation assistance. By maintaining children in their home school, Iowa promotes educational stability and the loss of credits is averted entirely.

The Recruitment and Retention (R&R) contract, for foster and adoptive parents (resource families), makes efforts to keep children in homes in the district of their home school. DHS requires data collection to show progress. The ratio of the average children in care placed within twenty (20) miles from the home of removal is measured based on specific entry cohorts. Entry cohorts comprise children who experience placement into a resource family home as their first removal from home, excluding shelter placements, under this contract. The entry cohort is determined at the end of each quarter. For more information regarding the R&R contract performance measures, see *Foster and Adoptive Parent Recruitment* in this report.

Gov. Terry Branstad and Lt. Gov. Kim Reynolds hosted a Governor's Bullying Prevention Summit this past fall regarding the important issue of bullying prevention. The summit was held on November 27, 2013 at Hy-Vee Hall in Des Moines, and featured a number of speakers from Iowa communities who presented their strategies at the summit. Also featured were state and national experts about how to combat bullying, both offline and online. AMP youth and DHS child welfare policy attended the summit.

At this time, there are no statewide automated tracking mechanisms in place within child welfare system to identify if a child had to move out of the home school or if there were problems with the foster child's credit achievement. However, caseworkers work with children and families to address the child's education and education achievement, which is summarized in the case permanency plan and case notes, which are filed in the child's case file. Specifically, Part C of the case permanency plan documents the following:

- Whether the youth is enrolled in school
- Whether a referral to Early ACCESS or Area Education Agency (AEA) was made
- School name, address, and anticipated date of graduation
- Whether the child is attending regularly and working at grade level
- Individualized Education Plan (IEP) date, if applicable
- Whether school advocacy is needed
- Date educational records were given to the caregiver/provider
- Where in the case file the IEP and/or educational records are located

For additional information, see *Chafee Foster Care Independence Program (CFCIP)* in this report.

Complete CFSR Statewide Assessment and Onsite Review – Goal Met: Iowa completed the CFSR [Statewide Assessment](#) and Onsite Review in spring and summer 2010. Iowa was not in substantial conformity with seven outcomes and two systemic factors. Below are tables that show Iowa's performance in comparison to the national results for the CFSR Round Two:

Table 7(a): CFSR Round Two – 7 Outcomes ⁴		
Outcome (Iowa in Substantial Conformity)	Iowa % Substantially Achieved	National Average % Substantially Achieved
Safety 1* (No)	77.8%	73.1%
Safety 2 (No)	63.1%	65.1%
Permanency 1** (No)	37.5%	38.2%
Permanency 2 (No)	75.0%	64.5%
Well-Being 1 (No)	40.0%	42.1%
Well-Being 2 (No)	93.0%	86.6%
Well-Being 3 (No)	88.1%	75.3%

National Data Indicators (National Standard (NS)):

*Absence of Maltreatment Recurrence – 91.9% (NS=94.6%+)

*Absence of Maltreatment of Children in Foster Care by Foster Parents or Facility Staff – 99.71% (NS=99.68%+)

**Permanency Composite 1: Timeliness and Permanency of Reunification – 115.9 (NS=122.6+)

**Permanency Composite 2: Timeliness of Adoptions – 141.6 (NS=106.4+)

⁴ Sources: [Iowa 2010 CFSR Final Report](#); [Federal Child and Family Service Review, Aggregate Report](#)

**Permanency Composite 3: Permanency for Children in Foster Care for Extended Time Periods – 132.6 (NS=121.7+)

**Permanency Composite 4: Placement Stability – 94.0 (NS=101.5+)

Table 7(b): CFSR Round Two - 7 Systemic Factors ⁵		
Systemic Factor	Iowa in Substantial Conformity	# (out of 52) States in Substantial Conformity
Statewide Information System	Yes	40
Case Review System	Yes	2
Quality Assurance System	No	40
Staff and Provider Training	Yes	36
Service Array and Resource Development	No	10
Agency Responsiveness to the Community	Yes	51
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Yes	38

As a result of Iowa's 2010 CFSR, Iowa implemented a [Program Improvement Plan \(PIP\)](#) October 1, 2011 through September 30, 2013. Many of the activities implemented in the PIP are described below. The following table notes additional goals and objectives in Iowa's CFSP and the corresponding PIP activity described in more detail in [Iowa's 2011 PIP](#):

Table 8: CFSP Goal/Objective, Related PIP Activity, and Information Location	
CFSP Goal/Objective	PIP Activity
Improve assessment of child and family needs, and matching services to needs. – Goal Met	Increase effective use and facilitation of Family Team Decision-Making (FTDM) meetings to improve family's engagement in case planning
Improve engagement with both parents, including non-custodial – Goal Met	<ul style="list-style-type: none"> • Increase effective use and facilitation of Family Team Decision-Making (FTDM) meetings to improve family's engagement in case planning; • Expand Responsible Fatherhood/Non-Custodial Parent (NCP) initiative; • Expand Parent Partners • Increase identification, location, and engagement of relatives and other supports in Family Interaction practice
<ul style="list-style-type: none"> • Expand Parent Partners program – Goal Met; • Expand Iowa Foster Care Youth Council (formerly Elevate)– Goal Met 	<ul style="list-style-type: none"> • Expand Parent Partners • Expand foster care and foster care alumni youth involvement
• Implement family interaction protocol to	Improve integration of Family

⁵ Source: Ibid.

Table 8: CFSP Goal/Objective, Related PIP Activity, and Information Location	
CFSP Goal/Objective	PIP Activity
<p>improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice – Goal Met;</p> <ul style="list-style-type: none"> • Further integrate Family Interaction into practice to improve frequency and quality of parent-child visits as a pathway to permanency and to inform case work practice – Goal Met 	Interaction practice
<ul style="list-style-type: none"> • Increase percentage of children and parents that have monthly visits with their DHS caseworker – Goal Met; • At least 95% of children and parents will have monthly visits with their DHS caseworker. – Goal Not Met 	Caseworker Visits
<ul style="list-style-type: none"> • Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures – Goal Met; • Implement group care RFP – Goal Met; • 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 – Goal Met 	Align services with safety, permanency, and well-being outcomes
In collaboration with the Iowa Department of Public Health and Iowa Children's Justice, expand protocol serving families involved in both child welfare and substance abuse system and improve data collection – Goal Met	Improve permanency – HF 2310: Joint Substance Abuse Protocol
Improvements in Education; Continue work with ABA Center on Foster Care and the Law, Children's Justice and CWA subcommittees on education and foster care to improve education for children in foster care.; Achieve significant improvement in educational outcomes for children in foster care. – Goals Met	Enhance ability to address educational needs of children
Complete PIP – In Progress <i>Iowa's PIP implementation period ended September 30, 2013 but the non-overlapping year will not end until September 30, 2014.</i>	PIP (to be completed at the end of FFY 2014)
Reduce child welfare disproportionality for minority children and families by at least 50%. – Goal ½ Met – met for some counties while not met in other counties	Increase cultural competency and responsiveness of child welfare system
Significantly increase retention and continuity of DHS and provider frontline staff and supervisors. – Goal Not Met	Supervision

Table 8: CFSP Goal/Objective, Related PIP Activity, and Information Location	
CFSP Goal/Objective	PIP Activity
Parents and youth have a voice in all policy and practice decisions. – Goal Met	Expand Parent Partners; Strengthen Community Partnership for Protecting Children (CPPC); Expand foster care youth and foster care alumni youth involvement
Significantly improve access to mental health care for children in foster care – Goal Met	Support development of an array of children's mental health services to improve capacity and access
Enhance other technology supports for staff and improved data for frontline staff and managers – Goal Met	Supervision – Results Oriented Management (ROM)

Below are the specific accomplishments and progress achieved for the goals and objectives and related PIP activities mentioned in the table above.

Improve assessment of child and family needs, and matching services to needs – Goal Met:

As part of Iowa's PIP, Iowa chose to refine practice of Family Team Decision-Making (FTDM) meetings to improve assessment of child and family needs and providing services to address those needs. The FTDM process, a strength-based process, encourages families to draw upon formal and informal supports, promotes team decision-making, and provides a healthy environment for resolving conflict and solving problems.

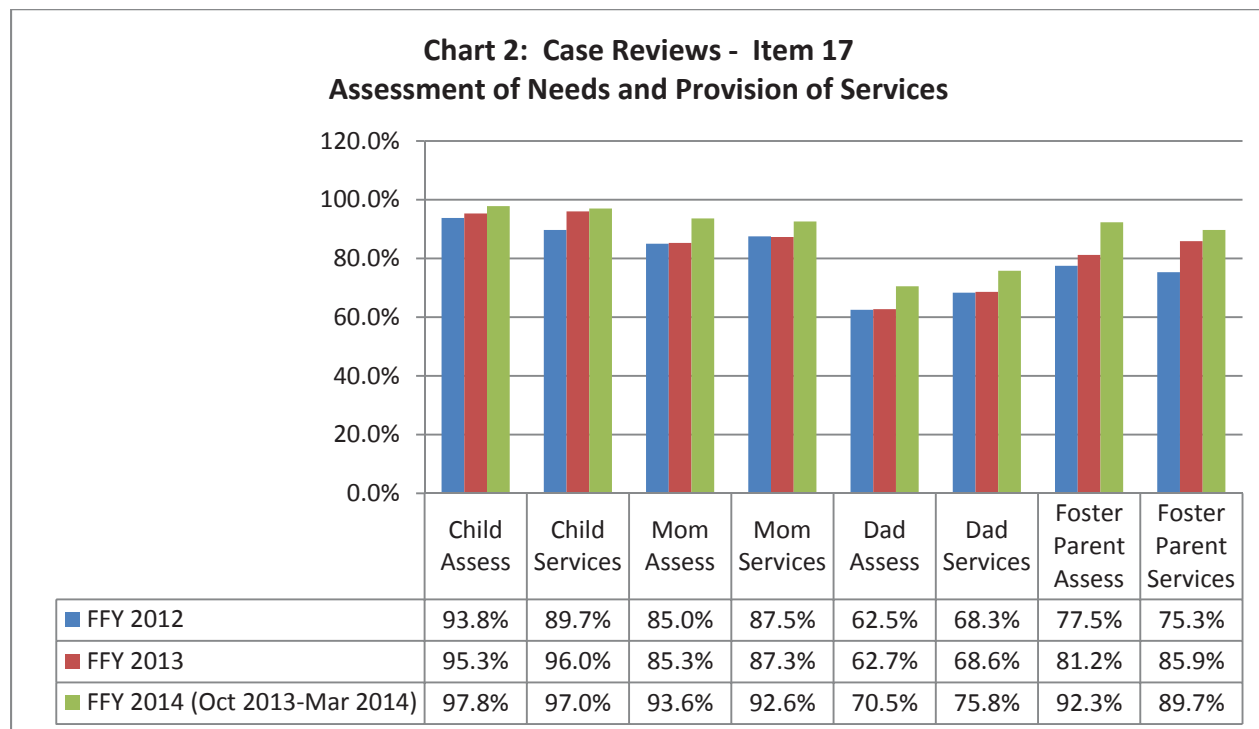
A committee assigned to complete tasks identified by the CFSR PIP completed the following:

- Revised current FTDM standards and incorporated Youth Transition Decision-Making (YTDM) meetings within the same standards document;
- Standardized forms for both FTDMs and YTDMs;
- Incorporated updated FTDM/YTDM standards and new forms into training curriculums;
- Identified a two year approval process for facilitators;
- Established a re-approval process for facilitators to maintain current/active status through completion of requirements;
- Developed a tracking system for current FTDM and YTDM facilitators as well as identified approved coaches across the state, which is currently in Share Point but will eventually move to a web based application once child welfare information system (CWIS) resources are available;
- Completed successfully a transition process for current FTDM and/or YTDM facilitators through a refresher course webinar;
- Identified approved training courses that meets re-approval criteria; and
- Developed an ongoing Questions and Answers (Q&A) structure for FTDMs and YTDMs, which is shared via email and posted to the website for statewide access. This is a working document and is updated as new questions are submitted and responses provided.

The following also were identified as accomplishments:

- Added indicators in the FACS system to approve YTDM facilitators as well as coaches; and
- Facilitate conference calls on an every other month basis to provide updates and solicit feedback on the FTDM and YTDM process.

PIP results, in the following chart, shows improvement over time for appropriately assessing needs and providing services to meet those needs.



Source: DHS

Note: For FFY 2012, Quarter 1 results were excluded due to inter-rater reliability issues, which were resolved.

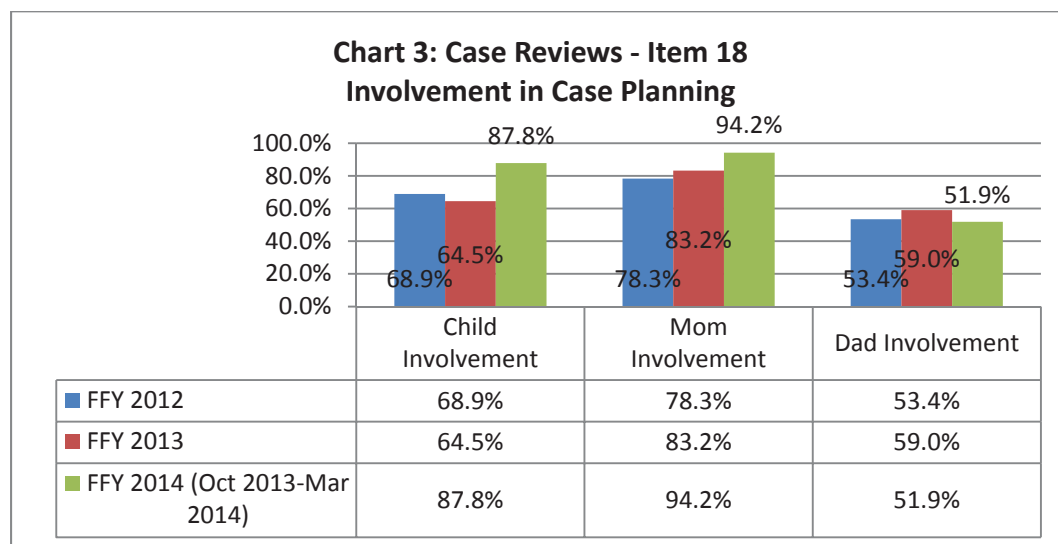
Improve engagement with both parents, including non-custodial – Goal Met:

In addition to FTDM meetings mentioned above, Iowa included in the PIP expansion of Responsible Fatherhood/Non-Custodial Parent (NCP) initiative and expansion of Parent Partners to improvement engagement of both parents.

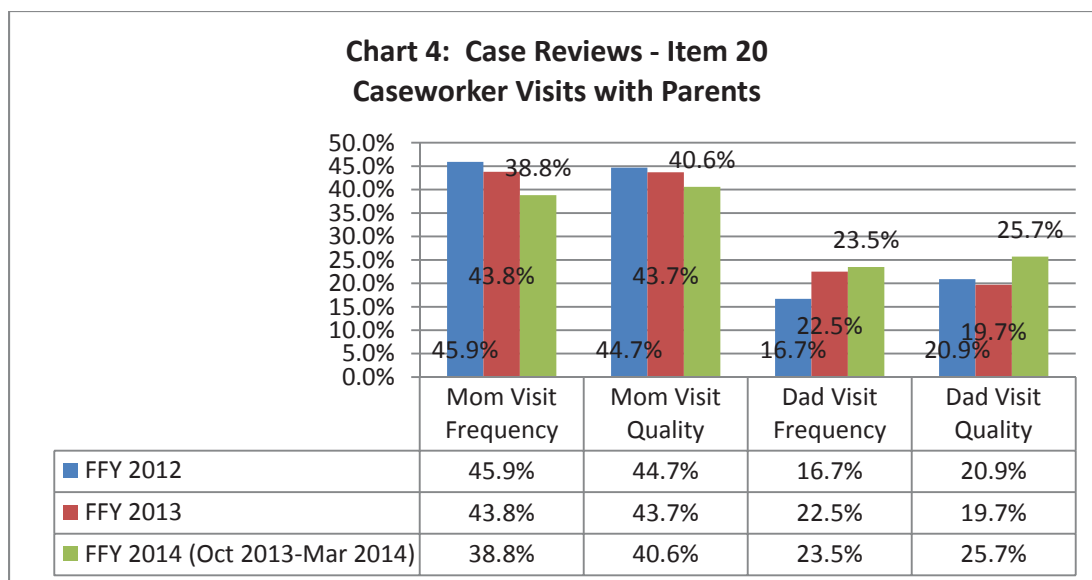
Expand Responsible Fatherhood/Non-Custodial Parent (NCP) initiative – Around 2009, the DHS Quality Improvement (QI) staff developed guides and gathered resource information regarding the importance of father/NCP involvement on positive outcomes for children. In 2009, DHS QI staff trained supervisors and social work administrators on NCP engagement. As part of the training, staff provided materials to the attendees so that they could provide the information to their field staff. In addition to statewide training, staff from the National Resource Center for Permanency and Family Connections delivered in-person and webinar trainings for both staff and supervisors in

February 2010 on implementing, supervising, and sustaining family search and engagement efforts, inclusive of finding non-custodial parents.

In Iowa's 2010 CFSR, results indicated that Iowa continued to be challenged with engaging both parents, particularly fathers, in case planning. As a result, Iowa initiated PIP activities related to engaging fathers. Utilizing the father engagement caseworker curriculum from the Quality Improvement Center for Non-Resident Father Involvement in Child Welfare, a workgroup comprising internal field staff and external stakeholders developed SP 547: Engaging Fathers training, with pertinent resource materials. All social work case managers and child protective workers, along with external stakeholders such as service providers, court, and Department of Corrections' (DOC) staff, participated in the training. PIP activities also included developing standard practice documents, refining policy around accessing the Federal Parent Locator Service (FPLS), collaborating with the DOC to engage incarcerated parents, and ensuring that external stakeholders received materials developed. Overall, PIP case readings show an increase in engagement of both parents in assessment of needs and provision of services (Chart 2 above) and case planning (Chart 3 below). However, caseworker visits with mothers decreased while visits with fathers increased (Chart 4 below). Staff may involve parents in case planning through other means than a caseworker visit, such as through Family Team Decision-Making (FTDM) meetings, e-mail, phone contact, etc.



Source: DHS



Source: DHS

Expand Parent Partners program – Goal Met: The Iowa Parent Partner Approach seeks to provide better outcomes around re-abuse and reunification. Parent Partners are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. Parent Partners provide support to parents that are involved with DHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families' successes and strengths, exemplify advocacy, facilitate trainings and presentations, and collaborate with DHS and child welfare professionals.

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

In 2007, Parent Partners started in sixteen counties with seventeen Parent Partners and a very limited budget. In July 2009, DHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to expand the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, the work plan detailed a systematic expansion from six original Parent Partner sites to 20 Parent Partner sites over five years.

MCWIC conducted an extensive evaluation of the Iowa Parent Partner program as part of the grant agreement. The MCWIC evaluation included a substantial examination of child and family outcomes of Iowa DHS families that chose to participate with a Parent

Partner compared to similar families that did not. The child and family outcomes examined as part of this evaluation include: length of time in foster care, length of time in the system, system re-entry, and reunification. The child and family outcome evaluation was a quasi-experimental design of matched Parent Partner and non-Parent Partner families through propensity score matching. Data used for this evaluation covered a 4.5 year time period (beginning in 2009); this data was collected from the Iowa DHS State Automated Child Welfare Information System (SACWIS) in combination with activity tracking and Parent Partner fidelity measurements collected at Parent Partner sites. Statewide surveys, focus groups and phone interviews were conducted with Parent Partners, clients, social workers and community partners. These additional evaluations will be included in the final report. DHS anticipates the final report of all the evaluations conducted by MCWIC to be completed sometime in 2014.

During SFY 2013, Iowa developed: standardized forms and reporting mechanisms; measurable outcomes; a policy manual; several training curricula; a coordinator certification process; practice guides; and other supportive materials in preparation for transitioning to a statewide management contract. In July 2013, the DHS awarded Children and Families of Iowa (CFI) a statewide contract to manage all aspects of the Parent Partner approach. The cost of this contract is \$2,700,000 for SFY 2014 to provide services to the 68 counties currently providing Parent Partners. By the end of SFY 2015, this contract will be increased to \$3,700,000 and will provide the Parent Partner approach to 99 counties and will serve the minimum of 1,800 families. Transitioning from 20 independent programs to a statewide structure has gone remarkably smooth primarily due to CFI's efforts to recruit many seasoned Parent Partners and coordinators.

There are statewide and service area steering committees meetings, monthly coordinator meetings and quarterly statewide conversations. All of these committees and meetings include DHS, Parent Partner Coordinators and Parent Partners. Primary purposes of these meetings are to ensure that there is consistency in the services being provided, to provide a mechanism for shared decision-making and to ensure that a parent's voice is heard and guides all aspects of implementation.

Most importantly, Iowa discovered an amazing resource and has an outstanding respect for our former clients, the Parent Partners. It is the Parent Partners' determination, resilience and motivation that have driven the success of this program. Their stories, heartache, success and compassion provided inspiration and hope to parents as well as the frontline social worker.

Scope of Parent Partner Activities: The Parent Partner Approach completed its sixth full year of implementation in 2013. As of the annual reporting period ending September 30, 2013, there were 95 Parent Partners assigned to 665 families. Parent Partners continue to provide support for families involved in Treatment Court. The types of support and number of times each was provided to families this year by Parent Partners includes, but is not limited to:

- Attend pre/post removal conferences – 351

- Attend Family Team Decision-Making meeting – 1,195
- Support family at court – 2,803
- Attend other child welfare meeting – 926
- Accompany parent to counseling session – 624
- Number of times assisted a parent to access needed services – 9,406
- Support parent before/during/after visitation – 1,850
- Face-to-face contact with a family – 13,209
- Other (non-face-to-face) contact with a family – 27,331 phone; 35,082 text/email

Table 9: Number of Parent Partners and Families Mentored

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	Cumulative Total
# New Parent Partners	17	39	23	26	77	78	52	312
# New Families Served	15	152	237	289	491	810	933	2927

Source: Parent Partner Sites

Expand Iowa Foster Care Youth Council (formerly Elevate) – Goal Met:

See *Chafee Foster Care Independence Program (CFCIP)* in this report.

Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case worker practice – Goal Met; Further integrate Family Interaction into practice to improve frequency and quality of parent-child visits as a pathway to permanency and to inform case work practice – Goal Met:

On July 1, 2009, Iowa implemented statewide family interaction as a pathway to permanency. The Family Interaction (FI) Planning model promoted throughout Iowa and based on the work of Norma Ginther seeks to achieve timely and safe reunification through systematic and frequent visitation between children and their parents after removal. Carefully planned family interaction is a powerful family reunification intervention tool. Family interaction can help implement many essential family reunification goals, including maintaining the parent, child, and sibling relationships; learning and practicing parenting skills; helping family members work through issues and connect to resources; and documenting progress towards reunification goals.

In 2011, Iowa incorporated refinement of Family Interaction in the CFSR PIP. A committee assigned to complete tasks identified by the CFSR PIP completed the following:

- Developed Family Interaction standards that align with FTDM/YTDM standards;
- Updated and revised current resources and tools;
- Identified roles and clarified general responsibilities for the DHS worker, parent, caregiver, and provider;
- Revised the Family Interaction Plan based upon feedback received from across the state, specifically parent partners;

- Developed a family interaction observation checklist that identifies things to consider for both children's behaviors as well as parent's behaviors during interactions. It also includes a summary section on progress observed, safety concerns, and identified action steps;
- Incorporated updated family interaction standards and new forms into training curriculums; and
- Reviewed and modified the current family interaction training to incorporate the standards into training as a standalone training;
 - A "pilot" training was held in May 2014 for a small group of DHS and provider staff to receive the new curriculum information in order to solicit feedback prior to implementing across the state.

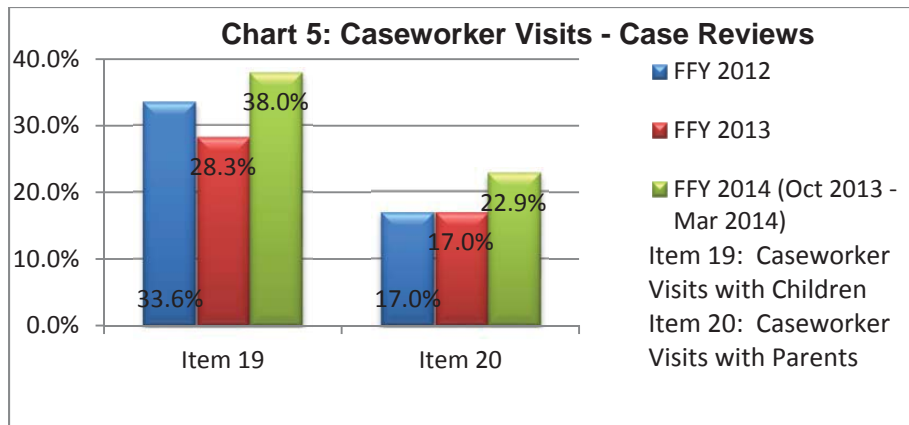
Increase percentage of children and parents that have monthly visits with their DHS caseworker – Goal Met; At least 95% of children and parents will have monthly visits with their DHS caseworker – Goal Not Met:

Caseworker visit expectations for the Child and Family Service Review (CFSR) are that visits with children and parents occur monthly or there is at least a pattern of monthly visits. In Iowa's 2010 Child and Family Service Review (CFSR), Iowa's performance for caseworker visits was:

- 65% for Item 19, Caseworker Visits with Child and
- 43% for Item 20, Caseworker Visits with Parents.

As a result of Iowa's CFSR, Iowa began efforts to increase caseworker visits with children and parents through implementation of Iowa's Program Improvement Plan (PIP). DHS formed a workgroup with frontline staff, supervisors, Social Work Administrators (SWAs), Juvenile Court Services representative, policy, etc. to discuss caseworker visits in more depth. As part of their work, the workgroup defined a quality visit, developed Standards for Documenting a Quality Visit template, which was implemented by field staff, and worked with training staff to develop and implement a mandatory webinar for staff on quality visitation and documentation. Additionally, the workgroup recommended and the DHS Service Business Team (SBT) approved an enhancement to our child welfare information system that will allow field staff to make one entry for caseworker visits with household members versus multiple entries that currently must be made. Iowa anticipates that this enhancement will be operational by July 1, 2014.

The chart below shows overall improvement for CFSR Items 19 and 20 as documented through PIP case readings but data does not meet 95% expectation. Quality Assurance and Improvement staff conducting the PIP case reviews required 85% of documentation in the case file since all cases did not have interviews conducted with caseworkers. Therefore, the results cannot be directly compared with the CFSR Round Two results.



Source: DHS

Over the last few years, the DHS experienced staff reductions, which contributed to an increase in caseload sizes, as shown in the table below, which probably impacted attainment of the 95% goal.

Table 10: Social Work Supervisors; Social Work Case Managers and Caseload Size (SFY 2010-2014)

State Fiscal Year (SFY)	Social Work Supervisors	Number of Social Work Case Managers	Caseload Size (Number of Average Monthly Cases)*
2014 (as of March 31 st)	81	343	31
2013	83	341	31
2012	81	360	29
2011	84	390	27
2010	88	409	26

*Number is for cases only not specific counts for children, parents, and foster parents.

Source: SACWIS

Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures – Goal Met; Implement group care RFP – Goal Met; 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 – Goal Met:
 As part of Iowa's CFSR PIP, many of Iowa's child welfare service array contracts were re-procured on July 1, 2011. The new contracts included contract performance measures that aligned with CFSR safety, permanency, and well-being outcomes. New contracts were awarded for child welfare emergency services (CWES) and foster group care.

For more information, see The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart I), Promoting Safe and Stable Families Program (title IV-B, subpart II), and Chafee Foster Care Independence Program (CFCIP) in this report.

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

A workgroup formed to discuss the legislation and to develop a protocol around this issue. Wapello and Scott counties (Parent and Children Together (PACT) drug court sites) and Montgomery and Mahaska counties (two non-drug court sites) piloted the protocol in September 2009, March 2010, and concluded in May 2010. Participants at all four sites comprised DHS caseworkers and substance abuse treatment providers within each of these counties. Participants were trained at joint training sessions on the protocol and took an online education course offered by the National Center on Substance Abuse and Child Welfare (NCSACW) to understand better their counterpart's practices and approaches to substance use disorders in child welfare cases. Online substance abuse training was offered for DHS workers, while substance abuse treatment staff were asked to take the child welfare training.

At the conclusion of the pilot project, DHS caseworkers and substance abuse treatment providers who took part in the pilot projects participated in a survey and focus groups. Overall, the protocol was helpful in identifying clients for referral for substance abuse evaluations. Being a part of a joint protocol decreased barriers between agencies and increased communication. In analyzing the findings, findings were reflective of current literature regarding collaboration among the child welfare and the substance abuse treatment systems. The major barriers were around shared definitions, attitudes, differences in training and education, timing and funding, and information systems. However, pilot sites that developed relationships with each other prior to implementation

of the protocol reported it enhanced their ability to work cooperatively with each other. Those sites whose relationships were not as strong reported more communication issues and problems with various tools or aspects of the protocol.

As a result of the findings, the DHS, IDPH, and Iowa Children's Justice revised the joint protocol. The joint protocol, screening tools, a joint release of information and a substance use evaluation form along with an online training curriculum were placed on the intranet site for child welfare workers and substance abuse providers to access and utilize. DHS utilized a supervisory webinar to discuss the protocol, pilot results, recommendations and the location of the tools on the share. In addition, a communication strategy and technical assistance were offered to counties and/or substance abuse providers who wanted support or guidance in implementing the protocol.

As part of Iowa's Program Improvement Plan (PIP), IDPH staff and DHS staff marketed the protocol to Adams and Union counties and provided joint protocol training to DHS and substance abuse provider staff in these counties. Adams and Union counties implemented the protocol upon training completion in January 2013. Results from implementation in these counties reflected many of the successes and barriers mentioned by the pilot sites.

Complete PIP – Goal will be met with close of federal fiscal year (FFY) 2014:

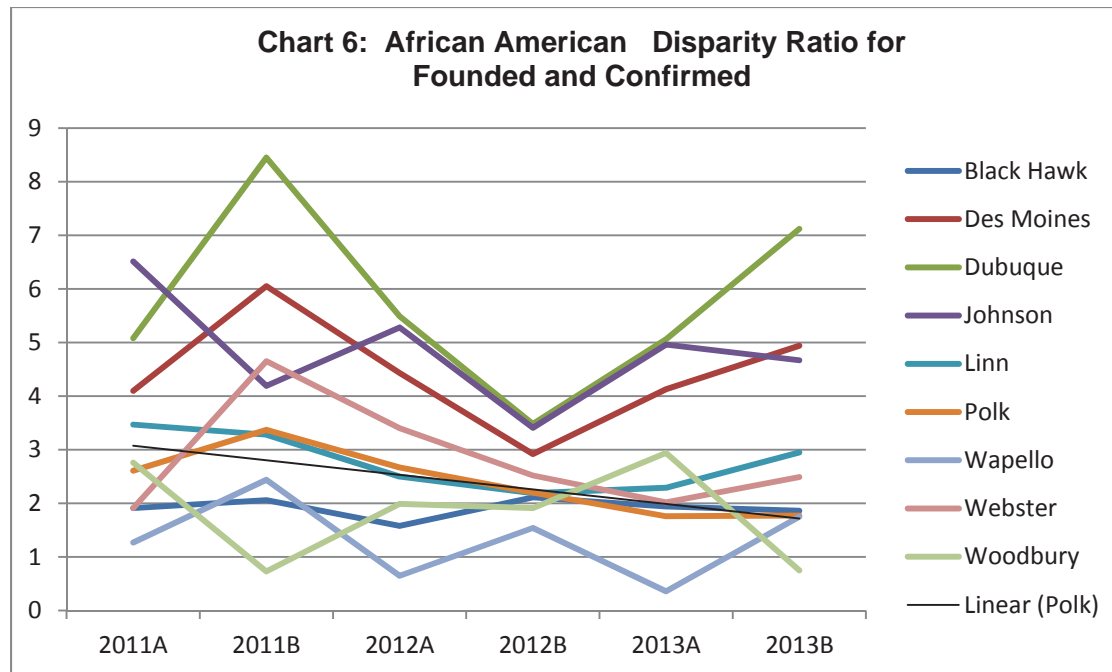
As a result of Iowa's 2010 Child and Family Service Review (CFSR), Iowa implemented a Program Improvement Plan (PIP) beginning October 1, 2011. Most of the strategies implemented are described within this and other sections of this report. Iowa completed the two year implementation period on September 30, 2013. At this time, Iowa's PIP remains open due to the non-overlapping period, October 1, 2013 through September 30, 2014. However, Iowa will close out the PIP during federal fiscal year (FFY) 2014.

Reduce child welfare disproportionality for minority children and families by at least 50% - Goal Partially Met:

The DHS, Division of Adult, Children and Family Services (ACFS) recognize that disproportionality and disparity of minorities exists within the child welfare system and is working to reduce minority over-representation. Considerable efforts to address this concern have been made through the Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC) initiatives.

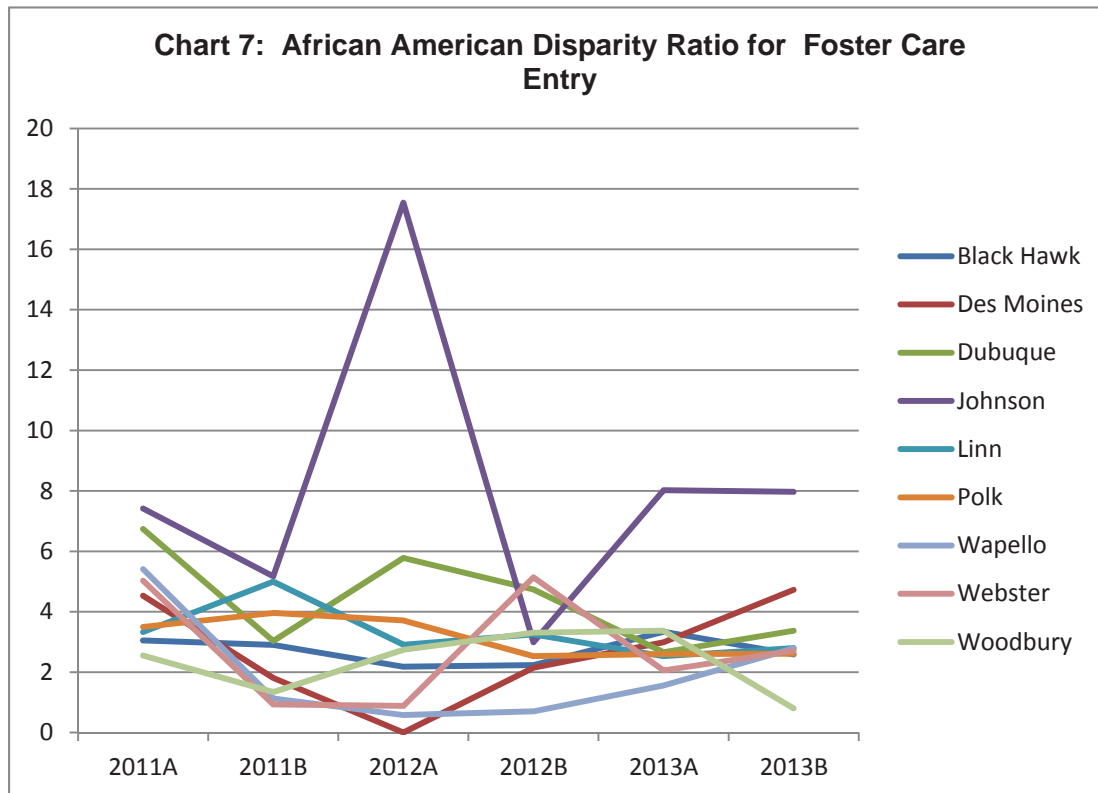
In 2009, DHS began working with the Casey foundation to develop approaches for reducing minority disproportionality and disparity. Through an intensified planning process, it was recommended the state implement the Breakthrough Series Collaborative (BSC). Nine teams from across the state were selected to participate in the BSC process and five Learning Sessions. Each team identified and implemented policy and practices changes through a process called Plan-Do-Study-Act (PDSA). Iowa continues to host semi-annual Learning Sessions for a total of nine teams that continue to develop work plans, implement PDSA and incorporate the 15 Standards.

The data below shows an overall improvement in disproportionality and disparity, however, Iowa continues to be challenged. Some counties experienced a 50% reduction in disproportionality and disparity for a particular racial group over time while others did not.



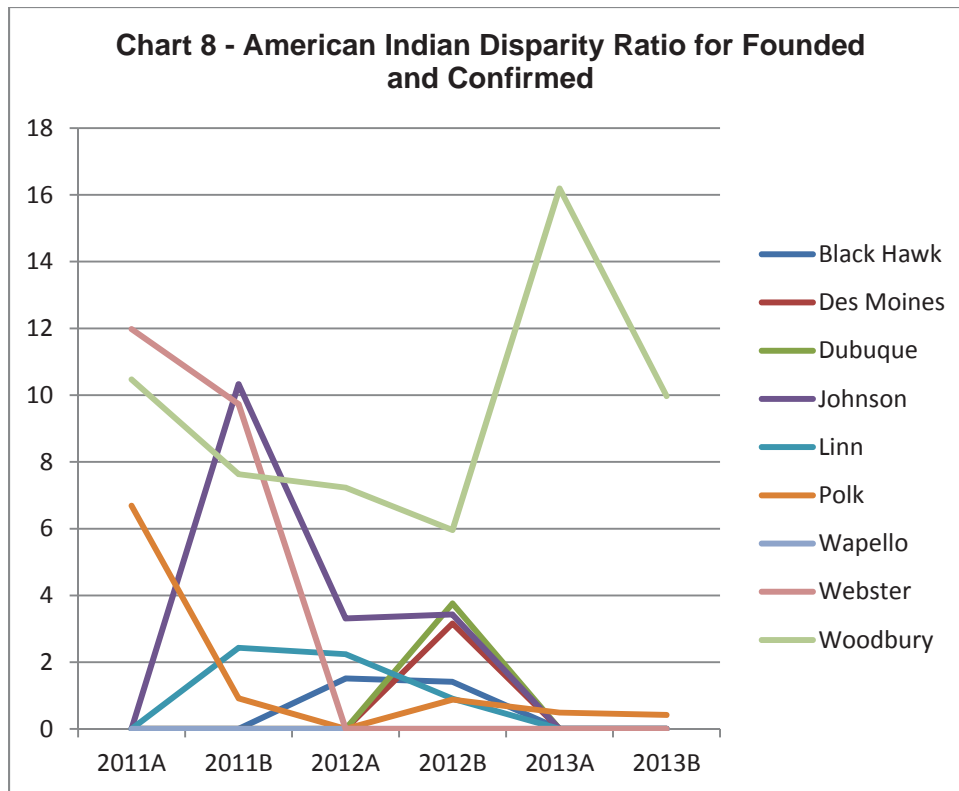
Source: SACWIS

As indicated in the chart above, general trend- lines show that there is a slight decline in the disparity ratio for African American children that have experienced abuse. Dubuque, Des Moines and Johnson Counties have the highest disparity ratio and Woodbury, Wapello and Polk Counties have the lowest disparity ratio for founded and confirmed cases.



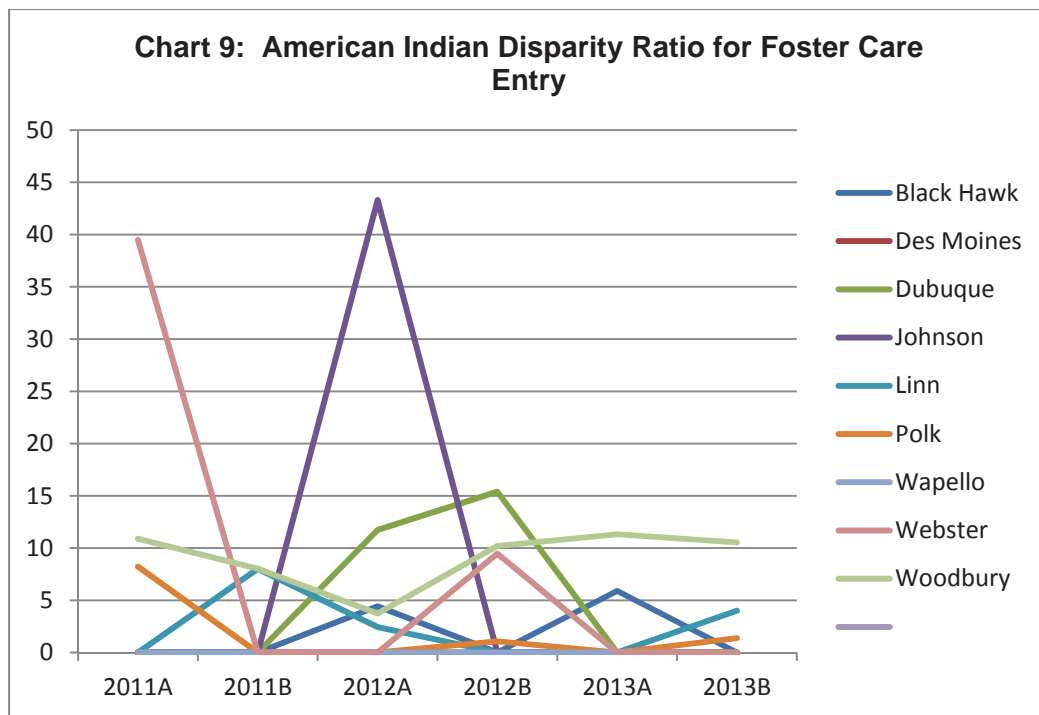
Source: SACWIS

As indicated in the chart above, general trend-lines show that there is slight decline in the disparity ratio for African American children entering foster care. Johnson, Des Moines and Dubuque Counties have the highest disparity ratio and Woodbury, Wapello and Polk Counties have the lowest disparity ratio for African American children entering foster care.



Source: SACWIS

As indicated in the chart above, general trend-lines show that there is a decline in the disparity ratio with the exception of Woodbury County for American Indian that has experienced abuse. Woodbury County has the highest disparity ratio and the majority of the other counties have relatively low disparity ratio for founded and confirmed cases.



Source: SACWIS

As indicated in the chart above, general trend-lines show that there is a decline in the disparity ratio with the exception of Woodbury County for American Indian children entering foster care. Woodbury and Linn Counties have the highest disparity ratio and all the other counties having a relative low disparity ratio for American Indian children entering foster care.

Statewide Steering Committee: Two years ago a statewide committee (Cultural Equity Alliance (CEA)) was established to guide efforts to reduce disproportionality and disparity and to develop continuity and consistency throughout the state. This steering committee served as a Program Improvement Plan (PIP) workgroup as well. At the same time, DHS developed a contractual agreement with University of Northern Iowa to provide the expertise of Dr. Michele Devlin and Dr. Mark Grey. Their work included a statewide assessment and ongoing technical assistance.

The primary purpose of the CEA is to develop recommendations for implementing systemic changes focused on minority and ethnic disproportionality and disparity in the child welfare system. Committee membership includes providers, courts, parents, and DHS. During the first year of the CEA, the work of the committee with assistance from Dr. Devlin and Dr. Grey included establishment of 15 Standards and planning for the Learning Sessions. In the second year of the Cultural Equality Alliance (CEA) steering committee, the committee met eight times. The following is a list of the items/activities developed and/or promoted by the CEA:

- Revised 15 standards that provide a framework for culturally and linguistically appropriate service and support that can help promote equity for families within the system.

- Implemented training for Social Work Administrators (SWAs) to become data content knowledgeable so they could lead community teams' data review.
- Conducted strategic planning to guide the work of the committee and to strengthen statewide response to the 15 standards.
- Identified and examined different options for statewide standardization of data collection and analysis. Disproportionality Index (DI), Disparity Ratio (DR) and decision point analysis were recommended and approved by the DHS' Service Business Team (SBT) as the most appropriate approach for data analysis.

Decision Point Analysis: Comparison of the percentage of a race group represented at key child welfare decision points. The simplest method is to compare the proportion of each race in the population of children who are included at each decision point: accepted referrals; victims of abuse; entered foster care; in foster care; and exited foster care.

Disproportionality Index: The percentage of a race group at a decision point divided by the percentage of the same race group in the general population.

$$DI = \frac{\% \text{ of Race group @ decision point}}{\% \text{ of same race group in the general population}}$$

Disparity Ratio: The Disproportionality Index of one race group divided by the disproportionality index of a base race group. Typically the White racial group is used as a base group.

$$DR = \frac{\text{Disproportionality Index of one Race group}}{\text{Disproportionality Index of Base group}}$$

Community Team Learning Sessions (formerly known as Breakthrough Series Collaborative): In 2013, two learning sessions were held involving community teams organized to address minority over-representation in the child welfare system. There were nine community teams participating with approximately 120 individuals in attendance at each Learning Session. Each team consisted of the DHS frontline worker and supervisor, DHS Service Area Manager or Social Work Administrator, judge or court personnel, community partner, parent and youth. The topics and activities that were presented during both of the two-day Learning Sessions included: African American culture; family and cultural dynamics; Institutional Analyses process and results; Iowa data analyses; Iowa Standards; team time for local data review and work plans.

Race: Power of an Illusion: In partnership with Casey Family Programs, Iowa developed a train-the-trainer program for implementing *Race: Power of an Illusion* training throughout the state. A comprehensive curriculum was completed to enable capacity building for additional trainers which will result in implementing more workshops. Currently, there are six approved trainers and eight trainers in the process of being approved. Over the last two years, 25 workshops were held with approximately 500 participants attending. In this last year, there were 13 workshops held and many more being scheduled for next year. The focus of these workshops is to promote community

partners and DHS staff to have courageous conversations regarding disproportionality and disparity in the child welfare system and work towards identifying barriers and gaps.

