# Iowa Department of Human Services

Iowa Child and Family Service Plan
Federal Fiscal Years 2015 - 2019

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Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 - 2019

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

Contact Person

Name: Kara Lynn H. Regula, LMSW

Title: CFSR, IV-B, PSSF & Responsible Fatherhood Coordinator

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-8977

FAX: (515) 281-6248

E-Mail: kregula@dhs.state.ia.us

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SECTION I: GENERAL INFORMATION

State Agency Administering Programs

The Iowa Department of Human Services (DHS) is the state agency that administers the Child Abuse and Protection Act (CAPTA), the Children's Justice Act (CJA), the Community-Based Child Abuse Protection program (CBCAP), titles IV-A, IV-B, IV-D, IV-E, and XX of the Social Security Act, the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) program.

The DHS' Director is appointed by the Governor of Iowa to lead the agency. The Deputy Director is responsible to oversee the day-to-day operations of the DHS. The DHS comprises six divisions and a discreet unit whose administrators report directly to the Deputy Director:

- Iowa Medicaid Enterprise (IME) administers Iowa's Medicaid program, including the Iowa Health and Wellness Plan (Medicaid expansion under the Affordable Care Act) and Children's Health Insurance Plan (CHIP) - Health and Wellness Kids in Iowa (Hawk-I), and monitors and oversees related contracts.
- The Division of Mental Health and Disability Services is responsible for Iowa's mental health redesign planning and implementation, oversight of the 9 DHS facilities, accreditation of more than 235 community providers annually, and monitoring and oversight of 120 contracts.
- The Division of Adult, Children and Family Services is responsible for policy, state/federal compliance, and managing more than 100 contracts for Food Assistance (FA), Family Investment Program (FIP)(Iowa's Temporary Assistance for Needy Families), PROMISE JOBS, Child Care Assistance (CCA), Child Welfare, and Community Family Services (CFS) programs. The division's Bureau of Child Welfare and Community Supports is the organizational unit responsible for the Child and Family Service Plan.
- The Division of Field Operations comprises:
  - Five service areas with 42 full-time county offices that provide the following services:
    - Child and dependent adult abuse protective services
    - Child welfare case management services
    - Eligibility services for Iowa's income maintenance programs, such as Medicaid, CHIP, Hawk-I, FA, FIP, PROMISE JOBS, CCA, and CFS
    - Refugee services
  - Centralized service area that supports statewide services for: child care, child and dependent adult abuse hotline, the child abuse registry, IV-E claims unit, IM related claims recovery, the IM call center and the facility eligibility unit.
  - Child Support Recovery Unit (CSRU) that provides services to Iowans and employers in the establishment and collection of child support payments.
  - Central office that provides help desk and technical support for the five service areas.

- The Division of Fiscal Management budgets, monitors, and accounts for the DHS' budget, processes checks, provides service contract support, coordinates all state and federal financial and program audits, manages the DHS' federal cost allocation plan and submits required federal reports.
- The Division of Data Management supports management information systems and computer networks statewide, provides technical assistance to help desk inquiries, and ensures DHS systems and data security are maintained in accordance with all state and federal law.
- The Policy Coordination Unit processes appeals and exceptions to policy, manages and publishes rules and the DHS employee manual, and provides communication and public policy information.

See Attachment A: Table of Organization and Attachment B: Field Map for more information.

Mission, Vision and Guiding Principles

Mission: To help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide.

Vision: Through the provision of a continuum of child welfare services that strengthen and preserve families and promote the healthy development of children and youth, children and youth grow up in safe, stable, and nurturing families with permanent family connections.

Guiding principles:
- Customer focus: We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. Our services promote meaningful connections to family and community.
- Excellence: We are a model of excellence through efficient, effective, and responsible public service. We communicate openly and honestly, and adhere to the highest standards of ethics and professional conduct.
- Accountability: We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.
- Teamwork: We work collaboratively with customers, employees, and public and private partners to achieve results.

Collaboration

As part of developing the 2015-2019 Child and Family Service Plan (CFSP), the DHS convened two workgroups, one comprising internal stakeholders and one comprising external stakeholders, to review data, to provide an assessment of child welfare strengths and areas needing improvement, and make recommendations to the DHS Service Business Team (SBT) regarding goals and objectives for the CFSP. The DHS internal workgroup comprised representatives from front line staff (workers, supervisors,

administrators, and managers), policy, training, quality assurance, and information technology. The group met once on October 4, 2013. The group reviewed data for the period 2008 through 2013, which included the following:

- Iowa performance on national safety data indicators
- Iowa performance on national permanency composites
- Iowa's PIP case review data
- Iowa key performance data
- Iowa child welfare service array contract performance measures
- Other Iowa available data

Analyzing the data, the group identified: trends, strengths, and opportunities for improvement; underlying issues affecting performance; gaps in the current service array; potential strategies to be utilized to improve performance; recommended focus areas to the DHS SBT for inclusion in the CFSP; and additional data that may be helpful when considering strategies in more detail. The workgroup's report was then sent to the SBT for consideration.

Utilizing a contractor to facilitate meetings and provide a report, the DHS convened an external stakeholder workgroup. The stakeholder workgroup met in person six times from October 2013 through January 2014. Members of the workgroup included representatives of individuals who had been in foster care, families who had been involved with the child welfare system, foster parents, state agencies, prevention services, Iowa Courts, Tribes, Juvenile Court Services, service providers, DHS representatives, and advocacy organizations. The workgroup reviewed data similar to the internal workgroup but for the period of 2005 through 2013. The workgroup also reviewed additional data as requested by workgroup members. Analyzing the data, similar to the internal workgroup, the group identified: strengths, weaknesses, opportunities and threats; underlying issues affecting performance; gaps in the current service array; and recommended goals, objectives, and benchmarks for SBT to consider for inclusion in the CFSP. Several workgroup members mentioned activities that they or their organizations could implement as part of working toward shared goals and outcomes to improve Iowa's child welfare system. The workgroup also recommended an annual review process, which was adopted, that will provide an avenue for continued stakeholder, tribe, and court review of data, assessment of performance and progress, and recommendation for changes, if applicable.

DHS' on-going collaborations with stakeholders, tribes, and courts throughout the year also informed the development of the CFSP. One group that the DHS collaborates with is the Child Welfare Advisory Committee (CWAC), which was established in April 2009 and defined in Iowa Code 217.3A. The purpose of this group is to consult with and make recommendations to the DHS concerning budget, policy, and program issues related to child welfare. CWAC membership includes representatives from DHS, Iowa Children's Justice, 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 Iowa 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 CWAC meets on a quarterly basis. CWAC members suggested that the DHS convene an expanded external stakeholder group to develop the 2015-2019 CFSP. CWAC will continue to be involved in the CFSP's monitoring and implementation process.

Another group is the Child Welfare Partners Committee, which 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. 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. The committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the committee proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in workgroup discussions. 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.

The CWPC developed a two year strategic plan for calendar years January 2013 through December 2014 that supported the development and will support the implementation of the CFSP. 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.

DHS staff also remains active in the Children's Justice (CJ) State Council, as well as Children's Justice (CJ) Advisory Committee, and other task forces and workgroups. The CJ State Council and CJ Advisory Committee meet quarterly, with members representing all state level child welfare partners. Council and committee members discuss policy issues, changes in practice, updates of child welfare relevance, and legislative issues, which informed the development and will inform the implementation of the CFSP. Additionally, Iowa Children's Justice staff serves on various DHS committees.

During the last round of the Child and Family Service Review (CFSR), the DHS reached out to stakeholders, tribes, and courts to serve as members on workgroups to develop the Statewide Assessment, to serve as State Onsite Reviewers, and to serve on Program Improvement Plan (PIP) development and implementation workgroups. The DHS will continue to collaborate with stakeholders, tribes, and courts in Iowa's next CFSR, scheduled for FFY 2018.

The DHS will utilize CWAC, CWPC, CJ State Council and CJ Advisory Committee, along with other collaborative venues, throughout the implementation of the CFSP to ensure that parties are working together toward shared goals, activities, and outcomes and to monitor progress of CFSP implementation in order to improve Iowa's child welfare system. Additionally, the DHS will convene a stakeholder workgroup, at a minimum on an annual basis, to review data and provide their expertise regarding CFSP implementation and progress towards CFSP goals. The DHS also may utilize focus groups, electronic surveys, and other means to gather qualitative information for continued evaluation of CFSP progress.