Significantly increase retention and continuity of DHS and provider frontline staff and supervisors – Goal Not Met:

Iowa recognized supervision as a key strategy to ensuring quality social work practice, recruiting and retaining quality social workers, and supporting those social workers in ways that enhance morale and job satisfaction, which improves safety, permanency, and well-being outcomes for the children and families served.

A group of 12 public/private individuals, including assistance from the National Resource Center on In-Home Services (NRC-IHS), comprised the committee assigned to complete tasks identified by the CFSR PIP. The group completed the following tasks:

- Reviewed and evaluated various resources related to social work supervisor competencies, model of practices, and a summary of prior supervisor cohort training;
- Defined Iowa's supervisor model of practice, which is "Iowa's supervisory practice model is a comprehensive, written, articulated approach to the supervision of child welfare practice. It is a concise statement of the distilled essence of good supervisory practice. It describes the "way of doing business" that supervisors are expected to use to achieve desired child welfare outcomes. The model identifies how supervisors monitor and support practice implementation to ensure consistent quality service delivery to children and families.";
- Developed and implemented supervisor model of practice (MOP)
- Consulted with staff from the National Resource Center for In-Home Services (NRC-IHS) on group supervision;
- Developed and implemented Iowa's Group Supervision Model and resources;
- Developed framework and tools for the evaluation of the implementation of the MOP;
- Conducted a survey of supervisors and workers in order to establish a baseline for current supervisor practice and to fully understand the training needs of supervisors;
- Developed training curriculum, including training resources, and a supervisor's guide;
- Developed and implemented the MOP training plan, webinar, and face-to-face training
- Developed and implemented plan to evaluate effectiveness of supervisory MOP, which includes a baseline survey, follow-up surveys, and evaluation measures specific to each service area

As the table below shows, over the last several years, DHS supervisor and caseworker retention declined. A slight increase in the number of social workers occurred mid-way through the current state fiscal year (SFY). A significant driver of the decline was reductions in funding early in the five year period and then status quo funding that did not keep pace with employee wage increases.

Table 11: Social Work Supervisors; Social Work Case Managers and Caseload Size (SFY 2010-2014)

State Fiscal Year (SFY)	Social Work Supervisors	Number of Social Work Case Managers	Caseload Size (Number of Average Monthly Cases)*
2014 (as of March 31 st)	81	343	31
2013	83	341	31
2012	81	360	29
2011	84	390	27
2010	88	409	26

Source: DHS

During quarterly contractor meetings with DHS policy staff, service providers discussed their challenge with staff turnover. Providers mentioned competing with other agencies, such as DHS, Behavioral Health Intervention Services' (BHIS) contractor Magellan, and other community based agencies. Also, a concern mentioned by provider agencies was the contract requirement that staff had to have a four year degree and two years of experience working with children and families. As a result of discussions, the requirement changed to staff must have a four year degree and one year of experience, beginning with SFY 2015. DHS and service providers will examine whether the change impacted agencies' ability to recruit and retain staff.

Parents and youth have a voice in all policy and practice decisions – Goal Met:

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

CPPC sites collect performance outcome data on the implementation of four strategies: shared decision-making (SDM); neighborhood/community networking (N/CN); family team decision-making (FTDM) meetings and individual course of action (ICA); and policy and practice change. One of the most important aspects of CPPC is engaging community members in helping to create safety nets in their own communities. Statewide, there are approximately 1,990 professionals and 1,565 community members involved in the implementation of the four strategies. In 2012, sites held 644 events and

activities with 54,748 individuals participating in community awareness that engages, educates and promotes community involvement in safety nets for children and increases and builds linkages between professionals and/or informal supports.

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

1) Shared Decision-Making (SDM)

- 100% of the sites had community members representation involved with SDM.
- 82% of the sites had representatives from public and private child welfare agencies, substance abuse, health care, education, and faith-based organizations.

2) Neighborhood/Community Networking (N/CN)

- 100% of the sites were involved in community awareness activities.
- 100% of the sites were involved in activities that increased linkages between professionals and informal supports.
- 86% of the sites developed organizational networks to support families. Networks to date include: Parent Partners Circle of Supports; Neighborhood Partner; and Transitioning Youth Initiative sites.

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

- 100% of the 99 counties offer family team decision-making meetings for families involved in the child welfare system.
- Over 68% of the 99 counties offer family team decision-making meetings in the community (non-child welfare involved families).
- 317 family team decision-making meetings were held in the community (non-child welfare involved families)

See chart below for the number of FTDM held for families involved with DHS

Table 12: Family Team Decision-Making (FTDM) Meetings Held			
Service Area	Number of Cases with a FTDM during SFY 13	% with a FTDM during SFY 13	Total Cases
Western	1,219	36.71%	3,321
Northern	1,282	44.31%	2,893
Eastern	1,357	63.44%	2,139
Des Moines	1,105	35.65%	3,100
Cedar Rapids	1,085	27.83%	3,898
State	6,048	39.40%	15,351

Source: DHS

4) Policy and Practice Change (PPC)

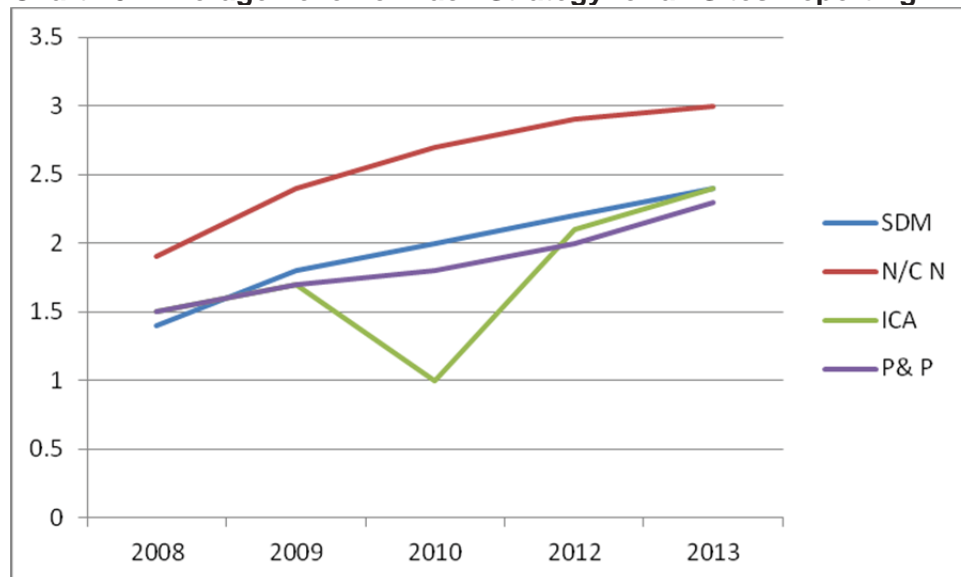
- 100% of the sites identified a policy and/or practice change.
- 82% of the sites developed plans to address policy and practice changes.
- 36% of the sites implemented policy and practice changes.
 - Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; and transportation needs.

CPPC educational forums:

- CPPC Immersion: 2 Immersions (101 & 201) with 20 participants at each training
- CPPC statewide meetings: 2 with an average of 100 participants per meeting
- CPPC regional meetings: 6 (2 meetings in 3 regions) with 20-30 participants per meeting

Sites are required to report a specific level (1-4) for each strategy that was obtained during the year. Sites are trained on what is required to meet each specific strategy and are given written materials to assess the level for each strategy. The report is submitted to the program manager who reads the report and verifies that the level being reported is appropriate. The following chart is a summary of the average level achieved for each strategy based on reports from 40 sites. As one can see from the chart below, on average, communities continue to increase the level of implementation.

Chart 10: Average Level for Each Strategy for all Sites Reporting



Source: CPPC Sites

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

CPPC and Community Based Child Abuse Prevention (CBCAP)

The Iowa Department of Human Services (DHS) continued its role in providing oversight services with regard to CBCAP program. Through a request for proposals (RFP) process in 2012, Prevent Child Abuse Iowa (PCA Iowa) was again chosen as the CBCAP Contract Manager. PCA Iowa was charged with the responsibility for the development and release of an RFP that supported the goals and strategies of CBCAP and for providing technical assistance and support to the CBCAP grantees whose proposals were awarded funding under the RFP. PCA Iowa continues to monitor the performance and evaluate the outcomes of the CBCAP programs and activities.

During the past five years, DHS continued its efforts toward developing a continuum of preventive services for children and families through collaborations and partnerships across the state. As an essential component in that, CBCAP continues to collaborate and integrate its programming efforts with Iowa's Community Partnerships for Protecting Children (CPPC). The collaboration allows for CBCAP to provide funding for prevention services and offer a layer of technical support to an established team of community members. Through this collaborative effort, CBCAP maximizes and strengthens Iowa's child prevention services by reaching more local communities and providing more integrated programming.

Several shifts in Iowa's CBCAP programming occurred during the five year period. These shifts were reflective of the efforts to better align the CBCAP programs and activities with national and state priorities. One shift involved a move from funding respite care services to increasing the focus on parent development, crisis care, and community-based family team decision-making (FTDM) meetings. The decision to move away from Respite Care was made as these services remain available to local communities through the Iowa Child Abuse Prevention Program (ICAPP). Another move involved evidence based programming. To promote the use of evidence based programs, there has been a significant increase in efforts to provide technical assistance to CPPC sites specific to conducting needs assessments and the use of protective factors. As a result, there has been a statewide increase in the number of offerings of evidence-based programs and the use of evidence-based materials.

The table below shows CPPC CBCAP activities for FFY 2011-2014.

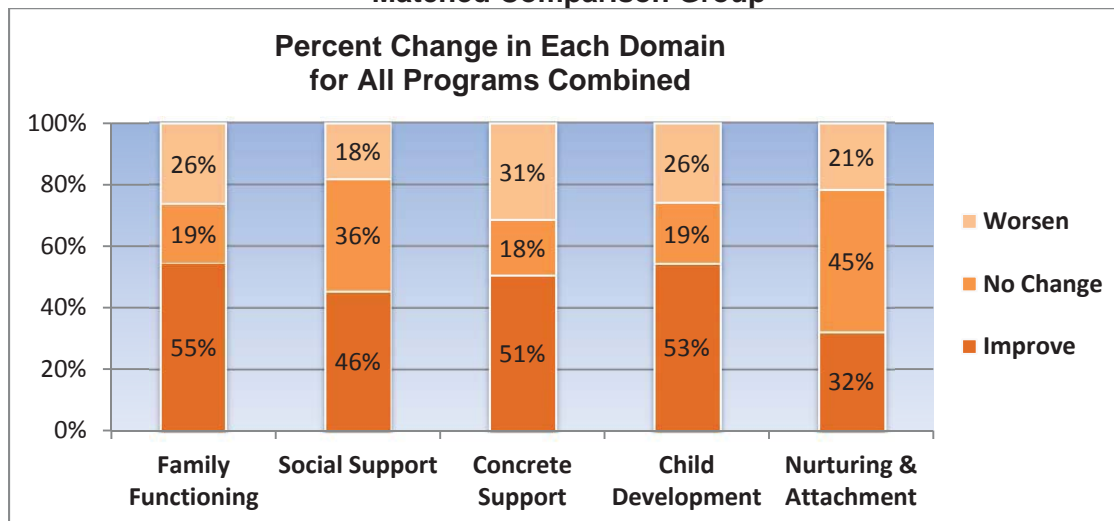
Table 13: CPPC CBCAP Activities (FFY 2011 – FFY 2014)					
		FFY 2011	FFY 2012	FFY 2013	FFY 2014 (October – December 2013)
Number of Projects		35	37	26	32
Number of Counties		76	85	61	74
Parents/Caregivers Served		3421	1749	2066	644
Parents/Caregivers with Disabilities		233	253	253	79
Children Served		3976	2513	2378	735
Children with Disabilities Served		427	206	279	87

Table 13: CPPC CBCAP Activities (FFY 2011 – FFY 2014)					
		FFY 2011	FFY 2012	FFY 2013	FFY 2014 (October – December 2013)
Respite & Crisis Child Care (Hours)*		50281	37416	0	0
Crisis Child Care (Hours)		0	0	16970	2892
Group Parent Education Sessions		697	908	656	102
Home Parent Education Sessions		3805	4370	3130	1096
Family Support Group Meeting		449	60	0	0

Source: Prevent Child Abuse Iowa *Respite Services discontinued since services provided via ICAPP.

In 2013, the CBCAP program implemented a new system to track changes in protective factors. This effort was undertaken to help understand the program's impact in the community and determine whether or not services and activities are making a difference in the areas they were intended. Hornby Zeller and Associates (HZA) was contracted to look at the average scores in each domain at the beginning of program enrollment (pretest) and after program involvement (post-test). The study examines the aggregate scores of all participants involved in the current funding cycle, that is, the group of participants that took the survey at enrollment and the group that took the survey at follow up, which could be different people completing the version that they were eligible for at the time the surveys were offered. The total number of valid surveys in federal fiscal year 2013 was 959.

Chart 11: Change in Protective Factors for All Programs Combined, Matched Comparison Group



In addition to supporting Parent Development, Crisis Care and CBFTDM, services technical assistance was provided to CPPC sites. Much of this assistance centered around a shift to 80 percent of funded programs being required to fall into 'promising', 'supported', and 'well supported' as defined by the FRIENDS National Resource Center. A series of trainings were offered in conjunction with the FRIENDS National Resource Center to assist sites in making and understanding this change. In addition to

offering trainings around moving along the evidence based continuum, assistance in researching where a program falls and in guiding CPPC sites through changes to programming to meet these new guidelines was offered.

Support development of an array of children's mental health services to improve capacity and access:

In 2011, Senate File 525 (SF 525) created a plan for redesign of Iowa's adult and children's disability services to implement the following:

- Shifting funding responsibility from counties to the State of Iowa for nonfederal share of adult disability services paid for by Medicaid;
- Reorganizing adult disability services into a regionally administered system for both Medicaid covered and non-Medicaid covered services;
- Replacing legal settlement with residency requirements; and
- Meeting consumers' needs for services in a responsive and cost efficient manner.

The legislation created a legislative Interim Committee, made DHS responsible to design and facilitate seven workgroups, including a workgroup for children's disability services, and required reports. DHS formed the Children's Disability Services Workgroup in July 2011 with representatives from the following:

- Iowa Department of Public Health (IDPH)
- Department of Education (DE)
- DHS (included staff involved in child welfare, children's mental health, and Medicaid services)
- Juvenile Court
- Consumers
- Service providers
- Counties
- Advocates
- Rural and urban interest groups

The workgroup met six times in 2011, from August through October, to complete their initial work, which included "...identifying gaps in Iowa's current system, review[ing] promising practices in children/youth mental health and disability services, develop[ing] initial recommendations for implementing a set of core services and propos[ing] a process to begin bringing children and youth from out of state placement."⁶ The workgroup identified several gaps in the current system and made several recommendations, including recommended core services and outcome and performance measures. For detailed information, please refer to the Report Summary.

DHS issued a report, dated December 9, 2011, to the Iowa General Assembly, which outlined recommendations for the redesign from all the various workgroups. The following recommendations from the Children's Disability Services Workgroup were adopted by the legislature in 2012:

- Institute a system of care framework

⁶ DHS, Children's Disability Workgroup Report Summary, November 10, 2011

- Develop and roll-out a set of core services statewide:
 - Intensive care coordination;
 - Family peer support; and
 - Crisis services.
- Allow more flexibility in Psychiatric Medical Institution for Children (PMIC) services.
- Use the health home model of service delivery.
- Create a strategy to bring back children served in out of state placements.

In 2012, Senate File 2315 (SF 2315), defined the redesign by specifying core services, addressing other services, establishing regions, revising property tax provisions, and requiring reports. Redesign workgroups met during the course of the year and submitted their reports to the Iowa General Assembly in November and December 2012 and in January 2013. The Children's Disability Services Workgroup met six times through five face-to-face meetings and one conference call. The workgroup's focus was developing an implementation strategy for a publicly funded statewide children's disability services system. The workgroup recommended building from Iowa's system of care projects in the state to a statewide comprehensive community system of care utilizing an ecosystem model. Specifically, the workgroup recommended:

- Creation of the Iowa Children's "Cabinet" to guide and provide oversight of implementation efforts
- Phased implementation approach with:
 - First phase - establishing health homes in accordance with Iowa's Medicaid State Plan Amendment (SPA) submitted to the federal Center for Medicare and Medicaid Services (CMS)
 - Second phase - establishing specialized health homes, which would provide care coordination, case management, family navigation, family and peer support, and other needed services, in accordance with Iowa's second Medicaid SPA to CMS
- Phased service population:
 - Initial focus will be children with a serious emotional disturbance (SED), including children with SED and co-occurring disability, on Medicaid.
 - The next focus will be children with a serious emotional disturbance (SED), including children with SED and co-occurring disability, with private payer insurance or resources.
 - Finally, the service population will include all children with mental health, behavioral, intellectual, developmental and physical challenges.
- Department of Human Services (DHS) is responsible for evaluation activities.

Iowa completed both the first and second Medicaid SPA for primary care health homes. Phasing in the service population continues as well as other aspects of the redesign. Full implementation is expected July 1, 2014. Iowa's child welfare system will continue to collaborate with DHS' Mental Health and Disability Services (MHDS) division and other partners.

For more information on Iowa's mental health system redesign, visit the DHS webpage, <http://dhs.iowa.gov/mhds-redesign>.

Supervision – Results Oriented Management (ROM): See *Program Support, Technical Assistance and Other Support*

Service Array

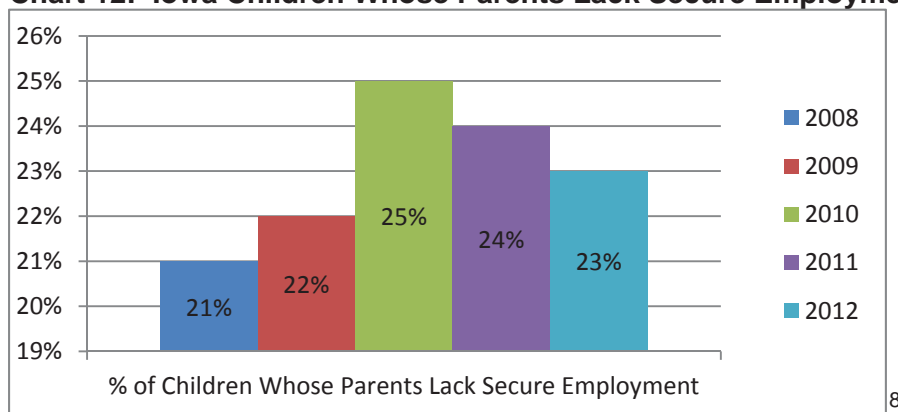
Populations at Greatest Risk of Child Maltreatment

Some of the risk factors for maltreatment include but are not limited to⁷:

- Parental unemployment
- Parental mental health
- Parental substance abuse
- Domestic violence
- Poverty
- Receipt of public assistance
- Single parent household
- Teenage parenthood
- Child under 5 years of age

Below is Iowa data for some of these risk factors.

Chart 12: Iowa Children Whose Parents Lack Secure Employment

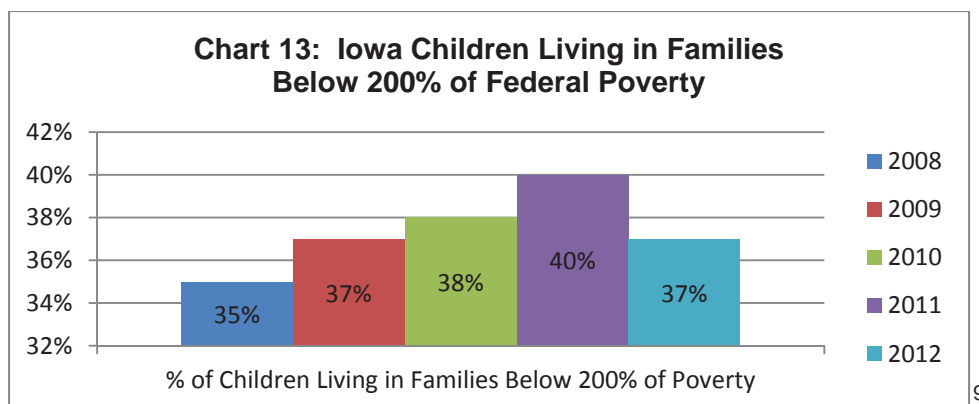


Source: National KIDS COUNT, available at <http://www.datacenter.kidscount.org/data#IA/2/0>

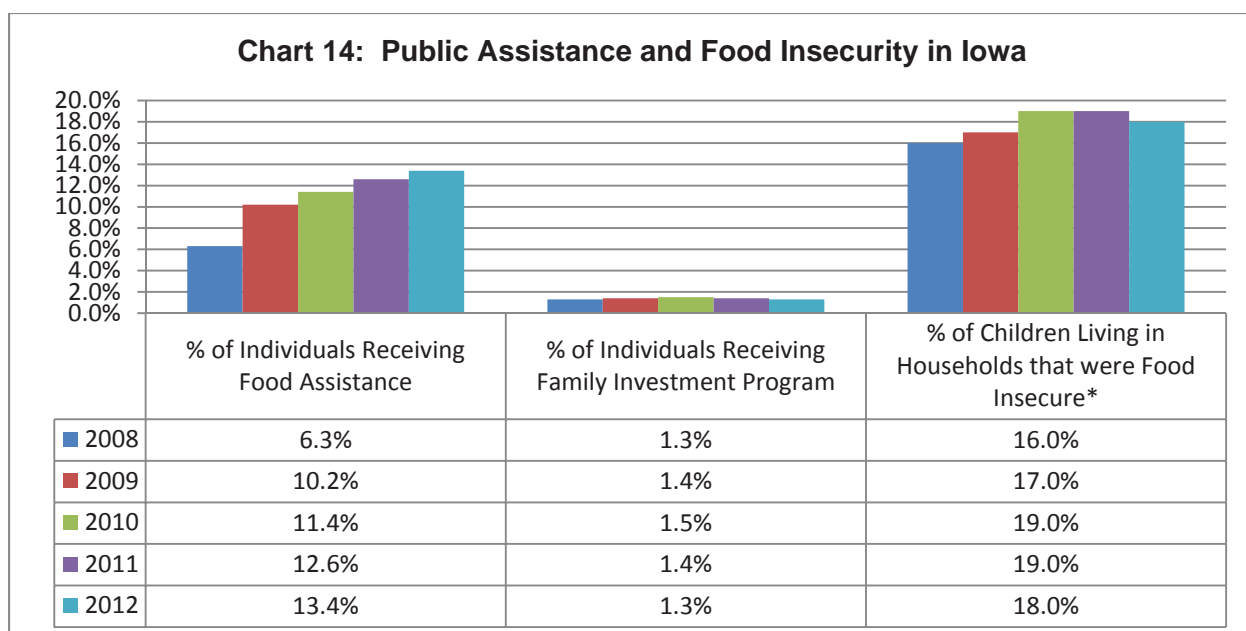
⁷ Office on Child Abuse and Neglect, Children's Bureau. Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice.

⁸ Definitions: The share of all children under age 18 living in families where no parent has regular, full-time employment. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. Children living with neither parent were listed as not having secure parental employment because those children are likely to be economically vulnerable. Children under age 18 who are householders, spouses of householders, or unmarried partners of householders were excluded from this analysis. This measure is very similar to the measure called "Secure Parental Employment," used by the Federal Interagency Forum on Child and Family Statistics in its publication *America's Children: Key National Indicators of Well-Being*.

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 - 2012 American Community Survey



Source: National KIDS COUNT, available at <http://www.datacenter.kidscount.org/data#IA/2/0>



Source: Department of Human Services (DHS)

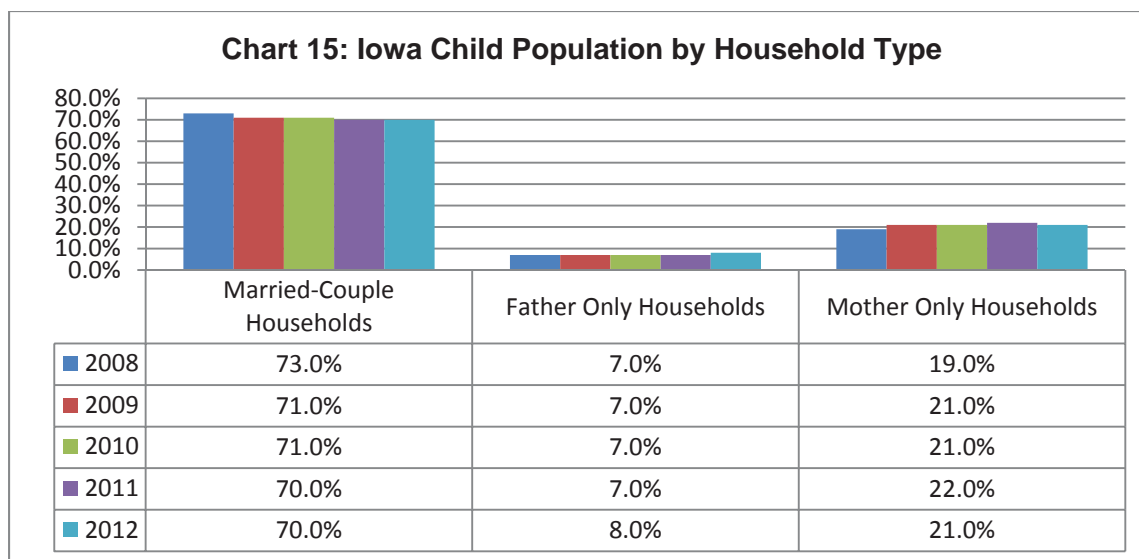
*¹⁰ Data Source: National KIDS COUNT, available at <http://www.datacenter.kidscount.org/data#IA/2/0>

⁹ **Definitions:** The share of children under age 18 who live in families with incomes less than 200 percent of the federal poverty level. The federal poverty definition consists of a series of thresholds based on family size and composition. In 2012, a 200% poverty threshold for a family of two adults and two children was \$46,566. Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children).

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2012 American Community Survey.

¹⁰ **Definitions:** Children under age 18 living in households, where in the previous 12 months, there was an uncertainty of having, or an inability to acquire, enough food for all household members because of insufficient money or other resources.

Because of the large sampling errors associated with state-level data, the Census Bureau recommends using multi-year averages to examine state-level trends from the Current Population Survey. Therefore, each year represents a three-year average of data. For example, 2002 represents results from the 2001, 2002 and 2003 Current Population Survey, Food Security Supplements.



Source: National KIDS Count, <http://www.datacenter.kidscount.org/data#IA/2/0>¹¹

According to the most recent needs assessment conducted by Early Childhood Iowa under the Iowa Department of Management, the population of young people in Iowa is growing faster than the country as a whole and is more diverse than previous generations of Iowans (2013). From 2000 to 2010, Iowa's total population grew 4.1%, compared with 9.7% nationally. In that period, the state's young-child population grew 6.7%, compared with 4.8% nationally. Children of a race other than white and/or who are Hispanic represent 21.1% of Iowa's age 0-5 population and 17.2% of the age 6-17 population, but only 2.9% of the age 65-plus population (Early Childhood Iowa, 2013).

Many Iowa children also live in poverty today. Again according to Early Childhood Iowa's most recent needs assessment, more than 40% of Iowa's young children live in households below 200% of the federal poverty level and nearly one in five (19% of the total) lives in households below 100% of poverty (\$22,314 for a family of four in 2010). In 2010, 17% of Iowa first-time births, and 8% of total births, were to women age 19 and under, almost all of whom were unmarried with less than a high school diploma (Early Childhood Iowa, 2013).

The implications for Iowa's child welfare system are significant. Iowa's children are living in homes where there may not be enough food to eat. Parents may be piecing together two or more part-time jobs to make ends meet. Many of Iowa's children also live in poverty. These factors increase the risk that children will experience abuse and/or neglect. As the table below shows, in Iowa, the majority of abused children experience Denial of Critical Care (Neglect). Denial of Critical Care (Neglect) is the failure to provide adequate food, shelter, clothing, supervision, medical treatment, mental health treatment, or other necessary care. Neglect cases also may involve parental mental health issues, substance abuse and/or domestic violence.

¹¹ **Definitions:** Percent of total child population in married-couple, father only, and mother only households.
Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2012 American Community Survey.

Table 14: Percentage of Child Maltreatment By Category for Confirmed or Founded Assessments

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

Data Source: SACWIS

PID = Presence of Illegal Drugs in a Child's System; Other = Child Prostitution, Bestiality in Presence of Minor, and Allowing Access to Obscene Material

Over the past five years, Iowa's data shows that approximately half of children maltreated are five or younger.

Table 15: Age of Child by Categories for Confirmed and Founded Assessments

Calendar Year (CY)	5 or <	6-10	11+	Total
2013	49%	29%	22%	100%
2012	51%	27%	22%	100%
2011	51%	27%	22%	100%
2010	51%	26%	23%	100%
2009	52%	26%	22%	100%
2008	53%	25%	22%	100%
2007	51%	27%	23%	100%
2006	49%	27%	24%	100%

Data Source: SACWIS

Prevention services are targeted to populations who have risk factors for child abuse or neglect. If children come to the attention of the DHS, results of the Child Abuse Assessment or Family Assessment determine whether the family will receive information and referral to community services, referral to Community Care, or referral to formal child welfare services through an ongoing DHS service case. An assessment of the family and children's strengths, needs, and individualized circumstances guides service decisions.

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

Iowa's child welfare service array provides enhanced flexibility and embraces strength-based, family-focused philosophies of intervention. The goal of the service array is to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. On July 1, 2011, service contracts were aligned with the federal safety, permanency, and well-being outcomes. Contractors have the flexibility and the opportunity to earn financial

incentives when achieving contract performance measures related to these outcomes. Additionally, contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the service area or county(ies) and describe their plan to tailor services to serve families of different race/ethnicity and cultural backgrounds.

Prevention:

See *Iowa Child Abuse Prevention Program (ICAPP)* under Promoting Safe and Stable Families (PSSF) Family Support and *Community Partnership for Protecting Children (CPPC)* under Goals and Objectives in this report.

Intervention:

Child Abuse Assessments and Family Assessments

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

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

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

If at any time during the Family Assessment, the child protective worker receives information that makes the family ineligible for a Family Assessment, inclusive of a child being “unsafe”, the case is reassigned to the Child Abuse Assessment pathway. Child protective workers are required to complete Family Assessment reports by the end of 10 business days, with no finding of abuse made. Since this response just started January 2014, Iowa does not have data available at this time.

The Child Abuse Assessment is Iowa’s traditional path of assessing allegations for child abuse. The DHS child protective worker utilizes the same Family Functioning, Safety and Risk Assessments as under the Family Assessment pathway. However, there is a finding of whether abuse occurred, potential for perpetrator’s name to be placed on the Central Abuse Registry and possible court intervention. Findings include:

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

The child protective worker has 20 business days to complete a Child Abuse Assessment report.

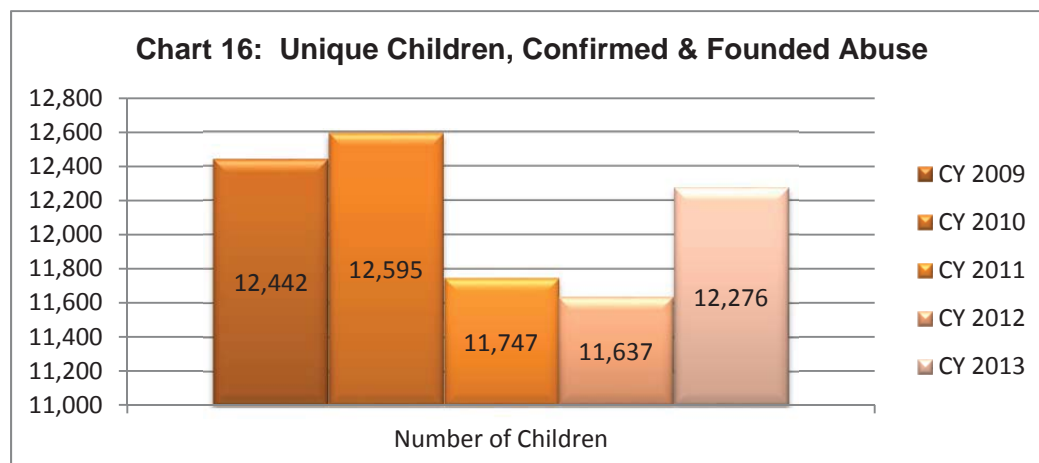
If an allegation of child abuse does not meet the criteria for abuse, the report is rejected. A rejected report may be screened for a Child In Need of Assistance (CINA) Assessment if the report may meet the criteria for the child to be adjudicated a CINA in accordance with Iowa Code 232.2.6. CINA Assessments also examine the family’s strengths and needs in order to support the families’ efforts to provide a safe and stable home environment for their children.

Table 16: DHS Child Abuse Assessments (CY 2009-2013)

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

Source: SACWIS

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



Source: SACWIS

Over time, the total number of reports varied from a low of 25,814 to a high of 30,747, however, the percentage of “Confirmed/Founded” reports remained largely constant. The number of children abused decreased from 2010 to 2012 but increased again in 2013 comparable in size to 2009. The total number of unique child victims varies with the total number of child reports in a given year. The total number of reports in a year tends to vary in relation to significance and number of news worthy child abuse events that occur at the national and state level. DHS will continue to utilize report information to examine future trends.

Child Advocacy Centers (CACs)

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

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

With a startup grant from the DHS in 2010, Allen CPC began by providing forensic interviewing services and made referrals to the St. Luke’s CPC for medical exams, when necessary. At that time, Allen CPC began and currently continues to work toward full accreditation as a CAC through the National Children’s Alliance. The contract with Allen CPC began SFY 2013, after the Iowa legislature appropriated \$100,000 in funding. In SFY 2014 contracts, Allen CPC aligned with the other CAC/CPC’s and their data was compiled with the other CACs/CPCs.

Table 17: Iowa Department of Public Health (IDPH) End of Year Report

		SFY 2010	SFY 2011	SFY 2012	SFY 2013
Children Served:					
Age of children:	0-6 yrs.	1427 (48%)	1438 (48%)	1632 (50%)	1746 (49%)
	7-12 yrs.	944 (32%)	1017 (34%)	1037 (32%)	1185 (33%)
	13-18 yrs.	579 (20%)	547 (18%)	602 (18%)	650 (18%)
Total number of new children served:		2950	3002	3271	3581
Categories of abuse:					
Sexual abuse		2080	2051	2108	2473
Physical abuse		282	292	370	358
Neglect		73	70	54	62
Witness to violence		104	103	138	158
DEC (drug endangered child)		512	581	618	735
Services provided:					
Medical/Physical exam:					
<i>Initial</i>		1686	2059	2012	2227
<i>Follow-up</i>		282	647	544	606
Counseling/Therapy:					
<i>In-house (hrs.)</i>		257	584	533	226
<i>Number referrals</i>		1487	1598	1812	1817
Forensic interviews:		2233	1881	2271	2610
Drug testing only:		562	646	511	406
Foster Care/removal exams:		249	268	239	231
Cases founded/reason to believe:		274	501	464	563

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

Data shows increased number of children served over time, with the age breakout of these children relatively stable from year to year. Each category of abuse increased over time, except for neglect, which declined slightly. All service categories increased except for in-house counseling hours and drug testing only.

Safety Plan Services

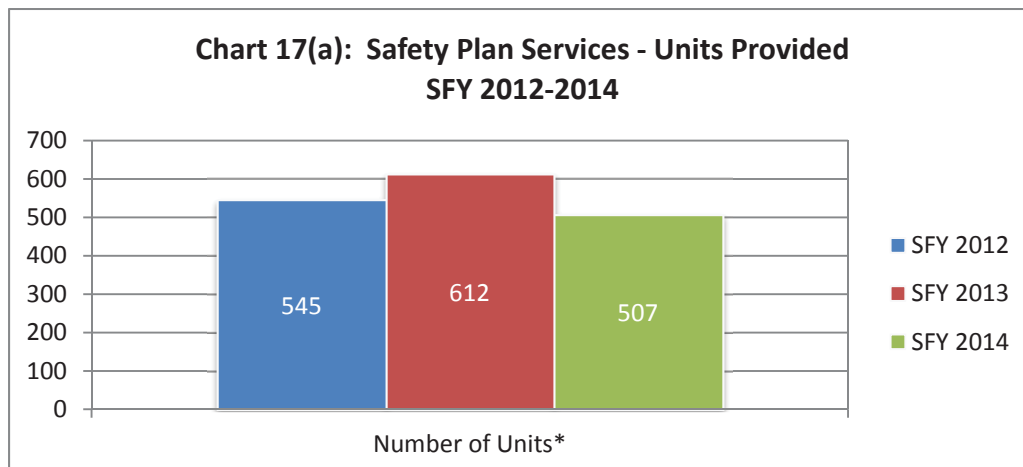
During the assessment process, child protection workers may determine that the family needs **Safety Plan Services** in order to ensure the safety of the child(ren). **Safety Plan Services** provide oversight of children who are assessed by the DHS worker to be conditionally safe and in need of interventions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

These services were initially implemented October 1, 2007 and were re-procured in 2011 with new contracts effective June 1, 2011 with service delivery beginning July 1, 2011. Since these services were procured through performance based contracting, not all of the original contractors were awarded contracts under the new contract. Because of this, a process was implemented to ensure a smooth transition for those identified families receiving new staff on their current open cases. Additional strengths of these services include:

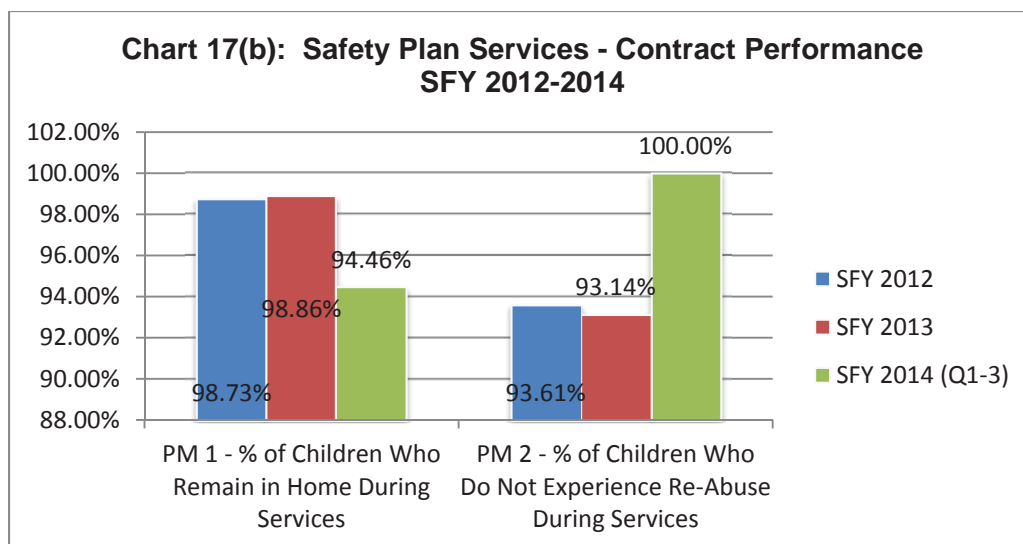
- Strong partnership, collaboration, and communication between DHS and the Safety Plan Services Contractors at both the local level and state level;
- Safety Plan Services Contractors continually achieve performance measures one and two with percentages in the 90's; and
- The number of referrals to Safety Plan Services continues to increase year to year.

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

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



Source: DHS *Data shows number of approved service units not number of families served.



Source: DHS

The above data shows that contractors are achieving and meeting the expected outcomes for performance measures one and two. In SFY 2014, Safety Plan Services contractors provided services on 361 cases and achieved 100% on performance measure two for the first three quarters. Of those 361 cases, 20 cases reflect a removal from the home occurred during service delivery for an overall percentage of 94.46% to date in SFY 2014. Implementation of Differential Response and the lack of one quarter's data in SFY 2014 may be impacting the data.

Drug Testing Services

On July 1, 2013, two new DHS drug testing contracts were implemented. One contract is for statewide drug testing collection services and the other contract is for the statewide laboratory drug testing services. Each contract is for 24 months, beginning July 1, 2013 and ending on June 30, 2015. For each contract, there is the possibility of up to four additional one-year extensions at the sole discretion of the DHS.

Highlights under the new statewide *Drug Testing Laboratory Services Contract* include the following:

- Drug testing cutoff levels are those endorsed by Substance Abuse and Mental Health Services Administration (SAMHSA).
- The laboratory contractor and any subcontractor must be certified by the College of American Pathologists with Certification from Substance Abuse and Mental Health Services Administration (SAMHSA) and/or certified from the Clinical Laboratory Improvement Amendments Program (CLIA), which is strongly encouraged.
- The laboratory contractor is required to provide laboratory Gas Chromatography/Mass Spectrometry (GC/MS) for substance(s) where instant result samples have yielded a presumptive positive result.
- All drug-testing must incorporate immunoassay technology and all positive results are verifiable by Gas Chromatography/Mass Spectrometry (GC/MS), Liquid Chromatography/Mass Spectrometry (LC/MS) or Liquid Chromatography – Mass Spectrometry/Mass Spectrometry (LC-MS/MS).

- Instant testing must provide testing for adulterant tests for pH, specific gravity and temperature.
- Drug test results are available through a secure web site that includes online reporting in order to be compliant with HIPPA requirements.
- A quality assurance mechanism is required under this contract.

Highlights under the new *Drug Testing Collections Services Contract* include the following:

- Statewide consistency in the collection process;
- Uniform training for collectors;
- Increased accuracy in the completion of the chain of custody paperwork for submission of samples;
- Cultural competency relative to drug testing;
- A secure electronic website for the exchange of drug testing information;
- A quality assurance mechanism;
- A daily log for all collections including attempts and “no-shows” for each Service Area; and
- A randomized system of testing.

The *Drug Testing Collections Services Contract* also provides for the following types and modes of drug testing:

- Types of drug testing available under the contracts include: Urine, Hair, Sweat Patch and Instant Tests (urine)
- Modes of collections include Fixed-Sites, In-Home Testing and Emergency Testing. The expectation is that the majority of drug testing for DHS will occur at Fixed-Site locations. In-Home and Emergency Drug Testing require prior approval by the Service Area Manager and/or designee and are each limited to two collection attempts. Any attempts beyond this point are considered exceptions and require that the approval process be repeated. The use of Emergency Testing is restricted to rare occasions when a rapid response is needed such as in the course of a Child Protective Assessment when either In-Home drug testing or the use of a Fixed-Site location is not an option.

Child protective workers utilize these drug testing services during the process of a child abuse assessment when working with families using substances. Below is information regarding the number of these tests in Calendar Year (CY) 2012 and 2013.

Table 18: Number of Child Abuse Registry Collections - Calendar Year (CY) 2012 and 2013

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

Source: DHS

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

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

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

Community Care Services

At the conclusion of the DHS Child Abuse Assessment, DHS CPWs may provide information and referral, refer the family to **Community Care**, or refer the family for an ongoing DHS service case. Community Care, a single statewide performance-based service delivery contract, is a voluntary service with the purpose to strengthen families by building on the family's resources and developing supports for the family in their community. The current Contractor for Community Care is Mid Iowa Family Therapy, Inc. (MIFTC).

Iowa implemented Differential Response (DR) on January 1, 2014, in which there are now two pathways that a case is assigned at the intake level if criteria are met; the case is assigned as either a Child Abuse Assessment or a Family Assessment. Decisions on service eligibility are based on the outcome of the Child Abuse Assessment or Family Assessment and identified levels of risk in the home as determined through completion of the standardized DHS Family Risk Assessment. The Risk Assessment examines factors known to be associated with the likelihood of abuse or neglect occurring at some point in the future. Identification of risks also assists in identifying the need for individualized services. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by DHS, including removal of the child(ren) from the home. Goals of Community Care include the following:

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

Table 19: Community Care Eligibility and Referral			
Timeframe	Community Care Eligibility Criteria		Service Referral
	Child Abuse Assessment	Family Assessment	
Prior to January 1, 2014	<ul style="list-style-type: none"> • Allegations were confirmed and the family was assessed as being at high risk of future abuse or neglect. • Allegations were founded and the family was assessed at low risk of future abuse or neglect and the identified child victim was over the age of six. 	NA	<p>Family referred to Community Care, if they are willing to participate in the voluntary service.</p> <p>Release of Information required prior to referral</p>
January 1, 2014 and after	<ul style="list-style-type: none"> • Allegations are confirmed and the family is assessed as being at moderate risk of future abuse or neglect. • Allegations are not confirmed but the family is assessed as 	Any family assessed as being at moderate or high risk of future abuse or neglect	<p>Family can be referred to Community Care, if they are willing to participate in the voluntary service.</p> <p>No Release of Information required to refer</p>

Table 19: Community Care Eligibility and Referral			
Timeframe	Community Care Eligibility Criteria		Service Referral
	Child Abuse Assessment	Family Assessment	
	being at moderate or high risk of abuse or neglect.		

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

The table below shows the number of referrals made to Community Care, the number of responses received to the offer of Community Care, and the rate of those responses for the year, and the number of cases closed in that year.