For additional information on child welfare collaborations, please see Services, Service Coordination, and Chafee Foster Care Independence Program (CFCIP).

## SECTION II: PERFORMANCE ASSESSMENT

In the following discussion of data and performance assessment, Iowa utilized several sources of data or information. The data includes administrative data extracted from the Adoption and Foster Care Analysis and Reporting System (AFCARS) or the National Child and Neglect Data System (NCANDS), where applicable. Report sources for the administrative data are listed with the relevant tables or charts. Data also includes quantitative data through DHS case reviews and other data sources as indicated. Qualitative data provided by stakeholders, internal and external, is included in the assessment narrative, where applicable.

Iowa also utilized case reviews conducted by DHS Quality Improvement (QI) staff as part of our Program Improvement Plan (PIP) implementation and reporting for items represented through case reviews. QI staff was trained by the National Resource Center for Organizational Improvement (NRCOI) staff on utilizing the Child and Family Service Review (CFSR) On Site Review Instrument (OSRI) to conduct the case reviews. The case files were selected by random sample, stratified by Iowa's five Service Areas, representing foster care and in-home services case. In each quarter, QI staff reviewed 75 cases, 15 cases per Service Area. Ten (10) of the 15 cases per Service Area were from the major metropolitan area in that Service Area. Case reviews did not include interviews on all cases but caseworker interviews occurred when information needed to be clarified. Over time, the case mix mirrored the even mix of the universe of cases in Iowa, which maintains a roughly even split between foster care and in-home cases. QI staff conducted a second level review each quarter for a sample of cases for a discussion of scoring consistency and identification of trends. During the first quarter, inconsistency between raters was identified, particularly related to the scoring of items 19 and 20, caseworker visits with children and caseworker visits with parents. As a result, QI staff required minimal expectations pertaining to documentation, as well as specifying those elements that are required during caseworker visits which relate to assessment of quality. QI staff reviewed cases in pairs to increase consistency between raters. As a result, inter-rater reliability improved

beginning with the second PIP quarter. Since the case reviews conducted by QI staff did not include case interviews, direct comparisons cannot be made to CFSR Round 2 item ratings.

Safety Outcomes 1 and 2

Available Data Pertaining to Outcomes:
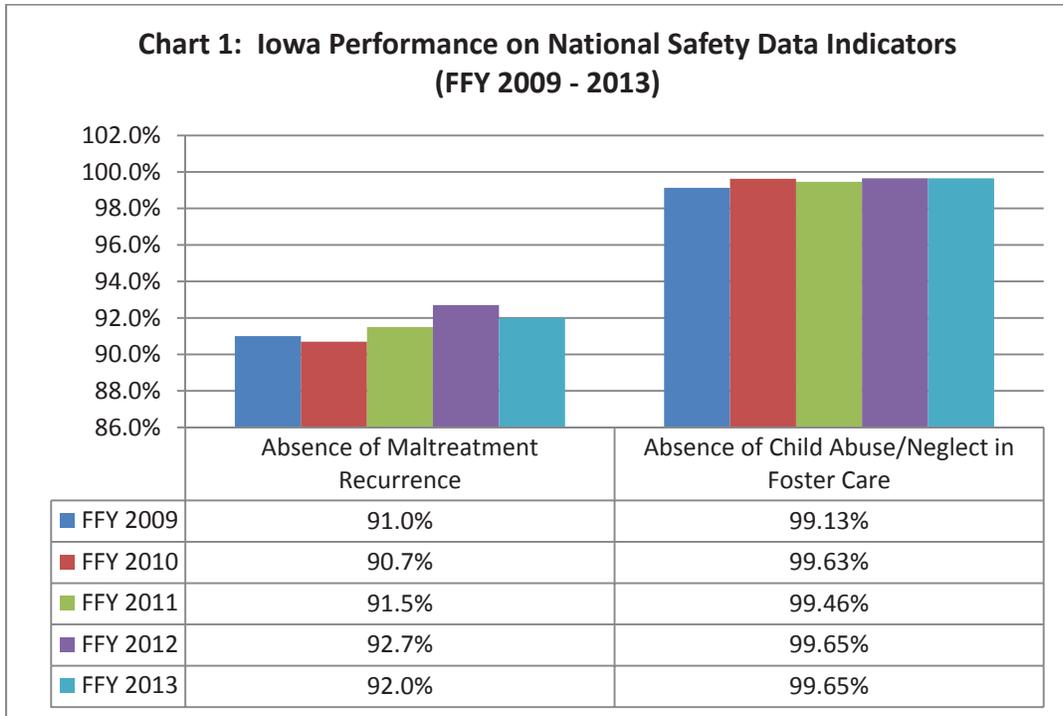
Chart 1: Iowa Performance on National Safety Data Indicators (FFY 2009 - 2013)

	Absence of Maltreatment Recurrence	Absence of Child Abuse/Neglect in Foster Care
FFY 2009	91.0%	99.13%
FFY 2010	90.7%	99.63%
FFY 2011	91.5%	99.46%
FFY 2012	92.7%	99.65%
FFY 2013	92.0%	99.65%

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Iowa State Data Profiles 4-5-12 (FFY 2009), 3-7-13 (FFY 2010 & 2011), 12-13-13 (FFY 2012); 3-24-14 (FFY 2013)

Chart 2: Safety Outcomes 1 and 2 - Case Reviews
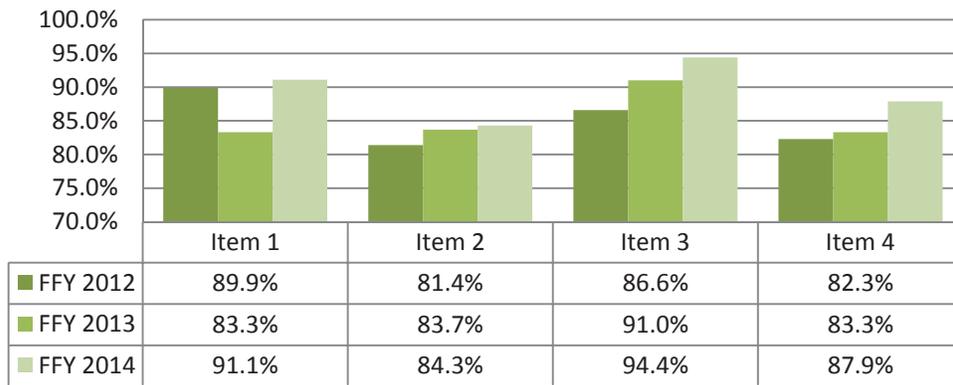
	Item 1	Item 2	Item 3	Item 4
■ FFY 2012	89.9%	81.4%	86.6%	82.3%
■ FFY 2013	83.3%	83.7%	91.0%	83.3%
■ FFY 2014	91.1%	84.3%	94.4%	87.9%

Item 1: Timeliness of Investigations   Item 3: Services to Prevent Removal
Item 2: Repeat Maltreatment   Item 4: Safety & Risk Assessments

Source: DHS - Quality Assurance (QA) System   *FFY 2012 – Quarter 1 results excluded due to inter-rater reliability issues, which were resolved.

Assessment of strengths and areas needing improvement:
Although performance varied from year to year, Iowa experienced an increase in performance over time for Absence of Recurrence of Maltreatment, from 91.0% in FFY 2009 to 92.0% in FFY 2013. DHS staff noted that Safety Plan services provided during the assessment process contributes to child safety and preventing repeat maltreatment. For SFY 2013, the data showed 93.1% of families who received Safety Plan Services during the assessment process did not have another substantiated child maltreatment report during service provision. Stakeholders also noted that prevention services, such as those provided through the Iowa Child Abuse Prevention Program (ICAPP), the Community Based Child Abuse Protection (CBCAP) program, and the Community Partnership for the Protecting Children (CPPC) contribute to preventing child maltreatment and repeat maltreatment. Additionally, Community Care services provided to families who do not enter into formal child welfare services may prevent maltreatment. *(See Services for more information on Iowa's prevention, intervention, and treatment services.)*

Even though overall performance increased, Iowa continues to not be in substantial conformity with the federal standard of 94.6%. There are several underlying factors impacting Iowa's performance. Although DHS staff conducts initial and on-going safety and risk assessments as part of the child protective response and on-going case management, children and families who come to the attention of the DHS have complex issues, such as past trauma, mental health issues, substance abuse issues, domestic violence, etc., which are not easily treated and may involve lapses to previous behaviors, particularly in times of stress, that arise to the level of repeat maltreatment. DHS staff also reported how Iowa collects data as a reason for current performance. Specifically, DHS staff noted that a new allegation that comes in during an open assessment may be counted as repeat maltreatment; or if abuse or neglect is disclosed after significant time has passed, these reports also are construed as repeat

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maltreatment as the data pulls from the date of the report rather than the date of the incident, which is misleading. Iowa will explore solutions to this identified data issue.

To reduce repeat maltreatment, stakeholders noted that implementation of Differential Response, the addition of the Family Assessment pathway which occurred on January 1, 2014, should positively impact performance as services will be frontloaded, which should help to prevent child maltreatment and repeat maltreatment. There also may be some impact since cases eligible for the Family Assessment pathway are Denial of Critical Care reports, which is the predominant category of abuse in Iowa. Iowa will continue to monitor repeat maltreatment performance, on a quarterly basis, to determine if Differential Response has a decreasing effect on prevalence.

Iowa's performance for the Absence of Child Abuse and/or Neglect in Foster Care has remained relatively stable over time. Although Iowa does not meet the federal standard of 99.68%, performance varied less than 0.52% over the last five years and current performance is 0.03% away from the standard. DHS staff reports that this is a small enough group where a couple of cases can impact the data. Stakeholders also noted that Iowa tries to reduce the prevalence of abuse in foster care through training for foster families, such as mandatory reporter and parenting training, supports to foster parents, including peer supports, and respite services so that foster parents can take a break when needed.

In analyzing the case reading data, Iowa's performance increased over time with Iowa meeting CFSR 90% strength requirement for items 1 and 3 and close but not quite there for item 4. For timeliness of investigations (item 1), DHS staff acknowledged improvement in practice but also noted a couple of barriers. DHS staff reported that the time it takes to see the alleged victim face-to-face can be longer than the assigned time, primarily due to rural areas in the state. Also, Iowa child welfare policy allows for extension of the timeframe by prior supervisor approval but there is a lack of documentation of the supervisory extension of the timeframes, including reason for extension. DHS supervisory staff continues to work with their field staff on getting prior supervisory approval to extend the time to see the alleged victim and ensuring that it is documented in the case file and entered into the SACWIS.

Iowa increased performance over the last two and a half years for items 3 and 4. Of particular note, current performance for item 3 in FFY 2013 and thus far for FFY 2014 meets the CFSR 90% strength requirement and item 4 is near the requirement. For item 3, Safety Plan Services and Family Safety, Risk and Permanency (FSRP) services were cited as making a profound contribution to performance. For SFY 2013, 98.9% of families who received Safety Plan Services during the assessment process did not have a child removed during service provision[1]. From January through June 2013, 85.45% of families who received FSRP services did not have a child removed during service

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[1] Source: Iowa DHS, SFY 2013 Safety Plan Services Contract Performance Data. Note: Families may receive Safety Plan Services during a Child Abuse Assessment or a Child in Need of Assistance (CINA) Assessment when the child is assessed as Conditionally Safe. For more information about Safety Plan Services, see *Section III: Services*.

provision.[2] For item 4, DHS staff identified that documentation of initial and on-going safety and risk assessments throughout the life of the case is an underlying factor affecting performance for this item. As part of Iowa's Program Improvement Plan (PIP), DHS staff developed and implemented a caseworker visit template, which includes documentation of safety and risk observations and assessment. Therefore, Iowa expects to continue to see improvements related to this item as time continues.

Permanency Outcomes 1 and 2

Available Data Pertaining to Outcomes:
Unless otherwise noted, sources for the following charts were from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Iowa State Data Profiles:
- FFY 2009 – Iowa State Data Profile, dated 4/5/2012
- FFY 2010 and 2011 – Iowa State Data Profile, dated 3/7/2013
- FFY 2012 and 2013 – Iowa State Data Profile, dated 12/13/2013

Chart 3: Iowa Children Under 18

	FFY 2009	FFY 2010	FFY 2011	FFY 2012
Total Children < 18 years of Age	713,155	726,778	724,370	722,953

Source of Data: U.S. Census Bureau, Population Estimates; Source of Report: Child Welfare Outcomes Report Data website, Iowa Profile, available at http://cwoutcomes.acf.hhs.gov.

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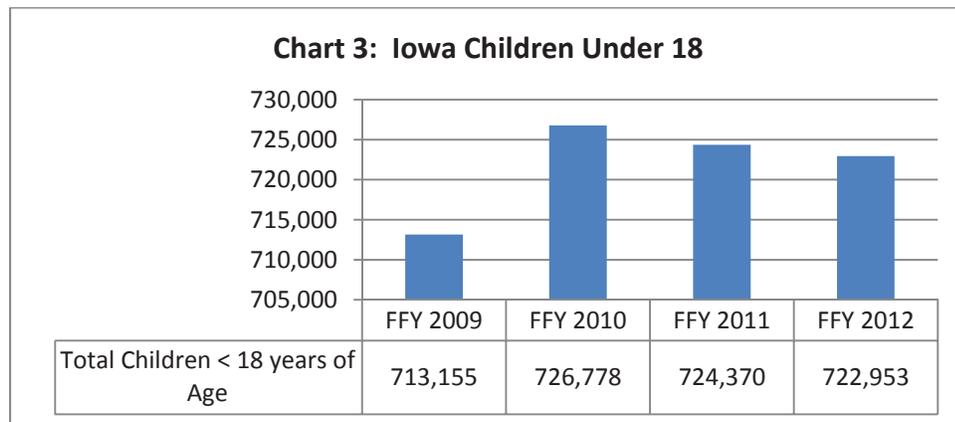
[2] Source: Iowa DHS, January-June 2013, Family Safety, Risk & Permanency Services Contract Performance Data. Note: Families may receive FSRP services when they have an open DHS service case, depending upon the social worker's assessment of the families' need for services. For more information about FSRP services, see *Section III: Services*.