Table 20: Community Care Referrals and Responses			
Calendar Year (CY)	Valid Community Care Referrals	Responses Received in 14 Days Count	Responses Received in 14 Days %
2014 – Jan/Feb Only	741	637	85.96%
2013	1,416	1,194	84.32%
2012	1,374	1,134	82.53%
2011	1,745	1,331	79.28%

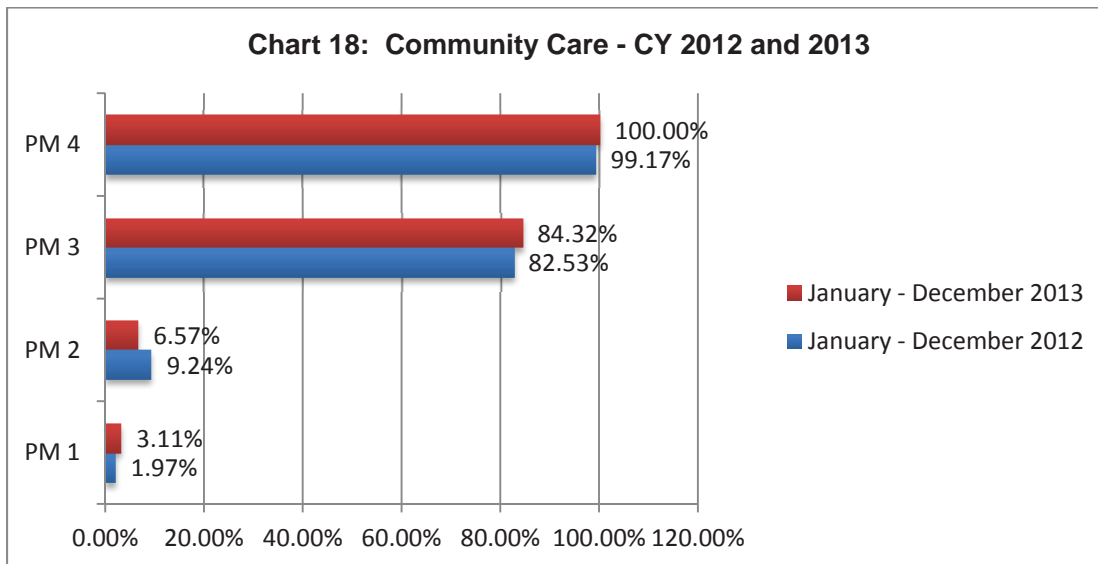
Source: DHS

Community Care was expected to serve an increased number of families under the Differential Response (DR) System. The total number of valid statewide referrals to Community Care from July 2013 through December 2013 was **730**. The total number of valid statewide referrals to Community Care from January through March 2014 was **1,084**. The March 2014 referrals are not included in the chart above since the data is not currently available at this time for the number of responses received in 14 days.

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

Community Care program manager, service contract specialist, and service provider staff continue to present information to DHS CPWs and their supervisors to answer questions on Community Care across the state of Iowa which also attributed to an increase in the number of referrals to Community Care. All presentations to date have been well received by DHS staff and they report a better understanding of what the program is all about so they can relay that to the families who are eligible for these services. On an every other month basis, the Community Care Contractor provides “Success Across Iowa: Community Care Program: Stories from Case Managers” which are shared with all DHS child protection workers, supervisors, social work administrators, service area managers, and other program staff. These stories are actual cases that represent services and/or activities provided to families through this program that result in successful case closure. The feedback to date is that DHS workers find value in these stories knowing that someone follows up with the families who could not receive services from DHS. These stories reinforce feelings about the benefits of the program. As CPWs better understand what services Community Care can provide to a family, they can do a better job of sharing this information with the family as they engage the family’s service readiness during the assessment.

The chart below shows that, overall, Community Care services are effective in contacting families and then connecting those families with community resources, which improve the family’s functioning through helpful and beneficial services and supports.



Source: DHS

During the last five years of the Safety Plan Services contract, the following were identified as accomplishments:

- Strong partnership and communication between DHS and Mid Iowa Family Therapy Clinic, Inc. staff at the statewide level;
- Increased and improved collaboration at the local level;
 - Community Care staff invited to attend local CPW meetings;

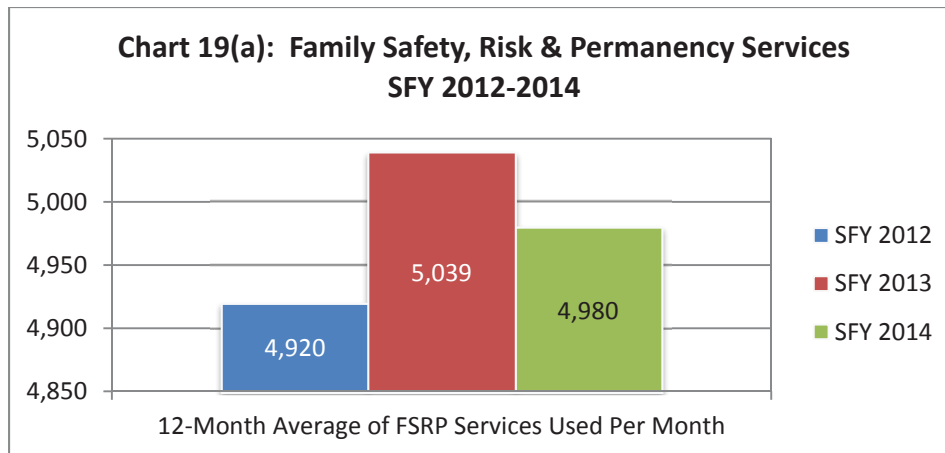
- “Success Stories” shared with DHS CPWs and Supervisors on an every other month basis;
 - Shares actual cases with successful case closure;
- Community Care adapted as initiatives implemented;
 - BR4K for one example (roll out of Community Care);
 - Differential Response is another example;
 - Community Care is the only contracted child welfare service provided to families at completion of a family assessment when criteria is met; otherwise, a referral is made for information and referral (I&R) by the assigned CPW;
 - Transition occurred during implementation of Differential Response and Community Care has met with referred families to engage in services;
 - Increase in the number of referrals since the first of January 2014;
 - Protocol developed jointly with DHS and MIFTC to assist in providing Community Care with additional information/reports on cases where there is a new DHS assessment open and Community Care is currently provided to families;
 - Family completed satisfaction surveys over the course of the last 5 years exceeded the contract expectation of 85%; and
 - During the January to December 2013 calendar year, 100% of families satisfied.

Treatment Services and Foster Care Services:

Family Safety, Risk and Permanency (FSRP) Services

Families receive **Family Safety, Risk, and Permanency (FSRP) Services**. FSRP services are targeted to children and families with an open DHS child welfare case, following a child protective or Child in Need of Assistance (CINA) assessment or Juvenile Court action. FSRP Services are designed to deliver a flexible array of culturally sensitive interventions and supports to achieve safety, permanency, and child and family well-being in the family's home and/or other designated locations as determined by the family case plan. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for contractors to deliver services based on child and family needs in exchange for greater contractor accountability for positive outcomes. These services are individualized to the unique needs of the child and family.

These services were initially implemented October 1, 2007 and were re-procured in 2011 with new contracts effective June 1, 2011 with service delivery beginning July 1, 2011. Since these services were procured through performance based contracting, not all of the original contractors were awarded contracts under the new contract. Because of this, a process was implemented to ensure a smooth transition for those identified families receiving new staff on their current open cases.



Source: DHS

Eligibility for FSRP services changed with the implementation of the Differential Response (DR) system on January 1, 2014, as shown in the table below.

Table 21: Eligibility for Child Welfare Services	
Timeframe	DHS Eligibility Criteria for Child Welfare Services
Prior to January 1, 2014	<ul style="list-style-type: none"> Child(ren) adjudicated as a Child in Need of Assistance (CINA) by Juvenile Court; or Child(ren) placed in out-of-home care under the care and responsibility of the DHS; or Child(ren) and family have need for DHS-funded child welfare interventions, based on one of these factors: <ul style="list-style-type: none"> A child in the family is under six (6) years of age and is a founded victim of child abuse or neglect, regardless of whether the child's assessed risk level is low, moderate, or high; or A child in the family is six (6) years of age or older, is a founded victim of child abuse or neglect, and the child's assessed risk level is moderate or high.
January 1, 2014 and after	<ul style="list-style-type: none"> Child(ren) adjudicated as a Child in Need of Assistance (CINA) by Juvenile Court; or Child(ren) placed in out-of-home care under the care and responsibility of the DHS; or Child(ren) and family have need for Agency (DHS) funded child welfare interventions, based on one of these factors: <ul style="list-style-type: none"> Any child in the family is a founded victim of child abuse or neglect, regardless of whether the child's assessed risk level is low, moderate, or high; or Any child in the family is a confirmed victim of child abuse or neglect, and the child's assessed risk level is high.

Source: DHS

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

- Performance Measure 1 (PM1): Children in cases receiving Family Safety, Risk, and Permanency Services will be safe from abuse* for the entire Episode** of Services

and for at least six (6) consecutive months following the service end date of their Family Safety, Risk, and Permanency Services, regardless of contractor***. ¹²

- Performance Measure 2 (PM2): All Children receiving Family Safety, Risk, and Permanency Services who are residing in the case household at the time the contractor initiates services are not removed from the home throughout the Episode of Service and are placement-free for six (6) consecutive months after the conclusion of their Episode of Service*. ¹³
- Performance Measure 3 (PM3): Children who are in placement in the beginning of, or enter placement during, their case's episode of Family Safety, Risk, and Permanency Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within six (6) consecutive months of their reunification date.
- Performance Measure 4 (PM4): Children who are in placement in the beginning of, or enter placement during, their case's episode of Family Safety, Risk, and Permanency Services will achieve a finalized adoptive or guardianship placement within twenty-four (24) months.

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

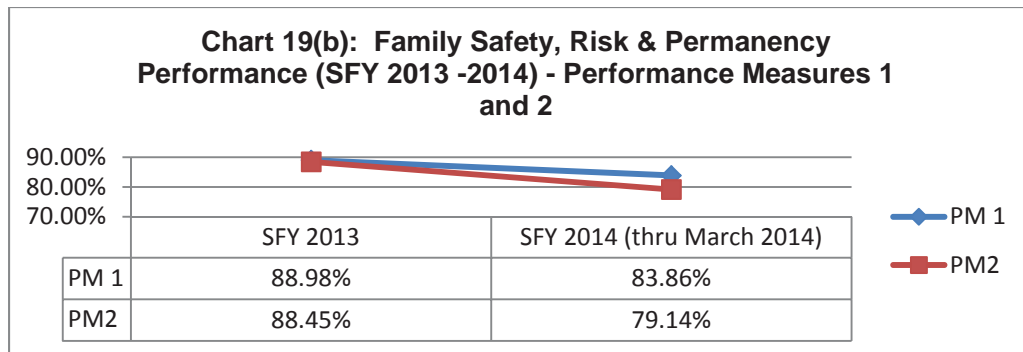
PM 4 incentives are earned twenty-four (24) months following the removal date. (Statewide) For children removed from their home during Family Safety, Risk, and Permanency Services, the twenty-four (24) month period will be calculated from the date of their Removal. For children who have been in placement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

¹² *For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child's placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

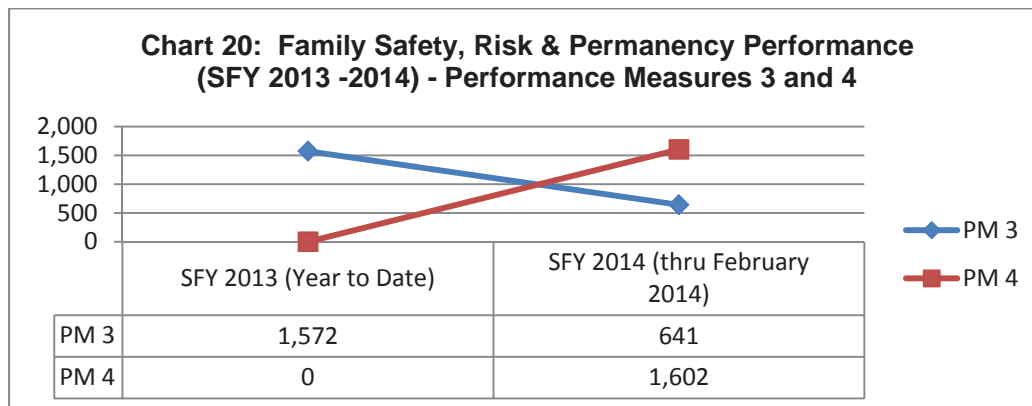
**Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same contract.

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

¹³ *Episode of Service means the period from the start date of services through the service end date in which a case receives services under the same assigned case ID and period of service.



Source: DHS



Source: DHS

The above data shows that contractors are achieving the expected outcomes for the identified performance measures at the statewide level. In SFY 2014, FSRP Services contractors provided services and were eligible for PM 1 payment on 3,582 cases for a total percentage of 83.86%; PM 2 payment on 2,804 cases for a total percentage of 79.14%; PM 3 payment on 641 cases; and PM 4 payment on 1,602 cases.

During the last five years of this contract, the following were identified as accomplishments:

- Strong partnership, collaboration, and communication between DHS and the FSRP Services Contractors at both the local level and state level;
- Contractors have a process in place to discuss potential amendments to contracts;
- Increased and improved collaboration between FSRP Contractors and other child welfare service Contractors (Group Care, CWES, R&R, etc.);
- Solid process for responding to questions and sharing collaboratively across the state;
- Posted to website for statewide access as well as sent through email as attachments;
- Continue to focus and meet with the family as a family unit, and not specific to one child;
- The number of cases earned on Performance Measure 4 increased from the initial contract to the current contract so contractors are meeting this measure more frequently;

- There has been a decrease in the number of Program Improvement Plans (PIPs) for contractors over the course of the years.

Substance Abuse Services

Substance use disorders by a parent or caretaker increases the risk for child safety. Drug usage can negatively impact a parent's ability to provide safe and adequate supervision of their children and can be a factor in cases of child abuse or neglect. As such, it is critical when conducting child abuse assessments and developing safety plans workers recognize and understand substance use disorders and the potential risk they may pose. A working knowledge of substance use disorders is also essential within the framework of case planning and the development of visitation and case permanency plans.

Within the DHS child welfare system drug testing services are available during either a child protective assessment or an ongoing child welfare case. Workers can utilize drug testing in an effort to identify or eliminate substance use as a possible contributing factor in child abuse cases and to help determine the most effective interventions for children and families dealing with substance use disorders. Below is information regarding utilization of these tests during active ongoing service cases in Calendar Years (CY) 2012 and 2013.

**Table 22: Calendar Year (CY) 2012 & 2013 –
Drug Testing Volume by DHS Service Area – Ongoing Service Cases**

Test Type Collection	Des Moines Service Area		Cedar Rapids Service Area		Eastern Service Area		Northern Service Area		Western Service Area		Totals	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Hair	1,725	523	379	430	1,496	874	301	779	1,026	98	4,927	2,704
UA	7,697	337	4,173	166	1,526	283	1,434	300	5,352	154	20,182	1,240
Sweat Patch	565	329	1,182	1682	143	143	860	587	708	216	3,315	2,957
Instant Salvia Tests			39			2			60		99	2
Instant Urine		2,131		244	8	963		1	60	30	68	3,369
									Total		28,591	10,272

Source: DHS

See also Goals and Objectives, In Collaboration with the Iowa Department of Public Health and Iowa Children's Justice, Implement Revised Protocol for Drug Testing, for more detailed information regarding drug testing services.

Decategorization

Services through **Decategorization**, a process by which flexible, more individualized services can be provided at the local level, are designed to redirect child welfare and juvenile justice funding to services, which are more preventive, family centered, and community based in order to reduce use of restrictive approaches that rely on

institutional, out-of-home, and out-of-community care. Projects are organized by county or a cluster of counties. Currently, there are 40 Decategorization projects across the state of Iowa, covering every county. Projects can provide a variety of services, such as Crisis Child Care/Respite Care, Crisis Intervention, Domestic Violence Services, Family Assistance, Wrap Around Services, Family Team Meeting Services, Fiscal Agent Services, Functional Family Therapy, Mediation, Mental Health Services, Mentoring Services, Program Coordination, School Programming, etc.

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

The Decategorization Governance Boards also oversee the development and submission of an annual progress report for the Decategorization project that meets specific requirement of rule, including a summary of the key activities and progress toward reaching the desired outcomes during the previous state fiscal year. The Decategorization annual progress report for each respective Decategorization project is submitted by December 1 of each state fiscal year.

Child Welfare Emergency Services (CWES): DHS implemented CWES statewide beginning with SFY 2012 using a competitive procurement process. For about two years prior to that time, approximately half of Iowa's juvenile shelter care providers voluntarily reinvested, with approval by the Iowa General Assembly, a small portion of their state shelter bed funding to develop small pilot projects, which would create alternative interventions that could be used in lieu of shelter bed placements when appropriate. These pilots covered about 12% of Iowa's 99 counties.

When CWES became available statewide on July 1, 2011, it broadened Iowa's child welfare service array by offering short-term, temporary interventions to focus on the safety, permanency, and well-being of Iowa youth who would ordinarily be headed to shelter care from referrals by the DHS, Juvenile Court Services (JCS), and law enforcement. CWES approaches range from offering referrals for the least restrictive child welfare crisis interventions that can be used, e.g., mobile crisis teams, family conflict mediations or in-home services provided before a removal from their home is needed, up to more restrictive "emergency" services including out-of-home placements with relatives, foster families, or emergency juvenile shelter care (as permitted by the Iowa Code). In some cases, alternatives to placement are not appropriate and, with court authorization, youth are sent directly to shelter care. Child Welfare Emergency Services should not be confused with mental health emergency or crisis services; they are not the same.

The intention of CWES is to immediately respond to the child welfare crisis related needs of children under the age of 18. This program generally serves children beginning at age 12, since the target population for these services is children who would otherwise be referred for emergency juvenile shelter care placement, and shelter care is not encouraged for children under the age of 12. However, some CWES providers care for children under age 12, including placement into a shelter bed when an out of home placement is necessary and no other placement option is available. Only the DHS, JCS, and law enforcement can refer eligible children to CWES.

While the DHS had been purchasing emergency juvenile shelter services alone for many years, SFY 2012 was the first year to use a competitive RFP procurement process that:

- made CWES available statewide;
- promoted a more comprehensive CWES approach that continued emergency shelter services as a CWES component;
- implemented a CWES framework to assure uniformity of CWES approaches (this includes the areas of: assuring access to services; CWES screening; shelter bed availability; operating with a shared service philosophy; maintaining and monitoring service quality; encouraging community connections and coordination; and, exit planning from care); and
- established contractual outcome measures related to safety, permanency, and well-being for the first time for this service, which represents movement toward the DHS' intent to establish performance measures for all its child welfare contracts' that align with expectations around the CFSR and safety, permanency, and well-being.

The performance measures developed for this program (as well as for foster group care services reported later) were intended to inform the DHS as to what are reasonable and relevant expectations that can be tied to fiscal and outcome incentives in the future. Since the first year of these contracts, the performance measures were evaluated by the DHS in collaboration with its contractor partners to make minor adjustments as needed to clarify or strengthen them. Their initial focus has not changed. Over about the last year and one half, the online data entry system developed for this program has undergone adjustments to work out initial system issues, make data entry easier for contractors, and to begin generating performance data.

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

Safety Outcome 1

Children are protected from abuse and neglect while placed in CWES Emergency Juvenile Shelter Care.

Safety Outcome 1 Performance Measure

There will be no confirmed or founded cases of abuse or neglect by the contractor or subcontractor of children in CWES Emergency Juvenile Shelter Care. For tracking purposes, the DHS will count each incident assessed that is determined to be confirmed or founded.

Table 23: Children Safe from Abuse or Neglect while in CWES Emergency Juvenile Shelter Care (January – June 2013)

Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,169	2,168	99.95%

Source: DHS

Safety Outcome 2

During SFY 2014, the number of Critical Incidents will be reduced.

Safety Outcome 2 Performance Measure

Using data from SFY 2013 (January 1, 2013 through June 30, 2013), the Critical Incidents reported by the contractor will be used to define a baseline of occurrence. Methodologies to achieve a reduction in this percentage will be explored by the DHS, juvenile court services (JCS), and the contractor to identify ways in which individual contractors can achieve reductions during SFY 2014. Individual contractors shall develop individual reduction goals with the DHS [in collaboration with their referrals sources of DHS and JCS].

Individual contractor goals to achieve reductions in SFY 2014 were developed by each contractor. During the period of January 1, 2013 through June 30, 2013, there were 1,248 incidents reported in the following categories:

Table 24: Incidents – Type, Number and Percentage of All Incidents (January – June 2013)

Type of Incident	Number Reported	Percentage
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a physician's office.	248	20%
Behavior resulting in self-harm	75	6%
Behavior resulting in damage to property	56	4%
Runaway or other absence without leave for any period of time	341	27%
Police calls made due to a child's behavior or other action	143	11%
Placement into juvenile detention	39	3%
Use of physical restraint as defined and allowed by licensing regulations	346	28%
Total	1248	99%

Source: DHS

Note: Total percentage does not equal 100% due to rounding.

Levels of reduction achieved will be identified at the conclusion of SFY 2014. This process allowed both the DHS and its private partners to begin identifying which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. One thing discovered was that incidents are often disproportionately committed by a limited number of individuals; that is, as an example, 50% of the reported incidents may be committed by only 5% of the youth in placement.

Permanency Outcome

Children referred to CWES will be screened for CWES services within one hour of referral and diverted from placement into a CWES Emergency Juvenile Shelter Care bed as often as is appropriate.

Permanency Outcome Performance Measure

The period of January 1, 2013 through June 30, 2013 will be used to identify recent past performance. During this timeframe, contractors should have diverted a minimum of 50% of the target population referred. The minimum target of 50% diverted will continue in SFY 2014.

For the time period of January 1, 2013 through June 30, 2013, a 60% diversion rate was reported across all CWES contractors, which reflects 509 youth diverted from placement. The percentages ranged from a high of 86% to a low of 26%. Three contractors were below the 50% mark.

Diverting a child from CWES shelter placement and keeping them with their family is an approach toward maintaining permanency by attempting to alleviate removal from the home even though shelter placement is considered only temporary and short term.

The use of alternatives versus placement into CWES shelter care varies across the state and across contractors. One reason for this is, but not likely limited to, the lack of referrals for alternatives to placement. Too often children still come to these CWES programs with court orders directly to shelter, conceivably without considering what a CWES contractor can provide in lieu of placing a child out of home.

The DHS acknowledges that in many cases shelter placement may be the only viable option and it remains a valuable component in the overall array of child welfare services. During this same time period, of 1,335 youth screened for CWES, 485 were ordered directly to shelter, limiting the number of possible diversions to 850. Enhanced collaboration system-wide is needed to let this service evolve to help keep children at home. Contractors and referral workers report, however, that attitudes are changing regarding shelter use and need.

Well-being Outcome 1

All children in CWES Emergency Juvenile Shelter Care for longer than four days who are required by state law to attend school shall attend on all scheduled school days.

Well-being Outcome 1 Performance Measure (*This measure was clarified and rewritten for SFY 2014)

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

Well-being Outcome 2

For all children in CWES Emergency Juvenile Shelter Care who are required by state law to attend school, the information held by the contractor that is related to education credits earned or other educational accomplishments by a child while placed in the shelter shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this shelter care placement are excluded from this measure.

Well-being Outcome 2 Performance Measure

Contactors shall provide and make this school information available for at least 90% of the children in the population included in this measure within 14 days of each child's discharge.

**Table 25: CWES Education Performance Measure
(January – June 2013)**

Across all 13 Contractors school information was transferred w/in 14 days of discharge on behalf of this percentage of youth	Across all 13 Contractors this percentage of children attended *100% of scheduled school days
94%	75%

Source: DHS

*An evaluation of this performance measure at the conclusion of the first two-year contracting period showed it lacked clarity between what was intended to be measured of two separate school related elements: 1) providing school information after discharge; and 2) school attendance. The “combined” way it was being viewed made it difficult to measure and report. For SFY 2014, this has been separated and made more clear and easier for contractors to track and report and for the DHS to measure.

Also, it was sometimes problematic for contractors that do not or cannot get access to school records. Some school systems have been reluctant (or refused) to share this information while others do not request the information post-discharge.

The DHS will continue to monitor and evaluate this measure during SFY 2014 and future adjustments will be made as needed. This will clarify expectations and make it easier to track and report this information which has been difficult and, at times, non-uniform during SFY 2013.

Well-Being Outcome 3

The CWES interventions provided to the target population and their families are appropriate to meet the identified needs or resolve conflicts in the least restrictive

manner possible, as assessed by the DHS and JCS referral workers.

Well-being Outcome 3 Performance Measure

DHS and JCS referral workers shall report [using online surveys] that 90% of the target population referred received services in a timely manner, the services were appropriate and as least restrictive as possible, and that children and families were better off after CWES engagement.

Table 26: Appropriateness and Effectiveness of CWES (July – December 2013)			
Number of CWES Screenings	Number of Surveys Completed	Number of Surveys Indicating CWES Was Effective	Percentage
1,335	606	463	76%

Source: DHS

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

To further communication and collaboration, quarterly contractor meetings are held, which provides an opportunity for CWES contractors to discuss successes, challenges, and overall performance. Additionally, annual all child welfare services contractors’ meeting encourages cross-services collaboration.

Foster Care Services

Table 27(a): Number of Children in Relative Placement, Foster Family Care, Foster Group Care, and Supervised Apartment Living (SAL)				
Period Ending – September 30 th	Relative Placement*	Foster Family Care	Foster Group Care**	Supervised Apartment Living
2013	1786	1893	887	68
2012	1578	1963	956	70
2011	1422	2182	987	53
2010	1445	2259	1025	45
2009	1358	2239	1097	82
Source: AFCARS Extract				
*Largely unlicensed relative homes with some licensed relative homes included				
**Includes shelter placements				

When child(ren) cannot be safely maintained in their home, child(ren) receive **foster care services**, which may be provided through:

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

Group care facilities offer a structured living environment for eligible children considered unable to live in a family situation due to social, emotional, or physical disabilities, but are able to interact in a community environment with varying degrees of supervision. Children are adjudicated either as a child in need of assistance (CINA) or for committing a delinquent act and are court-ordered to this level of care. Some children cannot be maintained safely in a family home setting due to a need for a more structured environment and more intensive programming to address behavioral issues. For these children, residential group care facilities provide the structure and programming needed in addition to age appropriate and transitional child welfare services.

SFY 2012 was the first year under a competitive RFP and procurement process for foster group care, which resulted in establishing contracts with 15 parent agencies statewide. It also was the first year for contractual outcome measures that focused on safety, permanency, and well-being. To monitor performance, an online data entry system was developed for contractor use and self-reporting.

The performance measures for foster group care are the following:

Safety Outcome 1

Children are protected from abuse and neglect while placed in foster group care.

Safety Outcome 1 Performance Measure

There will be no confirmed or founded cases of abuse or neglect by the contractor or subcontractor of children in foster group care. For tracking purposes, the DHS will count each assessed incident determined to be confirmed or founded.

Table 27(b): Foster Group Care and Child Safety (January – June 2013)		
Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,004	2,000	99.8%

Source: DHS

Safety Outcome 2

During SFY 2014, the number of critical incidents will be reduced.

Safety Outcome 2 Performance Measure

Using data from SFY 2013 (January 1, 2013 through June 30, 2013) the critical incidents reported by the contractor will be used to define a baseline of occurrence. Methodologies to achieve a reduction will be explored by the DHS, JCS, and the contractor to identify ways in which individual contractors can achieve reductions during SFY 2014. Individual contractors shall develop individual reduction goals with the DHS [in collaboration with their referrals sources of DHS and JCS].

Individual contractor goals to achieve reductions in SFY14 were developed by each contractor. During the period of January 1, 2013 through June 30, 2013, there were 2,429 incidents reported in the following categories:

Table 28: Incidents – Type, Number and Percentage of All Incidents (January – June 2013)		
Type of Incident	Number Reported	Percentage
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a physician's office.	326	13%
Behavior resulting in self-harm	134	6%
Behavior resulting in damage to property	84	3%
Runaway or other absence without leave for any period of time	200	8%
Police calls made due to a child's behavior or other action	86	4%
Placement into juvenile detention	8	0.33%
Use of physical restraint as defined and allowed by licensing regulations	999	41%
Use of control room as defined by licensing regulations	592	24%

Source: DHS

Note: Percentage does not equal 100% due to rounding.

Levels of reduction achieved will be identified at the conclusion of SFY 2014. This process allowed both the DHS and its private partners to begin identifying which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. One thing discovered was that incidents are often disproportionately committed by a limited number of individuals; that is, as an example, 50% of the reported incidents may be committed by only 5% of the youth in placement.

Permanency Outcome 1

Connections to family and community are maintained while children are in foster group care.

Permanency Outcome 1 Performance Measure

Contractors shall provide for two separate face-to-face visits [during each calendar month, excluding the months of placement and discharge] with the child's family or significant others who are identified in the child's case permanency plan or who have been approved in writing by the DHS or JCS referral worker.

In SFY 2013, DHS's private partner contractors were required to assure these visits on behalf of at least 60% of the children in placement. For the time period of January 1, 2013 through June 30, 2013, five of Iowa's 15 group care contractors achieved this goal. Three were just under the 60% target and the others ranged from 29% - 48%. Monitoring continues in SFY 2014 and improvements are anticipated based on better and more accurate contractor self-reporting. The DHS also has been documenting reasons this goal is sometimes unattainable; e.g., when family or community visits are contradictory to the case plan or wishes of the referral worker or court, such as in the cases of youth placed in programs for sex offenders or when there has been a termination of parental rights. Regardless, all contractors are encouraged to work on behalf of the youth in placement to make or maintain connections with relevant family or community representatives.

Well-Being Outcome 1

All children in foster group care who are required by state law to attend school shall attend on all scheduled school days.

Well-being Outcome 1 Performance Measure (*This measure was clarified and rewritten for SFY 2014)

Contractors will assure that children in foster group care attend, at a minimum, 90% of all scheduled school days.

Well-being Outcome 2

Information held by the contractor that is related to education credits earned or other educational accomplishments by a child while placed in foster group care shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this group care placement are excluded from this measure.

Well-being Outcome 2 Performance Measure

Contactors shall provide and make this school information available for at least 90% of the children in the population included in this measure within 14 days of each child's discharge.

Table 29: Foster Group Care and Child's Education (January – June 2013)	
Across all 15 contractors school information was transferred w/in 14 days of discharge on behalf of this percentage of youth	Across all 15 contractors this percentage of children attended *100% of scheduled school days
85%	72%

Source: DHS

*An evaluation of this performance measure at the conclusion of the first two-year contracting period showed it lacked clarity between what was intended to be measured of two separate school related elements: 1) providing school information after discharge; and 2) school attendance. The "combined" way it was being viewed made it difficult to measure and report. For SFY 2014, this has been separated and made more clear and easier for contractors to track and report and for the DHS to measure.

Also, it was sometimes problematic for contractors that do not or cannot get access to school records. Some school systems have been reluctant (or refused) to share this information while others do not request the information post-discharge.

The DHS will continue to monitor and evaluate this measure during SFY 2014 and future adjustments will be made as needed. This will clarify expectations and make it easier to track and report this information which has been difficult and, at times, non-uniform during SFY 2013.

To further communication and collaboration, quarterly contractor meetings are held, which provides an opportunity for CWES contractors to discuss successes, challenges, and overall performance. Additionally, annual all child welfare services contractors' meeting encourages cross-services collaboration. For example, foster group care contractors worked collaboratively with FSRP contractors to identify ways the two services could work better together.

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

scattered site are placed in their own living arrangement (typically an apartment). Youth must be at least 17 years of age to qualify for SAL scattered site placement. The SAL foster care program's main goal is preparing youth to successfully transition to young adulthood, teaching life skills necessary for successful transition.

Up until July 1, 2011, the SAL foster care program had been contracted with providers through a process the DHS called a "Purchase of Service" contract. Under this process, any child welfare agency that had a child placing license could apply for a license to provide SAL services. The SAL program manager reviewed contract renewals and the Department of Inspections and Appeals (DIA), sub-contracted by the DHS to approve licensing and renewal, would do site visits per licensing requirements to review agency adherence to program policies.

During 2010 and the early part of 2011, a DHS request for proposals (RFP) for SAL foster care was developed and put out for competitive bid. A total of 8 child welfare agencies bid and 7 were awarded a 2 year contract, beginning July 1, 2011, with the option of 4 one year contract renewals.

Putting the SAL program in a procurement process has allowed for more program management including:

- the SAL program manager is available for technical assistance to the contractors and holds quarterly meetings (in person or through a conference call) with all 7 contractors to discuss barriers and gaps and strengths in each contractor's program along with contractors helping one another with difficulties one program may be having (such as finding landlords that will rent apartments to a minor);
- DHS contract specialists conduct agency audits (via case readings) and communicate regularly with the SAL program manager, and;
- DIA staff through license renewals and at least annual contractor site visits to ensure licensing adherence (involving not only agency requirements but requirements for each youth served).

As a part of the procurement process, the minimum age of SAL participants was increased from age 16 to 16 ½ for cluster site placement and 17 for scattered site placement. Additionally, the procurement process built in Outcomes and Performance Measures for the first time for this placement program.

The total unduplicated number of youth in a SAL placement for SFY 2013 was 202, up from 174 for SFY 2012.

The following are SAL performance measures and data for SFY 2013:

- Safety Outcome: There will be no founded cases of abuse or neglect of the children in the SAL contractor's care by the contractor or by other children in the program.
 - Contractor Performance: Cumulative average for the 7 SAL contractors: 100%

- Permanency Outcome 1: The contractor will ensure a least twice a month contact with a member of the child's positive support system for 70% of the children served.
 - Contractor Performance: Cumulative average for the 7 SAL contractors: 91.43%
- Permanency Outcome 2: The Contractor will ensure that 70% of children served are regularly participating (at least weekly) in an organized community activity (e.g. extracurricular school activities, faith based activities, clubs, community organizations, volunteering).
 - Contractor Performance: Cumulative average for the 7 SAL contractors: 76.98%
- Well Being Outcome: 75% of children served are complying with satisfactory school attendance (defined in Code) leading to a high school diploma or GED or have already obtained a high school diploma or GED.
 - Contractor Performance: Cumulative average for the 7 SAL contractors: 95.74%

Interstate Compact for the Placement of Children (ICPC)

Child(ren) also may be placed out of state through **the Interstate Compact for the Placement of Children (ICPC)** process. Iowa's foster care recruitment and retention contractor is responsible for completing the foster and adoptive home studies that are referred through ICPC within the 60-day timeframe for completion. The Compact Administrator and the local DHS offices established a process to ensure that IKN receives all ICPC requests in a timely manner. IKN and the local DHS offices also have a 60-day timeframe for processing parent and relative home studies.

DHS works with the Iowa Juvenile Court to educate judges about the procedure for a Priority Home Study, which is due in 20 business days. A priority home study speeds up the placement process for children who will be placed with parents or relatives.

Iowa's ICPC office handles placements of children across state lines, including court placements with parents or relatives, foster care and adoptions. The Compact Administrator works with field social workers to assist with the ICPC process that establishes safety and permanency for children that need to be placed across state lines. The ICPC program also works with Native American tribes that desire to place children across state lines. Technical assistance for ICPC is received from the Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC). Iowa has not received TA from the AAICPC in the last twelve months.

Table 30 (a): ICPC Out-of-State Placements (7/1/2013 – 3/31/14)								
Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
35	13	2	1	34	0	14	42	1

Table 30 (b): ICPC In-State Placements (7/1/2013 – 3/31/14)								
Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
34	13	0	1	99	0	18	29	0

Table 30 (c): ICPC In-State Home Study Requests Completed (7/1/2013 – 3/31/14)								
Adoption	Foster Care	Relative Foster Care	Group Home	Residential Treatment	Art VI Institution	Parents	Relatives	Other
67	33	0	NA	NA	NA	50	67	3

Source: ICPC Database

Services for Children Under the Age of Five

Activities to Reduce Length of Stay for Children under the Age of Five in Foster Care

Iowa continues and will continue to analyze data regarding the length of time children under the age of five are in foster care without a permanent family in order to determine the need for specialized interventions. Table 31(a) shows the percentage of children who exited care during each of the last six federal fiscal years who were under the age of five when they entered foster care. While there has been some fluctuation over time, the data suggests that there also has been some consistency in system performance. Approximately one third of the children under the age of five exit foster care within 12 months of entry and about half exit within 12 to 24 months while the remaining one-fifth experience longer stays. Overall, outcomes for these children tend to be favorable with about half of them being reunified with their families while the rest are primarily adopted. Table 31(b) shows the profile of children under age five who are currently in foster care. This data reflects a similar sense of consistency within this population over time.

TABLE 31(a): Percentage of Children who entered foster care under the age of five and exited foster care during the federal fiscal year by length of stay.

Federal Fiscal Year	Length of Stay in Foster Care			
	less than 12 months	12 to 23 months	24 to 35 months	36 months or more
2008	35%	43%	16%	6%
2009	33%	44%	16%	7%
2010	43%	38%	13%	6%
2011	36%	43%	15%	6%
2012	33%	49%	13%	6%
2013	35%	46%	14%	5%

Source: SACWIS

Table 31(b): Length of Stay in Foster Care for Children under the age of Five

	30-Sep-10		30-Sep-11		30-Sep-12		30-Sep-13		31-Mar-14	
Length of stay	#	%	#	%	#	%	#	%	#	%
In care less than 12 months	1347	69%	1299	68%	1237	68%	1373	72%	1235	69%
Less than 6 months	794	40%	767	40%	732	40%	798	42%	631	35%
6 - 11 months	553	28%	532	28%	505	28%	575	30%	604	34%
In care 12 – 23 months	500	25%	526	27%	496	27%	462	24%	481	27%
12 - 16 months	321	16%	323	17%	306	17%	282	15%	276	15%
17 - 23 months	179	9%	203	11%	190	10%	180	9%	205	11%
In care 24 - 35 months	100	5%	84	4%	74	4%	61	3%	66	4%
24 - 29 months	75	4%	65	3%	54	3%	56	3%	55	3%
30 - 35 months	25	1%	19	1%	20	1%	5	0%	11	1%
In care 36 months or longer	17	1%	13	1%	7	0%	7	0%	5	0%
Total in care	1964	100%	1922	100%	1814	100%	1903	100%	1787	100%

Source: DHS, Results Oriented Management (ROM)

A comparison to the population of all children who exited care during the federal fiscal year indicates that children who entered care under the age of five tend to be adopted more often and are less likely to be reunified. The median length of stay for the under age five exit cohort was about 15 months while the median length for all exit cohorts was 14 months and stayed consistent across all six federal fiscal years. The higher incidence of adoption within the under age five population is contributing to the longer lengths of stay.

The high rate of adoption in the exit cohorts suggests that there are complex issues underlying the outcomes for these children that may be contributing to the longer lengths of stay as the system struggles to strike a balance between preserving families and protecting the safety of children. A more in-depth analysis of the strengths and needs of the children and families will be conducted to determine if there are specific areas in which to focus efforts.

TABLE 31(c): Percentage of Children who entered foster care under the age of 5 and exited foster care during the federal fiscal year by Discharge Reason.

Federal Fiscal Year	Reunification With Parents or Primary Caretakers	Living With Other Relatives	Adoption	Guardianship	Other
2008	53%	0%	41%	6%	0%
2009	49%	0%	41%	9%	1%
2010	57%	0%	36%	7%	0%
2011	51%	0%	41%	8%	0%
2012	49%	0%	45%	6%	0%
2013	52%	0%	41%	6%	0%

Source: SACWIS

TABLE 31(d): Percentage of Children who exited foster care during the federal fiscal year by length of stay.

Federal Fiscal Year	Length of Stay in Foster Care			
	less than 12 months	12 to 23 months	24 to 35 months	36 months or more
2008	42%	34%	13%	11%
2009	42%	33%	13%	12%
2010	47%	31%	11%	11%
2011	43%	34%	12%	11%
2012	39%	39%	12%	10%
2013	41%	37%	12%	9%

Source: SACWIS

TABLE 31(e): Percentage of Children who exited foster care during the federal fiscal year by Discharge Reason.

Federal Fiscal Year	Reunification With Parents or Primary Caretakers	Living With Other Relatives	Adoption	Guardianship	Other
2008	66%	0%	19%	5%	9%
2009	62%	0%	20%	7%	11%
2010	65%	0%	17%	6%	12%
2011	62%	0%	20%	8%	10%
2012	59%	0%	24%	6%	10%
2013	62%	0%	21%	6%	10%

Source: SACWIS

Provision of Developmentally Appropriate Services for Children under the Age of Five
Revisions to CAPTA in 2004 required the determination of eligibility for the Part C Services for abused and neglected children under the age of 3. In Iowa, the Early ACCESS (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 early intervention services of Early ACCESS for children with or at risk of developmental delays.

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

remains the parent(s) option to seek evaluation and services from Early ACCESS. There were 3,094 children referred to Early ACCESS in SFY 2012 upon completion of the child abuse assessment.

The number of children in foster care, under the age of three, referred and who received Early ACCESS services increased over time from 365 in SFY 2006 to 456 in SFY 2013. However, the numbers decreased from 788 in SFY 2011 and from 459 in SFY 2012. The decrease between SFY 2011 and SFY 2012 may be reflective of the 6% decrease in the number of children under age five in foster care for that same time period. The table below shows the number of children and the percentage of children in foster care receiving Early ACCESS services:

Table 32: Foster Care Children Receiving Early ACCESS Services		
Foster Children who receive Early ACCESS services in SFY	# of Children receiving services	Percent of children on Individualized Family Service Plan (IFSP)'s receiving services
2013	456	27.9%
2012	459	25.5%
2011	788	32.4%
2010	713	29.2%
2009	666	31.0%
2008	592	23.1%
2007	445	17.3%
2006	365	14.8%

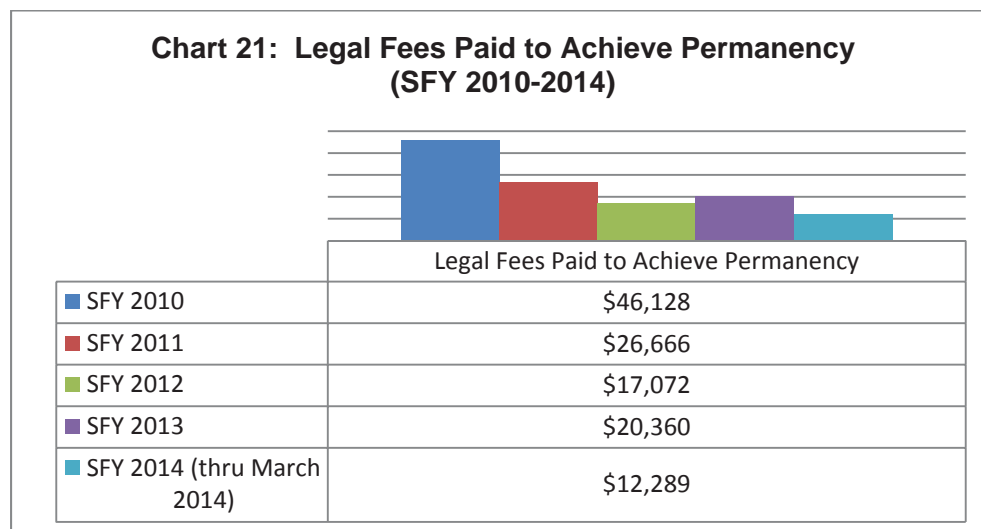
Source: DHS

Iowa utilizes the child welfare service array to meet the unique needs of the children and families served, which includes children under the age of five in foster care. The DHS' child protective workers, as part of their assessment of child abuse allegations, inclusive of safety and risk assessments, assess the strengths and needs of the children and the family. The DHS' case managers build upon the initial assessment by working with the family to continually assess the strengths and needs of the children and family, connect the children and family to the appropriate services, and monitor the effectiveness of those services to meet their needs with the goal of achieving safety, permanency for these children in accordance with the Adoption and Safe Families Act (ASFA, P.L. 105-89) guidelines, and child and family well-being. Through clinical case consultation with social work case managers, supervisors provide oversight of the social work case managers' assessment of and provision of age-appropriate services to children.

Transition Services: Please refer to Chafee Foster Care Independence Program (CFCIP) presented later in the report.

Reimbursement of Legal Fees

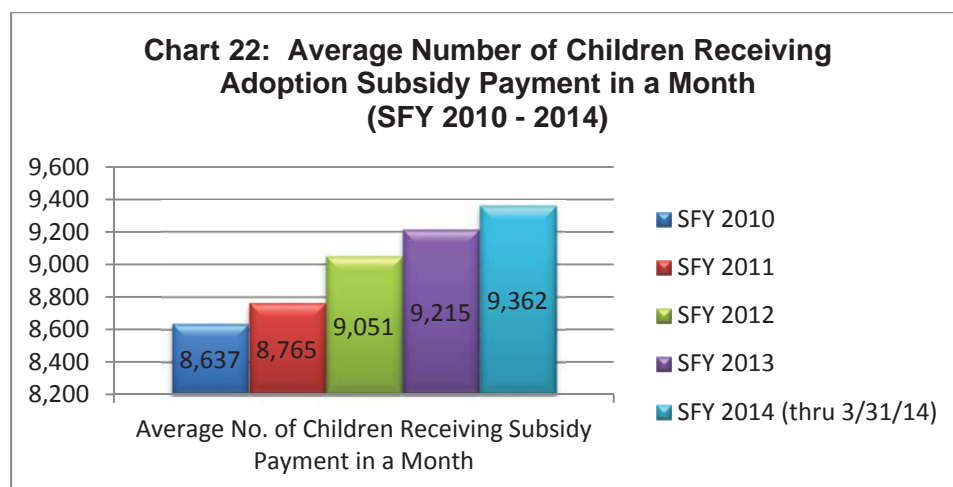
If child(ren) cannot be reunified safely with the parent from whom he or she was removed, the child(ren) may experience permanency through guardianship or transfer of custody through district court. DHS continues to reimburse **legal fees** associated with achieving permanency for a child through guardianship or a modification of a prior custody order between parents in district court. However, payment of legal fees declined over time as noted in the chart below.



Source: DHS

Adoption Subsidy Program

When a child adopted from the child welfare system has a special need, DHS provides ongoing support and services through the **adoption subsidy program**. As of March 31, 2014, 5,337 families have adopted one or more of the 9,369 children who received an adoption subsidy payment. Approximately 95% of all children adopted through DHS receive an adoption subsidy payment, and an additional 4% are eligible for an at risk agreement.