Chart 4: Iowa CFSR Data Profile (FFY 2009 - 2013) Foster Care Population Flow

# of Children (y-axis: 0 – 7000)

	# in Care on 1st Day of Year	Admissions During Year	Discharges During Year	Children in Care on Last Day of Year
FFY 2009	6561	4735	4686	6610
FFY 2010	6366	4618	4426	6558
FFY 2011	6352	4296	4275	6373
FFY 2012	6197	4230	4140	6287
FFY 2013	6139	4381	4139	6381
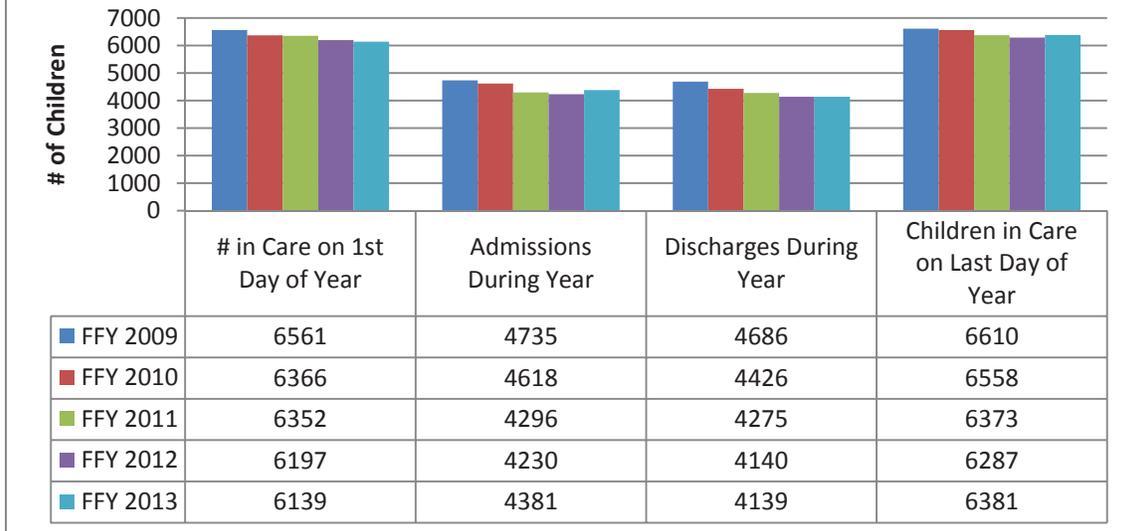
Chart 5: Race/Ethnicity of Child General Population in Iowa (FFY 2009 - 2012)
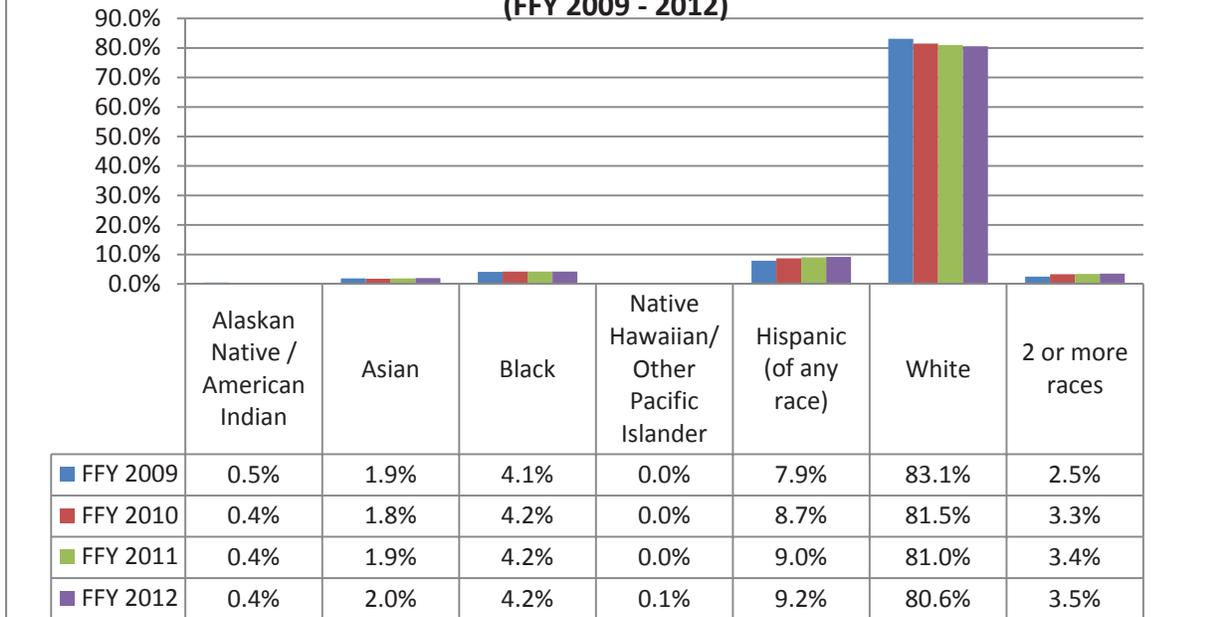
(y-axis: 0.0% – 90.0%)

|	Alaskan Native / American Indian	Asian	Black	Native Hawaiian/ Other Pacific Islander	Hispanic (of any race)	White	2 or more races
FFY 2009	0.5%	1.9%	4.1%	0.0%	7.9%	83.1%	2.5%
FFY 2010	0.4%	1.8%	4.2%	0.0%	8.7%	81.5%	3.3%
FFY 2011	0.4%	1.9%	4.2%	0.0%	9.0%	81.0%	3.4%
FFY 2012	0.4%	2.0%	4.2%	0.1%	9.2%	80.6%	3.5%

Source of Data: U.S. Census Bureau, Population Estimates; Source of Report: Child Welfare Outcomes Report Data website, Iowa Profile, available at http://cwoutcomes.acf.hhs.gov.

Chart 6a: Race and Ethnicity of Children Entering Foster Care in Iowa (FFY 2009-2012)

	Alaskan Native /American Indian	Asian	Black	Native Hawaiian/ Other Pacific Islander	Hispanic (all races)	White	2 or more races	Unable to Determine	Missing Info
FFY 2009	1.9%	0.8%	13.6%	0.3%	9.4%	62.6%	3.1%	7.9%	0.2%
FFY 2010	2.4%	1.2%	12.2%	0.2%	9.4%	63.8%	3.1%	7.4%	0.3%
FFY 2011	2.1%	0.8%	12.8%	0.4%	10.8%	65.9%	3.5%	3.6%	0.3%
FFY 2012	1.7%	0.8%	12.8%	0.3%	9.0%	66.5%	4.0%	4.8%	0.2%
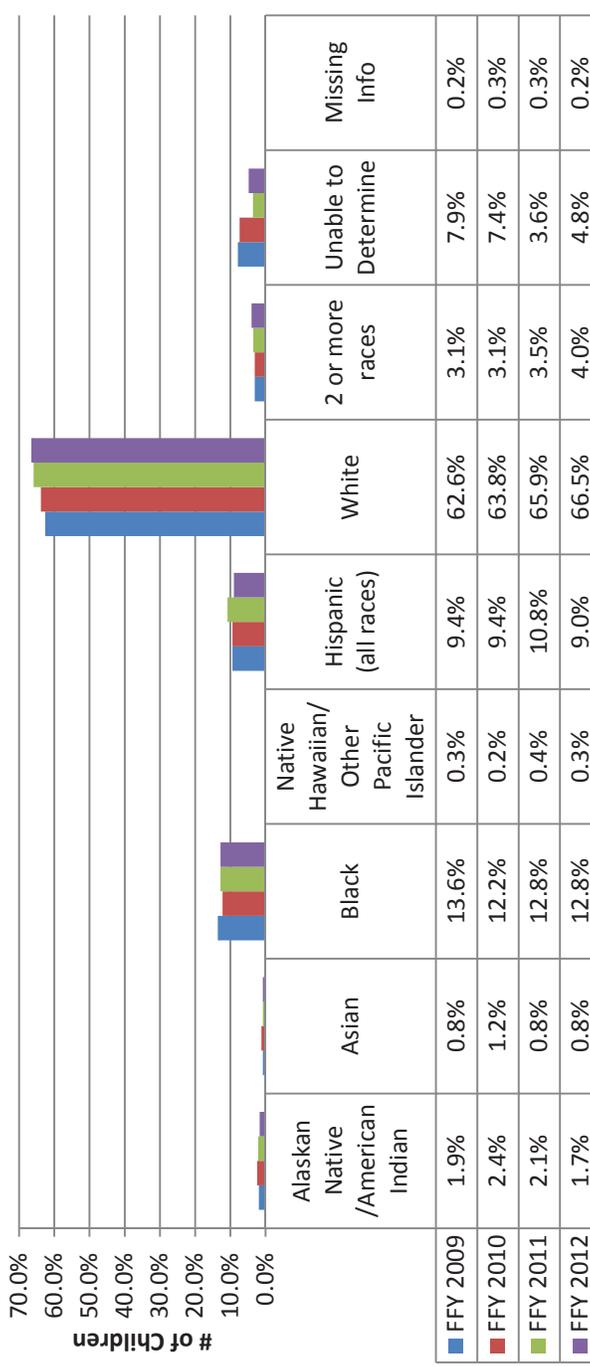
Source of Data: AFCARS; Source of Report: Child Welfare Outcomes Report Data website, Iowa Profile, available at http://cwoutcomes.acf.hhs.gov.

Chart 6b: African American Disparity Ratio for Foster Care Entry

Source: SACWIS

Chart 6c: American Indian Disparity Ratio for Foster Care Entry in Woodbury County

	2011A	2011B	2012A	2012B	2013A	2013B

10.9
8.03
3.74
10.2
11.32
10.54
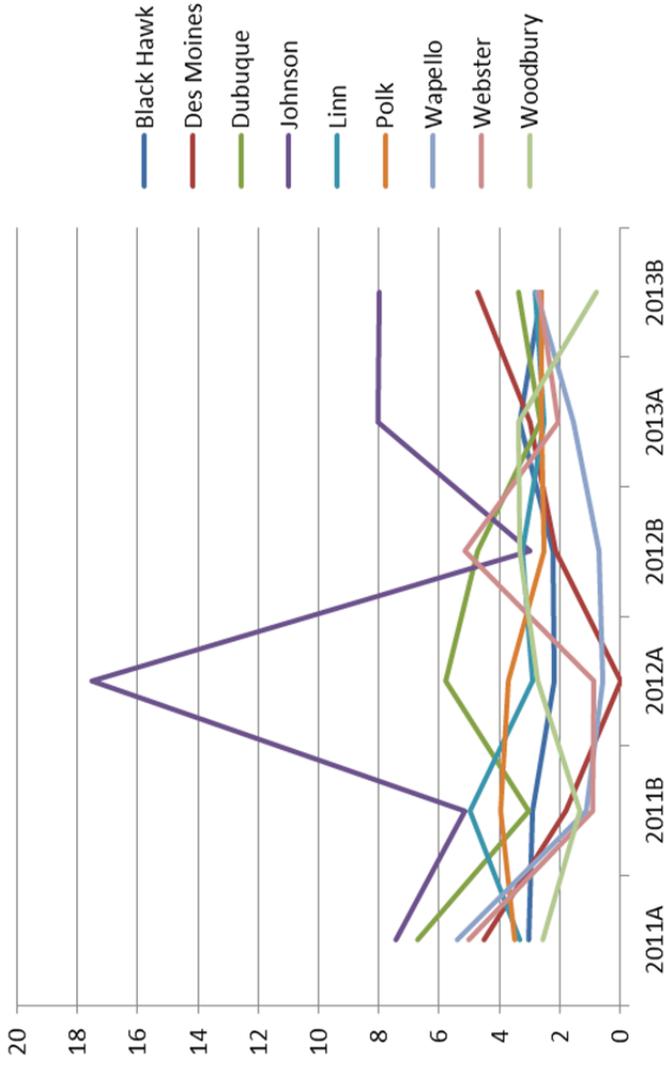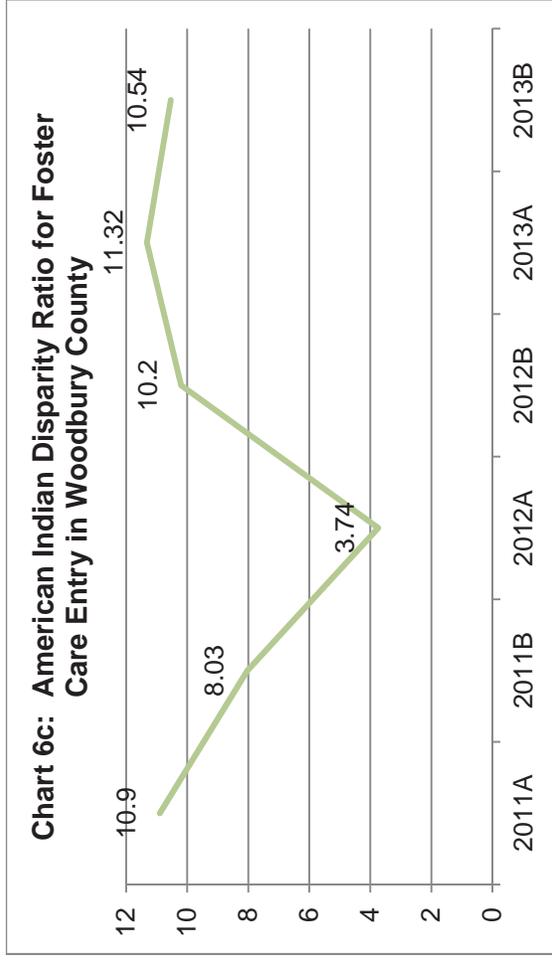
Source: SACWIS

Chart 7: Gender and Age of children entering foster care by federal fiscal year 2009 to 2013

	Male	Female	less than 3	3 to 5	6 to 11	12 to 15	16 to 17	18+
2009	54%	46%	23%	14%	18%	24%	19%	3%
2010	53%	47%	23%	15%	19%	21%	18%	2%
2011	55%	45%	22%	16%	19%	22%	17%	3%
2012	55%	45%	21%	17%	20%	22%	17%	2%
2013	56%	44%	23%	17%	22%	20%	15%	2%

Source: AFCARS

Chart 8: Iowa CFSR Data Profile (FFY 2009 - 2013) Placement Types

	Pre-Adoptive Homes	Foster Family Homes (Relative)	Foster Family Homes (Non-Relative)	Group Homes	Institutions	Supervised Independent Living	Runaway	Trial Home Visit
FFY 2009	2.3%	20.2%	33.9%	16.4%	5.1%	1.1%	1.0%	19.6%
FFY 2010	2.7%	22.3%	34.6%	15.7%	4.6%	0.7%	0.8%	18.5%
FFY 2011	3.0%	22.6%	34.6%	15.5%	4.7%	0.8%	0.8%	17.7%
FFY 2012	2.5%	25.4%	31.4%	15.3%	5.0%	1.1%	0.6%	18.4%
FFY 2013	2.4%	28.3%	29.8%	14.0%	5.2%	1.1%	0.8%	18.1%
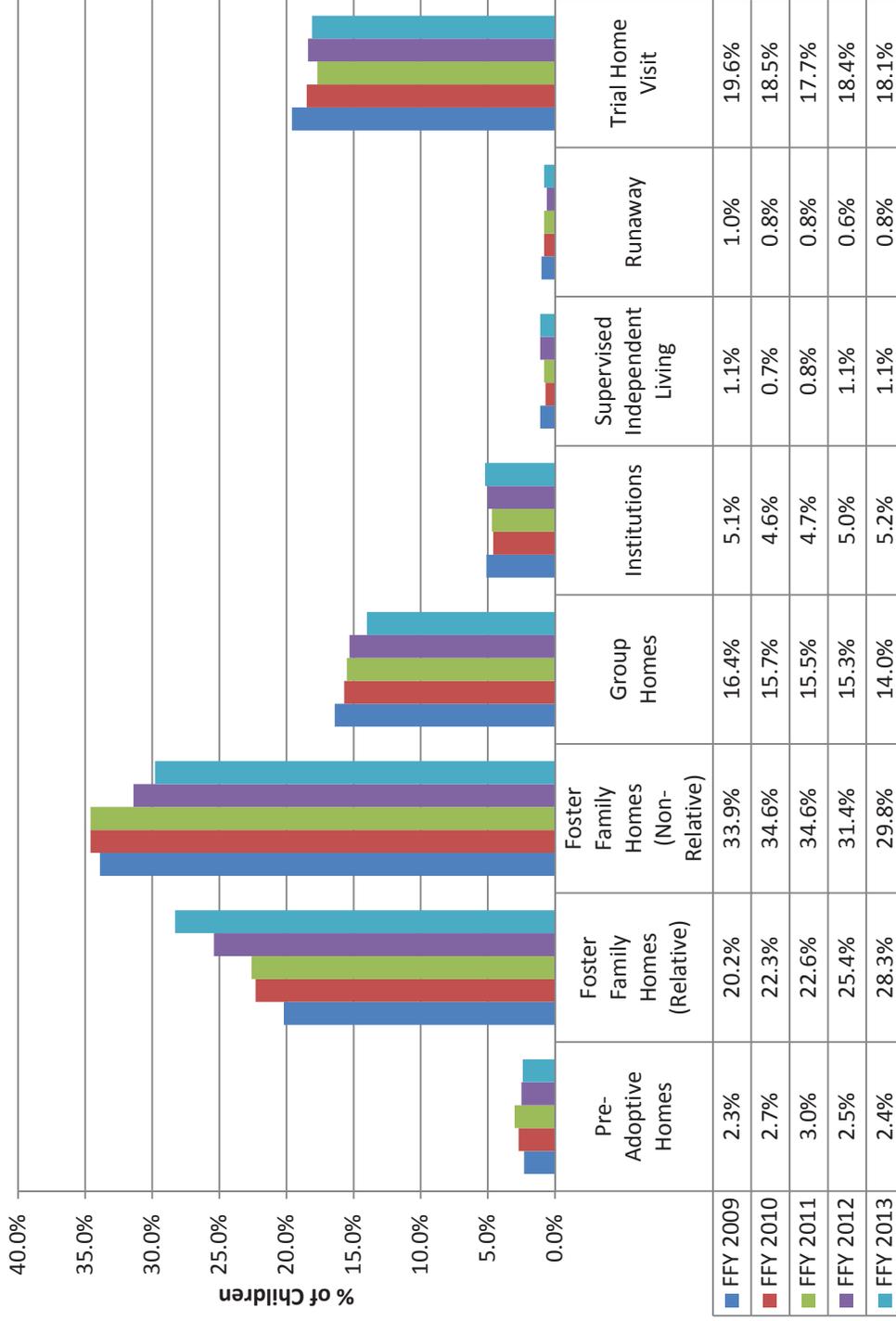
Chart 9: Iowa CFSR Data Profile (FFY 2009 - 2013) Permanency Goals for Children in Care