Source: DHS

Supports:

- DHS Service Help Desk supports parents, hospital social workers, and a variety of individuals regarding what services are available to children and parents.
- 2-1-1 System, a web-based resource system, provides staff and community members' information regarding services available in their particular community.
- Adoption Saturday is a day set aside to celebrate adoptions statewide.
- Parent Partners' Reunification Picnic, in Polk County, invites parents, children, judges, DHS workers, and others involved with the family to celebrate the family's reunification. Judges attend and children receive gifts. The event has captured national attention, particularly the American Bar Association and the Casey Foundation.

Promoting Safe and Stable Families Programs (PSSF) (title IV-B, subpart 2)

Promoting Safe and Stable Families (PSSF) services are community based and offered to assure the safety, permanency, and well-being of Iowa's children and their families. Iowa chose to use a portion of its PSSF Planning funding dollars to enhance and provide family services that overlap the four service areas that include Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services. DHS staff allocates PSSF Time-Limited Family Reunification funds to the five community-based DHS service areas according to a formula, based on the number of children in out-of-home placements for the service area out of all the children in out-of-home placements for the entire state.

PSSF Planning

Please see Goals and Objectives for information on Community Partnership for Protecting Children, Parent Partners, and Reduce child welfare disproportionality for minority children and families by at least 50%, funded through PSSF Planning.

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

TYI and YTDM to date:

- 50 facilitators trained and approved or in approval process
- 7 YTDM Coaches (developing skills and building expertise – formalizing coaching pool)
- 5 YTDM Trainers, 4 Youth Co-Trainers
- 4 DHS YTDM facilitator trainings held
- 4 other YTDM trainings held
- 125 people attended YTDM trainings

YTDM policy support and activities:

- Implemented YTDM Standards with FTDM/YTDM Program Improvement Plan (PIP) committee
- Revised trainer's guide
- Developed Facilitator Toolkit
- Developed and disseminated YTDM brochure
- Information packet/marketing materials developed and disseminated
- Presented on YTDM in Clearwater, FL at Jim Casey Annual Fall Convening
- CPPC statewide & Regional meeting presentations
- Statewide facilitator meeting help in October
- Risky Business presentation
- Statewide Advisory Committee meetings held every 2-3 months
- 220 people trained in SP434: Youth Transition Decision Making
- Quarterly training on Youth Engagement Research on youth experience with YTDM by Iowa State University (ISU)
- FACS service request & identifier
- SharePoint (temporary) for FTDM/YTDM facilitators, coaches & mentors
- Facilitators are now approved for statewide facilitation
- Chafee dollars secured and dispersed to three DHS service areas
- Research is being conducted in partnership with Iowa State University, Child Welfare Research & Training Project and Iowa Department of Human Services on what youth experiences were for YTDM meetings. The contract is for up to 100 youth to be interviewed and results compiled by ISU.

PSSF Family Preservation

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

Wrap-Around Emergency Services

The five DHS service areas receive funds to provide flexible funding for services to low income families who would have their infants or children returned to their care but for

the lack of such items as diapers, utility hook-up fees, beds or cribs, or house cleaning or rent deposits on apartments, etc. Additionally, these funds may be used to provide services to allow children to remain in the home, such as mental health and/or substance abuse treatment for children or parents, etc. Statewide, in FY 2013, we spent \$62,256 (\$15,564 state) for services and thus far in FY 2014 we spent \$22,098 (\$5,524 state) for services.

PSSF Family Support

Iowa Child Abuse Prevention Program (ICAPP):

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Services' (DHS) foremost approach to the prevention of child maltreatment. The fundamental theory behind ICAPP is that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, ICAPP has been structured in such a way that it allows for local Community-Based Volunteer Coalitions or "Councils" to apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Although this program is funded through a variety of state and federal sources, PSSF remains the largest single source of funding for this program overall.

ICAPP experienced substantial changes in the past five years as a program. During State Fiscal Year (SFY) 2012 (beginning July 1, 2011), the ICAPP program began a series of significant changes, starting with the re-procurement of the program's administration contract. The program, which was first established by the Iowa Legislature in 1982, directs DHS to contract with a statewide non-profit organization for the administration of the program. This administrator is then charged with establishing and expanding child abuse prevention projects throughout the state, along with studying and evaluating the effectiveness of these programs. The administrator, since 1982, has been Prevent Child Abuse Iowa (PCA Iowa) and the organization again was awarded the bid for the new contract beginning July 1, 2011.

The competitive Request for Proposals (RFP) that was issued for this administrative contract contained several significant changes to the program, including the following:

- The administrator was charged with assuring that ICAPP grantees, often referred to as prevention "Councils", were representative of the various stakeholders involved in child welfare, such as: early childhood development, substance abuse, mental health, domestic violence, law enforcement, and parents/consumers.
- The administrator was required to assure that a minimum of 80% of the projects awarded funding were utilizing evidence-based, evidence-informed, or promising practices in the prevention of child maltreatment.
- The administrator was to begin implementation of a program wide evaluation tool to measure risk and protective factors of participants. The reasoning for this was two-fold:
 - To assure the target populations being served by the program included those most vulnerable to child maltreatment, and

- To measure the effectiveness programs were having on increasing participant protective factors.

These changes were all significant movements towards implementing a statewide prevention program with a renewed focus on best practices and results oriented management and accountability.

ICAPP Services – Review (SFY 2012 – SFY 2013)

Following the reauthorization of CAPTA in 2010, the DHS decided to align the State's child abuse prevention program (ICAPP) more closely with the services identified in the Federal Community-Based Child Abuse Prevention Program (CBCAP). Therefore, since SFY 2012, the following ICAPP funding categories were made available to Councils:

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

Table 33: Iowa Child Abuse Prevention Program (ICAPP) Services (SFY 2012 & 2013)

<i>Project Type</i>	<i>No. of Projects</i>		<i>Families Served</i>		<i>Parents/Adults Served</i>		<i>Children Served</i>		<i>Hours of Care</i>	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
Community Development	4	4								
Outreach/ Follow-up	12	15	388	584	572	824	695	973		
Parent Development	55	49	3,604	2,907	4,621	3,834	6,170	4,767		
Respite/Crisis Childcare	19	14	975	799	1,303	1,078	1,711	1,389	65,441	55,428
Sexual Abuse Prevention	44	37			7,767	7,509	42,344	36,975		
TOTALS	134	119	4,967	4,290	14,263	13,245	50,920	44,104	65,441	55,428

Source: Prevent Child Abuse Iowa

The number of projects, parents, children and families served, and hours of care for respite/crisis childcare decreased from SFY 2012. This occurred as a reduction in funding occurred for ICAPP, \$1,451,582 in SFY 2012 to \$1,261,174 in SFY 2013.

Families Served by ICAPP

Beginning in SFY 2012, ICAPP participants were asked to complete pre/post surveys and provide basic demographic information. This was a key step in determining whether the families served by programming were those more “at risk” for child maltreatment. The following represents information from program participants who voluntarily shared demographic information and responses to the protective factors questions.

Table 34: ICAPP Participant Demographics (SFY 2012 & SFY 2013)

SFY 2012¹⁴	SFY 2013¹⁵
<i>Family Demographic Summary</i>	<i>Family Demographic Summary</i>
83% Women, 17% Men	80.5% Women, 19.5% Men
78% White, 13% Hispanic, 6% African American, 2% Native American or Alaskan Native	76% White, 12% Hispanic, 9% African American, 2% Native American or Alaskan Native
61% Married or Partnered	43% Married 17% Partnering
10% Separated or Divorced	10% Separated or Divorced
28% Single	30% Single
<i>Housing Status</i>	<i>Housing Status</i>
36% Own home 44% Rent 18% Shared/temporary	35% Own a home 42% Rent a home 21% Share housing or temporary living situation
<i>Employment & Education Status</i>	<i>Employment & Education Status</i>
50% Employed full or part time	49% Employed full or part time
21% In school	14% In school
32% Had a high school diploma or GED	32% Had a high school diploma or GED
25% Had some college or vocational training	24% Had some college or vocational training
11% Had an Associate’s degree	12% Had an Associate’s degree
10% Had a Bachelor’s degree	11% Had a Bachelor’s degree
3% Had a Master’s degree or higher	3% Had a Master’s degree or higher
<i>Annual Household Income</i>	<i>Annual Household Income</i>
56% Less than \$20,000 13% \$20,000 - \$30,000 8% \$30,000 - \$40,000 22% \$40,000 or more	56% Less than \$20,000 14% \$20,000 - \$30,000 8% \$30,000 - \$40,000 22% \$40,000 or more

Source: Prevent Child Abuse Iowa

Comparing the demographics of the families served by ICAPP to the 2010 US Census data for Iowa, there are some noticeable differences. For instance, statewide 91% of Iowans are White and 3% are African American, compared to 76% White and 9% African American among the SFY 2013 survey respondents. In addition, only 5% of

¹⁴ Statewide, in 2,715 total family surveys were received and analyzed, including 1,782 enrollment surveys and 933 follow-up surveys. Out of these surveys, there were 376 that we could say, with certainty, we had pre/post matches for, and this is what was used to analyze the data.

¹⁵ Statewide, in SFY 13, 2,525 total family surveys were analyzed, including 1,418 enrollment surveys and 1,107 follow-up surveys.

Iowans identify as Hispanic or Latino compared to 12% served by ICAPP funded programming in SFY 2013.

There are also some distinct differences in household income. Of those ICAPP participants who completed surveys, 56% earned \$20,000 or less per year. This compares with 2010 US Census, where just 14% of Iowan households earned less than \$25,000. In addition, only 22% of participants earned \$40,000 or more. This compares with 2010 US Census data indicating that 60% of households in Iowa earned \$50,000 or more.

ICAPP Evaluation

Another significant change in the program is the expectation that local community Councils use prevention programming and family support models or curricula that rely on evidence-based, evidence-informed, or promising practice in the prevention of child maltreatment. In order to meet this expectation, the ICAPP administrator conducted a comprehensive literature review of various program models that would meet this new standard. This information was presented to Councils through a written guide as well as through interactive webinars. In addition, the competitive request for proposals (RFP) for funding of individual service projects for SFY 2012-2014 heavily weighted areas of the application that would likely achieve this desired result, such as outcomes measurement, project evidence, and logic models.

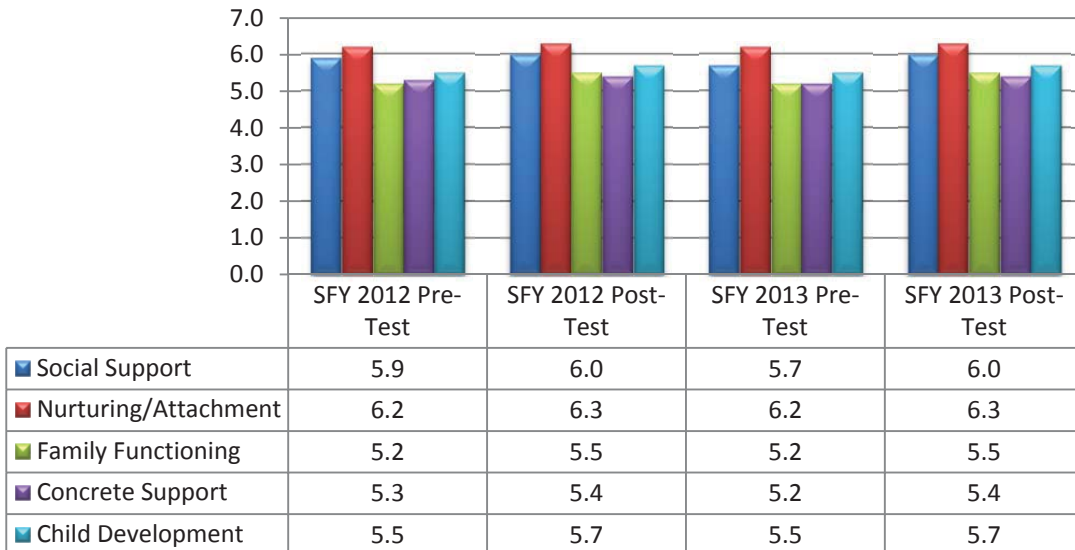
In addition, the ICAPP administrator implemented use of the Protective Factors Survey (PFS), developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, to evaluate the effectiveness of local programming. The domain areas measured by this survey, along with definitions, can be found in Table 18. The tool has been customized for the ICAPP program and is available to families and service providers through a web-based application (www.iowafamilysurvey.org). Pre and post test data was gathered for the first time in SFY 2012 and included data from participants of the three areas of core prevention services: *Outreach & Follow-up*, *Parent Development*, and *Respite/Crisis Care*.

Table 35: Definitions of Protective Factors by FRIENDS NRC

Protective Factors Survey Components	
<i>Domain</i>	<i>Definition</i>
Child Development & Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Family Functioning & Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Social Emotional Support	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.

Outcomes from the first year were encouraging. In SFY 2012, out of the all pre/post surveys submitted by the deadline for data analysis (2,751), 376 of the surveys were able to be matched to individual participants' pre/post scores. On average, across all programs measured, all five of the domains measured indicated an increase of +.10 - +.30 on a 7 point scale. Outcomes for year 2 (SFY 2013) continue to show promise. Out of all the pre/post surveys submitted by the deadline for data analysis (2,525), 421 of the surveys were able to be matched to individual participants' pre/post scores. On average, across all programs measured, all five of the domains measured indicated an increase of +.10 - +.30 on a 7 point scale. A summary of the SFY 2012 and 2013 statewide outcomes, for all three of the services using the PFS can be found in the following chart (Chart 23).

**Chart 23: Change in Average Scores Statewide
SFY 2012 - 2013**



Source: Prevent Child Abuse Iowa

Data can also be looked at specific to each of the core program areas utilizing the PFS. Table 36 gives the average pre/post scores by each of the three core services. A review of this data appears to indicate that many of the greatest increases in protective capacities are occurring in the Outreach & Follow-up Projects. This trend echoes that of emerging research which shows home-visiting programs to play a critical role in the prevention of child maltreatment.

**Table 36: Average Pre/Post Scores for Each Domain by Service Type (unmatched)
SFY 2012 and 2013**

	SFY 2012		SFY 2013		SFY 2012		SFY 2013		SFY 2012		SFY 2013	
<i>Service Type:</i>	Respite/ Crisis Care				Parent Development				Outreach/Follow up			
<i>Protective Factors:</i>	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Family Functioning & Resiliency	5.5	5.8	5.7	5.9	5.2	5.4	5.5	5.6	5.1	5.7	5.4	5.6
Social Emotional Support	5.9	6.1	5.3	5.9	5.9	6.0	5.2	5.3	5.6	6.1	5.1	5.2
Concrete Support	5.4	5.7	5.5	5.8	5.3	5.3	5.1	5.3	4.9	5.5	5.4	5.5
Child Development & Parenting	5.7	5.8	6.3	6.3	5.5	5.7	6.2	6.3	5.6	5.8	6.2	6.3
Nurturing & Attachment	6.3	6.2	5.7	6.2	6.1	6.3	5.7	6.0	6.4	6.4	5.6	5.8

Source: Prevent Child Abuse Iowa

Results for SFY 2012, 2013 and 2014 (unavailable at this time) will most likely have several implications for the next round of competitive procurements for this program,

though it is uncertain at this point exactly what those changes will look like. However, the process will include the following steps:

- DHS Program Manager and ICAPP Administrative Contractor (including subcontracted research analyst) have planned a comprehensive review and discussion around the data in September 2014, including some of the limits of the PFS (pre/post self-report design flaws), program demographics, various outcomes by program, and the differing outcomes for families with higher risk.
- These individuals will then share information with the DHS Child Abuse Prevention Program Advisory Committee (CAPPAC), the body that provides guidance on the program and funding of projects, during an in-person meeting in late September or early October 2014.
- Based on feedback, DHS and ICAPP Administrator will work together on drafting the next competitive procurement for contracts beginning in SFY 2016 (July 1, 2015), with a potential for renewals of up to 3 years.

ICAPP Services and Outcomes, SFY 2012 and SFY 2013

Community Development

Community Development projects make up a small portion of the total ICAPP funded projects. Nevertheless, they should not be overlooked in their importance in the prevention of child maltreatment. ICAPP funding is mandated, by Iowa Code, to be applied for and received by a “community based volunteer coalition or council”. Developing and expanding these coalitions or “Councils”, as they are often referred to, takes significant work at the local level, particularly for areas without an existing group of prevention providers already established. These types of projects can vary, but typically focus on Council development, community engagement, needs assessments, and public awareness of issues related to child abuse and neglect. Reporting aggregate outcomes for these projects is challenging, as each service contract has differing performance measures, depending on the project’s unique goals. Examples of Community Development outcomes may include, but not necessarily be limited to:

- Establishment of a county/multi-county child abuse prevention Council
- Implementation of a public awareness campaign throughout the local community (i.e. “Period of Purple Crying”)
- Conducting a comprehensive community needs assessment as it relates to child maltreatment and the needs of families

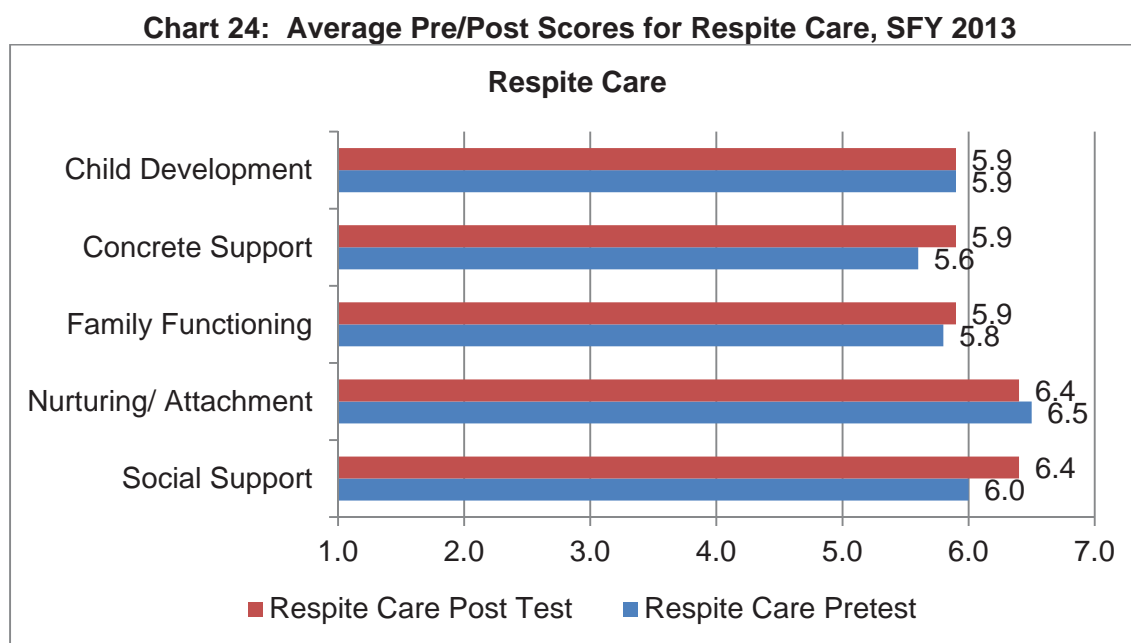
Respite/Crisis Childcare

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

provide a safe and nurturing environment for children, who often have the opportunity to participate in activities and make new friends.

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

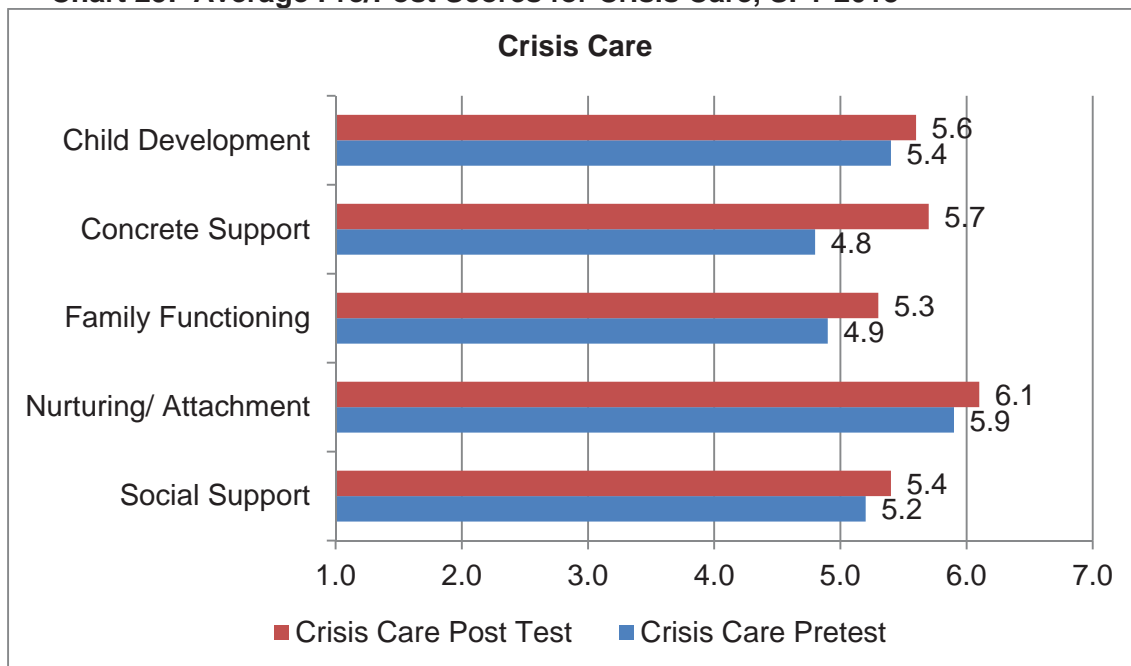
One thing that was done different in SFY 2013 versus SFY 2012 was to report PFS data separately for Respite Care Programs and Crisis Care Programs to look at differences between the two types of care. Average PFS data specific to Respite Care is illustrated below in Chart 24 and average PFS data specific to Crisis Care is illustrated in Chart 25.



Source: Prevent Child Abuse Iowa

It should be noted that Respite Care was the only service where the results on one particular domain, Nurturing & Attachment, actually saw a minimal (.10 points) decrease in post test scores. This is the second year Respite Care has seen this trend. However, given the relatively small sample size, this should not be seen as an immediate concern that the service has harmful effects, as all four other domains still saw post increases of +.10 -.40. Further analysis of additional data, as it becomes available, should determine whether this is a significant trend in program data.

Chart 25: Average Pre/Post Scores for Crisis Care, SFY 2013



Source: Prevent Child Abuse Iowa

Crisis Care, when compared separate to Respite Care, saw several of the most significant increases in protective factor domains, specifically Concrete Support (+.90) and Family Functioning (+.40). It should be noted, however, that participants receiving this service also started with significantly lower baseline scores than in other service types. This is likely due to the nature of the service in responding to families in crisis.

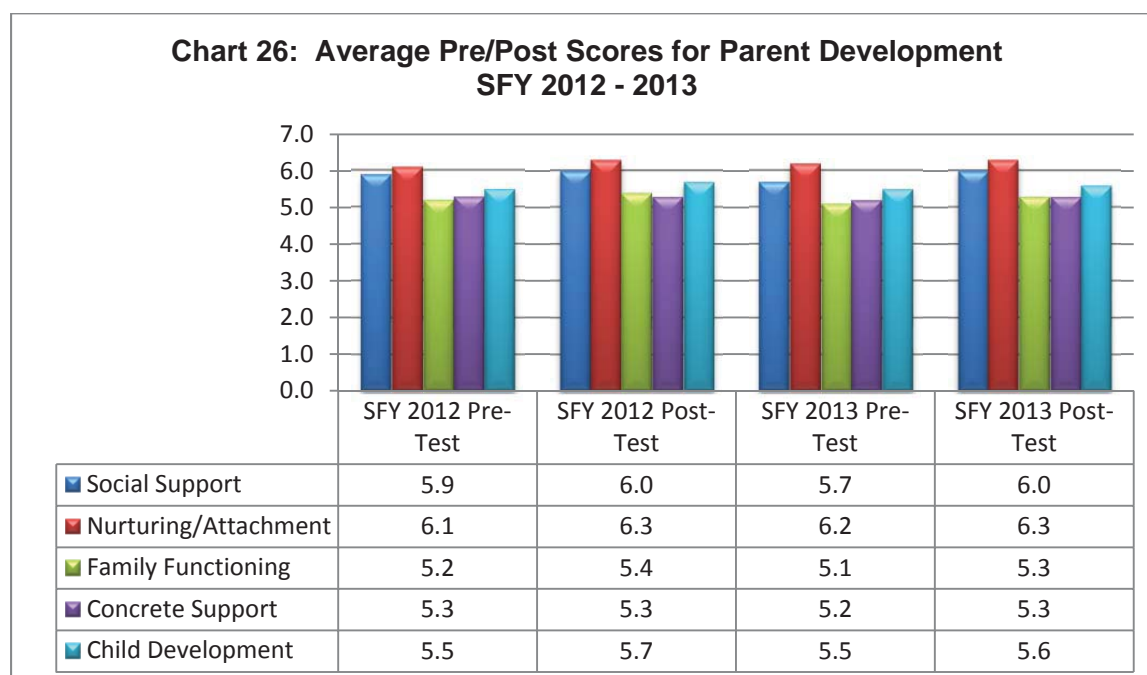
Parent Development

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

- *The Nurturing Program*: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.
- *The Love and Logic program*: a group-based program that typically is offered in six weeks.
- *Active Parenting*: a group-based, six-session program that teaches basic skills to parents.

- *Systematic Training for Effective Parenting (STEP)*: group-based skills training for parents dealing with frequent challenges in behavior, often resulting from autocratic parenting styles.

Parent Development services also saw consistent improvements in the various Protective Capacity domains. Changes in all domains saw an increase from +.10 points to +.30 points. This data is illustrated in Chart 26, below.



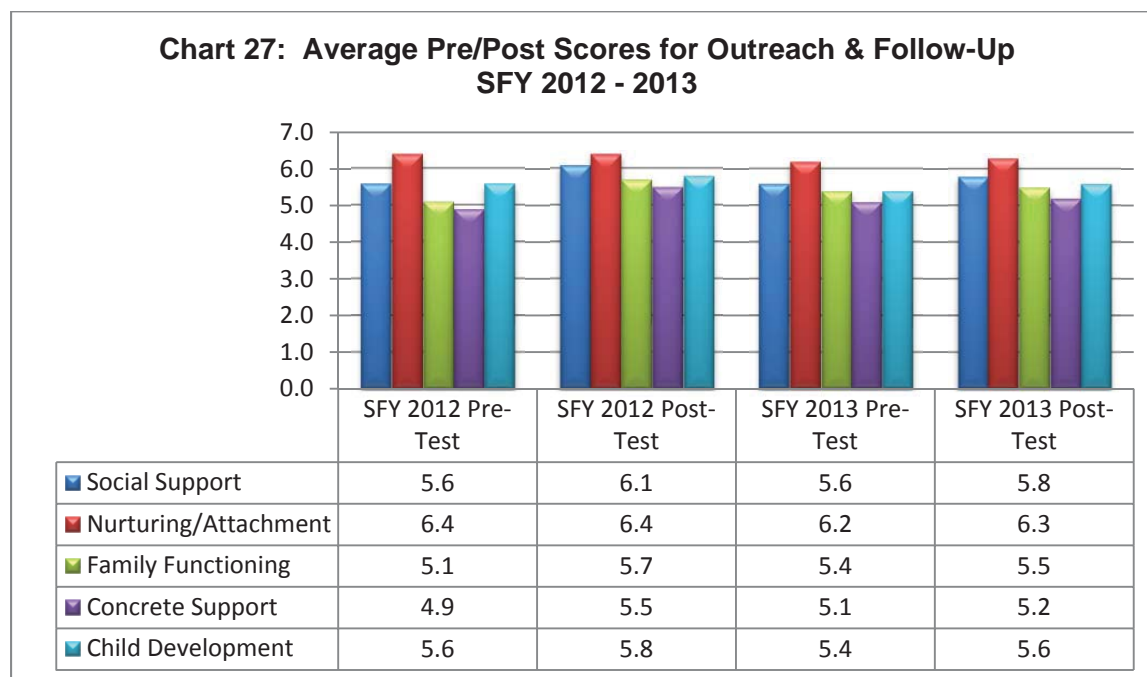
Source: Prevent Child Abuse Iowa

Outreach & Follow-up Services

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

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

- The *Parents as Teachers (PAT) Program*: a nationally recognized evidence-based home visiting program designed to partner with new parents and parents of young children (pregnancy thru age five).



Source: Prevent Child Abuse Iowa

Outreach & Follow-up Services post data indicated consistent increases in protective factor domains of $+ .10$ - $+ .20$. This trend seems to align well with emerging research which correlates evidence-based voluntary home visiting programs with a decreased risk for child maltreatment. Additional data will be helpful in comparing projects to determine whether specific curricula and/or program models are shown to be more or less effective than others.

Sexual Abuse Prevention – child instruction

The core of most sexual abuse prevention programs includes teaching children about sexual abuse and how to protect themselves. This strategy continues to be the most widely used sexual abuse prevention method. Using this approach, sexual abuse prevention programs attempt to reach children to stop abuse before it occurs.

Specific curricula used by ICAPP programs include: *Kid Ability* (developmentally appropriate, standardized curricula to help children ages four to ten develop self-protection skills) and *Ready, Set, Know* (an Iowa State University Extension self-protection program for children preschool through third grade).

Since it can be challenging to measure outcomes associated with child instruction, programs often ask adult participants (i.e. classroom teachers) to report on the effectiveness of the programming offered. Of the adults who attended child-focused instruction sessions, the following was reported on service evaluations:

- In SFY 2013, 36,975 children received child-focused sexual abuse prevention instruction throughout Iowa, which was down from 42,344 children who received instruction in SFY 2012.
- The following table shows a comparison between SFY 2012 and 2013 service evaluation results:

Table 37: Service Evaluation Results – SFY 2012 - 2013		
Service Evaluation Statements	SFY 2012 Results*	SFY 2013 Results**
Program materials matched the developmental level of children.	75% of adult respondents <i>strongly agreed</i> and 24% <i>agreed</i>	72% of adult respondents <i>strongly agreed</i> and 27% <i>agreed</i>
Program used appropriate behavioral skills training.	73.5% of adult respondents <i>strongly agreed</i> and 26% <i>agreed</i>	71% of adult respondents <i>strongly agreed</i> and 28% <i>agreed</i>
Training adequately covered information on sexual abuse.	71% of adult respondents <i>strongly agreed</i> and 28% <i>agreed</i>	71% of adult respondents <i>strongly agreed</i> and 28% <i>agreed</i>
Students seemed to understand the concepts taught.	61.5% of adult respondents <i>strongly agreed</i> and 37% <i>agreed</i>	59% of adult respondents <i>strongly agreed</i> and 40% <i>agreed</i>
Students had adequate opportunity to practice skills learned.	60% of adult respondents <i>strongly agreed</i> and 34% <i>agreed</i>	61% of adult respondents <i>strongly agreed</i> and 36% <i>agreed</i>

Source: Prevent Child Abuse Iowa

*2,507 adults attended child-focused instruction sessions - 870 completed and returned surveys

**2,439 adults attended child-focused instruction sessions – 874 completed and returned surveys

Sexual Abuse Prevention – adult instruction

Although, historically, sexual abuse prevention efforts have been geared toward school-based child instruction, research continues to indicate a greater need for adult-focused instruction in preventing the sexual victimization and/or exploitation of children. As a result, ICAPP has begun, in recent years, to fund an increasing number of adult-focused projects. Curriculums used to teach adults include Nurturing Healthy Sexual Development (an introductory seminar for adults focusing on normal sexual development and parent/child communication about sexuality), Stewards of Children (a nationally recognized program focused on improving adult capacities to protect children), and Care for Kids (a comprehensive program that provides early educators, parents, and other professionals with information, materials and resources to

communicate a positive message about healthy sexuality to children). Although each program may have slightly different content, service providers are asked to have participants complete a standard evaluation tool and the following outcomes were available:

- In SFY 2013, approximately 7,509 adults received instruction about sexual abuse prevention through participation in 3,038 child-focused presentations, 164 adult-focused presentations, and 159 public awareness presentations, which represented a decline from SFY 2012 when 7,767 adults received instruction through participation in 3,697 child-focused presentations, 274 adult-focused presentations, and 191 public awareness presentations.
- The following table shows a comparison between SFY 2012 and 2013 service evaluation results:

Table 38: Service Evaluation Results – SFY 2012 - 2013		
Service Evaluation Statements	SFY 2012 Results*	SFY 2013 Results**
They felt better able to talk to children about sexual abuse.	NA	59% of adult respondents <i>strongly agreed</i> and 41% <i>agreed</i>
They felt better able to identify appropriate sexual behaviors in children.	54% of adult respondents <i>strongly agreed</i> and 45% <i>agreed</i>	NA
They felt better able to identify inappropriate sexual behaviors in children.	55% of adult respondents <i>strongly agreed</i> and 44% <i>agreed</i>	NA
The training improved their ability to respond to questions from children about sexuality and sexual abuse.	65% of adult respondents <i>strongly agreed</i> and 34% <i>agreed</i>	NA
They felt better able to protect children from sexual abuse.	68% of adult respondents <i>strongly agreed</i> and 32% <i>agreed</i>	66% of adult respondents <i>strongly agreed</i> and 34% <i>agreed</i>
They felt better able to get help for a child suspected of being sexually abused	55% of adult respondents <i>strongly agreed</i> and 44% <i>agreed</i>	71% of adult respondents <i>strongly agreed</i> and 28% <i>agreed</i>

Source: Prevent Child Abuse Iowa

*403 adults completed and returned surveys

**433 adults completed and returned surveys

Future Direction of the Program

The program continues to move towards greater emphasis on evidence-based, evidence-informed, and promising practices. The program administrator, with the support of a consultant (Hornby Zeller Associates, Inc.), continues to work towards increased response rates on the Protective Factors survey. This data will then be analyzed further to evaluate the effectiveness of individual projects, core service types, and the program as a whole. The evaluation results of SFY 2014 will be discussed and analyzed in next year's report. The outcomes measured will continue to guide the program in future years to assure we are reaching those most in need of services and to enhance our practice by assuring we rely on program models that have been proven effective in the prevention of child maltreatment.

PSSF Time-Limited Family Reunification

Time-Limited Family Reunification Services are provided to a child who is removed from home and placed in a foster care setting and to the child's parents or primary caregivers, including relative caretakers where DHS has placement and care responsibility. In accordance with federal law (42 U.S.C. 629a(a)(7)(A)), these services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family and/or prevent re-entry into placement.

During the last five years, Iowa allocated a minimum of 20% of the Promoting Safe and Stable Families (PSSF) dollars to Time-Limited Family Reunification. Dollars were allocated to the eight, now five, service areas based on the number of children in out-of-home placements for the service area out of all children in out-of-home placements for the entire state. All services to children and their families were traceable to the eligible child. Service areas determined how their funds would be used and sub-contracted with service providers. In several service areas, responsibility for Time-Limited Family Reunification was assigned to the area Decategorization (DECAT) committee, with the use of funds and contract monitoring done at the service area level.

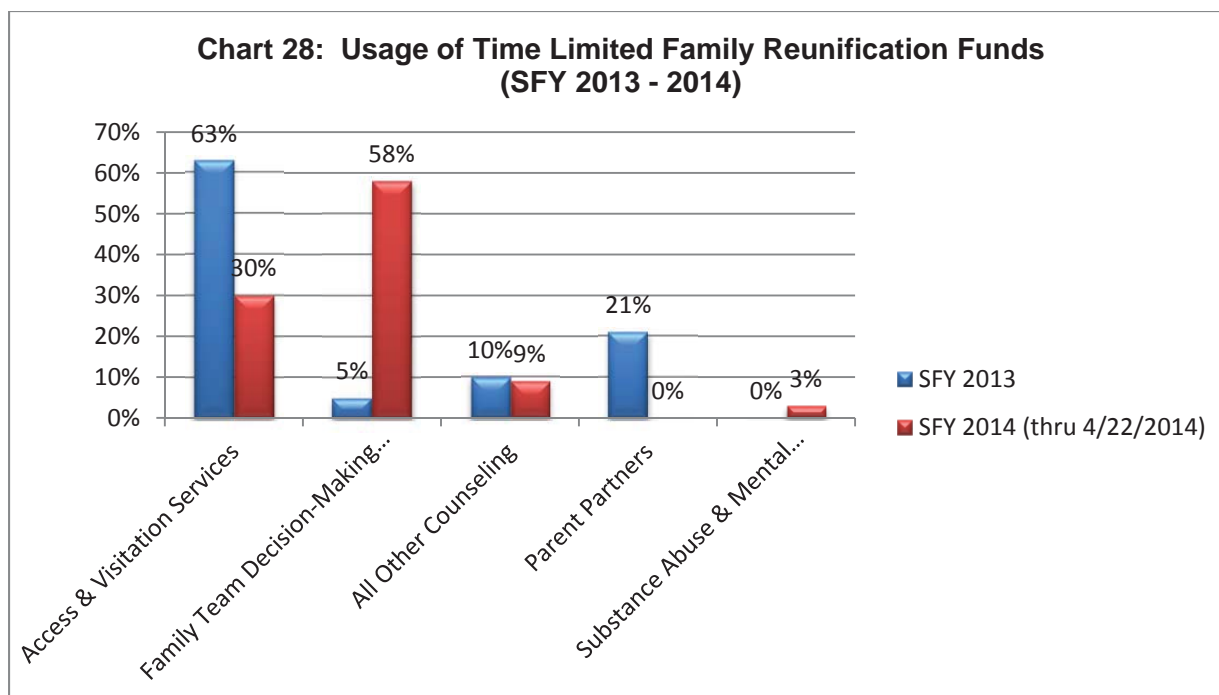
In 2009, the PSSF manager at that time worked with the service areas to develop a "service menu" for Time-Limited Family Reunification Services. A survey was done regarding the type of services utilized within each service area. Service areas included examples to share with other service areas that might be interested in implementing similar services. The services were compiled and reviewed by the state manager and a few additional services were added. The additional services included programs recommended to serve populations who were not currently being served or to address issues discussed as needing service. The resultant PSSF Menu of Services reflects the Menu of Services provided below, except:

- Wrap-around emergency services was removed as of SFY 2013 and placed as an allowable service under Family Preservation;
- Parent Partners was removed as of SFY 2014 due to implementation of a statewide contract

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

- **Family Team Decision-Making (FTDM) Facilitation** in order to facilitate reunification of children safely during the 15 month period that begins on the date the child is considered to have entered foster care.
- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials demonstrated that FFT is effective.
- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well-being for children. When two or more parties are "stuck" on a position, mediation is used to help get them "unstuck". The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move forward. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service.
- **Substance Abuse Services (non-Title XIX)** – Testing, evaluations, and treatment services
- **Mental Health Services (non-Title XIX)** – Evaluations, including psychosocial, psychological, and psychiatric, and treatment, including therapy and medications
- **Substance Abuse and Mental Health Counseling Services (non-Title XIX).** Group and home substance abuse services combined with mental health services.
- **Domestic Violence Services.**
- **Respite Care.** Includes crisis nurseries
- **Fatherhood Programs, including Incarcerated Fathers** – more extensive, intensive and targeted services to assure that fathers, including incarcerated fathers, maintain an on-going presence in their child's life.
- **Motherhood Programs, including Moms Off Meth groups and Incarcerated Mothers** – support groups specifically for mothers with children, including those mothers with past drug usage problems (Moms Off Meth), whose children have been in out of home care within the past 15 months.
- **Child and Family Advocates** –Advocates supervise visits between the child and their siblings and/or parents and may provide other needed services.
- **Transportation Services** – Services may include but not be limited to gas cards, bus tokens, payment for services received through Iowa Department of Transportation, transportation provided by Child and Family Advocates, etc.

The following chart represents services purchased with PSSF Time-Limited Family Reunification funds in SFYs 2013 and 2014.



Source: DHS

PSSF Adoption Promotion and Support Services

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

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

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

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

- Home visits to assess a family and child's needs

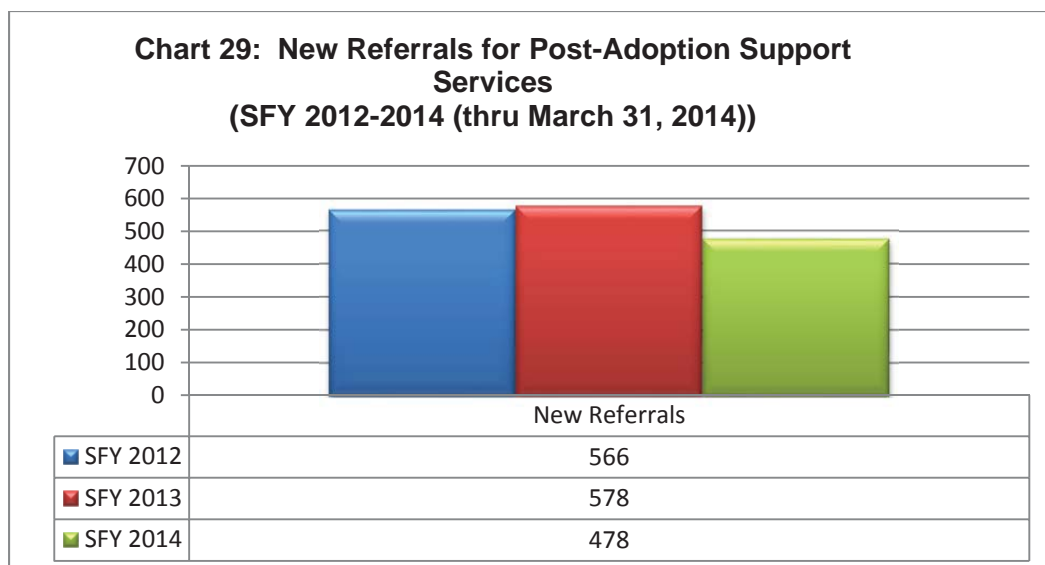
- Develop service goals to stabilize a child's placement and meet the family's needs
- Provide behavior management plans and assistance
- Respond to crisis situations and crisis planning
- Assist and support the family's relationship with a birth family or kin
- Advocate with the schools, DHS and service providers for a child's treatment or needs
- Coordination with licensing staff or providers
- Referral assistance to community based providers
- Support and information on grief and loss and how to effectively parent
- Adoption support groups
- Cultural issues within adoption and reinforcing culturally competent parenting
- Transition issues related to adoption

Families can self-refer or be referred by DHS or other provider staff for post-adoption services through IKN. DHS staff and post-adoption support staff strive to meet with families prior to finalization in order to provide information about services that are available. Post-adoption support staff also is responsible for starting support groups for adoptive families.

Post-adoption support services may be provided to any of the current 5,337 families who have adopted one or more of the 9,700 special needs children who are eligible for Adoption Subsidy. These services are available statewide. The Navigator Program served 350 families and 462 children so far in FFY14. Services through the Navigator Program are voluntary so DHS does not track which families are receiving any component of post-adoption services. Any information regarding disruptions or dissolutions would have to be provided by the family since IKN may not be involved at that time or know there has been a disruption or dissolution.

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

New referrals for post-adoption support services continue to increase over time, as shown in the chart below. Two areas of the state doubled the number of families referred between SFY 2012 and SFY 2013. Post-adoption support services have been highlighted nationally as a promising practice in providing direct post-adoption services.



Source: DHS

Chafee Foster Care Independence Program (CFCIP)

Service Description for the Chafee Foster Care Independence Program:

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

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

Services are available on a statewide basis.

The estimated number of youth served in FY 2014 is a total of 2,346 based upon 1,996 youth served in foster care ages 16 and older in FY 2013 and 350 youth served in the aftercare services program in FY 2013. In FY 2013, 635 children entered care age 16 and older, whereas 1,240 exited foster care at age 16 and older during the same time period.

Specific Accomplishments achieved to-date in FY 2014:

1. Help youth transition to self-sufficiency:

- A week long “Lean Event” was held at the end of February 2014 that focused on the work of the five Department of Human Services (DHS) Transition Planning Specialists (TPS, one in each of the five DHS service areas), specifically the transition planning process. A detailed process was laid out beginning when a youth in foster care is 16 years of age through discharge from foster care. The Lean Event laid out the process and who was responsible for what, including the TPS, the social work case manager (SWCM) or juvenile court officer (JCO), the youth, and the youth’s transition team. Training materials have and are currently being developed, with training geared toward SWCMs and JCOs. Statewide training is expected to commence during the next several months.
- Ongoing increase across the state in transition plans personalized at the direction of the youth, honoring the goals and concerns of the youth. Youth-centered transition teams continued this past year for youth, with the team membership comprising not only “professional” staff but also those the youth selects to be on the team. The October 2013 aftercare survey (surveys done each April and October) asked respondents (total # of respondents was 362) if they helped to develop their transition plan while in foster care; 66% indicated they had. The TPS continue to track and monitor youth, 16 years and older in foster care, and staff ensure various components of the transition planning process are occurring on a timely basis.
- The TPS continue to train DHS staff, juvenile court services (JCS) staff, care providers, youth, and key stakeholders in each of their service areas to facilitate understanding and implementation of a youth-centered transition process along with the key domains necessary for successful transition to adulthood.
- Per Iowa law, the transition plan is to be reviewed for all youth prior to discharge (before the age of 17 ½ or within 30 days of the plan being completed if the youth entered care after age 17 ½), via a local transition committee review process to ensure a discharge plan that is individualized for each youth for successful outcomes in adulthood. Each transition committee sends an annual report to DHS central office staff, indicating number of plans reviewed and approved along with gaps and barriers in their particular areas needing to be addressed for more successful transition for youth, along with suggestions regarding solutions to gaps and barriers. The key barrier continues to be linking youth seamlessly with the adult disability system, which in Iowa is undergoing changes from a county ran system to a statewide regional system. Training on the new system continues on a statewide basis including the TPS receiving training so they can train field staff regarding youth transitioning to the adult disability system. Other barriers continue to include issues that do not typically affect the general population of the same age, including getting a driver’s license and lack of transportation to obtain part-time employment or participate in extracurricular school activities. Housing options for youth once they discharge is also a continuing gap but less so due to the DHS’ aftercare program and aftercare rent subsidy program. For SFY 2013, a statewide total of 721 transition plans were

reviewed and approved (if not approved initially, the plan is returned to the worker with comments on what needs to occur).