	Reunification	Live with Other Relative	Adoption	Long Term Foster Care	Guardianship	Case Plan Goal Not Estab	Missing Goal Information
FFY 2009	55.8%	3.6%	13.2%	14.2%	1.0%	0.0%	12.3%
FFY 2010	58.0%	3.3%	14.4%	12.9%	1.1%	3.9%	6.4%
FFY 2011	58.2%	2.6%	15.5%	12.5%	0.6%	3.1%	7.5%
FFY 2012	59.2%	2.1%	13.4%	11.1%	0.7%	2.2%	11.2%
FFY 2013	58.5%	2.5%	14.1%	10.2%	0.7%	3.5%	10.5%
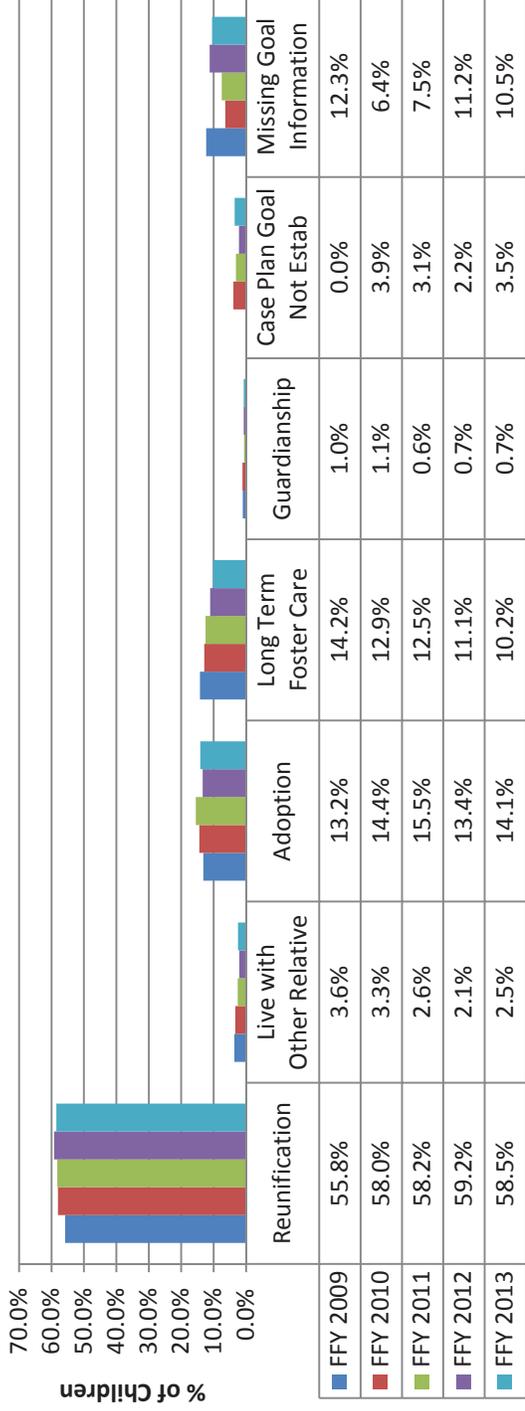
Chart 10: Iowa CFSR Data Profile (FFY 2009-2013)
Length of Time to Achieve Permanency Goals

	Reunification	Adoption	Guardianship	Other (Includes Long Term Foster Care)	Total Discharges
FFY 2009	9.7	23.4	17.7	34.3	14.2
FFY 2010	9.3	21.9	16.3	32.9	12.8
FFY 2011	10.4	22.2	15.5	31.7	13.9
FFY 2012	11.2	21.2	13.2	29.5	15
FFY 2013	10.9	22	12.2	28.9	14.3

Median Months to Discharge
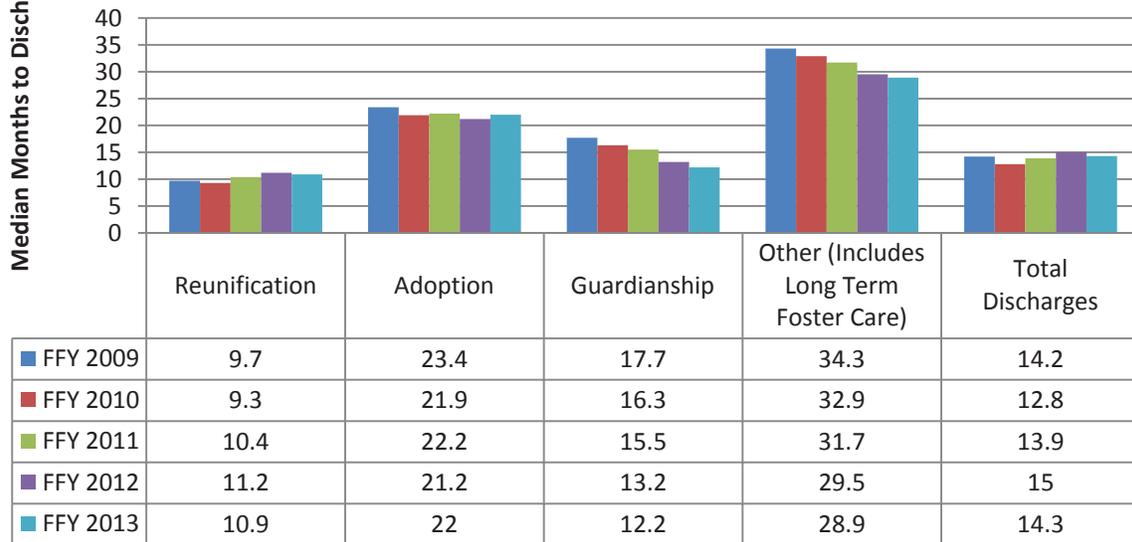
Chart 11: Iowa CFSR State Data Profile -
Performance on Permanency Composites 1-4
(FFY 2009-2013)

	Permanency Composite 1	Permanency Composite 2	Permanency Composite 3	Permanency Composite 4
FFY 2009	112.7	135	131.4	93.3
FFY 2010	117.6	133.9	125.2	93.3
FFY 2011	108.4	138	136.3	94.8
FFY 2012	110.5	154	139.5	94.7
FFY 2013	113.5	154.5	138.7	94.4

Chart 12: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 1
Timeliness & Permanency of Reunification
Measure Performance

Year	C1-1 Exits to Reunification in <12 Months	C1-2 Exits to Reunification Median Length of Stay	C1-3 Entry Cohort Reunification in <12 Months	C1-4 Reentries to Foster Care in <12 Months
2009	67.9	8	42.7	15.2
2010	73.9	6.7	44.6	16
2011	70.6	7.7	40.1	17.5
2012	68.4	8	37.8	16.1
2013	71.5	7.6	40.8	15.8
75th/25th Percentile	76.2	5.4	48.4	9.9

- ■ C1-1 Exits to Reunification in <12 Months
- ■ C1-2 Exits to Reunification Median Length of Stay
- ■ C1-3 Entry Cohort Reunification in <12 Months
- ■ C1-4 Reentries to Foster Care in <12 Months

Chart 13: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 2 - Timeliness of Adoptions
Measure Performance

Year	C2-1 Exits to Adoption in <24 Months	C2-2 Exits to Adoption Median Length of Stay (Median = Months)	C2-3 Children in Care 17+ Months, Adopted by End of Year	C2-4 Children in Care 17+ Months Achieving Legal Freedom within 6 Months	C2-5 Legally Free children adopted in <12 Months
2009	54.5	23.4	24.8	7.4	69.2
2010	59.4	21.9	21.6	5.3	70.7
2011	57.2	22.2	26.3	7.8	69.5
2012	61.3	21.2	31	8.4	75.4
2013	58.5	22	30.1	6.2	77.6
75th/25th Percentile	36.6	27.3	22.7	10.9	53.7

- ■ C2-1 Exits to Adoption in <24 Months
- ■ C2-2 Exits to Adoption Median Length of Stay (Median = Months)
- ■ C2-3 Children in Care 17+ Months, Adopted by End of Year
- ■ C2-4 Children in Care 17+ Months Achieving Legal Freedom within 6 Months
- ■ C2-5 Legally Free children adopted in <12 Months

Chart 14: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 3- Permanency for Children & Youth in Foster Care
for Long Periods of Time Measure Performance

Legend:
- C3-1 Exits to Permanency prior to 18th Birthday for Children in Care for 24+ Months
- C3-2 Exits to Permanency for Children with TPR
- C3-3 Children Emancipated Who Were in Foster Care for 3+ Years

Year	C3-1	C3-2	C3-3
2009	30.9	96.7	34.8
2010	27.9	96.7	35.8
2011	34.5	96.8	35.1
2012	34.9	98.1	30.4
2013	32	98.4	31.2
75th/25th Percentile	29.1	98	37.5
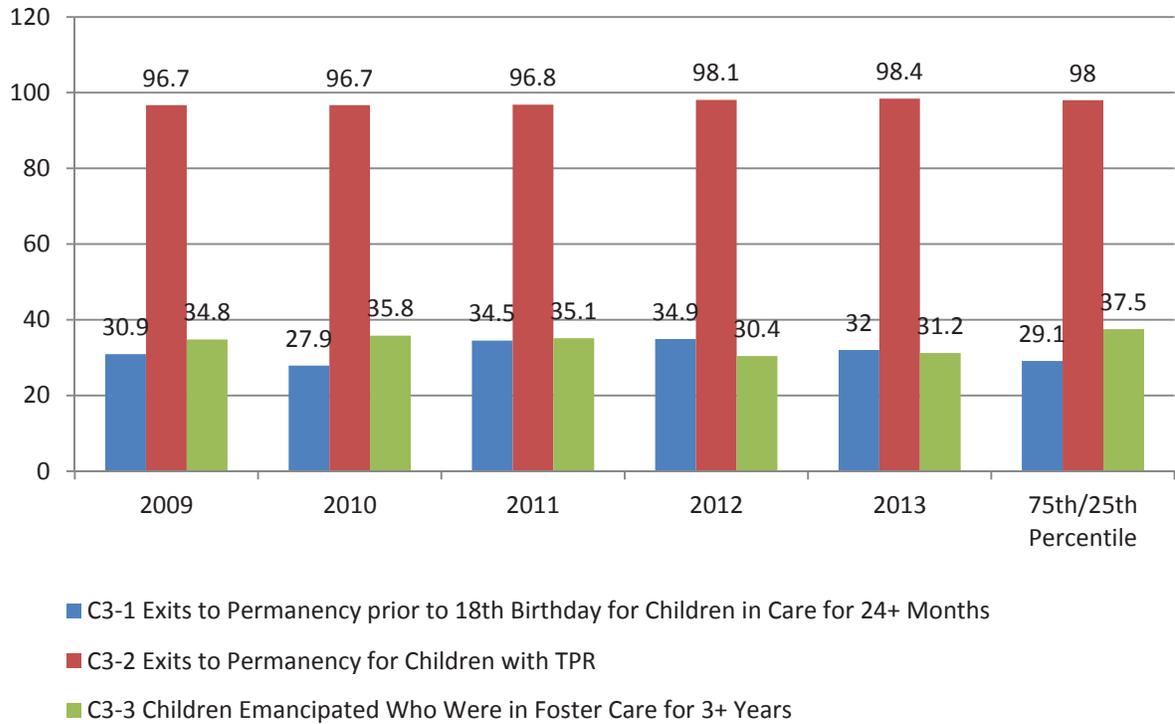
Chart 15: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 4 -Placement Stability
Measure Performance

Year	C4-1	C4-2	C4-3
2009	86.6	60.9	26
2010	87.1	61.2	25.8
2011	86.4	64.4	26.4
2012	85.8	64.9	27.4
2013	86.6	63.7	26.1
75th Percentile	86	65.4	41.8

- C4-1 2 or Less Placement Setting for Children in Care for <12 Months
- C4-2 2 or Less Placement Settings for Children in Care for 12-24 Months
- C4-3 2 or Less Placement Settings for Children in Care for 24+ Months

Chart 16: Iowa CFSR Data Profile (FFY 2009-2013)
of Placement Settings in Current Episode

% of Children

	1	2	3	4	5	6 or More
FFY 2009	40.1%	24.3%	12.8%	6.4%	4.6%	11.8%
FFY 2010	41.7%	23.7%	12.7%	7.3%	4.2%	10.4%
FFY 2011	42.4%	24.4%	12.6%	6.8%	3.8%	10.0%
FFY 2012	43.5%	23.4%	11.9%	7.0%	4.2%	10.0%
FFY 2013	44.7%	22.9%	12.5%	6.0%	4.0%	9.9%

The following charts represent data from case reviews conducted by DHS' Quality Improvement (QI) staff.

Chart 17: Permanency Outcome 1 - Case Reviews

	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10
FFY 2012	94.2%	70.0%	88.1%	89.6%	68.1%	81.0%
FFY 2013	87.5%	78.2%	91.9%	91.3%	66.0%	88.5%
FFY 2014	95.5%	78.9%	93.3%	96.7%	87.5%	92.9%

Item 5: Foster Care Re-Entries
Item 6: Stability of Foster Care Placement
Item 7: Permanency Goal for Child

Item 8: Reunification, Guardianship, or Permanent Placement with Relative
Item 9: Adoption
Item 10: Other Planned Permanent Living Arrangement

Chart 18: Permanency Outcome 2 - Case Reviews

	Item 11	Item 12	Item 13	Item 14	Item 15	Item 16
FFY 2012	92.0%	89.1%	64.3%	71.4%	77.3%	58.7%
FFY 2013	93.4%	80.2%	70.9%	73.8%	76.6%	65.1%
FFY 2014	93.8%	91.1%	69.0%	78.7%	88.6%	71.3%

Item 11: Proximity of Foster Care Placement
Item 12: Placement with Siblings
Item 13: Visiting with parents & siblings in foster care

Item 14: Preserving Connections
Item 15: Relative Placement
Item 16: Relationship of child in care with parents

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

Assessment of strengths and areas needing improvement:
Iowa's child population is predominately white and non-Hispanic. The foster care population generally reflects the same distribution with a few notable exceptions. The African American population is over-represented in foster care as is the Native American population. The proportion of African American children in foster care has begun to decline due to the increased efforts to address disproportionality in Iowa. These efforts have had a less notable effect on the Native American population in part due to the smaller number of Native Americans in the child population as a whole. The changes that disproportionality efforts have made on the Native American population are too small to be seen on a statewide level, although progress is being made in the local areas where there are a high proportion of Native Americans. The Hispanic population in Iowa has been increasing and their representation in the foster care population has shown a similar trend. Similarly the multi-racial category has been increasing in Iowa. The proportion of both of these populations in foster care suggests that there may be some over-representation; however, the differences are small. Iowa needs to continue to monitor these populations for changes over time.

Iowa continues to address disproportionality through the Breakthrough Series Collaborative (BSC) sites and the Cultural Equity Alliance. There are 9 BSC sites and each site has a team comprising a DHS frontline worker and supervisor, DHS Service Area Manager or Social Work Administrator, judge or court personnel, community partner, parent and youth. Teams work within their communities to address disproportionality specific to that community. At the state level, the Cultural Equity Alliance membership includes providers, courts, parents, and DHS staff. The primary purpose of the committee is to develop recommendations for implementing systemic changes focused on minority and ethnic disproportionality and disparity in the child welfare system.

Iowa's foster care population decreased overall from a high in FFY 2009 of 6,610 to 6,381 in FFY 2013, with a slight increase of 106 from FFY 2012 to FFY 2013. Iowa experiences a steady increase in the proportion of children aged 3 to 5 and 6 to 11 entering foster care over the last several years as the overall population of children entering and in foster care has been declining. Older age groups have been experiencing a decline at the same time. These changes are due to the efforts to bring consistency to our decision making regarding the removal of children and the continued efforts to follow our model of practice. The combination of which has led to more consistent and appropriate actions to remove children who are unsafe while working to keep children in their homes and reduce risks when the children are safe.

When children enter foster care, more of them are now being placed with relatives in lieu of foster family non-relative homes or group care, which reflects Iowa's commitment to placing children with relatives, whenever possible and appropriate, and in the least restrictive placement. Other placement types largely remained stable over time, with less than 2% variation. Although usage of group care declined in Iowa over the last five years, usage is still high compared to other states and the national average. National

data shows that Iowa uses group care more than many other states, 45-47% over the last five years compared to the national average of 35-37%[3]. Stakeholders noted that the use of group care has diverted some children from placement in the State Training School for delinquent boys. Over the last five years, the percentage of group care usage for juvenile justice (delinquent) children has increased while child welfare usage decreased, with the percentage of usage 62% juvenile justice and 38% child welfare in SFY 2013.[4] The State Juvenile Justice Council currently is examining juvenile justice usage of group care. Other reasons for group care usage mentioned by stakeholders included lack of foster family homes willing and able to take teenagers who have mental health issues and/or delinquent behavior and lack of available Psychiatric for Medical Institution for Children (PMIC) beds.