- Youth Transition Decision-Making (YTDM) is considered a specialized family team decision-making (FTDM) meeting, including specific coaching/mentoring criteria, consistency of forms and consistency of statewide implementation. The YTDM training is based upon the FTDM curriculum, with an additional day of training concentrating on youth engagement, youth advocacy, and youth development. YTDM process had: 50 facilitators trained; 7 YTDM coaches; 3 YTDM trainers, 4 youth co-trainers; 4 DHS YTDM facilitator trainings held; 4 non-DHS YTDM trainings held; YTDM curriculum updated; and YTDM brochure developed.

2. Help youth receive the education, training and services necessary to obtain employment:

- Partnered with Iowa Department of Education (DE), Iowa Workforce Development (IWD) and Workforce Investment Act (WIA), Job Corps, Vocational Rehabilitation, and Iowa Jobs for America's Graduates (iJAG) statewide programs to better coordinate education and employment training skills (including skill training leading to post-secondary education and vocation) and job placement for youth in care and leaving care.
- Partnered with the Juvenile Justice System, DE, Legal Center for Foster Care and Education and other key stakeholders to best meet youth educational needs, leading to better outcomes around permanency and well-being.
- Worked with the DE to provide consistent training across child welfare and education systems regarding the Uninterrupted Scholars Act, passed in 2013 to allow those responsible for the child's case permanency plan access to student records.
- The DHS did not create a new Memorandum of Understanding (MOU) with the DE as planned. The goal was to use the MOU for the state level agencies to better share needed information and data for overall improvement of educational outcomes of youth in foster care.
- Data sharing at the district level was demonstrated with the Collaboration of Agencies for Permanency and Stability (CAPS) project, a U.S. Department of Health and Human Services (DHHS) funded grant to improve education outcomes of children in foster care through enhanced data sharing.
- The CAPS project was completed when the grant expired in February 2014. Since October 2011, the project worked towards increasing collaboration between the courts, human services and education agencies in Iowa. During the time of this grant, a significant amount of progress was made with regards to data sharing amongst these agencies as it relates to high school aged youth in foster group care/transitional settings.
- Revised a "white paper" called Education of Children in Foster Care in Iowa. The document is full of questions and answers to help foster parents, teachers, caseworkers and others understand policies and processes around such things as signing rights, waivers of school fees, and confidentiality of records.

- In 2011, the DHS awarded iJAG a grant to support the education and employment achievement of youth ages 14 to 20 currently or formerly in the foster care system. The program was funded to serve 26 sites and was expanded in 2013 so iJAG can pilot providing support to students who have aged out of foster care and are attending college. The iJAG College Success Program currently works with students who aged out of foster care and also provides college level services to students who were not originally enrolled in the iJAG high school programs.
- Continued pilot of school based staff through a DHS contract with iJAG to address enrollment and performance barriers for children in foster care. iJAG specialists build a trusting relationship with staff in community agencies and become strong advocates for the students inside and outside of school. Specialists attend FTDM and individual education plan (IEP) meetings and court hearings when asked.
 - In March 2014, iJAG served 35 students with the foster care grant within 19 iJAG programs. One-hundred percent (100%) of the foster care students classified as seniors graduated in the 2012-2013 school year within 4 years. Other iJAG data is below:
 - 97% of foster care students in the 9th -11th grade program are on track to graduate and on track to move into the next grade level according to credits.
 - 71% of students increased their daily attendance from first term to second term.
 - One student went from 143 absences when she entered the program to 23 absences last semester.
 - 69% of foster care students served in iJAG increased their GPA from first to second semester.
- Expansion of Iowa's youth centered planning process, YTDM, occurred due to intentional promotion from DHS central office via Chafee funding. These efforts resulted in new contracts in three of the five DHS service areas. Although the official YTDM is not yet offered statewide, this effort will continue so more youth will receive the guidance and support of adults. YTDM meetings work on the five main issues involving transition (as set by the Fostering Connections Act), including education goals and achievement.
- The DHS Director's designee is a member of the Iowa Collaboration for Youth Development (ICYD), a collaboration of ten state agencies to address youth development objectives for Iowa's youth. DHS policy staff sits on a Results Team of the ICYD to coordinate policies, procedures, and services across the same agencies. The ICYD's primary goal is to improve graduation rates to 95% by 2020. This goal is very significant; in school year 2011, 5,070 students dropped out of school in Iowa and 34% of these students were in foster care prior to dropping out¹⁶. This figure is very troubling on its own; compared to children in foster care, who comprised only approximately 0.9% of all children enrolled in

¹⁶ Iowa Department of Education. (January 3, 2014). Online Curriculum Study, Uniform Transfer of Academic Credit. Available at https://www.educateiowa.gov/sites/files/ed/documents/Online%20Curriculum%20Study%20Report_Jan%203.pdf.

kindergarten through 12th grade in Iowa for the 2012 school year, it is particularly troubling.

- Kathleen McNaught from the Legal Center for Foster Care and Education Center was in Iowa May 1st and 2nd, 2014 to help Iowa with an education forum, designed by Iowa Children's Justice to engage key leaders across systems to spend two full days planning and working together to eliminate the achievement gap of children in the "system".
- In July 2013, DHS and the DE finalized and widely disseminated a joint document explaining the challenges and potential solutions for transportation as a barrier to a child in foster care remaining in the home school. Web based training was offered to educators and child welfare professionals. The Issue Brief provided information to teachers, school professionals, child welfare workers, the courts, and others regarding available data to infer the need for transportation assistance through examination of placement proximity to home data, with closer proximity to home preferable for allowing children to remain in the home school. The Issue Brief also noted strategies to assist with maintaining children in the home school, particularly transportation assistance. By maintaining children in their home school, Iowa promotes educational stability and the loss of credits is averted entirely.

3. Help youth prepare for and enter post-secondary training and educational institutions: See responses in #2 above in addition to report in the Education and Training Voucher Program below.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults:

- The Court Appointed Special Advocate (CASA) program is currently piloting a project in Polk County to provide mentors to youth who do not have adult supports in their life. They have to be at least 16 years old and involved in foster care. It is the goal for these individuals to be in a mentor role and continue to be a support to the youth after they have left foster care.
- Built a relationship with local housing authorities by presenting and networking at the Iowa Council on Homelessness (September 2013). Discussed how local housing programs may be of assistance to transitioning youth and how we may better work together for improved outcomes.
- Continued rollout of the Permanency Blueprint Supplement to key child welfare stakeholders.
- DHS was approved for a 12 month no-cost extension of \$100,000 for the Rural Homeless Youth Project, a DHHS grant serving homeless and transitioning youth in a community of less than 20,000 in population. Iowa was one of six states to receive this five year/\$1 million funding. All funds will be expended by end of FFY 2014 to finish transitioning the responsibility for the project activities, which include housing and employment training for youth, to local funding and community supports.
- The 28th Annual Risky Business youth development conference, which is AMP's annual conference, was held April 30, 2013 at Iowa State University Campus in

Ames. Of the 642 people who attended, 207 were youth. AMP has continued to be active in the development of the youth track training for this one day conference.

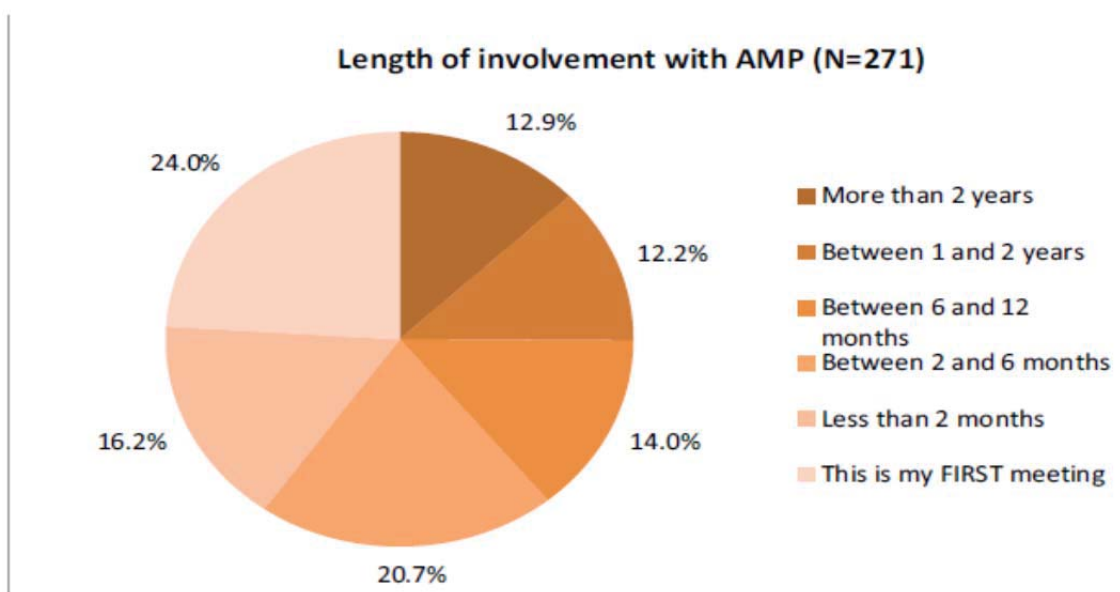
- In SFY 2014, thirteen AMP Youth Councils were funded through a grant from the DHS, up from ten in 2011. AMP has been able to recruit 288 new attendees during the past year. AMP had 1,514 youth attend meetings in the fall of 2013.
- The AMP partner agencies are in the process of raising local funds to expand and enhance each local Council. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance to youth ages 13 and up who have been involved in foster care, adoption, or other out-of-home placements. AMP also provides education on various life skills that foster care youth need to become self-sufficient, independent adults.
- The AMP employee manual was revised and approved by the Commission on Accreditation of Rehabilitation Facilities (CARF). It is posted on the AMP website for easy access. The procedure for establishing a new council location was developed by the lead contractor and subcontractor agencies, DHS, and with youth input. The criterion is basically that there is a need for AMP, there is funding for AMP, and that there is infrastructure to support the new AMP council for at least three years. There are four communities seeking AMP councils but private funding is lacking and the AMP contact cannot stretch to cover more at this time.
- AMP promotes personal and emotional supports to youth that attend AMP council meetings through regular teaching of social skills and how to develop healthy relationships. Additionally, local community people are recruited by AMP to transport youth to and from speaking engagements as well as assist with council set-up, supplying and serving meals at council meetings and other necessities as sought by each individual council.
- There have been at least eight featured TV stories and countless newspaper articles featuring AMP as the anti-human trafficking message spreads. AMP youth were featured on both in-state and national documentaries on human trafficking during this report period.
- Five Iowa youth were featured nationally on a DVD documentary for LGBTQ youth which is now on AMP's website for all to access.
- To address the needs of youth in various placements, as well as address cultural and ethnic diversity, AMP shifted the meeting locations onto residential grounds, community grounds, and/or treatment sites in order to reach more youth. Past experience showed that transportation remains one of the largest hurdles youth face in order to access AMP council meetings.
- AMP created a DVD on children's mental health and what that means to the youth, which also is used as a mechanism to start conversations with people involved with the youth, including the DHS worker, the provider, the parent, and the youth. The DVD was shared with staff, providers, and to community groups upon request.
- AMP youth participate in the DHS new worker trainings, stressing to workers how important it is to remain connected with youth on their caseload, to assist youth in developing healthy supportive relationships, and to work with the rest of the

youth's transition team towards permanency (in whatever form that means to the specific youth).

- In SFY 2013, a total of 711 youth attended meetings for the first time. Nearly 4,000 total youth attended at least one meeting. Two-hundred-seventy-five (275) meetings were held. Average attendance per meeting was 12 youth.
- Continued increase of YTDM meetings for youth across the state.
- Conducted presentations to Parent Partner groups and Community Partnership for Protecting Children (CPPC) committees to enhance understanding of the YTDM model.
- Several YTDM facilitator trainings will be offered to build capacity.
- Satisfaction surveys will be distributed and collected from youth and adult participants at the end of each YTDM meeting.
- In order to facilitate cross system understanding of emerging transition practice, two DHS policy staff delivered training about the YTDM model to educators and other participants at the Iowa Education Transition Conference in Coralville.
- AMP continues to fulfill the rollout of the Iowa Foster Child and Youth Bill of Rights and Responsibilities with DHS by distributing materials statewide. DHS leads this implementation and includes youth voice through AMP. This work is almost complete; then we will move into phase two of the plan and that is to make sure staff and workers are applying the concepts to policy and direct service work.
- AMP has a Facebook page and a new website, www.ampiowa.org, where youth in each council are able to update their local Council page. AMP received a technology grant from the Carver Foundation for \$25,000. These funds were used to purchase each Council a laptop, a projector, a recorder, speakers, screen, and power strip.
 - On the main AMP website, there is an “Amplified Poets” poetry book/written works submitted by youth. This addition of works was added to the site to feature AMP’s gifted writers.
 - During the period July-December 2013, there were 32,682 visits to the ampiowa.org site with an average of 177 visits a day. There were a total of 67,447 page views with an average of 366 page views occurring every day.
- DHS developed a more structured mechanism for requesting youth participation in child welfare work groups, committees, and training. Youth and young adults between the ages of 16 and 23, who are or were in foster care after the age of 14 can now submit applications to be part of the newly created Youth Advocacy Team (YAT). YAT includes leadership from AMP and one of our Iowa Aftercare Providers, Youth Policy Institute, to draw youth from AMP and other sources and connect them in ways that is meaningful for the youth and good for “the system”. During 2013, 18 young people presented at 26 different events, committees, or Councils at the request of the DHS, contributing more than 130 hours of educated, youth perspectives to state-level policy groups.
- AMP is contractually required to collect data via a youth survey:
 - Of 273 responses, 95.9% of youth surveyed rated AMP on informing them of supports and services available to them from average to excellent.

- Of 273 responses, 97.7% of the youth surveyed rated their Facilitator from average to excellent on understanding the Foster Care system.
- July through November 2013, AMP served 1,514 youth (288 youth were new to AMP in this report period). One-hundred-fourteen (114) local council meetings were held during the SFY 2013.
- Of 273 responses, 95.5% say they have leadership opportunities in AMP. In a direct question, “Has AMP given you at least one experience where you practiced leadership in the past year?” 50.4% answered “yes”, and 25.4% of youth were not sure.
- 94.4% of youth rated their relationship with adult leaders as average to excellent.
- When asked, “Do you have at least one significant, positive relationship with an adult through AMP?” 52.4% of youth said “yes” and 29.2% were not sure.
- More than 75% of youth rated the local council facilitator’s (AMP staff) knowledge of the foster care system as excellent or very good.
- In the fall of 2013, AMP youth were surveyed about their length of participation:

Chart 30: Length of Involvement with AMP



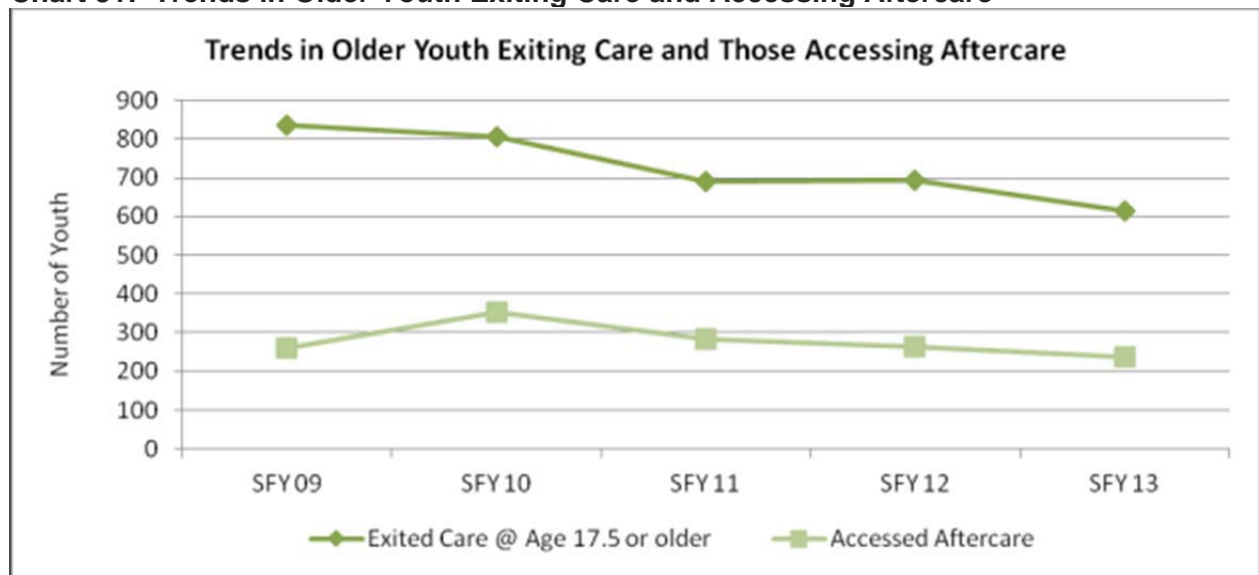
Source: Achieving Maximum Potential (AMP)

5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood:
 - The Iowa Aftercare Services Network (IASN), which implemented Iowa’s statewide aftercare program in April 2002, continues to be Iowa’s contracted

Aftercare provider. The program had a slight decline in numbers of youth served in this past FY (761) from the previous FY (788).

- The program has two components; basic aftercare and the Preparation for Adult Living (PAL).
 - Basic aftercare is funded with 100% Chafee funds, serving youth between the ages of 18 and 21, who left foster care between the ages of 17 ½ and 18 years of age (if the youth left prior to age 18, they must have been in foster care for the past 6 months). Basic aftercare is for youth who left a paid or non-paid (e.g., relative) placement, and participants receive contracted case management services according to the youth's self-sufficiency plan goals and are eligible for vendor payments (for such things as deposits, clothing, transportation, etc.; the vendor payment is considered a funding safety net source for participants) up to \$1,200 per calendar year.
 - The PAL program is a state funded component of aftercare services; due to continuing state appropriation increases over the last three years, the use of Chafee funding for PAL has not been needed for the past 2 FYs and most likely will not be needed for this current FY (compared to a Chafee funding approximately 15% of the PAL program for previous years).
 - Youth eligible for the aftercare PAL component must have been in a state paid foster placement on their 18th birthday and must be working or attending post-secondary education (youth must have their high school diploma or GED prior to eligibility for the PAL component). The PAL component of the aftercare program also provides case management in addition to a stipend (maximum amount of stipend is \$602.70, however the stipend averages around \$496, depending upon need of participant based upon a budget that takes into account expenses and earned and unearned income).
- The total number of unduplicated participants served by the Iowa Aftercare Services Network decreased in SFY2013, from 761 served in SFY2012 to 725 served in SFY2013. This is down from a peak of 788 youth served in SFY2011. Of the 725 young people served this year, 238 entered the program for the first time, and 306 exited the program without returning prior to June 30, 2013. There were 414 young people participating in Aftercare or PAL at the end of the year. On average, 420 young people participated in Aftercare each month during SFY 2013. Of these youth, an average of 284 received PAL and 136 participated in Aftercare without PAL.

Chart 31: Trends in Older Youth Exiting Care and Accessing Aftercare



Source: Iowa Aftercare Services Program Annual Report SFY2013

- The Aftercare quality assurance (QA) team visited every contractor at least once in the past year to review randomly selected files. Contractors are nearly 100% compliant with contract and file requirements, thus the QA reviews for this past FY focused more heavily on practice guidance and case consultation.
 - In FY 2013, Aftercare site visits were modified to address how to infuse youth development practices in the program. Increased group activities, leadership opportunities for youth, and mutually respectful relationships between youth and their case managers is the expected result. The QA team developed an action plan this past FY for Aftercare program monitoring and outcome driven practice enhancements.
 - Aftercare is results-based with incentives tied to the specific outcome measures set by the DHS in the areas of safe and stable housing, resources to meet living expenses, and positive personal relationships.
- A thorough needs assessment is conducted with each Aftercare participant at the start of services and again at exit to measure outcomes, in addition to each participant having a self-sufficiency plan, with individualized goals pertaining to such issues as housing, permanency, employment, education, health care, community connectedness, high-risk behaviors, and having essential documents.
- SFY 2013 Aftercare data is as follows:
 - *Employment:* Among the participants that exited services in SFY 2013, less than half (44%) were employed either full or part-time when they first accessed services. At exit, 56.1% of participants were employed (39.4% of participants at least 25 hours per week and another 16.7% less than 25 hours per week). The percentage of participants “unemployed” declined from 32.8% at intake to 19.7% at exit.

- *Housing:* Compared to when youth first access services, more youth are assuming some responsibility for the cost of housing on exit (from 60.6% at intake to 76.3% at exit).
 - *Education:* Nearly 95% of youth on exit earned at least a high school diploma or GED, compared to 76% of the same youth at intake. Thirty-five percent (35%) completed some college before exiting services, including a small number who completed Associate degrees (2.5%), Bachelor's degrees (0.5%); or a vocational certificate or license (3.0%).
 - *Health Insurance Coverage:* Slightly less than 90% of young people had Medicaid at both intake and exit, in large part due to the automatic extension of this coverage under Medicaid for Independent Young Adults (MIYA). The extension of Medicaid eligibility up to age 26 for this population, which began in 2014 as a result of the Affordable Care Act, will benefit these young people enormously.
 - *Children and Parenting:* Early childbearing and parenting were relatively common among youth who aged-out of foster care. While only 6.6% of youth entered Aftercare as parents, by the time they exited, 28.3% were parents. Of exiting participants who were parents, 86% had their children living with them.
 - Youth who "aged out" of foster care are represented on several committees within the child welfare system to raise awareness of the issues facing youth transitioning and are drawing support from several local community groups for donations to assist in transitioning and for providing advocacy along with skill training to youth.
6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care: See responses in #2 above in addition to report in the Education and Training Voucher Program below.
7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption:
- Effective July 1, 2010, the Iowa Aftercare Services Network (IASN) is responsible for tracking and addressing Chafee program related requests for youth between the ages of 16 to 21. The IASN also is responsible for tracking all such services to enable the DHS with the NYTD service reporting requirements. To date, there have been no requests received.
 - New worker training includes training of all Chafee benefits this population is eligible for in addition to how to make referrals to the Aftercare program and the ETV program on behalf of this specific population.
 - TPS discuss with DHS adoption and case managers the difference in benefits for youth, depending on staying in foster care versus being adopted before or after 16 years of age, so that the youth and their care providers can be informed when they are "on the fence" about whether they want adoption or to remain in foster care.

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

- See responses in #2 above in addition to the ETV report documenting coordination with other education related state programs for services leading to better education outcomes.
- Iowa has 3 Transitional Living Programs (TLP) funded through the Family and Youth Services Bureau (FYSB) that are all participating in the demonstration grant focusing on youth between the ages of 16-21 in rural areas who are approaching independence but are in need of connective supports and housing. While the TLP site in Boone County was selected for the pilot site, all 3 TLP sites in Iowa at the time (there are currently now only 2 TLP sites in Iowa) participated in planning, support, and engagement in policy and procedures as well as benefiting from best practices learned. The project is reviewing how coordination can be better with the DHS' Supervised Apartment Living foster care placement program, in addition to ways to better connect with Aftercare program services. There is an evaluative component to this project that will measure practices that did or did not lead to outcomes of the grant. Iowa was granted an expanded 6th year, at no cost of the 5 year grant, for this FY.
- CFCIP continues to partner with the DHS' contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration, adding CFCIP funding to the overall contract for specific attention to youth in foster care 17 years and older for a more seamless transition to adulthood for those youth with disabilities.
- The DHS continues to coordinate with the Courts as noted in #2 above.
- The DHS continues to coordinate with Vocational Rehabilitation, referring youth with disabilities for job training and job placement; additionally coordination is done with Job Corps for those youth who are appropriate for Job Corps placement.
- The DHS continues to participate in the Iowa Collaboration for Youth Development (ICYD), a group of youth serving state departments and agencies, to better meet the overall need for youth in Iowa, including those in foster care. The ICYD focuses on various coordinated efforts including the areas of child welfare, education, employment, and services for youth with disabilities. Having DHS transition policy staff on the committee helped raise awareness to the ten plus state agencies that participate.
- As described in #4 above, the DHS works with key stakeholders around the issues of permanency for youth in care.
- AMP, in an effort to assist in collaborative efforts, connected with other Iowa youth councils, including the State of Iowa Youth Action Committee (SIYAC), the Iowa Youth Against Tobacco Council, iJAG, the Iowa Youth Congress, along with Aftercare case managers for the sharing of information and youth connections. SIYAC and AMP discussed the AMP legislative agenda for 2014 and SIYAC advocated with AMP on 3 of the topic areas: bullying; human trafficking, and; education.
- Each of the five TPS' connects with various local community boards and initiatives that are involved with agendas dealing with at-risk adolescents.

- For children with a serious emotional disturbance who receive Medicaid, care coordination is available through an integrated health home. The integrated health home works with the DHS social worker to ensure that the individual is transitioned to adult services and supports as appropriate. In some parts of Iowa, the same integrated health home may serve children and adults, so transfer to a different agency for care coordination would not be required, while some providers are child or adult-specific. Currently in one populated area of the state, an integrated health home provider focuses on transition-age youth with disabilities.

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

- For children with intellectual disabilities, developmental disabilities, brain injuries, or other disabilities, the same process would apply. However, children in those disability groups receiving home and community-based services (HCBS) waiver services would have targeted case management or service coordination in place of an integrated health home. For individuals ages 18 and older who are not eligible for Medicaid-funded services, the MHDS region may provide service coordination as well as funding for services. An individual receiving publicly funded children's services may be eligible for MHDS regional services three months prior to their 18 birthday to allow for a transition from children's services to adult services.
- Iowa DHS contracts with Maximus Inc. to assist with Social Security applications, and DHS has elected to contribute CFCIP funds to focus on the case management for older youth, which contributes to additional understanding of the Social Security Administration (SSA) and disability services. Transition Planning Specialists (TPSs) guide case managers for older children in foster care to contact Maximus and apply for Supplemental Security Income (SSI), if there is any indication the child may qualify. Maximus, and as appropriate SSA, is systematically notified of placement changes, entry to foster care, and exits, in order to maximize SSI services and financial supports for individuals with disabilities. Maximus helps each youth apply for SSI when appropriate, handles appeals, is involved in staff training efforts, and has in general been a good partner to help the child welfare system connect youth in care to SSA benefits, when needed.

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

- Educational YTDM folder developed and disseminated statewide; YTDM curriculum updated.
- Transition planning training included in all "New Worker Training" and utilizes teens in the training, giving their input on what assisted them most in transitioning and gaps in the system.
- Aftercare training on specific topics conducted on a quarterly basis for Aftercare staff.
- Life skill training for youth occurs during AMP local council meetings across the state. Additionally, AMP developed training for youth, staff, and care providers on LGBTQ youth (new foster parent training), mental health and prescription drugs (via a video done by therapist) and reducing disrupted adoptions.
- Iowa Foster and Adoptive Parent Association (IFAPA) continue to provide training to foster/adoptive parents specific to issues of teens in foster care.
- Youth involved in foster and adoptive parent licensing training with the goal of recruiting more foster/adoptive parents for teens.
- AMP's current training packages are at AMPiowa.org. Training offered locally and nationally. AMP staff train youth in presentation skills and carefully guide youth so they are empowered and in no way compromise themselves. In addition to those on the website, staff developed and delivered trainings on: Prescription Drugs, Vicarious Trauma, Stress Management, Working with Sexual Abuse Victims, and Mentoring.
- The TPS and their supervisors continue to receive training on a monthly basis, through conference calls and in-person meetings in collaboration with DHS policy staff. Training conducted by: the TPS, sharing specific initiatives in their service area and new local collaborations; training experts in specific areas related to transition; and central office staff concerning policies and procedures.

Medicaid Coverage for former foster youth ages 18 through 20:

Medicaid Coverage for former foster youth ages 18 through 26: MIYA and Expanded MIYA (E-MIYA):

Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), was effective July 1, 2006 for youth that left state paid foster care on or after their 18th birthday and who were under 200% of the federal poverty guidelines; coverage could be provided to age 21. Activities included ongoing training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care. In calendar year 2013, the monthly MIYA average participation was 345 youth.

Due to the Affordable Care Act, effective January 1, 2014, Iowa DHS made Medicaid available to a broader population of youth. The aptly named, Expanded MIYA (E-MIYA) includes not only those who were covered under MIYA but also those who age out of any approved DHS foster care placement, as long as they exit at age 18 or older and

have federal Medicaid at the time they exit. Also, with this expansion, Iowa Medicaid will be able to serve eligible former foster youth to age 26, regardless of income.

Foster care policy staff, TPSs, and Medicaid policy staff are in regular contact to ensure we have the latest information available for youth. One work product is a summary of the E-MIYA, which includes questions and answers about the new law and the application process. When possible, eligible youth are being auto-enrolled. Others are directed to a new DHS website for the Medicaid application. Numbers of youth enrolled in MIYA are evaluated monthly. Currently, in March 2014 there are 338 youth in MIYA and E-MIYA combined. The MIYA program is being phased out as the E-MIYA program rolls out.

National Youth in Transition Database (NYTD):

Services reporting: Caseworkers (both DHS and Juvenile Court Services) report quarterly, using a web-based tool, which of the Independent Living Services each eligible youth received. This continues to be a very effective method of gaining this information.

Outcomes reporting requirements: The DHS contracted with a private agency to perform the outcome surveys for 17, 19, and 21 year olds. During FY 2013, the contractor received the sample list of youth (225) surveyed at the age of 17 and who were now turning 19. Iowa surveyed at least 60% of these youth and, per the NYTD system, had a zero penalty rate. During this FY, the contractor received a daily list of Wave 1 eligible youth (youth in foster care between the ages of 17 and 45 days old), including contact information; the contractor contacts the youth on the list, explaining the youth's opportunity to participate in the survey (via phone, web, or mail); and then the contractor reports back daily to the DHS their findings. The DHS has been very successful with meeting the NYTD standards. This is attributed in part to the respectful process used by the contractor, which gives each youth a choice to participate; an option of phone, mail, or web survey; and provides a gift card for participation.

Child and Family Services Improvement and Innovation Act – Credit Report Requirement:

The state established agreements with two of the credit reporting agencies (CRAs), Equifax and TransUnion, and began in August 2013 (rather than the anticipated date of July 2013) filing with each an electronic exchange of information to request information on credit reports for the children in foster care in Iowa age 16 and older. Quarterly runs have since been done in October 2013, January 2014, and April 2014 and will continue on the quarter. The DHS waited to work with Experian until they were able to do an electronic filing; as of February 2014, the DHS received notice that Experian reached this point, thus work will soon commence with Experian and the electronic exchange of information will be in sync with the other 2 CRAs.

Staff training continued; we conducted another round of training in April 2014. This particular training is based upon ensuring youth continue to have their credit reports accurate once they leave foster care. Per the CRAs, any inaccurate credit history is

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

Five Year Summary of Accomplishments for Chafee Foster Care Independence Program (CFCIP):

- Legislation passed impacting older youth in foster care:
 - State legislation passed into law with the advocacy of Iowa's Foster Youth Care Council included:
 - Immediate transfer of educational records when child is enrolled in a new school (within 5 school days)
 - Transferring guardianship from juvenile court to probate court – This legislation allows a juvenile court judge, who placed guardianship of a child with a relative or other suitable adult, to transfer the case to probate court and close the juvenile case.
 - Ensuring children over the age of 14 are allowed to attend meetings affecting them (e.g., family team meetings, staffing, transition and other meetings involving discussions of placement options or services to be provided to the child, court meetings) unless good cause warrants exclusion.
 - Child Pornography/Human Trafficking – This legislation allows prosecutors to file multiple charges against defendants for possession of multiple computer images of child pornography, in the same way that current law provides for multiple charges when the images are in other forms. The law adds the above offense to the list of offenses covered by sex offender registry requirements.
 - In 2013 session, no further reduction in funding to shelters in Iowa.
 - Transition Planning advances leading to self-sufficiency:
 - Legislation related to transition passed in response to the Fostering Connections Act includes that a youth's transition plan must be reviewed and updated during the 90 days prior to youth turning 18, and if youth continues in voluntary foster care beyond age 18, within 90 days before exit (in addition to current law/practice of written transition plan, based upon an assessment, beginning at age 16). The transition plan is working document and must be reviewed and updated for each court hearing or permanency plan review (at least every 6 months). The legislation mandates that the plan be developed and reviewed in collaboration with a youth-centered transition team, comprising the youth's caseworker and

persons selected by the youth, persons who have knowledge of services available to the youth, and any person who may be a service provider to the youth, if it is expected the youth will need adult disability services when they discharge from foster care.

- The five Department Transition Planning Specialists (TPSs) had a new job description effective in the fall of 2010. There is one TPS per DHS service area; as opposed to the TPS “doing” the transition plan for youth per caseworker and JCO referrals, the TPSs are continually training workers on the transition process. With TPS covering up to almost 20 counties, it is impossible to see and work on a consistent basis with every youth age 16 and older. Additionally, the transition plan is a part of the permanency plan which the worker is responsible for. TPSs track specific domains for each youth 16 and older in foster care and are able to assist with high-need difficult to transition cases.
- The transition plan must address the specific areas of: education; employment/workforce services and support; housing, healthy relationships; and health care and access to health care in addition to basic life skills.
- Aftercare Services to youth who have aged out of foster care:
 - The Iowa Aftercare Services Network (IASN), implemented in 2002, continues to be Iowa’s contracted aftercare program for youth between the ages of 18 and 21 who either aged out of foster care or left at 17 ½ . Iowa’s Aftercare program has 2 components; basic Aftercare component and the Preparation for Adult Living (PAL) component. The basic Aftercare component is funded 100% with Chafee funding; in order to be eligible, youth can leave foster care at 17 ½ or older. The PAL program, started July 1, 2006, is as of 2012, fully state funded (prior to 2012, PAL was supplemented with Chafee funds); in order to be eligible for PAL, youth must be in state funded foster care on their 18th birthday and be participating in post-secondary education and/or working. Youth in basic Aftercare are eligible for \$1,000 per calendar year for vendor payments (seen as “safety net” resources necessary for the youth); youth in PAL are eligible for a monthly stipend of (currently) up to \$602.70, with the current average stipend approximately \$496. No matter what track youth are on in the aftercare program, each youth has a self-sufficiency plan (with individualized goals including housing, permanency, employment, education, health care, community connectedness, high-risk behaviors, and having essential documents) and a self-sufficiency advocate (caseworker), who meets with the youth at a minimum of 2 times per months. A thorough needs assessment is conducted with each participant at the start of Aftercare services and again at exit to measure outcomes. Contract incentives are based upon percentages related to participants in safe and stable housing, resources to meet living expenses, and positive personal relationships. Additionally, the program measures a number of outcomes, as reported in the past CFSPs.
- Permanency, personal and emotional support to youth aging out:
 - The Child Welfare Advisory Committee (CWAC) had a permanency sub-committee for several years; it was disbanded in 2013 after accomplishing the work it set out to do. The permanency sub-committee held an all-day compression planning session in November 2009 with key stakeholders from

various entities, with the overarching goal of pre-development of a statewide plan to achieve permanency for all children in Iowa's foster care system building upon the vision statement and framework that every child deserves a "forever family." From this, a 'Permanency Blueprint' was designed. In May 2011, the DHS, along with assistance from the Casey Family Program and the Iowa Children's Justice, sponsored a 2 day permanency summit for staff, providers, youth, and other key stakeholders, including staff from DE and other youth serving agencies, to promote the permanency blueprint on a statewide basis to be embraced among other staff, entities, and stakeholders. Each participant/entity was encouraged to see how their mission/work could promote permanency for Iowa's children and to strategize how to implement this. A 'Permanency Blueprint Supplement' was developed for agencies/entities/programs to complete regarding specifics on what practices they could put in place to improve permanency rates for children in care.

- Between these years, the concept of "Dream Teams" grew. While there was 9 sites which received Chafee funding to do youth-centered "Dream Teams" in 2010, this effort stalemated when the coordinator of the project left. The DHS through Iowa State University hired a full-time contractor in March 2012 to bring this effort back to where it was and move forward. The process is now called the Youth Transition Decision Making (YTDM). A new curriculum was developed and a new training for YTDM facilitators was developed. Training has been held for the past year and a half to raise the number of YTDM facilitators and coaches. The YTDM is used in place of a Family Team Decision-Making (FTDM) meeting for youth expected to age out of foster care; while the YTDM is not statewide at this point, 3 of the 5 service areas received Chafee funds to conduct such meetings. The goal is to get the YTDM process statewide with statewide consistency.
- The foster care youth council in Iowa changed contractors in 2011; the council name changed from Elevate to AMP (Achieving Maximum Potential). There are currently 13 councils around the state. Iowa's foster care youth council brought a strong sense of belonging to many youth around the state along with empowering youth to be advocates for themselves and for the betterment of the child welfare system. Council meetings include many opportunities for youth, such as socializing with other youth and gaining a sense of "normalization", learning life skills from community members, meeting various adult volunteers that can lead to mentorship, and of prime interest to the youth, sharing a meal and fun activities. AMP completed a 'Bill of Rights and Responsibilities' for children and youth in foster care and distributed the materials (laminated one-pagers and posters) statewide to key stakeholders in concert with DHS staff.
- Casey Family Program sponsored Permanency Roundtables around the state, involving various stakeholders in the child welfare system, with the sharing of evidence based and best practices concerning permanency policies and practices.
- Two mentor programs established by 2 child welfare agencies serving older youth in foster care.

- One judicial district working with CASA to have CASA volunteers specifically for teens in foster care.
- Coordination of services with other Federal and State programs for youth:
 - The DHS coordinated services with many federal and state programs for youth over these past years. Especially critical has been coordination with Iowa' DE, to ensure: better partnering between local school districts and youth in foster care; immediate enrollment of students transferring into new schools along with expedited transfer of school records; coordination with Area Education Agencies especially around students with IEP (and in special education), and; the establishment of the Education Collaborative, who have reviewed and strategized on topics including how to better share data between the DHS and DE, transportation issues for youth in care not going to neighborhood schools, and coordinating sharing information between schools and youth serving agencies. The DHS continues to partner with the Legal Center for Foster Care and Education.
 - Partnering with the Iowa Children's Justice State Council on a variety of issues including permanency and reviewing benefits and costs of expanding foster care up to age 21.
 - Coordination with the Iowa Workforce Development, particularly regarding the workforce investment act (WIA). TPSs directed workers to refer youth to the WIA program; however, the WIA program in Iowa often has areas that run out of money quickly. Additionally, it has been made known that since the WIA program has specific outcomes they must report, there is some reluctance to serve youth in foster care because they can move from that WIA site and this hurts the program's outcomes. The DHS also partners with Job Corps and refers some youth per youth's request.
 - Continued partnering with vocational rehabilitation and referral of youth to the program who are eligible.
 - Continued partnering with Maximus, the entity that the DHS contracted to secure social security benefits on behalf of children in foster care. The DHS added Chafee funding to the overall contract to have more focus on older youth who are likely eligible for SSI. Workers refer youth to Maximus and if the youth meets the disability eligibility criteria according to the Social Security Administration standards, an application will be made; Maximus also will follow-up with appeals if appropriate.
 - Contracting with Iowa Jobs for America's Graduates (iJAG) to support the education and employment achievement of youth in, or who have been in the foster care system; the DHS and iJAG partner to ensure comprehensive and coordinated services and to identify best practices for serving youth in (or formerly in) the foster care system. The program was funded to serve 26 high school sites and expanded in 2013 to pilot iJAG in providing support to students who aged out of foster care and are attending the Des Moines Area Community College (the college that has the largest percent of ETV students enrolled).
- Training:

- Developed and implemented new standards for Family Team Decision-Making (FTDM) and Youth Transition Decision-Making (YTDM) meetings; developed new curriculum for YTDM meetings.
- YTDM facilitator meetings held in various locations beginning again in 2012. The YTDM training is based upon the FTDM curriculum with an additional day of training concentrating on youth engagement, youth advocacy, and youth development.
- The TPSs train at staff meetings and on a one-on-one basis to workers in their service area regarding the transition planning process and resources available to assist youth transitioning from care to emerging adulthood.
- Life skills' training is tied in with AMP council meetings. Additionally, AMP is available to train on a variety of topics; AMP trains youth on specifics of being a part of a committee, speaking to groups, and how to advocate.
- With the upgrade of the Casey Life Skills Assessment (CLSA) in 2012, TPS, policy staff, and a child welfare partner developed a guide/training for DHS/JCS staff and care providers. The training identified the CLSA as the state's chosen life skills assessment for all youth in foster care ages 16 and older.
- In 2011, all group care contracts included the requirement for the CLSA be completed by youth in care and the provision for life skills training for youth.

Education and Training Voucher (ETV) Program

Program Service Description:

Iowa's Education and Training Voucher (ETV) program is administered by a single coordinator. Iowa College Aid partners with the Iowa Department of Human Services (DHS) to administer the Education and Training Voucher (ETV) program. Students must complete the FAFSA and the Iowa Financial Aid online application annually, and awards are made until funding is depleted. Students renewing their awards prior to March 1st receive priority consideration. Once all funds for a particular academic year are committed, a waiting list is started and students are added to the waiting list in date-received order (regardless of renewal status). However, for the last two years, all eligible applicants were awarded and all students were eligible to receive up to the maximum award of \$5,000/year. Students enrolled less than full-time received a prorated amount. Awards are disbursed directly to the college or university by term, in most cases by Electronic Funds Transfer. Once tuition, fees, and room and board charges (if applicable, many youth go to a community college where there is no dorm availability) have been paid, the student receives any remaining funds to assist in paying for the costs of attendance.

Despite the overall decline in the number of students aging out and exiting the Iowa foster care system, the number of the Education and Training Voucher (ETV) applicants applying (students considering attending college) and the actual numbers of students attending college increased. The ETV Coordinator maintains a database in order to track the number of ETV applicants, determine and document eligibility, track the number of awards, including the award amount, etc. ETV promotional materials, website, brochures and pamphlets have been updated and will continue to be updated and reviewed annually and were distributed to Iowa College Aid, Iowa's high school

guidance counselors, DHS caseworkers, Transition Planning Specialists at DHS, Juvenile Court Services, colleges and universities, foster parents through IFAPA, Iowa KidsNet, Iowa's Aftercare Services Network and AMP. Iowa's ETV program funded all eligible applications received this year. Students in Iowa are informed about the existence of the ETV in a variety of ways (including through their DHS caseworkers, DHS Transition Planning Specialists, care providers, printed materials, and many partnering agency's websites such as DHS, ICSAC, After Care, AMP, and IFAPA) and have learned to apply early in the calendar year. Iowa received a total of 678 applications this year, which is a large increase from 522 applications received last year.

It is well documented that youth in foster care are among the most educationally at-risk of all student populations, thus retention and student success in college is a major issue facing the foster care population due to the many barriers (mental health issues, lower academic achievement, special education, grade retention and drop-out) students face. Renewal or returning student rates are on the rise in Iowa; efforts to increase success and retention will be the core focus in the next five years. In 2012-2013, there were a total of 522 applications received and the program assisted 175 students with awards averaging \$2,783, with all eligible students receiving awards. In 2013-2014, there were a total of 678 applications received and 206 students received awards, with awards averaging \$3,244.

Research shows that nationwide only 1/2 of youth in foster care complete high school by age 18 compared to 70% of youth in the general population; high school graduation or obtainment of a GED is a requirement for students to utilize their ETV benefits and not meeting this requirement unfortunately eliminates some of the students who apply from actually attending college while other students do not attend as they have not properly prepared and have not completed the many steps required for college attendance (Wolanin, T. R. (2005). *Higher education opportunities for foster youth: A primer for policymakers*. Washington, DC: The Institute for Higher Education Policy). Approximately, only 20% of foster youth who graduate from high school attend college compared to 60% of high school graduates in general (Burley, M. (2009). *Foster Care to College Partnership: Evaluation of education outcomes for foster youth*. Washington State Institute for Public Policy. Retrieved December 13, 2010 from <http://www.wsipp.wa.gov/rptfiles/09-12-3901.pdf>.)

The transition to adulthood and to college can be a very complex and difficult task for students. When the student's receive their ETV award notification, the students also are sent a reminder checklist of the various tasks they need to complete, in addition to being awarded the ETV grant, in order to actually attend college. The ETV program has partnered with various agencies to help students navigate and bridge into adulthood. Partnering agencies include: Iowa College Aid; Iowa's high school guidance counselors; DHS caseworkers; Transition Planning Specialists at DHS; Juvenile Court Services; colleges and universities; foster parents through IFAPA; Iowa KidsNet; Iowa's Aftercare Services Network, and; AMP. Iowa is doing better than the national average in the area of education, but still plans in the upcoming years on a heightened

commitment for strategies to improve retention rates and college degree/certificate attainment to promote self-sufficiency and higher employment rates. Each year Iowa's ETV application is available online beginning in January. Iowa has continued to see an increased need for educational support for the foster care population.

In July 2007, the Iowa legislature recognized the need to further financially assist the post-secondary education of former foster youth and created the All Iowa Opportunity Foster Care Grant (AIOFCG) with a yearly allocation of \$500,000. The application for the ETV program has been combined with the application for the state-funded AIOFCG; the AIOFCG serves an almost identical population as the ETV program does. In addition, other Iowa state administered scholarship and grant programs are available to foster students.

The AIOFCG program provided 122 students with awards averaging \$3,621 in 2012-2013. This program also increased the number of students it was able to serve in the 2013-2014 academic year and served 178 students with the average award being \$2,393. Students have a very streamlined process of completing one application for multiple grants which also helps identify more potential student aid for each student. With the combination of student aid from the ETV, AIOFCG and the Pell grant, most students can attend a community college or regent university with substantial financial aid.

Collaboration:

The ETV program continues to collaborate with: Iowa Foster Care Youth Council; college and university financial aid staff; other state scholarship and grant program administrators; Iowa Aftercare Network; DHS Transition Planning Specialists and program administrators; iJAG; Gear Up, and; AMP. A new collaboration this year is with Des Moines Area Community Colleges (DMACC) and Connecting Youth Aging out of Foster Care (CYA), a grant received from the Annie E. Casey Foundation. The CYA program at DMACC can assist students exiting foster care with affordable housing, emergency funding situations, planning for payments for school, helping fill out the FAFSA, looking for employment, tutoring, financial aid, and transportation. DMACC is Iowa's largest (most students enrolled) community college, with several satellite campuses; Iowa has more youth receiving the ETV enrolled at DMACC than any other college. The focus of this grant is on enhancing support and success for students attending DMACC. One of the Casey project goals is to do outreach to former foster youth who are currently enrolled at DMACC. We are exploring ways to share information between the Casey project and the ETV population at DMACC to link the two together.

Program support:

Technical assistance from the ETV coordinator is provided upon request to college/university staff, Iowa Aftercare Network staff, as well as the TPS and DHS policy staff

Accomplishments for FY 2014:

This year, ETV staff collaborated with Iowa Jobs for American Graduates (iJAG) to promote and utilize the I Have a Plan Iowa (IHAPI) website, Iowa's statewide community web portal, www.IHaveAPlanIowa.gov. The website provides information and resources for all Iowans seeking assistance with education and career planning. [I Have A Plan Iowa](http://www.IHaveAPlanIowa.gov)[®] (IHAPI) was implemented by the Iowa College Student Aid Commission in partnership with the Iowa Department of Education to help students successfully transition through middle school, high school, college and beyond, as well as provide tools for adults seeking education and employment opportunities.

The IHAPI website, offers an extensive database of career information, including salary projections, education requirements, and future trends for hiring, in-demand fields of study and career exploration based on the Department of Labor's current employment outlook. IHAPI includes many useful features that help individuals:

- Discover their strengths and interests
- Match interests, values and skills with education and employment opportunities
- Prepare for the ACT, SAT or GRE college entrance tests through free test preparation
- Explore programs and majors at Iowa's colleges and universities
- Research financial aid and scholarship options
- Apply for all state-administered financial aid programs
- Build resumes and practice for job interviews
- Track activities from middle school, high school, college and beyond

Additionally, the ETV program expanded collaboration with the iJAG program to provide additional needed academic support and case management to youth transitioning from foster care into the college environment to promote academic success and retention after exiting the foster care system, leading to higher employment opportunities and promoting self-sufficiency. The iJAG College Success program has staff located at DMACC and is assisting ETV students with support and services as needed due to foster youth often being developmentally behind compared to their peers and some facing significant challenges. Without additional assistance, youth transitioning from foster care to emerging adulthood often have negative outcomes such as:

- Dropping out or failing out of college
- Unemployment
- Having children at a young age and not being able to parent
- Suffering from persistent mental illness or substance abuse disorders
- Homelessness
- Involvement with the criminal justice system.

The iJAG program reported the following Student Academic Outcomes and student success story:

- In March, iJAG served 11 students with the ETV grant at DMACC.
 - All 11 of the ETV students were actively taking classes.
 - 4 were in good standing

- 5 are on academic warning
- 2 are on conditional enrollment
- In March 2014, the DMACC iJAG staff held a foster care workshop to help students fill out their financial aid forms. When the student is put on disqualification status, the staff is helping them complete the tasks to get back into classes.
- iJAG college success workers travel to local community sites to help potential DMACC students fill out their ETV and financial aid forms.
- Any iJAG student that attends college can get 4 required classes paid for if they take it through the iJAG specialist.

Students also are starting a Career Association and meeting twice a month to come up with community service ideas and are connecting with Alumni. They are reaching out to the Alumni to mentor them and guide them in their career options. They are using the skills taught to them in iJAG to become more marketable and making connections in the community.

The College Success program also is working with AMP and attending meetings to help inform the students about iJAG. They are actively involved with Risky Business as well.

Due to Iowa's ETV program staff consisting of one (coordinator), the program relies on contracted vendors such as iJAG and Aftercare to provide case management to many of the ETV students. Increased focus and promotion of case management services related to education is being done in hope that this will help with retention and college success rate. Various services are provided, such as:

- Case management to ensure the student completes a college orientation. (A study conducted by Glass and Garrett (1995) at four community colleges in North Carolina found that completing an orientation course (during the first **semester of** enrollment) improved retention rates regardless of the gender, race, major, age, or employment status of the students (Brawer 1). The opportunity of having additional education creates higher employment opportunities and promotes self-sufficiency (Harris, Jackson, O'Brien, & Pecora, 2009).
- Assistance with FAFSA and Iowa Financial Aid application for the ETV program.
- Assist the students through the navigation of college registration and financial aid process.
- Maintain contact with the student at least twice monthly.
- Work with the college, ETV Coordinator, Aftercare staff and other counselors to provide updates on academic progress, making appropriate referrals to academic and non-academic supplemental services.
- Assisting students with referrals to tutoring, writing labs, career and personal counseling, academic counseling, campus resources such as disability accommodations, remedial assistance, and other various needed supports to enhance the academic success and retention of the foster care youth to overcome the barriers interfering with success, and
- Setting goals, graduation planning, resume building and employment support upon successful completion of the students degree or certificate program.

Additional ETV program/coordinator Accomplishments for FY 2014:

- Iowa continues to offer Fill out the FAFSA Day and FAFSA Friday, a day where youth are brought together to complete both the Free Application for Federal Student Aid (FAFSA) and the Iowa Financial Aid Application. Fill Out the FAFSA days were offered to the Iowa Aftercare Network, TPS' requests for the youth served within their covered service area, AMP and local high school students in the Des Moines area. The Iowa Financial Aid Application houses most state grant programs administered by the ICSAC; students can complete one application process for up to nine different scholarship and grant programs.
- ETV partnered with the iJAG program at DMACC to help sponsor, plan and promote the back to school book voucher event. iJAG hosted the event which consisted of a motivational speaker, a former foster student, who talked about his struggles and success in the foster care system and how his education has helped him to achieve success as an adult. The students met for orientation and a tour of the campus and then went to the bookstore to purchase their books utilizing a book voucher from their ETV grant money. Students were eligible to purchase books early, just prior to the semester beginning so they could be better prepared for school and success.
- Attended Future Fest in Cedar Rapids, which was a new event in 2013, sponsored by Aftercare, AMP and the TPS in the Cedar Rapids area. This event was put on for high school students to help them with education, career and planning for their future. At the event, students were required to visit various booths. ICSAC hosted a booth and the ETV coordinator was able to visit with students regarding the differences between grants and loans, maximum benefit amount of the ETV grant and comparing different school options. There were approximately 70 students who attended and it was a fun learning event to educate and work with students to inform them about ETV benefits.
- Presented at the Juvenile Court Officers Annual Conference with DHS staff and two students, who have exited the foster system, on the transition process to help educate the juvenile court officers on the Iowa Financial aid application for the ETV program and award amounts and other financial aid options available to students on their caseload.
- Presented at the Risky Business Conference one-day conference along with the IHAPI staff from Iowa College Aid on financial aid, the ETV application process and other scholarships and grants and tools available to students to plan and help prepare them to finance their educations. Additionally, ICSAC also had a booth available for students to stop by to obtain educational materials on the ETV grant and other scholarships and grant programs.
- The ETV coordinator prepared a report of the various college/community support services available to students to assist with college success. The report was distributed and discussed at monthly TPS meetings and will serve as a reference to assist support workers, students and the Aftercare caseworkers to help ensure the success of these students in their transition to college.
- Continue to collaborate with the iJAG, Transitional Planning Specialists, AMP, high schools, and Aftercare program to make earlier identification of youth in foster care in order to increase the high school graduation rate of youth in foster care and assist with more college planning utilizing resources such as the IHAPI(I Have a Plan Iowa)

website. Continue to collaborate services with the ICSAC and the Gear Up grant and identify students who can benefit from the utilization of both ETV and Gear Up Grant to successfully complete their college education and eliminate student loan debt and the burden of student loan repayment and possible default.

- Continue to collaborate with Family Team Decision-Making Meetings (or Youth Transition Decision-Making meetings); completed presentation and training on ETV/Foster Care Grant and other education benefits and resources to students aging out of foster care. Provided ETV brochures and promotional materials to be used at additional training conducted throughout the state of Iowa.
- Iowa College Aid purchased new technology that matches the ETV student applications with their FAFSA application data for the first time. For the upcoming school year, the report showed 49 students who still need to still complete their FAFSA; email reminders were sent to the students and their TPS or Aftercare case manager. Assist with the FAFSA and Iowa Financial Aid Application completion and questions. Will also start to work with the high school guidance counselor association to collaborate and assist with a campaign for FAFSA completion.
- Participated in the first annual career conference sponsored by Youth Policy Institute of Iowa. The conference has many community organizations and programs that provide support to students who are planning to or currently pursuing post-secondary and career options in the Greater Des Moines area. Target audience is former foster youth and foster youth who are preparing to transition out of care, as well as other students with barriers to a successful transition to college and career.
- Participated in the Career Development in the 21st Century 4.0 conference sponsored by ICSAC and the DE; a booth displaying ETV and other scholarship and grant information was there to educate and assist the high school teachers, counselors, and administrators. The conference topics were innovative practices and strategies to better prepare students for college and career success.
- Promote Latino Educational Attainment in Iowa combining efforts with ICSAC. Establishing a group to help youth in foster care obtain citizenship in order to be eligible for federal student aid (including ETV). A website has been created to aid in this effort, the page is called Juntos si se puede Iowa, the link: <https://www.facebook.com/juntosissepuedeIowa?ref=hl>.

Five Year Summary of Accomplishments for ETV:

During the five-year time span from 2009-2014, 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 nearly 700 for the 2014-2015 school year, we succeeded in educating Iowans about the existence of ETV. In fact, beginning in year 2011-2012, there were more students than the ETV grant could fund and a waiting list protocol was implemented. Iowa spends its entire federal ETV allocation each year.

Additional Accomplishments for FY 2010-2014:

- Partnered with Department 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 numbers of youth participating in the WIA program.

- Continued partnering between the DHS, Juvenile Justice System, Department of Education and key stakeholders to not only meet requirements of Fostering Connections but to best meet youth educational needs.
- Increased local level interaction and communication between DHS staff and education staff; currently one service area has protocol set between the DHS 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.
- Revised ETV promotional materials to emphasize availability of vocational and apprenticeship programs available at community colleges.
- Promoted 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.
- Provide personal and emotional support to youth aging out of foster care through promotion of interactions with dedicated adults and Aftercare case management services.
- Focusing on retention and credential attainment, a study was conducted, and follow-up studies will continue to be conducted in the future by the ICSAC to determine the outcomes of high school graduates that had been in foster care and applied for ETV funding. Using ETV application records and information available from the National Student Clearinghouse (NSC), ICSAC staff conducted an analysis of the outcomes of two cohorts of first-time college students that had been in the Iowa foster care system. The study matched Iowa students from the 2004-2005 and 2005-2006 academic years to the National Student Clearinghouse (NSC) and found that of the original 44 students that were awarded ETV in 2004-05, 6 received some type of postsecondary credential^[1] by the spring of 2010 (6 years later). Of the original cohort, approximately 13.6% of the original 44 students had obtained a postsecondary credential 6 years later. Of the original 51 students that were awarded ETV in 2005-06, 10 had received some type of postsecondary credential^[2] by the spring of 2011 (6 years later). Of the original cohort, approximately 19.6% of the original 51 students had obtained a postsecondary credential 6 years later. Research shows that nationwide less than 3% of youth who aged out of foster care earn a college degree by age 25, compared to 28% of the general population. (National Census Bureau, 2007).

^[1] Includes certificates, diplomas, Associate's Degrees, Bachelor's Degrees, and Master's Degrees.

^[2] Includes certificates, diplomas, Associate's Degrees, Bachelor's Degrees, and Master's Degrees.

Table 39: Credentials Conferred within 6 years 2004-2005

Degree Type	Unduplicated Students
Associate's Degree	1
Bachelor's Degree	4
Associate's & Bachelor's Degree	1
TOTAL	6

Table 40: Credentials Conferred within 6 years 2005-06

Degree Type	Unduplicated Students
Diploma & Associate's Degree	1
Certificate & Associate's Degree	1
Associate's Degree	4
Bachelor's Degrees	4
TOTAL	10

Due to staffing changes, the study did not go any farther. Iowa's goals will include further pursuing the study.

COLLABORATION

Prevention

Child Protection Council (CPC): The Child Protection Council Statewide Citizen's Review Panel (CPC) meets on a bi-monthly basis in Des Moines, Iowa. The members also attend conferences and trainings throughout the year related to the work of the panel. The CPC also seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. These meetings are open to the public, and public notice is made of the date, time, location, and agenda of the council meetings. The CPC Annual Report also is posted on the [DHS website](#). Members of the public who are unable to attend meetings can direct comments and questions to the DHS or the state Child Abuse Prevention and Treatment Act (CAPTA) coordinator through the DHS website.

The state CAPTA coordinator (DHS) acts as a staff liaison to the CPC (as an ex-officio member), by preparing agendas, public notices, meeting minutes and the group's Annual Report, based on the input from members. In addition, this individual arranges for a variety of speakers and presentations at bi-monthly CPC meetings to update members on new child welfare policy and initiatives. The liaison also supports all work of the CPC by informing members of statewide training opportunities, webinars, and other resources available to them.

See FFY 2014 CAPTA Report for more information.

Over the past five years, the Child Protection Council (CPC) achieved the following accomplishments:

- New coordinator was hired in 2010

- CPC filled all required vacancies under Children’s Justice Act, as reauthorized by CAPTA in 2010
- Met a minimum of quarterly, scheduled bimonthly meetings
- Developed and implemented new training, including:
 - Training for rural medical providers (physicians, physician assistants, nurses, nurse practitioners, etc.) on recognizing abuse in a clinical setting and providing basic abuse evaluation services
 - Training for first responders (EMS, law enforcement, CPS, etc.) on responding to child fatality and severe trauma cases
- Began the process of a systematic review of multidisciplinary teams used during the course of a child protection assessment
- Provided valuable insight and feedback to the DHS regarding the implementation of Differential Response (DR)

Child Death Review Team: In 1995, Iowa Code section 135.43 and Iowa Administrative Code section 641-90 established Iowa’s statewide Child Death Review Team. The purpose of this team is to “aid in the reduction of preventable deaths of children under the age of eighteen years through the identification of unsafe consumer products; identification of unsafe environments; identification of factors that play a role in accidents, homicides and suicides which may be eliminated or counteracted; and promotion of communication, discussion, cooperation, and exchange of ideas and information among agencies investigating child deaths”. The DHS designates a staff liaison to assist the team in fulfilling its responsibilities. The liaison reviews data available in the DHS information systems for each child death and prepares case summaries and statistics regarding each child. The liaison also attends all review team meetings and sub-committee meetings as needed.

The Iowa Child Death Review Team developed protocols for Child Fatality Review Committees (Iowa Administrative Code section 641-92) to be appointed by the state medical examiner on an ad hoc basis, to immediately review the child abuse assessments which involve the fatality of a child under age eighteen. The purpose of the Child Fatality Review Committee is system improvement that may aide in reducing the likelihood of child death.

ICAPP collaboration with Early Childhood Iowa and Department of Management: The ICAPP administrator and DHS program manager are working closely with other family support and early childhood programs (administered by Iowa Department of Management and Iowa Department of Public Health), such as the Maternal, Infant and Early Childhood Home Visiting, to better align ICAPP programming and evaluation components.

Maternal, Infant and Early Childhood Home Visiting: As the DHS continues to focus on the needs of early intervention, we have partnered with the Iowa Department of Public Health (IDPH) in their undertaking of the Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant Program. IDPH was allotted an initial formula grant for this program, authorized through the Affordable Care Act, and last year received a

competitive expansion grant as well. The program expanded into 18 counties across the state of Iowa. Both the DHS Community Partnership for Protecting Children (CPPC) and Iowa Child Abuse Prevention Program (ICAPP) program managers are involved in the MIECHV Advisory Group throughout this process.

Part of the application process for state lead agencies applying for these funds was to conduct a comprehensive needs assessment to identify key at-risk communities throughout the state where there was a need for home visiting and family support services. DHS, along with other agencies, contributed a significant amount of data to this assessment and plan to continue our involvement in the rollout of the State's evidence-based home visiting program.

State of Iowa Epidemiological Workgroup: The State Epidemiological Workgroup (SEW) was established to facilitate statewide prevention improvement by leading a systematic process to gather, review, analyze, and disseminate information about substance use and abuse in Iowa. The group publishes a semiannual data profile on drug use in Iowa. Additional information on SEW can be found at http://www.idph.state.ia.us/bh/sa_epi_workgroup.asp. The DHS provides a representative to the workgroup and data on drug use and abuse impacts in child welfare.

Child Abuse and Neglect Intervention and Treatment

Iowa Child Advocacy Board (ICAB): The ICAB's Foster Care Review Board (FCRB) program provides oversight function of children in foster care placement. During the first half of FFY 2014 (Oct 1, 2013 - March 31, 2014), local boards operated in 50 of Iowa counties, and trained volunteers reviewed the situations of 1,018 youth. FCRBs solicit the participation of children, parents, and foster parents, DHS workers, service providers and others to inform and facilitate the boards' assessment of case needs and each child's movement toward permanency. Local boards utilize review instruments that align with the CFSR best practice indicators. The ICAB provides the findings of the boards' case reviews to DHS and the juvenile courts with case-specific information and recommendations. The caseworker reviews the findings and recommendations. If the findings and recommendations differ from the caseworker's practice, the caseworker may decide to make some changes in practice and/or discuss the findings and recommendations with their supervisor during case consultation in order to determine next steps.

The ICAB's Court Appointed Special Advocate (CASA) program serves all 99 counties in Iowa. Appointed by the juvenile judges in child abuse and neglect cases, CASAs are trained volunteers who maintain regular, face-to-face contact with their assigned child(ren), communicate with all case participants, review case plans and service progress reports, participate in court hearings and family team decision-making (FTDM) meetings and make written reports to the Court and interested parties with recommendations in the child(ren)'s best interests. In FFY 2014 year-to-date, 1,249 children were assigned to CASAs in Iowa.

Over the last five years, the Iowa Child Advocacy Board (ICAB) experienced changes. ICAB experienced a \$240,000 budget reduction in December 2010, which necessitated staff layoffs, office closings and other budget reduction measures in the early part of 2011. Funding for 2011 and 2012 remained status quo after the 2010 cut. ICAB redesigned the FCRB program. Local FCRBs remained in each of the DHS service areas but were reduced from 62 to 29 boards. Additionally, not all foster care cases were reviewed but locally designed selection criteria, established with input from DHS, judges and local FCRB members, decided which cases would be reviewed. Since 2012, ICAB continued to assess and make adjustments to the FCRB redesign. Despite the reduction in resources, ICAB programs, CASA and FCRB, accomplished the following:

Calendar Year (CY)	# of Volunteers	# of Children Assigned CASA Volunteer	# of FCRB Case Level Reviews
2012	990	1,530	2,219
2011	996	1,536	2,054
2010	1,100+	1,550	3,355
2009	1,000+	1,582	3,500+

Source: Iowa Child Advocacy Board Reports, 2009-2012, available at <https://childadvocacy.iowa.gov/staticpages/index.php?page=Resources>.

Child Death Trainings: In 2012, the DHS, in response to the need to collaborate for the families and children that come to the attention of the department, brought several groups together to look at a cooperative, multidisciplinary training when responding to a child death or severe trauma case. The planning and implementation group included:

- Iowa Department of Justice - Office of the Attorney General,
- Law enforcement,
- Emergency Medical Services,
- Department of Public Safety - Division of Criminal Investigation,
- Department of Public Health – State Medical Examiner,
- Child Protection Center Medical Director,
- DHS Policy, Help Desk and Training staff.

The workgroup, with the support of the statewide Child Protection Council, proceeded to develop a comprehensive day long training entitled, *Criminal, Negligence or Accident: Working Together Toward the Correct Conclusion in Child Death & Severe Trauma Cases*. The focus was on the roles and responsibilities of these groups when dealing with these cases and case studies to reinforce the groups' collaborative working relationships. While the roles and responsibilities are different through collaboration, all groups' efforts are more effective through collaboration.

Trainings were held September 17, 2012 in Des Moines, April 4, 2013 in Sioux City, and October 11, 2013 in Cedar Rapids. There were presenters from members of all the collaborative planning disciplines. The training continues to be offered as part of Iowa's training menu for staff and stakeholders.

Child Welfare Advisory Committee (CWAC): The Child Welfare Advisory Committee (CWAC) was established in April 2009 and is defined in Iowa Code 217.3A. The purpose of this group is to consult with and make recommendations to the Department of Human Services concerning budget, policy, and program issues related to child welfare. CWAC membership includes representatives from DHS, Children's Justice, Child Advocacy Board, legal community, etc. CWAC has four subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee joined forces in 2009 with the Children's Justice's subcommittee on the same issue and with DHS and Department of Education to develop a shared agenda through the Education Collaborative. The Permanency committee disbanded within the last few years.

Many of the committee's members continue to participate in a variety of activities included in this report. For example, some members of CWAC served as members on the Children's Disability workgroup as part of Iowa's mental health redesign and on the Differential Response workgroup in planning and recommending to the Iowa General Assembly a differential response system in Iowa. Several CWAC members participated in a workgroup as part of the 2015-2019 Child and Family Service Plan development and participated in reviewing progress noted in this report. CWAC continues to work with DHS providing valuable input into efforts to continuously improve Iowa's child welfare system.

Child Welfare Partners Committee (CWPC): The Child Welfare Partners Committee exists because both public and private agencies recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement. The vision of the CWPC is the combined experience and perspective of public and private agencies provide the best opportunity to reach our mutual goals: child safety, permanency, and well-being for Iowa's children and families. Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child and Family Service Review outcomes and performance indicators. The committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the committee will propose, implement, evaluate, and revise new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of

Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis with the goal being monthly. There are two co-chairs for this committee, one public and one private. By virtue of the position, the DHS Child Welfare Division Administrator is the public co-chair of this committee with no term limit. The private co-chair is nominated and selected by the CWPC members and will serve a one year term and is limited to two terms in succession, including any partial terms.

The CWPC received technical assistance from the National Resource Center for Organizational Improvement (NRCOI) and developed a two year strategic plan for calendar years January 2013 through December 2014. The goal was to create a long term, more sustainable strategic plan to include major state initiatives and guide the work of the CWPC. The CWPC members identified four (4) goals to address within the strategic plan. The four goals are (1) Enhance partnerships at all levels, 2) Use data and information to support a culture of quality, 3) Advise and guide the development and implementation of new service initiatives (Differential Response and Children's Mental Health), and 4) Capture and apply lessons learned to promote a service array that is integrated and aligned with child and family outcomes.

During the course of the last year, the following activities/tasks were completed by CWPC members:

- **Goal 1)** Enhance partnerships at all levels; Objective 1.1. Identify and use existing structures in key partner groups in regularly scheduled proactive partnership discussions and Objective 1.2. Continue to enhance partnership at the local level. The committee:
 - Reviewed and modified foundational documents and membership guidelines;
 - Built a collective knowledge and diagram structure of groups that exist across the state;
 - Developed and implemented a communication plan used for getting messages shared across the different disciplines across the state; and
 - Developed a survey for external stakeholder partners regarding their awareness of the functioning of the public and private efforts to achieve outcomes.
 - The survey was sent to Judges, County Attorneys, Guardian ad Litems (GALs), Parents' Attorneys, Public Defenders, Tribal Courts, Juvenile Court Services (JCS) Chiefs, Court Appointed Special Advocates (CASA), Foster Care Review Boards (FCRB), Decategorization Coordinators, and others to complete.
 - The end date for completion of the survey was March 21, 2014. The data collected from this survey is currently under review by the CWPC and will be shared with and posted to the CWPC website in the near future.
 - Continues ongoing discussions that include identifying and solving problems between partners to get to an outcome, promote sharing of practices and strategies for improving outcomes, and collaboration in cross training opportunities.

- **Goal 2)** Use data and information to support a culture of quality. Objective 2.1. Guide the development and use of Results Oriented Management (ROM). The committee:
 - Communicated ROM activities per identified work plan; and
 - Continues collaboration in promotion and education of ROM.
 All activities/tasks under Objective 2.2., Promote DHS/Contractor/Court collaboration on use of data and information, has targeted completion dates for October 2014 and is on track for completion to date.
- **Goal 3)** Advise and guide the development and implementation of new service initiatives (Differential Response and Children's Mental Health). Objective 3.1. Ensure successful education and communication regarding Different Response development and implementation and Objective 3.2. Ensure successful education and communication regarding Children's Mental Health and Disability system design, development, and implementation. The committee:
 - Provided education and updates on Differential Response (DR) to stakeholders across the state;
 - Provided education and a copy of the report on the Children's Mental Health and Disability system; and
 - Continues to provide input on the impact of the Children's Mental Health and Disability decisions on the child welfare system.
- **Goal 4)** Capture and apply lessons learned to promote a service array that is integrated and aligned with child and family outcomes. Objective 4.1. Ensure that performance measures are aligned across contracts, contribute to positive outcomes, and appropriately balance accountability and risk and Objective 4.2. Ensure regular dialogue occurs within and between all partners regarding the health of service array. The committee:
 - Explored and re-evaluated fidelity of the financial strategy to promote outcomes;
 - Explored different models to mitigate risk;
 - Resolved the data problem regarding Child Welfare Emergency Services (CWES) and Foster Group Care (FGC);
 - Continues to review Program Improvement Plans (PIPs) and Corrective Action Plans (CAPs) to ensure alignment across contracts which results in positive outcomes; and
 - Continues to assess contributing factors to staff turnover and identify ways to mitigate risk to the system.

A copy of the strategic plan as well as additional information on the CWPC can be located at the following:

http://www.dhs.iowa.gov/Consumers/Child_Welfare/BR4K/CWPC/CWPC.html

During the last five years, the following were identified as accomplishments:

- Strong partnership and communication between DHS and child welfare service contractors at both the state and local levels;
- Completion of the 2012 Strategic Plan;

- Development of a two year Strategic Plan (calendar year 2013 and 2014) and progress made through completion of most activities/tasks to date and on target for future completion dates; and
- Communication of activities completed by the CWPC through email correspondence and posted to the CWPC website, including updates to the strategic plan.

Department of Corrections (DOC): DHS central office staff provided DOC central office staff information regarding field staff, social work case managers and child abuse assessors, as part of a protocol to reduce the time it takes to approve staff for entrance into the correctional facilities to engage incarcerated parents of children involved in the child welfare system. DHS central office updates this information to ensure that it remains accurate and provides the updated information to the DOC central office staff.

Mount Pleasant Correctional Facility (MPCF) Project:

The DHS-DOC project is an effort to involve incarcerated parents in their children's lives. The vision of the program includes providing tools to improve and strengthen relations between incarcerated fathers and their families and to achieve the requirements necessary for offenders to have structured visits with their children. It is the hope that with the family structure intact the offender can return to his family and have a positive support system not only for himself but for his family as well.

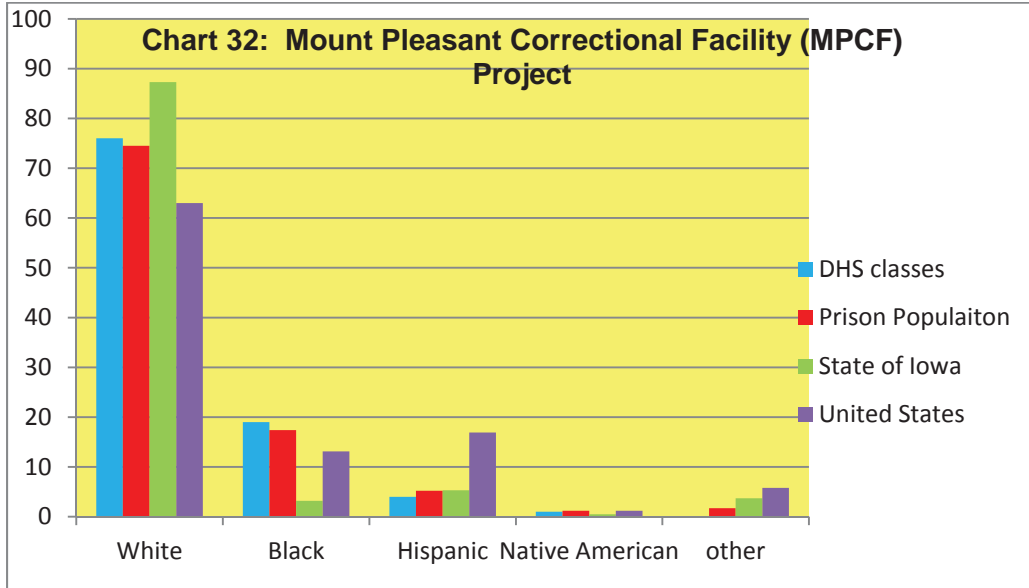
Since January 2013, the program began with participants attending a 4 week DHS 101 class to learn more about their rights as a parent. Participants then attend an eight week parenting class called 24/7™ Dads. Both classes are primarily taught by "Parent Partners" who are not state of Iowa or DHS employees. Parent Partners are an innovative way to use teachers that not only have the skills to lead the class but also have their own experiences with DHS to give real life scenarios that the offenders can relate. This unique approach has offenders raving about the classes.

DHS also provides an onsite social worker available once a week at MPCF to assist offenders in individual parenting issues including custody hearings, Child In Need of Assistance (CINA) cases, termination of rights hearings, and other issues. The social worker at MPCF contacts the social worker in the county the children reside to have two way communication between the father and the caseworker. Below is information from calendar year 2013:

- Total male offenders involved in project – 128
- Total female offenders involved in project -11 (Female prison closed at MPCF in October 2013)
- Total Offenders- 139
- Children of Male offenders - 267

County with over four offenders in project

Polk- 24	Scott- 16	Linn-14
Johnson-7	Muscatine-7	Lee- 6
Dubuque-6	Black Hawk-5	Woodbury-5
Des Moines-4	Henry-4	Mahaska-4



Offenders involved in the project defined by race%.

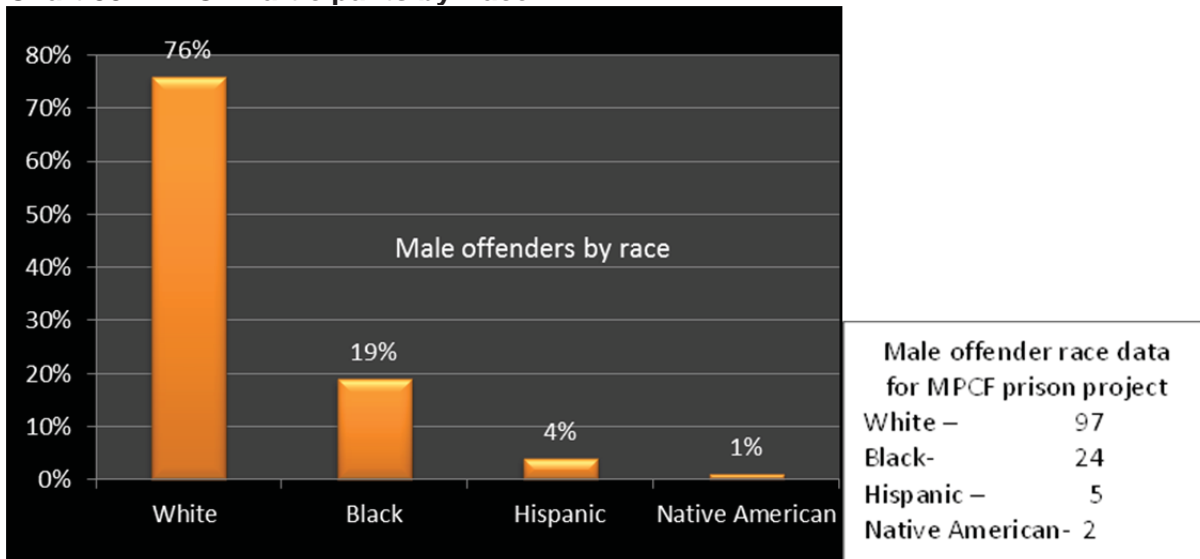
Offenders in DHS class at MPCF for 2013

Iowa Prison population 2013

State of Iowa general population 2013

USA general population 2013

Chart 33: MPCF Participants by Race



Source for all charts above: MPCF Project

DHS and DOC staffs will continue to collaborate regarding serving the cross population of parents whose children are involved in the child welfare system.

Disaster Planning: The DHS' public/private partner collaboration began in SFY 2012 with the implementation of new child welfare contracts for CWES and foster group care. These contracts cover 28 contractors (13 and 15 respectively—some providers offer both services) that were selected under competitive procurements. This was the first time such a process was used for these services, although emergency juvenile shelter, today one component of CWES, used a request for proposal process in 2006 for that service alone.

The resulting contractual requirements provided the DHS with the opportunity to assure all of these child welfare service providers had disaster plans in place. These were not necessarily new plans for experienced contractors, but the process encouraged a comprehensive view of planning beyond simply fire, floods, or tornadoes, and it encouraged uniformity in disaster planning approaches.

Going back to the inception of these new contracts (SFY 2012), a public partner collaboration was initiated when the Division of Adult, Children and Family Services of the Iowa Department of Human Services and the Division of Criminal and Juvenile Justice Planning of the Iowa Department of Human Rights began exchanging planning information between state agencies and sharing resources with our respective private partners in the community. Talks also were held between the two agencies and Iowa's Office of Homeland Security to assure awareness of what assistance is available to our community partners to aid their emergency planning efforts.

Education and children in foster care: See *Goals and Objectives*, the *Chafee Foster Care Independence Program (CFCIP)*, and the *Education and Training Vouchers (ETV) Program* earlier in this report.

Foster parent needs: A key collaboration effort in Iowa that provides support and works to address the needs of foster parents include Iowa Foster and Adoptive Parent Association (IFAPA), Iowa's recruitment and retention contractor (currently Iowa KidsNet (IKN)), and DHS. Two initiatives of this collaborative effort included:

- Convening a group comprising DHS, IKN and IFAPA representatives to meet quarterly in order to address foster parent concerns, to discuss, clarify and review policies that affect foster and adoptive families, improve communication between administration and field staff in all three organizations; and to strengthen local and administrative relationships to better service children and families.
- IFAPA offers training for foster parents on a variety of topics and developed a variety of resources specific to foster parenting issues that are available on their website, <http://www.ifapa.org/>. The DHS continues to collaborate with IFAPA in offering trauma trainings throughout the state for foster parents to help them understand the behaviors of a traumatized child and how to work with traumatized children.

Iowa Association of Adoption Agencies: The association comprises private adoption agencies, Iowa KidsNet (IKN), and the Iowa Foster and Adoptive Parents Association (IFAPA). The purpose of the association is to bring together private and public

agencies to promote best practices in adoption, provide training, and collaborate on statewide initiatives such as Adoption Month. The DHS adoption program manager attends meetings, provides policy updates, provides training as requested, and participates in planning for National Adoption Month. The Iowa Association of Adoption Agencies was instrumental in passing legislation in 2014 that strengthened post-placement reporting requirements and timeframes for domestic and international adoptions, and codified the record check requirements of the Adam Walsh Act to apply to prospective adoptive parents who are pursuing domestic private adoptions.

Medical needs of children in foster care: DHS continues to collaborate as needed with Iowa Medicaid Enterprise (IME) on meeting the Fostering Connections Act requirements related to health care of foster care children. The child welfare system has access to Medicaid claims data (I-MERS), such as the last well child visit, immunizations, dental provider contact information, and other health provider contact information, which assist DHS in ensuring continuity of services for children in the child welfare system, especially foster care children. IME received a federal grant to offer Iowa health care providers incentives for having electronic medical records. The child welfare system continues to collaborate with IME regarding the feasibility of getting information from electronic medical records, which will assist in obtaining the initial health care information on children coming into the child welfare system who have not been on Medicaid.

Mental Health Re-design: See *Goals and Objectives* earlier in this report.

Service Business Team: DHS established a Service Business Team (SBT) to guide collaboration and partnership between DHS central office and service areas in achieving identified child welfare goals for the next five years. SBT members include a Service Area Manager and the Bureau Chief, Service Support and Training (field), the Bureau Chief of Child Welfare and Community Services (policy), the Bureau Chief of Child Welfare Information System (IT), and the Bureau Chief of Quality Improvement (Quality Assurance). Additionally, Iowa Children's Justice and juvenile court services staff were invited to meetings for discussion of Iowa's PIP during PIP implementation.

Additional collaborations: DHS continues to collaborate with other groups not mentioned above in order to keep children safe and strengthen vulnerable families. DHS also listens to the voices of these groups for their input on progress made in the child welfare system and on child welfare policy and practice. Collaborations may occur through established councils, advisory boards, legislative task forces, informal and formal group meetings, etc., depending upon the collaborative partner. Their feedback is captured through their participation in these engagement avenues, minutes from meetings, formal recommendations made by the collaborative partner or the collaborative group, etc. The DHS utilizes this information to inform policy and practice decisions while at the same time taking into account the specific information captured, its relevance to operations, federal and state requirements, fiscal limits, etc. Collaborative partners include:

- Substance abuse treatment providers

- Schools and teachers
- Domestic violence agencies
- Communities
- Mental health providers
- Medical community
- Foster care review boards (FCRB)
- Court appointed special advocates (CASA)
- Parents attorneys and guardians-ad-litem
- Youth (Iowa Foster Care Youth Council)
- Parents (Parent Partners, Moms Off Meth, etc.)
- Foster parents (Iowa Foster and Adoptive Parent Association)
- Juvenile Court Services
- Native American tribes
- Decategorization and Community Partnership for Protecting Children (CPPC) projects
- Law enforcement

Collaboration with Other State Agencies:

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

- Department of Management, Community Empowerment regarding the Iowa Community Empowerment program
- Department of Inspections and Appeals regarding compliance with licensing requirements

Collaboration with Iowa Children's Justice (ICJ) (Iowa Court Improvement Project)

- DHS collaborated with Iowa Children's Justice's (ICJ) on Iowa's 2010 CFSR through ICJ participation in workgroups to develop the statewide assessment, participation as a reviewer during the onsite review, and participation in workgroups to develop the Program Improvement Plan (PIP). ICJ staff also participated in implementation of Iowa's PIP, which began in 2011. There were several activities in the PIP that ICJ worked with DHS to complete, such as activities related to:
 - Caseworker visits – standards of documentation for quality visits;
 - Expansion of Responsible Fatherhood/Non-Custodial Parent (NCP) initiative – efforts to engage fathers and NCPs;
 - Family Team Decision-Making (FTDM) meetings – training on revised standards;
 - Family Interaction – training;
 - Children's mental health services – establishment of children's disability services as part of Iowa's mental health redesign;
 - Educational needs of children – through the Education Collaborative to address transportation, credit recovery and school stability;
 - Cultural competency/responsiveness of child welfare workforce – through participation in the Breakthrough Series Collaborative and Minority Youth and Family Initiative sites and the Cultural Equity Alliance steering committee; and

- Permanency Roundtables – through participation in Values Training.
- DHS collaborated with ICJ regarding the development and implementation of the 2010-2014 Child and Family Service Plan (CFSP) through activities delineated in this report and in prior Annual Progress and Services Reports (APSRs), including, but not limited to, those activities described above and below.
- DHS staff remains active in the ICJ State Council, as well as the ICJ Advisory Committee, and other task forces and workgroups. The ICJ State Council and ICJ Advisory Committee meet quarterly, with members representing all state level child welfare partners. Council and committee members discuss policy issues, changes in practice, updates of child welfare relevance, and legislative issues. For instance, Differential Response (DR) and the children's disability re-design were discussed, including the impact such proposed changes might have on other partners, such as the Juvenile Court and the Office of the State Public Defender. Joint grant projects related to family treatment courts are regularly reported on, including updated evaluation data. Additionally, topics such as expanding foster care to 21 are discussed at the ICJ State Council. Furthermore, Standards of Practice for Parents Representation, Standards of Practice for State Agency Representation, and Model Standards for Family Treatment Court were all developed or approved for submission to the Supreme Court for consideration of adoption by the ICJ Advisory Committee and ICJ State Council.
- ICJ staff is co-chair of the Child Welfare Advisory Committee.
- The Parents and Children Together (PACT) grant is a collaborative, family treatment court approach to serving families where substance abuse is a primary reason for the family's involvement in the child welfare system. The family treatment court model consists of judge-led multidisciplinary teams of child welfare, substance abuse treatment, mental health, attorneys and other professionals. The family treatment court teams address a family's needs through a combination of joint case planning, frequent judicial review, team oversight and coordinated services and support. The pilot counties for the grant are: Cherokee/Ida, Linn, Polk, Scott, Wapello, and Woodbury. Key elements of the grant include:
 - Early substance abuse assessments and treatment for parents;
 - Regular, frequent, judge led court hearings;
 - Recovery support for families both during and beyond their court involvement for 6 -12 months; and
 - Coordinated case planning and treatment team delivery of services to families.

Multidisciplinary training has been an important and ongoing aspect of the PACT grant. The majority of PACT training has been done through All Sites Meetings which have occurred annually throughout the grant. The pilot site teams bring up to fifteen team members to these meetings. Teams sit together for the training portions of the meetings and are offered time as teams to discuss the training and how they can begin to implement changes based on what they have learned. There is also time during the All Sites Meetings for discussions between teams to foster the sharing of ideas and successes across sites.

In an effort to provide consistency in the implementation of Family Treatment Courts, Family Treatment Court Standards and Practice Recommendations have been developed. These proposed standards have been approved by the ICJ Advisory Committee and the ICJ State Council and are currently before the Iowa Supreme Court for adoption. They provide guidance about the required and recommended practices that define best practices to PACT sites and other local court teams considering creating a Family Treatment Court.

Collaboration has been a key element to the success of the PACT grant. At the state level, an advisory committee including representatives from the Judicial Branch of Iowa, the Department of Human Services, the Department of Public Health, and the Governor's Office on Drug Control Policy have met quarterly. The role of the advisory committee has been to assist in overcoming barriers, provide guidance and assistance on state level policy issues, and to assist with sustaining the successful components of the grant once the federal funding is no longer available.

On a local level, judges have assembled multidisciplinary treatment teams to deliver the services needed for families participating in the project. The treatment teams meet before every Family Treatment Court session to review the participants' progress and in between Family Treatment Court sessions for case coordination and joint case planning. They also have convened local steering committees with members from the broader community who has supported the broader implementation of the Family Treatment Court by contributing resources or volunteering.

The PACT project has demonstrated outcomes that indicate the Family Treatment Court model is an effective way for parents to access and receive substance abuse assessments and treatment and have their children remain in their care or returned earlier from out of home placements. Since the beginning of the grant, the Family Treatment Courts have served 399 families comprising 481 parents or caregivers and 773 children. Our matched comparison group consisted of 90 families and our referred comparison group consisted of 134 families.

Project Outcomes:

- For children at risk of removal, 81% were able to remain in their homes through case closure compared to 57% in the referred comparison group.
- For children placed in out of home care, 74% were reunified compared to 52% in the matched comparison group and 56% in the referred comparison group.
- The average length of stay in out of home care for the children participating in the PACT project was 12.4 months
- Ninety-four percent of the families participating in the PACT grant did not have a recurrence of maltreatment within 6 months.
- Ninety-five percent of the parents were admitted into substance abuse treatment compared to 65% and 72% in the matched and referred comparison groups respectively.

- Eighty-six percent of the PACT participants successfully completed their first treatment stay compared to 61% of the matched comparison group and 43% of the referred comparison group
- The PACT project also had success in retaining participants in treatment. The average length of stay in treatment for PACT participants was 232 days compared to 64 days for the matched comparison group and 89 days for the referred comparison group. Research has demonstrated that longer treatment stays are more strongly associated with reduced substance usage and sustained recovery.
- An additional component of the evaluation for this project has looked at a cost analysis or cost avoidance study for providing these services. Family Treatment Courts have demonstrated effectiveness in achieving higher reunification rates and placement into substance abuse treatment as well as reducing subsequent treatment episodes when compared to the matched and referred comparison groups. Estimates show that the Family Treatment Courts generated over \$4 million dollars in cost avoidance for the state in its five years of operation. The methodology used for this study likely understates the cost avoidance because it focuses solely on substance abuse treatment and child welfare cost data. More in-depth cost avoidance studies have included reductions in medical hospitalizations and emergency room visits, and an increase in earnings.
- The DHS and ICJ developed a series of case performance measures, inclusive of court measures, which function much like the Child and Family Service Review (CFSR) outcome measures. In addition, DHS shares data so that it can be paired with the court data to improve reporting for the court.
- DHS, service providers, ICJ and Iowa Foster and Adoptive Parent Association (IFAPA) collaborate to develop and deliver training for DHS staff, providers, foster parents, judges, and attorneys.
- DHS contracted with the Coalition for Families and Children's Services in Iowa to establish and maintain a Child Welfare Provider Training Academy. ICJ had a representative of the Child Welfare Provider Training Academy serve on the District Team Training Planning Committee in 2012. ICJ staff asked and the Training Academy agreed to serve on a planning committee for a Permanency Summit in 2013.
- In FFY 2014, DHS continued to collaborate with ICJ and other stakeholders through a workgroup to assess Iowa's child welfare system outcomes and to develop the next Child and Family Service Plan (CFSP), which is due to the Children's Bureau in June 2014.

PROGRAM SUPPORT

See Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV) for program support information related to those programs.

Training

DHS Training

Training conducted and discussed below increased staff, providers, and partners' knowledge, skills and/or abilities around one or more of the following 2010 – 2014 Child and Family Service Plan (CFSP) goals:

- Implement revised protocol for drug testing
- Implement family interaction protocol
- Further integrate Family Interaction into practice
- Improve assessment of child and family needs, and matching services to needs
- Improve engagement with both parents, including non-custodial
- Increase percentage of children and parents that have monthly visits with their DHS caseworker
- Reduce child welfare disproportionality for minority children and families
- Significantly increase retention and continuity of DHS and provider frontline staff and supervisors
- Parents and youth have a voice in all policy and practice decisions
- Engage stakeholders in conversations related to safety and risk
- Increase Early ACCESS take-up rate for child abuse victims and children in foster care
- Safely reduce the number of children and youth served in foster care
- 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

From FY 2010 – 2014, there were notable enhancements in the training provided and training available to DHS supervisors and social workers. These enhancements extended training to our providers and partners by incorporating technology, which added more availability of learning sessions and learning resources. Additionally, the DHS continues to utilize a learning needs assessment of staff to determine learning needs and to conduct more research to inform our training. In Iowa's 2010 Child and Family Service Review (CFSR), Iowa was in compliance with the systemic factor, staff and provider training, and Iowa continues to make enrichments.

The most comprehensive change to Iowa's training has been the implementation and continued development of the learning management system (LMS), Iowa DHS Service Training website <http://servicetraining.hs.iastate.edu/>, which is available 24/7 for online learning and access to learning, resources and webinar recordings. The training calendars, course catalog, resources, individual's training history, and webinar recordings, including supervisory seminars, are all on the Iowa DHS Service Training

website. While the DHS Service Training website has enhanced the DHS staff learning; it also has been available to our partners for their learning needs as well.

The Department of Human Development and Family Studies (HDFS) at Iowa State University (ISU) operates the Child Welfare Research and Training Project (CWRTP). Through contract-supported partnerships with the DHS, the CWRTP facilitates and evaluates trainings for DHS staff and community provider agencies.

Research conducted by the Aberdeen Group found that 82% of Best in Class organizations use assessments to determine skill/competency learning needs. The DHS utilized our 2011 Individual Learning Needs Survey and Individual Learning Plan to guide the development of statewide ongoing training courses. The survey has two parts, both the worker's learning needs and a learning plan to address the worker's top four learning needs. The survey is done collaboratively between the supervisor and the worker. The results are then entered into Survey Monkey to aggregate the data statewide. The survey is done every two years and the analysis of the aggregated learning needs data is used to inform the planning of state wide trainings. Below were the results of the 2011 survey as evaluated by the CWRTP at ISU:

- Participation:
 - Social Worker 2 (case manager): 333
 - Social Worker 3 (assessor): 161
- Potential Top Learning Needs:
 - Social Worker 2 and 3:
 - Mental health
 - Involvement of kin
 - Involvement of non-custodial parent
 - Substance abuse
 - Domestic violence
 - Worker well being
 - Technology
 - Safety assessments and safety plans
 - Additional for Social Worker 2:
 - Youth development
 - Interviewing
 - Additional for Social Worker 3: Respects Differences in Ethnicity
- General Survey Conclusions:
 - Most survey participants were at a proficient level in terms of average of all competencies but proficient level might differ from one competency to another.
 - There were significant differences on the average competency level among different service areas and current position lengths, but no significant difference between Social Worker 2 and Social Worker 3 in terms of average competency.
- Implication: Emphasize training on competencies that are both weak/needed and important for the position. If feasible, also pay attention to those job-related weak areas that are less important.

In 2013, the survey was updated by the statewide training committee and workers were resurveyed for their learning needs. Results of the resurvey have not been received from the CWRTP.

The availability of face-to-face topical training and quarterly topical specific trainings were developed using the learning assessment data mentioned above and from the identified needs of Iowa's 2011 Program Improvement Plan (PIP). An example of one of the quarterly trainings was on the topic of engaging non-custodial parents. The training included working with Parent Partner fathers and foster care youth and was offered 10 times around the state. Over 600 DHS, community public and private providers, and Department of Corrections (DOC) staff attended the training. There was research with a pre- and post-survey showing the Engaging Fathers training had a positive increase in understanding and knowledge in the subject, engagement strategies, and use of identification and location tools.

During SFY 2011 and SFY 2012, the DHS, in collaboration with the Iowa Children's Justice (ICJ), developed the [Iowa's Blueprint for Forever Families](#) document. To focus dialog around permanency, ICJ conducted a large multidisciplinary Permanency Summit in May 2011 for the Judicial Branch, DHS, and provider staff and partners. The Blueprint was the major focus of this training. Following the Permanency Summit, there were multidisciplinary permanency trainings in each of the Court Districts. These trainings focused on permanency data from the DHS and discussed how to improve permanency for children in their districts. The audience for this multidisciplinary training was a collaborative team of court personnel, DHS staff and provider partners.

At each training, the Chief Judge and the DHS Service Area Manager or Social Work Administrator from that area opened with introductions followed by a panel discussion on the various roles and responsibilities around permanency. The panel included a local judge, county attorney, guardian ad litem (GAL), DHS social worker, provider and Parent Partner. There was a lunch table discussion about permanency followed by the afternoon session that focused on a review of the permanency data for the local area and group work on how to impact permanency in this area given the data and information shared during the training.

**Table 42: Joint Iowa Children's Justice and DHS
Multidisciplinary Training Schedule**

District	Date 2012	Location
D5 A&B	May 10 th	Creston
D1	May 23 rd	Decorah
D8	June 7 th	Fairfield
D3	June 22 nd	Storm Lake
D4	August 23 th	Council Bluffs
D2	Sept 7 th	Ames

Source: DHS

In order to enhance the understanding of cultural sensitivity, a webinar series was held monthly from January through May 2013 on Disproportionate Minority Challenges,

which was facilitated by two professors Dr. Michele Devlin, Dr. P.H.; Professor and Director, Iowa Center on Health Disparities and Dr. Mark Grey, Ph.D.; Professor and Director, New Iowans Center from the University of Northern Iowa, who authored the report [“Addressing Disproportionate Minority Challenges in the Child Welfare System through Cultural and Linguistic Responsiveness: An Annual Assessment of Opportunities and Barriers within Iowa”](#)

Table 43: Disproportionate Minority Challenges Webinars		
2013 Dates	Webinar Number & Topic	Number of Participants
Monday January 28	CC 343 Changing Demographics of Iowa: Implications for Child Welfare in Iowa	90
Wednesday February 13	CC 344 Working Effectively with Low Income Families	119
Monday March 11	CC 345 Effective Strategies when Working with Low Literacy Clients	57
Monday April 8	CC 346 Cultural Differences in Child Rearing and Safety Implications	112
Monday May 6	CC 347 Working with Latino Families in the Child Welfare System	81

Source: DHS

The Power of Teaming: Department of Human Services and Early ACCESS, Allies for Infants and Toddlers course was a collaborative offering designed to increase knowledge, build positive relationships, and increase collaboration and communication among DHS and Area Education Agency front-line staff involved in delivering Early ACCESS (Early Intervention) services to eligible Iowa foster children under age three and their families. The Individuals with Disabilities Education Act (IDEA) Part C define these services.

Table 44: SP 440 - The Power of Teaming: DHS and Early ACCESS, Allies for Infants and Toddlers		
2013 Dates	Location	Number of Participants
January 16th	Council Bluffs	34
January 17th	Sioux City	32
February 6 th	Ft. Dodge	25
February 7 th	Waterloo	25
February 20 th	Cedar Rapids	19
March 7 th	Burlington	12
March 21 st	Ottumwa	17
March 27 th	Des Moines	41
April 8 th	Davenport	16

Source: DHS

The table below shows the number of participants for each DHS course offered during FFY 2013.

Table 45: FFY 2013 Courses Offered and Number of Participants			
Course	Attendance	Course	Attendance
CC 350: FTDM/YTDM Facilitator Refresher Training	509	SP 300: Application of Legal & Medical Issues in Child Abuse	11
CC 351: Youth Credit Reporting	142	SP 301: Impact of Domestic Violence & Substance Abuse	31
CC 352: Appeal Proofing	56	SP 304: Advanced Legal Aspects of Social Work	5
CC 846: Trauma-Informed CW	85	SP 305: Effects of Mental Disorders on Parental Capacity	9
CC 847: Trauma 101	90	SP 400: Criminal, Negligence, or Accident	146
CC 848: Understand Trauma Effect	95	SP 401: Abusive Head Trauma in Children	8
CC 849: Elements-Informed Practice	89	SP 402: The Trauma Informed Worker: Promoting Resilience in Children & Families	112
CC 850: Essential Elements of Trauma Informed Child Welfare	88	SP 434: Dream Team/Youth Transition Decision Making	119
CC 851: System Induced Stressors & Mitigating Practices	56	SP 435: Engaging Youth in their Transition to Adulthood	207
CC 852: System Induced Stressors & Mitigating Practices – Part 2	57	SP 441: Worker Well Being: The “U” in TraUma Informed Care	117
CC 853: Secondary Trauma	83	SP 533: Shared Parenting/Family Interactions	35
CC 854: What about the Parents?	65	SP 534: Family Team Decision Making Facilitation	80
CP 200: Basic Training for Child Protective Workers	26	SP 535: Assessing Throughout the Case	18
DA 004: Alzheimer’s 101	30	SP 539: Facilitating FTDM with Domestic Violence	18
DA 017: Brain Injuries 101	39	SP 541: Child Interviewing	18
DA 018: Iowa Guardianship, Conservatorship & Powers of Attorney	33	SP 542: Motivational Interviewing	88
DS 168: Dependent Adult Abuse Mandatory Reporter	435	SP 548: Adv DV w/Safety Planning	116
DS 169: Mandatory Child Abuse Training	449	SP 549: Evidence-Based Treatment for Behavior Personality Disorders	17
DT 001: Drug Testing Authorization	171	SP 550: DSM-5: The essentials for front line	113

Table 45: FFY 2013 Courses Offered and Number of Participants			
Course	Attendance	Course	Attendance
		workers	
DT 002: Drug Testing Operations	161	SP 802: Sup Pract-Mod-Pract #2	83
HS 001: Confidentiality is Key	326	SP 842: Motivational Interviewing for Supervisors	5
HS 003: Confidentiality Part 2: Privacy & Security	471	SW 020: Foundations of Social Worker 2 Practice	35
SP 100: Overview of Child Welfare	34	SW 071: Legal Aspects of Social Work	26
SP 103: Legal Fundamentals	17	SW 072: Testifying in Juvenile Court	26
SP 104: Medical Fundamentals	12	SW 073: Permanency & Termination of Parental Rights	22
SP 105: Substance Abuse	27	SW 321: Legislative Update & Appellate Court Decisions	42
SP 106: Domestic Violence	35	SW 341: Building on Cultural Values & Strengths of Native Indian & Native Alaska Families in Child Protective Treatment	39
SP 107: Impact of Child Abuse on Child Development	32	SW 500: Social Work Ethics	77
SP 150: Child Welfare Practice in Iowa	33	SW 504: Beyond the Basics: Real Life Ethics for the Child Welfare Professional	21
SP 202: Quality Case Documentation & Worker Visits	509		

Source: DHS

During the past three years, the DHS implemented a yearly topic focused seminar series for DHS supervisors and provider partner supervisors. During SFY 2012, the focus was permanency and in SFY 2013, the focus was trauma-informed practice. During SFY 2014, the seminar series is a facilitated discussion about Differential Response in support of Iowa's Differential Response implementation on January 1, 2014. In addition to the webinars, a monthly practice bulletin is developed to support and enhance the seminar's discussion and content. The practice bulletin is sent out to all supervisors and provider partners with the invitation email to join in the supervisory seminar. These seminars are designed for a collaborative dialog around the monthly practice topics at the local practice area. Supervisors then conduct training with their front line staff.

In SFY 2014, as a planned continuation of the Focus on Trauma supervisory seminars in FY 2013, there were two new statewide trauma informed trainings for staff:

- SP 441 - Worker Well Being: The "U" in TraUma Informed Care and

- SP 402 - The Trauma Informed Worker: Promoting Resilience in Children and Families.

These two courses were offered 10 times each around the state during the fall 2013. Below are two tables showing the dates offered, locations and number of participants.

Table 46: SP 441 - Worker Well Being: The “U” in TraUma Informed Care		
2013 Dates	Location	Number of Participants
August 7 th	Sioux City	16
September 11 th	Mason City	20
September 12 th	Waterloo	26
September 18 th	Burlington	28
September 19 th	Davenport	27
October 3 rd	Des Moines	36
October 16 th	Ottumwa	22
October 17 th	Cedar Rapids	24
October 23 rd	Des Moines	31
October 24 th	Council Bluffs	22

Source: DHS

Table 47: SP 402 - The Trauma Informed Worker: Promoting Resilience in Children and Families		
2013 Dates	Location	Number of Participants
August 13 th	Des Moines	24
August 19 th	Sioux City	11
September 9 th	Davenport	22
September 16 th	Waterloo	27
September 23 rd	Cedar Rapids	27
September 30 th	Burlington	25
October 7 th	Ottumwa	38
October 8 th	Council Bluffs	15
October 21 st	Mason City	11
October 29 th	Des Moines	33

Source: DHS

To continue the trauma informed learning, a Supervisor Companion Guide to the course, The Trauma Informed Worker, was distributed to all supervisors to enhance the transfer of learning.

As part of Iowa’s Differential Response implementation plan, a training curriculum was developed and trainings were conducted in each of the regional service areas.

**Table 48: SP 306 - Responding Differently –
Conducting Family Assessment in Iowa's Child Welfare System**

2013 Dates	Location	Number of Participants
November 18 th	Des Moines	27
November 19 th	Des Moines	23
November 21 st	Davenport	30
November 22 nd	Muscatine	20
December 2 nd	Washington	29
December 3 rd	Washington	28
December 5 th	Waterloo	36
December 6 th	Mason City	21
December 9 th	Denison	20
December 10 th	Storm Lake	28

Source: DHS

Focus for the SFY 2014 supervisory seminars, jointly held for DHS and service provider supervisors, is Differential Response with each month's seminar accompanied by a practice bulletin, A Different Path, which provided the foundational reading for the seminar. The recorded webinars remain available on the Iowa DHS Service Training website for viewing when needed. Below is the SFY 2014 supervisory seminar schedule:

Table 49: Supervisory Seminar Schedule – Different Response: A Different Path

Number and Name	Date 2nd Tuesday, 1:30 - 2:30 PM	Number of Participants
CC 857 Family Assessment – Foundation of Differential Response	October 8, 2013	64
CC 858 Culture Shift	January 14, 2014	80
CC 859 Family Safety	February 11, 2014	54
CC 860 Family Partnership	March 11, 2014	40
CC 861 Family Led Assessments	May 13, 2014	34
CC 862 Family Well-Being	Rescheduled from June 10, 2014 to July 8, 2014	

Source: DHS

Iowa continues discussions on developing an inter-institutional public child welfare certificate at the undergraduate level. Iowa State University is the lead university in collaboration with the University of Iowa and the University of Northern Iowa. Due to the complexity of the different university calendars, procedures, and curriculum approval committees; it is likely that it will take several years to get all the approvals to have the

certificate in place. The DHS training officer participates in this committee and has informed the Regent universities about the DHS' developed social worker competencies.

DHS continues to partner with the Iowa Children's Justice on their substance abuse grant training.

A transfer of learning tools for supervisors to mentor their new staff during their initial novice year was developed and distributed to all supervisors as they have new staff join the DHS.

Child Welfare Provider Training Academy

The Child Welfare Provider Training Academy is a partnership between the Iowa Department of Human Services (DHS) and the Coalition for Family and Children's Services in Iowa to develop and deliver trainings and related services to child welfare frontline staff and supervisors throughout the state in order to improve outcomes for children. The Training Academy works to provide accessible, relevant, skill-based training throughout the state of Iowa using a strength based and family centered approach. The Training Academy continues to design an infrastructure to support agencies in their efforts to train and retain child welfare workers and positively impact job performance and results in the best interest of children.

The Training Academy coordinates training curriculum development and oversight in cooperation with the Child Welfare Provider Training Academy Committee, the Child Welfare Partners Committee, and the DHS Training Committee.

During SFY 2012-2013, the Training Academy delivered a total of **29** live trainings across all five (5) service areas reaching out to a total of **692** staff in the following topic areas:

- Trauma Informed Care: Understanding Trauma – Level 1
- Trauma Informed Care: Understanding Trauma – Level 2
- Healthy Relationships and Marriage Education Training (HRMET)
- De-Escalation Skills Foundation
- De-Escalation Skills Practical Application
- Compassion Fatigue and Burnout Foundation Overview
- Compassion Fatigue and Burnout Practical Applications
- Working Effectively with Youth Affected by a Substance Use Disorder
- Diagnosis and Behaviors Foundation
- Diagnosis and Behaviors Practical Applications
- Attachment Issues Foundation
- Attachment Issues Practical Application

SFY 2013-2014 Child Welfare Providers Training Academy will deliver the following trainings across all five (5) service areas in the following topic areas:

- Trauma Informed Care: Understanding Trauma – Level 1

- Trauma Informed Care: Understanding Trauma – Level 2
- Ethical Responsibilities and Understanding Boundaries for Child Welfare Providers
- Reactive Attachment Disorder
- Diagnosis and Behaviors, including changes to DSM-V Foundation Overview
- Diagnosis and Behaviors, including changes to DSM-V Practical Application
- De-Escalation Skills
- LGBTQ Basics and Best Practice
- Autism Spectrum Disorder –Foundation Overview
- Autism Spectrum Disorder – Practical Application
- Healthy Relationships and Marriage Education Training (HRMET)
- Working Effectively with Youth Affected by a Substance Use Disorder
- Compassion Fatigue and Burnout Foundation Overview
- Compassion Fatigue and Burnout Practical Applications
- Generation Next-Surviving and Supporting Through the Teen Toxic Culture

Beginning July 1, 2013 through March 31, 2014, the Child Welfare Provider Training Academy delivered a total of **37** live trainings across all five (5) service areas in the following topic areas:

- Trauma Informed Care- Level 1 (trained across the five services areas 12 times)
- Trauma Informed Care- Level 2 (trained across the five services areas 16 times)
- Working Effectively with Youth Affected By a Substance Use Disorder
- Healthy Relationship and Marriage Education Training(HRMET)
- Ethical Responsibilities and Understanding Boundaries for Child Welfare Providers
- Reactive Attachment Disorder
- LGBTQ Basics and Best Practice
- Autism Spectrum Disorder-Foundation Overview
- Autism Spectrum Disorder-Practical Application
- Diagnosis and Behaviors, including DSM V Foundation Overview
- Diagnosis and Behaviors, including DSM V Practical Application

As of March 31, 2014, the Child Welfare Provider Training Academy trained **586** staff members in SFY 2013-2014.

Live trainings are categorized for levels of child welfare practice as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker. Overall, **95%** of participants reported on their evaluation form that their needs were met and training was useful to their job.

A Training Plan for SFY 2013-2014 was developed and provided to the DHS on September 16, 2013. The training plan is compatible with the child welfare outcomes of the DHS Model of Practice and with the Child and Family Services Review. These outcomes include safety for children, permanency, academic preparation and skill development, and well-being. There are 54 live trainings scheduled for SFY 2013-2014 to date.

The Child Welfare Provider Training Academy continues to research the capability to present trainings through webinars/teleconferences across the state of Iowa as well as live trainings and blend in Relias Learning online courses. The blended track is designed around the topic of Youth Engagement. There is a lot of research and resources stating that Youth Engagement is important. For these reasons, the Child Welfare Provider Training Academy designed trainings, a webinar, online courses, and research papers for the front line workers of child welfare.

The Child Welfare Provider Training Academy continues to partner with Relias Learning to provide a range of individual online training courses to 500 child welfare providers and supervisors across the state of Iowa for organizations with child welfare contracts with the DHS. These courses are available on a 24/7 basis which allows an easy way to keep up with the latest developments in the field and earn continuing education credits from national accrediting bodies such as the Child Welfare League of America (CWLA) and the Association of Social Work Boards (ASWB).

In SFY 2012-2013, there were a total of 3,236 courses taken which compares to a total of 3,022 courses taken during SFY 2012-2013 which is a 6.61% increase.

Through the first eight (8) months of SFY 2013-2014, there have been a total of 1,833 courses which compares to a total of 2,189 courses taken during the first eight (8) months of SFY 2013, which is a 16.26% decrease. (Note: The first eight (8) months of 2014 (1,833 courses) reflect a 1.8% increase over the first eight (8) months of 2012 (1,800 courses). So to date, this is above 2012, but not 2013.)

Last year, one identified strategy to maintain interest and usage along with keeping active staff assigned to the 500 potential users available was to highlight a course a month. This was not only to remind the user of the on-going resource and opportunity, but also to share a course relevant and practical to their daily work. Some of these monthly topics include:

- DSM-5 Overview Course
- Foundational curriculums
- Calming Children in Crisis
- Introduction to Trauma-Informed Care
- Provider Resiliency and Self-Care: An Ethical Issue
- Trauma Informed Treatment for Children with Challenging Behaviors
- Co-Occurring Disorders
- Personal Safety in the Community
- First Aid Refresher
- Person-Centered Planning

The Child Welfare Provider Training Academy continues to collaborate with the International Trauma Center (ITC) renamed from International Center for Disaster Resilience (ICDR) and Midwest Trauma Services Network (MTSN) for Understanding Trauma: Trauma Informed Care.

The Child Welfare Provider Training Academy, ITC, and MTSN continue to customize plans to deliver trainings as well as build capacity and sustainability in the state. The Child Welfare Provider Training Academy will continue to support and build on the work already established and ensure that all parts of the state have access to the same training. Utilizing the same training group will ensure that a common language is created across agencies and other child welfare partners.

During SFY 2013-2014, the Child Welfare Provider Training Academy developed another Trainer of Facilitators (TOF) Program to increase the Level 1 Coordinators to include individuals in each of the five service areas and the ability to cover and train in all 99 counties.

There are currently 6 participants in the new Level 1 TOF program. Along with the Level 1 Coordinating program, the Child Welfare Provider Training Academy offered the Coordinators of Level 1 to become Trainers of Facilitators of Level 2. There are currently 8 participants in the Level 2 program. In order to become a Level 1 or Level 2 Coordinator, the same requirements were defined that each TOF must complete.

These requirements include:

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

The Coordinators will gain:

- The knowledge, skills and experience to deliver the foundational trauma informed care training (Level 1 or Level 2),
- The opportunity to be mentored by staff of Midwest Trauma Services Network and International Trauma Center – experts in the field of trauma informed care,
- Access to materials and research to support learning and knowledge, and
- Technical support through the Child Welfare Provider Training Academy to coordinate and assist in meeting requirements.

There are currently 16 Trauma Informed Care Level 1 Coordinators who facilitate this training through the Child Welfare Provider Training Academy. There continues to be discussion and planning to offer this training and move the initiative forward. Through March 31, 2014 of SFY 2013-2014, the Level 1 Coordinators held 23 trainings and trained 320 individuals, both from their respective agencies as well as community partners. This is in addition to the coaching and work each coordinator completes within their agencies and overall promoting the importance of the trauma informed care approach.

The Training Academy maintains the Child Welfare Provider Training Academy website available at www.iatrainingsource.org, which continues to undergo updates and enhancements as necessary.

The Child Welfare Provider Training Academy is in the process of implementing a Resource Library to the website. The Resource Library will give the user information and website links for more information on topics that the Child Welfare Provider Training Academy trained on in the past six years. This will include live, webinar, and online course information as well.

The Child Welfare Provider Training Academy will implement a Clearinghouse program which will link all trainings in Iowa that are available to providers and other child welfare partners. This program also will include trainer contact information to allow the user to request information directly from the trainer. The Clearinghouse also will link to the DHS Training website so providers and other child welfare partners can sign up for DHS trainings directly. The DHS page of the Child Welfare Provider Training Academy website offers highlights of upcoming trainings offered by DHS that may be of interest to providers. The DHS Training website also has a link to the Child Welfare Provider Training Academy website which highlights trainings that are offered in which DHS staff can register to attend as well. The partnership of public and private staff learning together and sharing information has improved greatly with an increase in providers attending DHS trainings and DHS staff attending trainings offered by the Child Welfare Provider Training Academy.

During the last five years of this contract, the following were identified as accomplishments:

- Strong partnership and communication between DHS and the Coalition for Family and Children's Services in Iowa;
- Legislature allocated funding for all six years of the current contract so it was renewed from year to year;
- Fostering Connections allowed IV-E match to provide additional funds to this contract in order to meet training needs identified by staff across the state;
- Live training provided across all five service areas each year;
- Expanded the audience eligible to attend these courses;
- Contract signed with Relias Learning each year with increased usage of the online courses;
- In the past three years, the Child Welfare Provider Training Academy implemented Training of Facilitators (TOF) programs to include both Level 1 and Level 2 training which now covers all five service areas and can be trained in all 99 counties;
- The focus of these levels is to provide a foundation for those frontline staff that provides the direct work with families. A majority of other trauma informed care trainings focus on mental health and target therapists and clinicians which is not applicable to the identified audience for this contract;
- A high percentage of staff report benefiting from the courses offered and confirmed that the training met their needs and the information is useful to their job;
- Updated website that is more user friendly and informative, which now includes:
 - Creation of a Resource Library; and
 - Creation of a Clearinghouse;
 - Youth Engagement track in collaboration with DHS focusing on live training, webinars, and online training opportunities.

Foster Parent Training

Iowa Foster and Adoptive Parents Association (IFAPA), a contract provider of the DHS, also has a unique support role with foster parents and adoptive families. IFAPA provides vital peer support. They have peer liaisons throughout the state of Iowa who are experienced foster and adoptive parents. IFAPA also sends the Weekly Word, an electronic newsletter featuring many topics, resources, and information, to foster and adoptive parents. In addition to the weekly electronic newsletter, a quarterly newsletter is mailed out to all foster and adoptive parents.

IFAPA also has a variety of trainings they offer throughout the year for foster, adoptive, and kinship families as well as child welfare professionals. In-service trainings offered by IFAPA include new and established trainings and a library of DVDs utilized for foster parent support group trainings.

Last year technical assistance was requested to develop a LGBTQ curriculum for foster parents which would be the first in the nation to have an LGBTQ curriculum for foster parents. The National Resource Center for Permanency and Family Connections (NRCPPFC) developed the draft curriculum. A summary of the draft curriculum and the competencies and learning objectives was presented in a workshop at the annual IFAPA conference in March 2014 to foster parents, adoptive parents, and some child welfare providers. The next step in the plan is to pilot the curriculum in two service areas of the state. After a debriefing of the curriculum pilot and feedback, the curriculum will be tweaked and a “training of the trainers” is expected to be completed by the end of August 2014. The finalized curriculum will be integrated into IFAPA’s array of training. By September 2014, the NRCPPFC and Iowa will work together to develop a plan to evaluate the outcomes and effectiveness of this curriculum resulting in a change in the capacity of foster parents to better care for and meet the needs of LGBTQ youth in foster home placements.

IFAPA Training Accomplishments for FY 2013-2014 by the Numbers:

- Provided 76 unique courses serving 4,698 individuals across the state.
 - 4,138 participated in a three or six hour training
 - 560 participated in a two hour support group training
- IFAPA utilized the services of 63 trainers, 6 of whom provided their first training for IFAPA during FY 2013-2014.
- Hosted two *Caring for Children Who Have Experienced Trauma* educational forums. One on July 19-20, 2013 in Cedar Rapids where 84 individuals attended and one on August 2-3, 2013 in Des Moines where 68 individuals attended. These forums were made possible by a grant from Mid-Iowa Health Foundation as well as the Iowa Department of Human Services through its contract with Magellan Health Services for Iowa Plan for Behavioral Health Medicaid Community Reinvestment Funding. The educational forums provided participants the opportunity to complete the 14 hour training in a two-day conference setting. Participants also were provided a copy of Bruce Perry’s book The Boy Who Was Raised as a Dog.
- IFAPA offered 20 unique courses that included elements of trauma informed care.

- IFAPA hosted our 41st annual conference in Altoona, IA on March 6-7, 2014. We served 350 individuals, offered 30 unique courses and had trainers from California, North Carolina, Texas, Ohio, New York, Minnesota and Iowa.
- IFAPA was awarded a large grant from Mid-Iowa Health Foundation to continue our work in trauma informed care. This grant is a yearlong project designed to integrate trauma informed care principles in all IFAPA trainings. The goal is to have this completed by early FY 2015.

The following are contract performance measure data for the last quarterly report of the IFAPA contract:

- Performance Measure 1: Resource families will have increased knowledge and skills. Seventy-five (75%) or more of Resource Families that are surveyed will report that the training improved their knowledge and skill level.
 - Of 1,930 attending classes, 1,909 (98.91%) reported that they training improved their knowledge and skill level.
- Performance Measure 2: Resource Families are satisfied with the in-service training and support they receive. The Contractor will receive a seventy-five (75%) or greater satisfaction rating from Resource Families that receive training and other support services offered by the Contractor.
 - 155 out of 157 were satisfied or very satisfied (98.7%) with IFAPA training.
 - 139 out of 145 were satisfied or very satisfied (95.8%) with the IFAPA support services.

Foster parent training is tracked by Iowa KidsNet (IKN), contractor for foster and adoptive parent recruitment and retention. Foster parents are required to submit any training information to their IKN worker within 30 days of completing the training. The IKN worker then enters this information into their database. When a foster parent does not send IKN the training information, the IKN worker asks the foster parent at the unannounced visit about what training they completed. The IKN worker supervisors often emphasize to the IKN worker the need to obtain the training information and enter it into their database.

Technical Assistance and Other Program Support

Technical assistance is provided to DHS front line staff and supervisors to help with the day-to-day management of their child welfare caseload and to keep them informed of the CFSR outcome measures. The Child Welfare Information System (CWIS) Help Desk, The SPIRS Help Desk and The Service Help Desk are available to assist staff with questions regarding policy, practice and data systems usage. Policy and technical staff are available to assist the help desk staff in answering questions of a more complex nature. The Bureau of Quality Improvement conducts case reviews and provides statewide trend feedback to staff and supervisors. In addition, they provide support for custom reports from the administrative data systems (State Automated Child Welfare Information System (SACWIS)) to assist staff in managing their workflow and caseloads. The Bureau of Quality Improvement also facilitates program and process improvement sessions to assist staff in identifying problems and developing specific

solutions, which may be implemented and monitored. The Division of Field Operations reports monthly on a key set of performance measures that track the CFSR outcome measures as well as caseworker visits and a set of state specific outcomes. In addition, DHS has undertaken specialized projects in cooperation with outside entities designed to highlight and encourage practice improvement such as the permanency roundtables sponsored by Casey Family Programs. The Division of Adult, Children and Family Services (ACFS) provides answers to policy questions that field staff have. DHS holds a bi-monthly meeting with policy staff and front line supervisors to advise, inform and gather feedback regarding policy changes and their impacts on practice in Iowa.

Iowa continued these activities and will do so in the future as well as look for other opportunities to assist our front line staff in accomplishing the goals of safety, permanency and well-being for children and families of Iowa.

Technical Assistance

In addition to information under training above, Iowa received technical assistance in FFY 2014 from the National Resource Center for In-Home Services regarding implementation of Differential Response (DR) in Iowa. Differential Response (DR) changed how Iowa responds to child abuse and neglect reports and changed aspects of service delivery. Technical assistance assisted Iowa in this system change through systematic approach to implementation and communication with stakeholders. (See *The Stephanie Tubbs Jones Child Welfare Program* earlier in this report for more information.)

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

Iowa determined that moving forward to come into compliance with SACWIS requirements utilizing the current SACWIS system and technology is not feasible. Effective January 1, 2014, Iowa began operating the current child welfare system as a non-SACWIS system. This change was reported in the FFY 2013 Advance Planning Document (APD) submission sent in spring 2014. In December 2014, Iowa plans to submit a new Planning APD to outline the steps we will be taking to evaluate the development of a new child welfare information system that would be SACWIS compliant.

The current 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. System maintenance and batch processing activities are done overnight and on weekends. The system is available during the batch processing cycle. It is unavailable to staff about 2.5 hours within a 24-hour period, which occurs during the middle of the night. It is available to staff on weekends.
- Contains a highly discreet security protocol which controls view and update access down to specific individual screens for each worker

- Supports inclusion of information about juvenile cases managed by Juvenile Court Officers (JCOs) 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

Results Oriented Management (ROM): The DHS' Policy Bureau, University of Kansas (KU), Casey Family Programs, and Iowa's Child Welfare Information System (CWIS) Bureau collaborated to implement ROM in January 2012. During 2013 and 2014, Iowa worked to develop the public facing version of ROM. The public facing version will contain a subset of the core reports that focus primarily on reporting the CFSR related data outcome measures around safety and permanency. Other major initiatives within the DHS caused this project to experience delays. However, we anticipate having the public facing version available before the end of FFY 2014.

KU completed work on new core reports that will allow us to report on our in-home services population and has been working on a new set of reports that will provide the means for monitoring the level of racial and ethnic disproportionality within child welfare programs. Following the release of our public interface, Iowa will begin working on adding data to the system to take advantage of the in-home population reports and start working on the disproportionality data once those components are available within ROM.

The use of ROM to meet the data needs for day to day management has been growing throughout the state. The work of the Cultural Equity Alliance team members is just one example where ROM has helped dig deeper into the disproportionality issues within their respective counties and to guide the development of mitigation strategies.

AFCARS Performance Improvement Plan: Iowa continues to work on improving the submission of AFCARS data from the SACWIS. Currently we are working to complete 7 general requirements, 25 foster care data element corrections and 14 adoption data element corrections.

Within the seven general requirements, two items are rated a 2, in need of correction, one item is rated a 3, waiting on clean up and resubmission, and the remaining four items are unranked. Fifteen of the foster care elements are rated a 4, completed. Four foster care elements are rated 3, for ongoing monitoring, clean up and resubmission before moving to a 4 and six foster care elements are rated a 2, in need of correction. Seven of the adoption data elements are rated a 4, completed. Three of the adoption items are rated a 3, for ongoing monitoring, clean up and resubmission and four items are rated a 2.

The state anticipates being able to complete work that should move the four adoption elements ranked a 2 to at least a 3, two of the foster care items also should move from a 2 to a 3. In addition, depending on the outcome of discussions with ACF regarding historic cleanup of data, we anticipate several other items ranked 3 to move to a 4. For the remaining items, we are in the process of completing additional analysis of the problems so that we can develop a plan for resolution of the outstanding issues.

Iowa is currently in the process of entering new test cases and submitting sample extracts for evaluation. The new submission will be sent to ACFS by June 1st 2014. The status of the AFCARS PIP and the outstanding issues are likely to change as a result of that submission.

Iowa Based Research

The DHS participates in research projects initiated through our work with the state universities to enhance programs and practices in the state.

The DHS collaborated with Four Oaks Family and Children's Services (Four Oaks) and Iowa's recruitment and retention contractor on a three-year federal Family Connections grant to implement an intensive family finding and engagement project, Families for Iowa's Children (FIC). The project began in November 2009 and concluded in the fall of 2012. The FIC project partners were Catholic Community Services of Western Washington (CCS), Iowa Children's Justice, the University of Iowa, and Meskwaki Family Services. Family finding was a program authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). The purpose of the FIC project was to use search technologies and family-centered practices to help children entering foster care reconnect with family members and natural supports during and after their time in care. Specifically, FIC searched for and engaged relatives and natural supports as potential placement resources for children, as potential permanency resources in the event that reunification was ruled out, and/or as supports to the child in other ways while the child was in foster care and after the child exits from care. The FIC program was implemented in twenty-six counties. Over the three-years of the project, FIC served 125 children. The results of the FIC project showed the project was successful in achieving the project's stated goals and objectives. Iowa plans to integrate the philosophy of the FIC project into permanency training.

The DHS partnered with the University of Nebraska for the University of Nebraska-Lincoln, Center on Children, Families and the Law, [Midwest Child Welfare Implementation Center](#) to provide intensive, coordinated and individualized technical assistance for the purpose of implementing the Parent Partner approach (Project) in the State of Iowa. The research component of this project included an evaluation of the Parent Partner Program implementation in Iowa. *(See Goals and Objectives, Expand Parent Partners earlier in this report for more detailed information.)*

The DHS partnered with the Casey Family Programs to continue efforts to reduce disproportionality and disparate outcomes for minority children and families through a

Breakthrough Series Collaborative (BSC) structure, which brought together agency staff, court partners, community partners, and birth parent and youth representatives for the purpose of achieving safety, permanency and maximum developmental outcomes for all children served irrespective of race, ethnicity, tribal status, class, location or family structure. Under the BSC structure, initially eight (8) pilot sites were established to begin to address disproportionality within their respective area. Each pilot site engaged the family network as partners, engaged with community partners and tribes, and engaged across systems in order to address specific racial bias at multiple levels within their geographical area.

The DHS then contracted with the University of Northern Iowa to build upon the BSC efforts to develop a statewide framework for addressing racial disproportionality and disparity while also addressing cultural competency/responsiveness of the child welfare workforce reflective of activities included in Iowa's PIP. UNI staff assists DHS staff by assessing current practices and policies, identifying successful new implementation strategies, providing organizational technical assistance and training, and developing a framework for a statewide systemic approach. *(See Goals and Objectives, Reduce child welfare disproportionality for minority children and families by at least 50% earlier in this report for more information.)*

Quality Assurance (QA) System

As a result of Iowa's 2003 CFSR, Iowa implemented and continuously operates an identifiable Quality Assurance (QA) system. The QA system serves all of Iowa's 99 counties. The QA system evaluates the quality of services, identifies strengths and addresses prioritized need areas of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa's child welfare system.

In Iowa's 2010 CFSR, Iowa was not in substantial conformity with the Quality Assurance System. In the [Final Report](#), reviewers questioned whether Iowa's QA system evaluated practices and services and provided feedback due to the latest DHS restructuring, including QA. Additionally, case review information provided in the Statewide Assessment was significantly different than the results of the Onsite Review. As a result of these findings and as part of Iowa's PIP, QA staff received training by the National Resource Center for Organizational Improvement (NRCOI) staff on utilizing the CFSR Onsite Review Instrument. Children's Bureau regional office staff also observed QA case reviews as part of providing additional technical assistance.

Below is a summary of Iowa's initial assessment under each section mentioned in ACYF-CB-IM-12-07:

1. Foundational Administrative Structure:

The DHS has oversight and authority over the implementation of the child welfare QA system in Iowa. The DHS' Service Business Team (SBT) oversees, assigns, prioritizes, and coordinates child welfare initiatives. The QA system focuses on ensuring the quality and effectiveness of services to children and families by:

- Establishing desired outcomes and standards of expected performance. Iowa relies primarily on two complementary sets of standards and expectations to assess quality services and results: 1) CFSR Standards, and 2) The 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, prioritizing focused goals for improvement; and
- Implementing strategies to improve, monitor results and adjust strategies when needed.

The DHS leadership identifies key performance areas for the state. These are a subset of all CFSR measures that are prioritized for state focus by the SBT, and are determined by review and analysis of performance reports. The SBT uses an organized system of prioritizing items initiated in sequence so, as quality improvement efforts are completed, the next focus area is initiated. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews performance on the priority items monthly and adjusts strategies as needed at the service area level and statewide. Staff analyzes the data identifying trends, which helps to determine where strategies are effective and where strategies need enhanced at both the state and service area level. It also easily identifies those service areas that are achieving the established target, which leads to sharing of information on effective strategies that may be implemented across service areas.

The QA system includes:

- The DHS' SBT oversees, assigns, prioritizes, and coordinates child welfare initiatives in order to:
 - Identify statewide focus areas;
 - Promote consistent implementation and alignment of improvement initiatives;
 - Promote a systematic approach to identification, implementation, evaluation, and revision of improvement strategies
- The Bureau of Quality Improvement and QA system focuses on ensuring the quality and effectiveness of services to children and families through:
 - Quality improvement activities, such as
 - PIP-related initiatives, activities, and monitoring;
 - Facilitation of Lean events to increase efficiencies and promote the culture of continuous improvement throughout the DHS;
 - Development and implementation of plan, do, study, act (PDSA) initiatives; and
 - Consultation/involvement in DHS-wide improvement efforts.
 - Quality assurance activities such as
 - Case record reviews;
 - Targeted reviews as requested for identified projects; and
 - Analysis of data integrity.
- Central Office staff activities, such as
 - Quarterly contractor meetings; and

- Working with service area and local county staff on identified contract issues, and annual contractor meetings.
- Field staff activities, such as
 - Supervisory case reviews;
 - Identification of areas needing improvement;
 - Development and implementation of PDSA improvement initiatives; and
 - Participation in Lean events for purposes of quality improvement.

The Bureau of Quality Improvement includes a dedicated Quality Improvement Coordinator in each of the state's Service Areas (SA) and centralized Management Analysts, who provide data support and analysis to all service areas for income maintenance programs and child welfare. The QA system links and coordinates with the Service Area Managers for improvement efforts, and with the SBT and the DHS Cabinet for the PIP and other statewide projects requiring coordination and allocation of resources.

Standard operating procedures are in place for many of these activities, such as case review process; monitoring contract expectations and performance; Lean Design/Business Process Kaizen events. Other activities are less formally established but, based on priority, Iowa is establishing and documenting standard operating procedures; one example of a current project is a multi-departmental effort to define certification standards for facilitators of Lean events. SharePoint is used as a centralized and standard repository for QA-related materials and project information.

The DHS staff participates in standardized training upon accepting a position. For Bureau of Quality Improvement staff, this training includes classroom instruction with peers and significant one-on-one training with the QI Bureau Chief so that the information presented is individualized based on skills, experience, and the specific geographic area in which the position is located. A similar structure for training is applicable to central office and field staff. The QI Bureau Chief assigns a mentor to new staff in the bureau; this provides formal and informal support and guidance as new staff become familiar with DHS procedures, roles, and structure. Expectations for this partnership include routine contacts, availability for questions as they arise, support for SA initiatives as they get oriented, and other duties as needed. In addition, all Bureau of Quality Improvement staff is trained in Lean methodologies and facilitation of continuous improvement events utilizing Lean tools. Through implementation of Lean, the culture of continuous improvement is promoted throughout the DHS at all levels of the organization. Establishing a culture of continuous improvement is a journey and this starts with engaging and empowering staff at the grass roots level.

Currently, QA activities in place are sustainable by existing resources, such as the existing unit of dedicated Bureau of Quality Improvement staff, central office staff, and field staff. However, as federal focus continues to be on continuous quality improvement, expectations are becoming more specific and complex which could

strain resources and the ability to expand initiatives, focus, and responsibilities. Iowa looks forward to exploring the upcoming changes to the CFSR process and how that may be integrated into our standardized work.

Individual service areas vary considerably regarding the methodology for promoting improvement. Identification of priority focus areas and sharing of “lessons learned” and strategies across the state are areas that can always be improved; as SBT increases its role in prioritizing initiatives, this is expected to be positively impacted.

2. Quality Data Collection:

Case reviews conducted by the Bureau of Quality Improvement staff are completed utilizing the Child and Family Service Review (CFSR) Onsite Review Instrument. National Resource Center for Organizational Improvement (NRCOI) staff trained Bureau of Quality Improvement staff on the CFSR Onsite Review Instrument to ensure consistency with instrument instructions and consistency across reviewers. For more information on Iowa’s case reviews, please see item 3 below.

Iowa has many mechanisms in place to collect and extract both qualitative and quantitative data, such as through CFSR case reviews, supervisory case reviews, key performance measures, Results Oriented Management (ROM) reports, and Bureau of Quality Improvement reports. The multiple sources for reporting data measures may appear to be the same, but actually are measuring slightly different things. This can lead to confusion, inconsistent understanding, and inappropriate comparison of performance across service areas, etc., which impact the effective use of the data. Iowa is aware of this issue and is working on single source data reporting through implementation of ROM. This is expected to be fully implemented within the next 2-5 years; more specific plans for this project will be included in the CFSP. One example of improvement efforts that impact quality of data is the elimination of duplicate documentation expectations of worker visits with children and parents across two systems.

Within the context of available resources, DHS staff monitors existing federal requirements or guidelines related to data accuracy and quality through:

- The AFCARS Assessment Review and Iowa’s AFCARS Improvement Plan (AIP), discussed earlier in this report
- Utilization of AFCARS and NCANDS data quality utility tools and addressing issues that exceed allowable thresholds
- Review of the most recent State Data Profile
- Review of National Youth in Transition Database (NYTD) data

There are processes in place to demonstrate state functioning on several systemic factors, such as:

- Case Review System: See 3 below
- Training: Training participants complete evaluations at conclusion of each session. DHS supervisors complete “training needs assessment” for each staff

to inform training offerings. Many training offerings occur jointly between DHS staff and service provider staff.

- Service Array: Since July 1, 2011, Iowa implemented the following service array evaluation plan on a quarterly basis:
 - First month of quarter, program managers hold quarterly meetings with their contractors taking notes during the meetings and identifying “hot issues” that need to be communicated to field social work administrators (SWAs).
 - Second month of quarter, SWAs review the contractor meeting notes and “hot list”, discuss both at their monthly meeting, and provide feedback to program managers.
 - Third month of quarter, program managers meet and discuss feedback from SWAs and determine issues that need to be raised at the next quarterly contractor meeting.

The cycle repeats itself for each quarter. SBT is kept abreast of the process results and is consulted if there are any issues that need leadership guidance or decisions. Iowa utilizes a number of mechanisms to monitor the systemic factors, which tend to be disjointed.

3. Case Record Review Data and Process:

The Bureau of Quality Improvement currently conducts the case reviews utilizing the CFSR Onsite Review Instrument. Reviewers also interview caseworkers as needed for clarification. The universe of cases represents in-home and out-of-home cases. The process begins with a random but weighted selection of cases, with 15 from each service area (10 from largest county, 5 randomly selected from the pool of other counties) to be reviewed each quarter.

The review process itself is centralized and occurs in a group environment to aid discussion of difficult cases, expanded understanding of the criteria, and consistency of ratings. To promote an unbiased perspective, reviewers are not in the same line of supervision as caseworkers or supervisors. The case review procedure, guidelines, tool/instructions, and resources are in a centralized location available to reviewers. Each quarter, the quantitative and qualitative data are used to identify statewide trends, which are then analyzed to assess agency performance, including specific PIP measures, root cause elements, and effectiveness of strategies. Iowa needs to continue exploring what information is most functional to service areas in order to promote transparency within the quality improvement culture. As Iowa moves forward following the PIP, this will be an area of focus. Additional information regarding this goal will be included in the CFSP.

Upon initiating case reviews, a new staff would go through a one-on-one overview with an experienced reviewer; that person would conduct reviews with an experienced peer, gradually taking on more responsibility as the knowledge base grows. Written protocol on case review training for new staff is in draft form and when finalized will be stored on the Quality Improvement centralized repository. This protocol specifies a gradual progression from initiation through independently-

conducted reviews. The assessment of when a person progresses is based on individual criteria and demonstrated competencies; this allows flexibility to effectively match training and mentoring to individual needs. For all reviewers, a second level quality assurance assessment is completed on a selection of cases each quarter; feedback is provided to the reviewer, follow up and updates to the case review tool is completed as needed, and trends are tracked. The number of second level reviews for each reviewer varies based on factors such as experience, past performance, reviewer-identified concerns, etc.; reviews completed by newly hired staff would be subject to more oversight and mentoring/follow up discussion in order to aid the learning process.

In addition to the case reviews mentioned above, there are routine supervisory reviews. Focus areas are chosen statewide and a standard collection tool used. Results are available for analysis and action is based on that analysis. The process was implemented recently and revisions to the process are being completed as issues/improvements are identified. The primary focus at this time is on how the information from the reviews is utilized to improve practice. Iowa plans to explore how the supervisory reviews and Quality Improvement Bureau reviews can work efficiently together to supplement the other and provide a holistic view of quantitative and qualitative data to inform practice improvements. More specific information on actions to achieve this will be included in the 2015-2019 CFSP.

Reviews, strategies, implementation, and monitoring are overseen by SBT. SBT has made strides in providing structure and focus to the DHS' improvement efforts. This continues to be an evolving structure (see item 1, "Foundational Administrative Structure" for additional information on SBT's role).

4. Analysis and Dissemination of Quality Data:

Iowa has multiple systems capable of reporting on collected data. The state has identified key performance measures for child welfare and these data are made available monthly by service area and state. ROM is used to provide composite measure data as well as other foster care and child protective related reports, with most data available from a statewide view to a specific view by supervisor or worker. ROM development continues; the most immediate goal is to add in-home cases.

State staff, service area managers, and social work administrators review the data monthly to assess performance trends. All data are available by state and service area; aside from case review findings, data are also available by supervisory unit, county, and worker. Within service areas, staff analyzes data from the various views (e.g. statewide, service area, supervisor, county, worker levels) to assess trends in more detail and identify root causes when possible. Iowa continues to work on consistent procedures for review and coordinated implementation of strategies based on analysis across service areas.

Case review data, as stated above, is available in statewide and service area views, and also includes identified statewide trends; this information is distributed to SBT

and service areas to provide focus for improvement efforts. The Bureau of Quality Improvement also is available as a resource to service area and central office staff to explain criteria, to further analyze information, and to assist with identification of strategies; this allows more visibility and understanding of quality improvement which helps to expand the culture of improvement.

In addition, one component of ROM is a public view of essential data. When this is implemented, stakeholders will have access to meaningful information about child welfare services. Currently limited information, such as child abuse data and PIP progress, is disseminated beyond the DHS through the DHS' website. Service areas also request data beyond what is available in order to analyze performance and identify root causes for that performance. Although this is currently a challenge, the state is working toward greater availability and consistency of data.

5. Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process:

The DHS provides information regarding performance trends, comparisons, and findings through a variety of collaborative efforts with stakeholders and decision-makers. For example, through the State of Iowa Epidemiological workgroup, data is shared regarding drug use and abuse impacts in child welfare. The Child Welfare Advisory Committee utilizes information shared to make recommendations to the DHS regarding child welfare budget, policy, and program issues. The Child Welfare Partnership Committee utilizes information shared to continuously improve service array. Additionally, information shared through collaboration with Iowa Children's Justice (Iowa's Child Welfare Improvement Project) assists in both child welfare and court improvement efforts. These and other collaborative efforts mentioned previously in this report under Collaboration inform the development and monitoring of the goals and strategies of the CFSP and assist in alignment of child welfare and court improvement strategic planning.

Much of the information in this QA section is the result of a gap analysis Iowa completed regarding the federal information memorandum ACYF-CB-IM-12-07; SBT has reviewed the document and, in order to gather stakeholder perspectives, has developed the following timeline for dissemination and review:

- Summer 2014 – Representatives of Field administration will review the assessment and provide feedback regarding strengths and gaps identified as well as additional areas of consideration
- Fall 2014 – Document will be revised for further dissemination.
- Winter 2014 – Utilizing the Child Welfare Advisory Committee, the Child Welfare Partners Committee, and other stakeholder forums, the revised draft document will be disseminated for additional feedback and areas of consideration.

Iowa's QA system helped to accomplish multiple improvements. The focus for many improvement projects is based on data that is routinely collected on key indicators such as conducting worker visits with parents and children; timeliness of seeing alleged victims of abuse; completion of Family Team Decision-Making (FTDM) meetings for

each family; placement stability, etc. Through structured facilitation, analysis of data, and utilization of tools such as work process mapping; strengths, weaknesses, opportunities, and threats (SWOT) analysis; surveys; brainstorming; and prioritizing, the Bureau of Quality Improvement staff assisted in process improvements that increased efficiency, effectiveness, and customer satisfaction. Some examples of projects over the last few fiscal years include:

- April 2012: Conducted two statewide Lean design events to identify desired data and reporting from the Results Oriented Management (ROM) system, which will assist DHS staff and providers to manage cases and provide effective and efficient services. Prior to these events, a survey was distributed to a broad range of staff and providers requesting input on what information would be most beneficial; results of this survey were referenced by the workgroup as recommendations were developed.
- April 26, 2012: Centralized Service Area - Designed and mapped all decision points and functions for emergency plan with the child protective hotline system so that all operational and logistic preparations are ready for immediate backup whenever needed.
- April 30 – May 4, 2012: Conducted Linn County Kaizen to identify the work processes and time commitments of Linn County social work supervisors in order to identify efficiencies (opportunities) which will improve access to supervisors for front line staff and create a streamlined team-oriented and efficient environment. Prior to this event, team leaders conducted and reviewed supervisory time studies, distributed surveys to staff regarding current access, and compiled a list of work processes to assess priority of work during the event. All of this information was used as reference materials for the group so they could make informed decisions when revising processes/work flow.
- May 7 – 10, 2012: Conducted Northern Service Area Kaizen event regarding family team decision-making (FTDM) meetings to: identify standard processes; identify timeframes for key benchmarks; increase effective teamwork; make process more “parent friendly”; and develop protocol for distribution and assignment of meetings.
- June 5, 2012: Led statewide focus group for DHS Director to identify strengths and weaknesses in worker safety protocols, and recommend improvements to the Director, following an incident, in May 2012, with a parent pursuing and shooting at a DHS child welfare staff person while on a home visit.
- June 27, 2012: Conducted a SWOT analysis with Eastern Service Area supervisors to identify/brainstorm opportunities for improvement on locating and engaging non-custodial parents (NCP) in an effort to produce better results for our families and NCPs. Based on case review data and FACS reports on worker visits with parents, this was identified as an area on which to focus. The SWOT analysis led to identification of procedural changes to increase family involvement.
- September 17 – 21, 2012: Conducted a Des Moines Service Area and Centralized Service Area Kaizen to standardize communication and roles for all aspects of the IV-E eligibility process, maximize use of electronic document routing and processing, and develop standard monitoring and management protocols to assure consistent quality and efficient operations. Based on analysis of a map of the current process,

unnecessary steps, loop backs and hand-offs were eliminated when possible, electronic usage was maximized, and standard work established.

- September 25, 2012: In the Eastern Service Area, based in part on the data collected from the SWOT regarding non-custodial parent involvement (above), a Family Finders Workgroup assembled to explore potential opportunities to redesign how the Eastern Service Area goes about internally promoting, finding, and engaging family of the children we serve.
- October 8 – 12, 2012: Conducted Cedar Rapids Service Area Kaizen event to improve timeliness and outcomes for children who become legally free for adoption. Based on analysis of report data on children adopted within 12 months of being legally free, a map of the current process, and supervisory survey results regarding the adoption process, a new work flow was designed which decreased steps by 8%, delays by 32%, and loopbacks by 62%.
- February 25 – March 1, 2013: Design event was held to develop the work flow for a new Differential Response system for child protective services. A “front door study” was conducted which analyzed data, such as: number of intakes, number of accepted reports, types of allegations, outcomes, and service recommendations/referrals at conclusion of the child protective assessment. This data was utilized by the workgroup in order to inform decisions as the new process was determined.
- September 2013 – November 2013: Event held to determine additional business processes and job aids associated with manual development for Differential Response.
- March 2014 – Statewide multidisciplinary workgroup designed a standard work process for helping youth in care successfully transition from placement to independence, starting at age 16 years through the end of foster care eligibility.
- Spring 2014 - Spring 2016: The Bureau of Quality Improvement will be assisting in developing business processes for child welfare life of a case. Multidisciplinary group will identify where job aids are needed, training gaps, and convert current manual to the new business process model.

The Iowa Department of Human Services Bureau of Quality Improvement provides support to all DHS business areas for the continuous improvement of client results and organization efficiencies (visit:

<http://www.dhs.state.ia.us/Partners/PublicInformation/DHSDivisions/QI.html> for more information). Iowa Department of Management’s Office of Lean, <http://lean.iowa.gov/> , provides information on Lean tools and methodologies utilized by Iowa’s child welfare Bureau of Quality Improvement staff.

CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATES

The DHS continues to broaden efforts to consult with tribes on child welfare issues 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 Indian Child Welfare Act (ICWA) statutes, the DHS engaged in the following activities:

- ICWA training opportunities for public and private child welfare staff, judges, attorneys, tribal social services workers and others:
 - **Webinar CC 324 “ICWA: Purposes, Procedures & Practice Implications”** was held on June 20, 2014 for DHS staff.
- DHS continues to collaborate with tribal representatives to provide state staff and court officials with current resource listings of tribally recognized expert witnesses for court proceedings involving children subject to ICWA.
- DHS continues participation in monthly meetings of the Community Initiative for Native Children and Families (CINCF) in Sioux City. Input received from this group will be used to guide state efforts to impact compliance with ICWA requirements.
- DHS continues to partner with tribal representatives in order to share demographic and out of home placement 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 focused.
- DHS staff continues to be available as needed to work with Meskwaki Tribe on the development of their Title IV-E system. Specifically, staff provided basic information regarding IV-E, data sets, explained use of forms and key elements, etc. DHS staff requested Meskwaki Family Services (MFS) conduct an internal file review using IV-E and CFSR checklists. DHS staff will work with MFS staff to resolve identified issues.
- DHS and the Meskwaki tribe have a signed protocol which outlines roles and responsibilities in child abuse assessments, notification of DHS involvement with Meskwaki families, and ongoing case management of child welfare cases involving Meskwaki families.
- The Memorandum of Agreement (MOA) between DHS and the Meskwaki Tribe remains in effect. As of March 31, 2014, 181 or 2.9% of all children placed in out of home care identified themselves as multi-racial with one identified race as Native American.
 - Of these children, 133 identified themselves as only Native American.
 - Of the 133 children identified as Native American:
 - 77.44% were placed in family like settings including family foster care, relative care, or in a trial home visit period.
 - 82 children were case managed by DHS under state court jurisdiction
 - 14 of these children were delinquents case managed by Juvenile Court Services or jointly with DHS
 - 37 children were case managed by Meskwaki Family Services under tribal court jurisdiction

Data Source: Iowa's SACWIS

ICWA training and improving tribal relations: DHS continues to work with tribal representatives to improve practice and better serve Native American children and families. *Working with Native American Families* is an annual DHS training for social

work staff and supervisors to enhance their skills and cultural awareness. The contractor for ICWA Training and Technical Assistance provides training each year to focus not only on ICWA compliance, but also Native American culture and cultural awareness. This training is held in June and typical attendance is around 50 DHS and provider staff.

The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe): Over the past year, the DHS consulted with The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe) to improve compliance under the Indian Child Welfare Act.

Meskwaki Family Services holds the ICWA Training and Technical Assistance contract. Services provided through that contract include planning and presenting an annual ICWA training, consulting on ICWA cases, participation on various DHS workgroups and committees and producing documents to assist DHS in meeting ICWA requirements. A “desk aid” for staff was developed and due to Iowa code changes is under revision. The desk aid provides staff with code and policy citations, a brief description of the citation and the activities to meet the requirements of each citation. The desk aid will be made available to DHS staff, agency providers, attorneys, judges and any other interested person by June 30, 2014.

The Sac and Fox Tribe established tribal court in 2005. A State/Tribal Agreement was finalized in 2006 outlining Tribal and DHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. A local protocol between Meskwaki Family Services and the Cedar Rapids Service Area was finalized in June 2011. The protocol further defines the roles and responsibilities of DHS staff and Meskwaki Family Services staff. As of March 31, 2014, DHS was providing services to 37 children under tribal court jurisdiction.

Western Iowa and Surrounding Area Tribes: The highest concentration of Indian children within the state is in the northwest region of Iowa in Woodbury County and surrounding counties. Of the 181 Native American children in out of home care (referenced above), 52.5% (95) are from the Western Service Area, 45.8% (83) of which are from Woodbury County. Some of the Tribes in this area include the Winnebago Tribe of Nebraska, the Yankton Sioux, the Santee Sioux, the Rosebud Sioux, Flaudreau Santee Sioux, the Omaha Tribe of Nebraska, and the Ponca Tribe of Nebraska. While there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal headquarters or offices), non-governmental programs were established to identify and address the challenges affecting Indian families in this area of the state.

The Community Initiative for Native Children and Families (CINCF) is a collaborative group comprising representatives from Tribal communities, the Department of Human Services, the Department of Corrections, the court, the Department of Public Health, the Department of Human Rights, mental health and housing that meets regularly to discuss the concerns of the Native communities, including ICWA. One of the key concerns in the northwest region of Iowa continues to be the over-representation of Native American families in the child welfare system. In order to address the over-

representation concern, Woodbury County DHS continues to have a Native American team to case manage Native American child welfare cases.

Table 50: Woodbury County Children Only							
Year	Statewide Total	Woodbury County	Percentage of total	In Foster family care	Percentage	In Relative Care	Percentage
April 2012	198	75	38%	38	50%	6	8%
March 2013	169	62	37%	25	40%	8	13%
March 2014	181	83	46%	16	19%	30	36%

Source: State Automated Child Welfare Information System (SACWIS)

As seen in the chart above, the number of children placed in relative care has almost doubled since last year. More children are placed in relative care or are on a trial home visit than all other placement types combined. DHS staff continues to use a form developed to help identify relatives and tribal supports, as well as early engagement of relatives as placement resources.

2014 data shows an increase in the statewide number of children who identified as Native American compared to 2013. Woodbury County also shows an increase in the number of Native American children in 2014 compared to 2013.

Relationships between the Native American communities and DHS continue to improve. DHS staff attends monthly meetings in Sioux City with tribal representatives in the Sioux land area. Consistent compliance with all the requirements of ICWA is a continuous improvement activity by DHS. DHS will continue to strive to be transparent with the Native American community, collaborate and involve the Native community in working to improve child welfare, and fully embrace the purpose and practice of the Iowa and Federal ICWA law.

Iowa Foster Care Youth Council increased its outreach effort for Indian youth participation in Iowa Foster Care Youth Council support groups or via the Iowa Foster Care Youth Council website; participation of Indian youth on committees related to child welfare or issues involving youth.

The Winnebago Tribe received a Diligent Recruitment funding opportunity with the goal of increasing the number of Native American resource families. This is a unique collaboration between the Winnebago tribe, the state of Nebraska and the state of Iowa. The grant will provide a half time resource family recruiter. The grant was awarded in FFY 2014.

Briar Cliff College also works with the Children's Alliance to modify PS-MAPP training to be more culturally sensitive to Native Americans. Iowa agreed to allow Native American PS-MAPP trainers to provide the training to Iowa families. Iowa KidsNet, community providers and Briar Cliff College continue to promote awareness about the need for Native American foster families. One new Native American foster family has been licensed.

Components in ICWA that States must address in consultation with Tribes and in the CFSP: DHS continues to work on consistently implementing the provisions of ICWA. The Memorandum of Agreement with the Sac and Fox Tribe serves as the foundation of practice and compliance with ICWA. The Meskwaki Tribe and DHS developed a protocol to clarify roles and procedures regarding how both parties will work together to implement ICWA for Meskwaki children. DHS now routinely contacts Meskwaki Family Services at the initiation of a child abuse assessment based on the provisions of the protocol.

Having designated ICWA staff in the Sioux City area has improved ICWA practice. Regular meetings and consultation with Tribal representatives identify areas needing improvement and foster a collaborative spirit to make those improvements. Relationships between DHS and the tribes in the Sioux City area as well as with the Meskwaki have improved significantly as communication and collaboration have strengthened. The number of American Indian children in care in Sioux City has decreased.

DHS continues to have ongoing discussions with tribal representatives regarding ICWA compliance. The protocol signed with Meskwaki Family services in 2011 was developed to assist with ICWA compliance for Meskwaki children. Woodbury County has dedicated staff who handles ICWA cases to help ensure compliance with the law. DHS is made aware of cases where tribes have concerns about compliance with ICWA.

The Training and Technical Assistance contract with Meskwaki Family Services included a case review component to establish a baseline on ICWA compliance. The review of a 10% random sample of out of home placement cases statewide where the child has been identified to be Native American was completed in SFY 2014. Delinquent children and children under the jurisdiction of tribal court were excluded. A total of 10 cases were reviewed. Of these 10, 3 of the children identified as Native American were not ICWA eligible. One child should have been found to be ICWA eligible but the state court ruled the child was not. The remaining 6 cases were reviewed for ICWA compliance.

The findings showed the following areas of strength:

- DHS staff consistently asked families about Native American heritage.
- In all cases, DHS staff made prompt contact with the tribes and received responses regarding tribal membership.
- The majority of cases documented the workers' "active efforts" throughout the history of the case.

- In all cases, workers made inquiries about extended family members and tribal resources that could help support the family.
- In all cases, DHS made every attempt to follow tribal placement preferences.
- Procedures were followed in voluntary placement cases.

The findings also identified areas needing improvement:

- Consistently asking families if the child is under tribal court jurisdiction.
- Better documentation of requests for expert witnesses in court proceedings.
- Having DHS staff testify as an expert witness when not designated as such by the child's tribe.
- Consistently documenting the request for tribal involvement in case planning.

These findings will help determine training needs related to ICWA compliance. The CFSP will address how DHS intends to move forward with compliance reviews and the development of training to support ICWA compliance.

DHS entered into a new contract for ICWA Training and Technical Assistance with Meskwaki Family services beginning July 1, 2014. The contract was modified to remove the requirement for the contractor to provide an annual ICWA conference. Resources instead are to be used to conduct case readings for ICWA compliance. This change was made in order to place greater emphasis on compliance with ICWA rather than on an annual training that was redundant with other trainings. Training on ICWA will continue to be provided annually but the content and format will be determined by the results of the case reading findings. Notification, placement preferences, active efforts and tribal intervention will be addressed in training.

Sharing of the CFSP and the APSR Reports: The DHS provides access to the APSR report to any interested persons through posting these reports on the DHS website. DHS provides a copy of the APSR directly to Meskwaki Family Services and to members of CINCF who may further disseminate the document in their respective tribal communities.

Information regarding Indian Tribe consultation (Section 477(b)(3)(G), as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care under the Chafee Foster Care Independence Program (CFCIP) While there is no official tribal presence in Sioux City/Woodbury County as in 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: Community Initiative for Native Children and Families (CINCF); Indian Youth of America, and; American Indian Council. The Department of Human Services (DHS) Transition Planning Specialists (TPSs) serving these areas, in addition to case managers, meet on a regular basis to share information with the Tribal child welfare staff on new and ongoing programs carried out under the Chafee Program and train on new initiatives.

The TPS working with the Meskwaki Family Services in Tama County participates in youth transition decision-making (YTDM) and youth-centered meetings for Indian children preparing to age out of foster care.

[Achieving Maximum Potential \(AMP\)](#) added a page to their website specifically to engage Indian youth in local AMP Councils. The website introduces Indian youth to opportunities to connect with their tribe and apply for college scholarships. Increased outreach is needed for Indian youth participation in AMP Councils, on committees related to child welfare or issues involving youth, and the AMP website.

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 DHS provides the TPS 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 a Casey Life Skills Assessment (CLSA). In addition, Indian youth are provided with the American Indian Supplement of the CLSA. A youth-centered written transition plan (part of the overall case plan) is completed with transition team members, including the youth, identifying strengths and needs and how the youth's needs will be addressed, who will be responsible for completing each action step, and by when. YTDM meetings are available to Indian youth in the same format as all other youth. The transition plan is to be reviewed and updated at a minimum of every 6 months and within 90 days prior to discharge. Transition Committees are to review transition plans for all youth in care prior to turning 17 ½ years of age. Additionally, the TPS regularly share services and supports (e.g., Aftercare Services, Preparation for Adult Living (PAL), Medicaid for Independent Young Adults (MIYA), Education and Training Vouchers (ETV), All Iowa Opportunity Foster Care Grant) available to youth once they have "aged out" to youth, staff and providers

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 the purposes of the law, including:

- Ongoing 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, ongoing review and update of transition plan to best prepare youth for transition into early adulthood and assist them in reaching their goals.
- 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.
- Post-secondary financial aid via the Education and Training Voucher program and the All Iowa Opportunity Foster Care Grant.
- E-MIYA (Expanded Medicaid for Independent Young Adults, provided through the Affordable Care Act).

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

FOSTER AND ADOPTIVE PARENT RECRUITMENT

Iowa KidsNet (IKN) was awarded the contract for the recruitment and retention of foster and adoptive families (also referred to as resource families) beginning July 1, 2011. The contract includes an initial 2 year term with 4 additional one year renewals for a maximum contract term of 6 years.

A requirement of the contract for the recruitment and retention of resource families is to develop annual, service area specific plans that include strategies and numerical goals for each service area. Plans are to include recruiting and retaining resource families to address gaps in available resource family homes and to identify incremental steps to close those gaps. The criteria is to have families that reflect the race and ethnicity of the children in care in the service area, families to care for sibling groups, families who can parent teens, families who are geographically located to allow children to remain in their neighborhoods and schools, and families who can parent children with significant behavioral, medical, and mental health needs. Resource families are expected to work closely with birth families, support family interaction and actively assist children in maintaining cultural connections to their communities.

In SFY 2013, 176 new resource families were recruited. Of those families 138 were licensed to provide foster care. When the number of families who withdrew are factored in, the state realized a net loss of 79 families in SFY 2013. As of April 1, 2014, the data shows that SFY 2014 could end with a net gain in the total number of families.

Statewide baseline data was used to set overall targets. The contractor then broke down targets based on the needs of each service area. The goal is to achieve and maintain a 5% net gain in the number of families by the end of SFY2014. The contractor will receive incentive payments for: achieving and maintaining a 5% improvement over the baseline of keeping children stable in their first foster home placement for four (4) months; and achieving and maintaining a 5% improvement over the baseline of placing children in a foster home 20 miles or less from the child's removal home. The stability and proximity measures are paid quarterly by service area for achieving and maintaining improvement.

These performance measures are designed to keep children stable (their first placement is their last placement) and to keep children close to home. Just as important, the contractor is expected to recruit and retain resource families who are racially, ethnically and culturally similar to the children in care. Strategies to achieve these goals include family to family recruitment, developing partnerships with local churches and community service groups, family mentors to guide new families through

the licensing process, and focusing efforts in the geographic locations from where the majority of children are coming into care.

Contract Performance Measure Data

Performance Measure 1 – Race and Ethnicity: The contractor will increase the number of resource families to reflect the racial and ethnic diversity of the children in care. This allows children to maintain and strengthen cultural connections. Whenever the difference in the percent of licensed Caucasian adults providing family foster care during the contract year, minus the percent of Caucasian children and youth who enter family foster care during the contract year, by Service Area is plus three (3) percent, the annual recruitment plan shall target a specific improvement in closing the gap. The contract payment for performance will be based on attaining that target annually.

In state fiscal year 2013, Iowa KidsNet did not meet the target to narrow the gap between the number of non-white children and non-white foster homes. At the end of SFY 2013 about 12.2% of all foster families were non-white, but non-white children made up approximately 39% of all children in care. However, Iowa KidsNet did recruit and license a total of 47 non-white foster families, an increase of 4 foster families from SFY 2012.

This performance measure was changed in SFY 2014 to promote overall recruitment and retention as well as target minority recruitment. Beginning July 1, 2014, the measure was changed as follows:

Performance Measure 1A –The contractor will increase the number of licensed foster families to reflect the geographic area where the children are removed; to meet the needs of children coming into care; and to reflect the racial and ethnic diversity of the children in care.

- PM1A: The contractor will achieve a three percent gain in the number of licensed foster families by service area during the contract year.
- PM1B: The contractor will achieve a three percent net gain in the number of minority licensed foster families

A baseline was established at the start of the fiscal year and targets were set off the baseline. It is projected that an additional 59 licensed foster families will be needed to meet PM1A and an additional 5 non-white families will be needed to meet PM1B. Performance will be determined by September 15, 2014.

Performance Measure 2 – Stability: Children placed into a licensed foster family home within the quarterly reporting period will experience stability in placement. A child's first placement should be the child's only placement.

Children will either be in the same licensed foster home four (4) months after placement or:

- will have exited that home to a trial home visit working towards reunification; or
- will have exited to a pre-adoptive placement working towards permanency; or
- will have attained permanency through adoption or guardianship.

Any child who experiences more than one licensed foster family home placement within the quarterly reporting period will be evaluated based upon the earliest of the licensed foster family home placements within the quarterly reporting period.

The percent of children who have stability for the first four (4) months in family foster care homes will be measured on specific entry cohorts. Entry cohorts comprise children who experience placement into a resource family home as their first removal from home, excluding shelter placements, under this contract. The entry cohort will be determined at the end of each quarter.

The contract performance will be based on attaining that target quarterly by Service Area.

Table 51(a): Performance Measure 2 – Stability						
Service Area	Baseline	Target	Cohort 1 7/1/11- 9/30/11	Cohort 2 10/1/11- 12/31/11	Cohort 3 1/1/12- 3/31/12	Cohort 4 4/1/12 - 6/30/12
Western	60.27%	63.28%	66.30%	63.49%	66.04%	88.89%
Northern	74.36%	78.08%	69.23%	76.09%	57.14%	59.52%
Eastern	56.52%	59.35%	74.47%	50.00%	20.00%	62.50%
Cedar Rapids	72.97%	76.62%	75.00%	64.58%	83.72%	76.62%
Des Moines	68.33%	71.75%	72.41%	55.93%	56.60%	71.75%
Statewide Totals	NA	NA	71.08%	60.23%	59.27%	67.92%

Source: SACWIS

Table 51(b): Performance Measure 2 – Stability						
Service Area	Baseline	Target	Cohort 5 7/1/12- 9/30/12	Cohort 6 10/1/12- 12/31/12	Cohort 7 1/1/13- 3/31/13	Cohort 8 4/1/13 - 6/30/13
Western	88.89%	93.33%	90.57%	82.81%	87.72%	NA
Northern	79.49%	83.46%	79.85%	86.67%	82.00%	NA
Eastern	80.85%	84.89%	70.45%	75.76%	66.67%	NA
Cedar Rapids	88.37%	92.78%	83.33%	75.68%	71.43%	NA
Des Moines	82.76%	86.89%	82.81%	70.42%	75.00%	NA
Statewide Totals	NA	NA	80.15%	78.49%	79.72%	NA

Source: SACWIS

Performance Measure 3 – Proximity to Home of Removal: Children need to experience stability in their communities and schools, and have regular contact with parents and family members. Resource families need to be located in the areas from where children

are removed. The contractor will provide the road miles between the child's removal home and the resource family where the child is placed.

The ratio of the average children in care placed within twenty (20) miles from the home of removal will be measured based on specific entry cohorts. Entry cohorts comprise children who experience placement into a resource family home as their first removal from home, excluding shelter placements, under this contract. The entry cohort will be determined at the end of each quarter.

The contract performance will be based on attaining that target quarterly by service area.

The contractor is provided data weekly on children entering a foster home placement, either as a first removal or as a change in placement. Proximity to the child's removal home is part of the data provided. The contractor uses geo-mapping to identify foster family homes in the geographic area where children are removed. Proximity data is also used in recruitment and retention efforts.

Table 52(a): Performance Measure 3 – Proximity to Home						
Service Area	Baseline	Target	Cohort 1 7/1/11- 9/30/11	Cohort 2 10/1/11- 12/31/12	Cohort 3 1/1/12- 3/31/12	Cohort 4 4/1/12 - 6/30/12
Western	73.97%	77.67%	52.17%	61.90%	71.74%	67.44%
Northern	64.10%	67.31%	64.10%	76.09%	57.89%	70.37%
Eastern	78.28%	82.17%	72.34%	97.18%	60.00%	77.42%
Cedar Rapids	75.68%	79.46%	78.33%	62.79%	76.92%	79.46%
Des Moines	70.00%	73.50%	71.26%	79.31%	97.67%	82.26%
Statewide Totals	NA	NA	66.46%	69.87%	74.63%	74.68%

Source: SACWIS

Table 52(b): Performance Measure 3 – Proximity to Home						
Service Area	Baseline	Target	Cohort 5 7/1/12- 9/30/12	Cohort 6 10/1/12- 12/31/12	Cohort 7 1/1/13- 3/31/13	Cohort 8 4/1/13 - 6/30/13
Western	73.97%	77.67%	41.51%	67.19%	65.45%	NA
Northern	70.37%	73.88%	77.78%	53.33%	60.00%	NA
Eastern	91.18%	95.73%	63.64%	81.82%	61.11%	NA
Cedar Rapids	78.33%	82.24%	72.22%	83.78%	85.42%	Na
Des Moines	91.76%	96.13%	82.81%	91.55%	83.31%	NA
Statewide Totals	NA	NA	66.41%	74.72%	70.20%	NA

Source: SACWIS

The data is pulled 5 months after the end of the quarter. DHS validates the data and it is then reviewed with the contractor. Once DHS and the contractor agree on the outcome data, the contractor is paid the performance payment if the measure is met, and the data is made available to the service areas.

Quarterly meetings are held in each service area to review all data required to be reported in the contract. The data is reviewed and any concerns regarding performance are discussed. During service area discussions, DHS and Iowa KidsNet discuss recruitment activities and geographic locations in the service area where recruitment and retention efforts are critical. DHS staff began using MapQuest in December 2012 to provide more accurate data in the SACWIS.

A challenge in addressing performance is the lag time between when the activity took place and when the data is reported and reviewed. DHS and Iowa KidsNet closely monitor the data, review the data for trends, and address any performance concerns based on the data.

Review of the data has not shown a direct correlation between proximity and stability. When stability numbers are strong, corresponding proximity numbers are low, and when proximity numbers are strong corresponding stability numbers are lower. This data will be studied in more depth to determine what influences stability and if there is any direct correlation to keeping the child in their removal community.

Performance Measure 4 - Safety is maintained for children in foster and adoptive care. Statewide data provided by the DHS will be used to determine if performance measure 4 has been met. Data will include all children in licensed family foster care or pre-adoptive care at any time during the quarter.

- PM4A - Ninety nine (99) percent of children in licensed foster family or pre-adoptive care will be safe from abuse by their foster or pre-adoptive parents.

Table 53(a): Performance Measure 4A – Safe from Abuse in Foster Care						
	Western service Area	Northern Service Area	Eastern Service Area	Cedar Rapids Service Area	Des Moines Service Area	Statewide
SFY12 Q4	99.85%	99.80%	99.71%	99.64%	99.69%	99.74%
SFY13 Q1	99.85%	100.00%	100.00%	100.00%	100.00%	99.96%
SFY13 Q2	100.00%	100.00%	99.40%	99.60%	99.85%	99.81%
SFY13 Q3	100.00%	99.78%	100.00%	99.58%	100.00%	99.88%
SFY13 Q4	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SFY14 Q1	99.96%	99.58%	100.00%	99.81%	99.29%	99.65%
SFY14 Q2	100.00%	99.57%	100.00%	99.59%	100.00%	99.84%
SFY14 Q3	NA	NA	NA	NA	NA	NA
SFY14 Q4	NA	NA	NA	NA	NA	NA

Source: SACWIS

- PM4B - Ninety nine (99) percent of children in adoptive care (post-finalization) who are eligible for the adoption subsidy program will be safe from abuse by their adoptive parents. Statewide data provided by the DHS shall be used to determine if

Performance Measure 4 has been met. Data will include all children eligible for adoption subsidy at any time during the quarter.

Table 53(b): Performance Measure 4B – Safe from Abuse in Adoptive Care						
	Western service Area	Northern Service Area	Eastern Service Area	Cedar Rapids Service Area	Des Moines Service Area	Statewide
SFY12 Q4	99.72%	99.94%	99.76%	99.94%	99.67%	99.79%
SFY13 Q1	99.91%	99.75%	99.82%	99.83%	99.45%	99.73%
SFY13 Q2	99.86%	99.94%	100.00%	99.95%	99.36%	99.77%
SFY13 Q3	99.91%	99.82%	99.88%	99.95%	99.28%	99.72%
SFY13 Q4	99.91%	99.63%	99.88%	100.00%	99.82%	99.85%
SFY14 Q1	100.00%	99.70%	99.71%	99.51%	99.89%	99.78%
SFY14 Q2	99.95%	99.82%	99.88%	99.84%	99.96%	99.90%
SFY14 Q3	NA	NA	NA	NA	NA	NA
SFY14 Q4	NA	NA	NA	NA	NA	NA

Source: SACWIS

Data has shown the overall number of resource families has declined in the past three fiscal years. More families have withdrawn than new families have been recruited, resulting in a net loss of resource families.

Iowa KidsNet provides data on why resource families withdraw. In the past two state fiscal years, over 75% of all families who chose to no longer foster or adopt did so because they either adopted children (over 40%) or because of personal reasons they could no longer foster or adopt (over 30%). Some of those personal reasons included moving to a new community, health concerns in the family, other family obligations, divorce, death in the family, or other family concerns. Families who withdraw because of dissatisfaction with the foster care system or because of concerns about their care average 4% of all withdrawals. Other reasons families may withdraw are that they are no longer interested in providing foster/adoptive care, training requirements were not met, or various other reasons (average 13%). Families who became licensed for a specific child that was not placed with the family accounted for an average of 5% of all withdrawals.

Iowa KidsNet (IKN) developed strategies specific to minority recruitment. IKN used service area specific data to identify priority recruitment counties and/or cities in each service area. IKN identified minority resource families or community leaders to serve as ambassadors with the goal of building connections in ethnic communities and churches to generate interest in fostering or adoption. IKN also employed a cultural diversity leader who is Hispanic. This position assures the scope of services will attract, support and retain minority families; enhance the cultural competency and awareness of IKN staff; and develop marketing tools and strategies for recruitment staff and ambassadors.

Barriers to minority recruitment and retention of resource families remain, such as language barriers and the lack of Spanish-speaking staff in all areas of the child welfare

system, low income, housing limitations, lack of financial stability, and documentation of legal residency. Recruiting Native American families has proven to be especially difficult. The DHS communicated a willingness to provide exceptions to licensing standards for non-safety related requirements, such as bedroom size. IKN and the DHS participated in a review of Partnering for Safety and Permanence - The Model Approach to Partnerships in Parenting (PS-MAPP) with a goal of developing training geared to the Native American community. Poverty, family dynamics, licensing standards and training remain significant barriers. Family to family recruitment, retention, and mentoring is an effective strategy in overcoming many of these barriers. IKN will be an active partner in the Diligent Recruitment Funding Opportunity awarded to the Winnebago Tribe. IKN will have a half-time recruiter for the project with the sole responsibility of recruiting Native American resource families in the Western Service Area.

In SFY 2013, 47 new non-white families were recruited but the targeted number was 77. As of April 2, 2014, there is a projected increase in the total number of licensed foster families, and a projected increase in non-white licensed foster families. However, performance will not be determined until September 15, 2014.

Iowa KidsNet has met their target recruitment goals for the past two years in the number of families who will care for children with difficult behaviors, children with significant needs, and families who will care for sibling groups of two or more. Recruitment for teens has been a struggle and targets have not been met consistently. Iowa KidsNet started a targeted recruitment campaign for teens in early SFY 2014.

Iowa KidsNet increased the contacts support staff provide families throughout the year. Iowa KidsNet support staff sends monthly e-mails to all families with information, resources and parenting suggestions. Support staff is required to make a contact with a family within three days of a new child placed in the home. In SFY 2014, the contract was amended to require support staff to have a face-to-face contact with each family at least twice a year and for support staff to conduct a home visit within 10 days of a newly licensed family receiving their first placement.

Local Iowa KidsNet staff and DHS staff meet regularly to discuss concerns or issues with all resource families in their area. Iowa KidsNet staff and DHS staff work together to assess foster families who are taking a break from accepting placements and families who may need additional support or training due to the children in their care. DHS and Iowa KidsNet staff works on corrective action plans when families need to be brought into compliance with rules and policies. Quarterly service area meetings continue to be held to discuss overall performance, address concerns and strengths, and improve communication. Iowa registers waiting children on the statewide exchange and on the national exchange through AdoptUsKids. The statewide photo listing is administered by Iowa KidsNet.

As of March 31, 2014, 17 children were listed on the statewide photo listing. Most of Iowa's children who are legally free are adopted by relatives or their current foster

parents. As of March 31, 2014, 808 children were eligible for adoption. Of these children, 70 were in a placement setting other than a family foster home, relative home or a pre-adoptive home. As of March 31, 2014, 44 children were active on the Iowa statewide exchange.

Children can be deferred from the exchange for the following reasons:

- The child is in an adoptive placement.
- The child's foster parents or another person with a significant relationship is being considered as the adoptive family.
- The child needs diagnostic study or testing to clarify the child's needs and provide an adequate description of them.
- The child is receiving medical care or mental health treatment, and the child's care or treatment provider determined that meeting prospective adoptive parents is not in the child's best interest.
- The child is 14 years of age or older and will not consent to an adoptive plan, and the consequences of not being adopted have been explained to the child.
- The termination of parental rights is under appeal by the birth parents and foster parents or other persons with a significant relationship continue to be considered as the prospective adoptive family.
- The court prohibits IAES registration and orders the child placed in another planned permanent living arrangement.

Approximately 75% of all children adopted in Iowa are adopted by their foster parents or relative caregivers. As legal guardian, DHS is responsible for selecting an adoptive family for a child who is waiting to be adopted. DHS partners with Wendy's Wonderful Kids to assist with diligent recruitment efforts that are specific to a child in need of an adoptive home.

A barrier in finding adoptive homes for specific children has been the lack of a statewide repository of information about families who want to adopt but may not be licensed foster parents that is accessible to DHS across the state. In the fall of 2013, Iowa KidsNet implemented a portal that allows adoptive families to put their information on the Iowa KidsNet website. Iowa KidsNet staff provides a family's information to DHS to be used in searches for families for specific children. Iowa KidsNet is currently in the process of establishing access for DHS staff to see the family's information directly. This is a very positive step in making adoptive families' information available to DHS adoption staff across the state. The family's information is not public and access to view their information is limited to DHS and Iowa KidsNet staff only.

CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

There are no current child welfare waiver demonstration projects in Iowa. However, below is information regarding Iowa's previous child welfare demonstration project, subsidized guardianship.

Iowa's subsidized guardianship waiver project was initiated on February 1, 2007. Since the initiation of the program, a total of 1,987 children were identified as meeting eligibility to be included in the project. The random selection of children into control and experimental groups resulted in 1,381 children in the experimental group and 606 children in the control group.

There were 37 children receiving subsidized guardianship waiver at the start of the project.

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

Iowa committed to continue payments to children who had signed agreements prior to September 1, 2010.

Table 54: Subsidized Guardianship	
As of:	Number of Children Receiving Subsidized Guardianship payments
3/31/2014	12
3/31/2013	18
10/1/2012	20
10/1/2011	25
10/1/2010	32

Source: SACWIS

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

See FFY 2014 CAPTA Report.

STATISTICAL AND SUPPORTING INFORMATION

Child Abuse Prevention and Treatment Act (CAPTA)

See FFY 2014 CAPTA Report

Other Reporting Requirements

Child Maltreatment Deaths

Table 55: Child Maltreatment Deaths – FFY 2009-2013

Federal Fiscal Year (FFY)	Number of Fatalities
2013	5
2012	6
2011	10
2010	7
2009	10

Data Source: SACWIS (child deaths that were listed as being the result of abuse)

During the course of the Department of Human Services (DHS) child abuse assessment that involves a child death, the child protective worker (CPW) collaborates with the following sources and documents any information that assists in making a child abuse finding within the child protective services assessment.

- On all child death cases, local law enforcement and/or the Department of Criminal Investigation (DCI) work with the DHS. While law enforcement's role is to determine if a crime occurred and the DHS' role is to determine whether abuse occurred, both agencies collaborate on crime scene investigation/assessment, observations, interviews, etc.
- The CPW also works with the medical examiner's office while they conduct an autopsy on the child victim. The CPW and medical examiner's office consult (many times through or in conjunction with law enforcement) to exchange information learned in the investigation/assessment that may assist the medical examiner in determining cause of death and manner of death. The ultimate findings of the autopsy assist in the determinations made in both criminal and child abuse findings.
- Although not every county throughout Iowa has their own Child Death Review Team per se, many counties utilize a variation of multi-disciplinary teams to consult with on child death cases. These consultations assist the CPW in exploring options to barriers and processing the case thoroughly.
- In 1995, Iowa Code section 135.43 and Iowa Administrative Code section 641-90 established Iowa's statewide Child Death Review Team. The purpose of this team is to "aid in the reduction of preventable deaths of children under the age of eighteen

years through the identification of unsafe consumer products; identification of unsafe environments; identification of factors that play a role in accidents, homicides and suicides which may be eliminated or counteracted; and promotion of communication, discussion, cooperation, and exchange of ideas and information among agencies investigating child deaths”.

- Additionally, the Iowa Child Death Review Team has developed protocols for Child Fatality Review Committees (Iowa Administrative Code section 641-92) to be appointed by the state medical examiner on an ad hoc basis, to immediately review the child abuse assessments which involve the fatality of a child under age eighteen. The purpose of the Child Fatality Review Committee is system improvement that may aide in reducing the likelihood of child death.
- Iowa Department of Public Health (IDPH's) Bureau of Vital Statistics also is involved in every child death case that the DHS assesses for child abuse. All child deaths, and at times births with a death occurring shortly after birth, are recorded with Vital Statistics. Because law enforcement generally takes the lead on these death investigations, they generally provide the documentation to Vital Statistics.

However, not all child deaths are reported to DHS. The majority of Iowa children die by natural means, which include prematurity, congenital anomalies, infections, cancers, and other illnesses. In 2008, the 234 natural deaths comprised 60% of all child deaths in Iowa. The 202 natural deaths in 2009 comprised 65% of all child deaths in Iowa. Natural manners of death are not considered child abuse and would not meet standards for reporting.

Other manners of death, however, such as accidents, suicides, homicides, and undetermined deaths, are considered by the Iowa Child Death Review Team as preventable. In accordance with Iowa Code section 232.70, mandatory reporters are required to report such suspected child abuse to DHS. When a child fatality is reported, a one hour response time is assigned for the CPW to assure the safety of siblings or any other children involved. Throughout the course of the assessment, the CPW makes a determination of whether abuse occurred and makes the appropriate recommendations and/or referrals to address the family's needs.

Education and Training Vouchers

Table 56: Education and Training Vouchers

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2012-2013 School Year (July 1, 2012 to June 30, 2013)	184	101
2013-2014 School Year* (July 1, 2013 to June 30, 2014)	206	118

Source: DHS-ETV *Estimate - Includes projections for April – June 2014

Inter-Country Adoptions

Iowa collects 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; and
- The reasons for the disruption or dissolution.

In Federal Fiscal Year (FFY) 2013, two children who were adopted from other countries entered state custody and were placed in out of home care.

- Both children were adopted and entered into state custody after the adoption.
- The agencies responsible for the adoption are unknown.

Child 1 was hospitalized, then went to shelter, and finally to group foster care

- The permanency plan is another planned permanent living arrangement. The child will go to family foster care upon discharge from group foster care. Due to protective concerns and the conflict between the child and parents, reunification is not likely to occur.
- The child has significant mental health and behavioral concerns and needs intensive services that the adoptive family could no longer manage.

Child 2 was placed in a Psychiatric Medical Institution for Children. This is the only placement to date.

- The permanency plan is reunification with the adoptive family.
- The child has fetal alcohol syndrome, is mildly intellectually disabled, mental health concerns and significant behavioral concerns that the adoptive mother could no longer manage.