When it comes to establishing permanency goals for children in foster care, family reunification continues to be the primary permanency goal established with increases over time for reunification, and adoption, when reunification is not possible. Missing goal information remains high over time, exceeding 3%, but decreased from FFY 2009 high of 12.3% to FFY 2013 level 10.5%. Iowa experienced a reduction in establishing long term foster care, otherwise known as Another Planned Permanent Living Arrangement (APPLA), as a permanency goal. A reason for this decline may be from conducting two rounds of Casey Family Program's Permanency Round Tables. A multidisciplinary team convenes a Permanency Round Table to evaluate a child's case to see if there were any missed opportunities for permanency and lifelong family connections for the child. If there were missed opportunities identified, the team decides what actions must be taken and by whom in order to achieve permanency or lifelong connections for that child. One of the field staff takeaways from these Round Tables was that APPLA did not equate permanency for a child. Training to reflect the philosophy from the Round Tables has begun to be incorporated into the DHS training curricula.

Median months to discharge slightly decreased for achieving reunification, from 8 in FFY 2009 to 7.6 in FFY 2013. There were 5% or more reductions in median months to discharge for guardianship and "other", which includes long term foster care.   The reduction in "other" may be as a result of reductions in utilizing long term foster care (APPLA) as a permanency goal. Median months to adoption decreased slightly over time but were still less than 24 months. Stakeholders mentioned that services are now more flexible in design so they can truly fit the needs of families. Iowa is engaging families to help them find solutions for their unique circumstances but work and focus needs to continue.

Children re-entering foster care within 12 months of exiting increased slightly over time, from 15.2% in FFY 2009 to 15.8% in FFY 2013. However, the performance does not meet the federal standard of 9.9% or less. DHS staff and stakeholders mentioned that many of these cases may involve parental substance abuse. Stakeholders noted that it is difficult to make judgments about substance abuse and parental fitness to take a child

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[3] Source: Youth Policy Institute of Iowa
[4] Source: DHS, SACWIS

home. DHS staff noted that there is inconsistent understanding among staff and stakeholders of how substance use affects parenting and inconsistent training for staff on how to handle these cases. As a result, DHS central office staff developed and disseminated information to DHS, Iowa Children's Justice, Juvenile Court, and service provider staffs on drug testing, effects of substance abuse on parenting, and how to handle substance abuse cases. As these materials are disseminated widely, Iowa anticipates increased consistency in practice for substance abuse cases.

Family Treatment Courts and Iowa's Joint Substance Abuse Protocols were mentioned by stakeholders as positive strategies in helping child welfare families with substance abuse issues. Family Treatment Courts help keep many children in the home or help to more quickly get them home through vigorous oversight (weekly or bi-weekly hearings) by the Juvenile Court ensuring families are receiving necessary services and providing supportive feedback to the family. Family Treatment Courts are well-liked and viewed as successful in Iowa. In 2014, the Iowa General Assembly approved funds to expand Family Treatment Courts to more areas in the state. In addition, Iowa's Joint Substance Abuse Protocol utilizes training, standardized forms, and protocols between county child welfare and substance abuse providers to enhance coordination and communication between the two systems. Although not available in all areas of the state, the Protocols expanded to two additional counties over the last couple of years and continue to expand based upon county and system interest.

Stakeholders also mentioned that increased utilization of Family Interaction may help to increase permanency of reunification thereby reducing re-entry into foster care.

Additional potential reasons for re-entry identified by DHS include inconsistency of caseworker practice across the state, using the same approach for all cases regardless of specific circumstances, cultural issues, etc., and lack of consistency and use of concurrent planning. Specifically, staff mentioned a need for clear criteria for concurrent planning, including when to initiate and how to implement. In the past, DHS staff was trained on concurrent planning. Feedback from staff indicates a need to revisit the training and to develop supportive structures to encourage concurrent planning practice.

There are two federal Permanency Composites that Iowa meets. Iowa is meeting the federal standards for Timeliness of Adoptions (Permanency Composite 2) and Permanency for Children and Youth in Foster Care for Long Periods of Time (Permanency Composite 3). Stakeholders mentioned that Termination of Parental Rights (TPR) is not considered lightly. When TPR does occur, the court processes to complete adoptions are less complex than reunification. When it comes to permanency for children in foster care for long periods of time, a stakeholder mentioned that pushing permanency for older kids may compete with the advantages to aging out of foster care, such as aftercare supports, college costs, medical, and housing assistance. There is a trade-off between these benefits and the nurturing and social benefits of permanency and lifelong family connections. Stakeholders recommended DHS review and revise policy, if necessary, to address these competing advantages to promote permanency for youth.

Iowa is not meeting Permanency Composite 4, Placement Stability. In analyzing the sub-measures in more depth, Iowa has remained relatively constant achieving stability for those children in care less than 12 months, 86.6% in FFY 2009 to 86.6% in FFY 2013. Iowa experienced over time improvements in placement stability for children in care 12-24 months but does not meet the 75th percentile of 65.4%. For FFY 2013, the data showed Iowa at 63.7% for this sub-measure. The most significant gap between the 75th percentile and Iowa's performance remains placement stability for those in care more than 24 months. The longer children remain in foster care in Iowa; the more likely they are to experience placement instability.

Iowa's placement stability performance may be impacted by AFCARS data quality issues. Specifically, Iowa's current SACWIS counts as another placement relative placements going from non-licensed to licensed foster care placements and foster care placements that become adoptive placements, once adoption is finalized. Iowa is working with the Children's Bureau to address these data issues.

Stakeholders identified several possible underlying reasons for Iowa's placement stability performance. Stakeholders and DHS staff alike identified a lack of foster and adoptive resource families, especially in rural areas of the state. The lack of homes was seen affecting the ability to appropriately match children to families and impacting the distance of a child's placement from their home. The number of foster homes has declined from 2,800 in SFY 2009 to 2,123 in SFY 2013.[5] Staff mentioned that the capacity and accessibility of pre-service training for resource families, PS-MAPP, could be a barrier in keeping families engaged in the licensing process. Additionally, reduction in homes may be due to families adopting thereby deciding no longer to foster other children.

Stakeholders mentioned a couple of other potential reasons for placement instability in Iowa. They mentioned the importance of matching the child's personality to those of the foster family to increase compatibility between the two. They also discussed that service contracts may create pressure because there are performance measures in the contracts that are tied to specific timelines. Workers often need to place the child quickly. If it is an immediate placement, it is urgent to find a child a placement. Finding the best match then becomes more difficult when foster families cannot take the child right away. When a foster family gets a call, parents often need to talk with each other before they can accept the placement, which takes time. If placement is moving from one foster care setting to another, such as group care to family foster care, the service provider has additional time to identify a placement. The foster parents also have time to visit the child in the current setting prior to the new placement.

Stakeholders identified that many issues between the foster parents and child could be addressed with better communication and counseling that includes foster parents. Foster parents and children in foster care would benefit from family therapy that could

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[5] Source: DHS, SACWIS

help the parents and children integrate the child more successfully into the home. Children would feel more like they belong.

Well-Being Outcomes 1, 2 and 3

Available Data Pertaining to Outcomes:
The following charts represent data from case reviews conducted by DHS' Quality Improvement (QI) staff. For FFY 2012, Quarter 1 results were excluded due to inter-rater reliability issues, which were resolved.

Chart 19: Well-Being Outcome 1 - Case Reviews

Legend:
- FFY 2014 (Oct 2013 - Mar 2014)
- FFY 2013
- FFY 2012

Item 20:
- 22.9%
- 17.0%
- 17.0%

Item 19:
- 38.0%
- 28.3%
- 33.6%

Item 18:
- 71.2%
- 54.9%
- 54.6%

Item 17:
- 74.0%
- 59.4%
- 56.6%

Item 17: Assessment of Needs and Provision of Services
Item 18: Child and Parent Involvement in Case Planning
Item 19: Caseworker Visits with Children
Item 20: Caseworker Visits with Parents
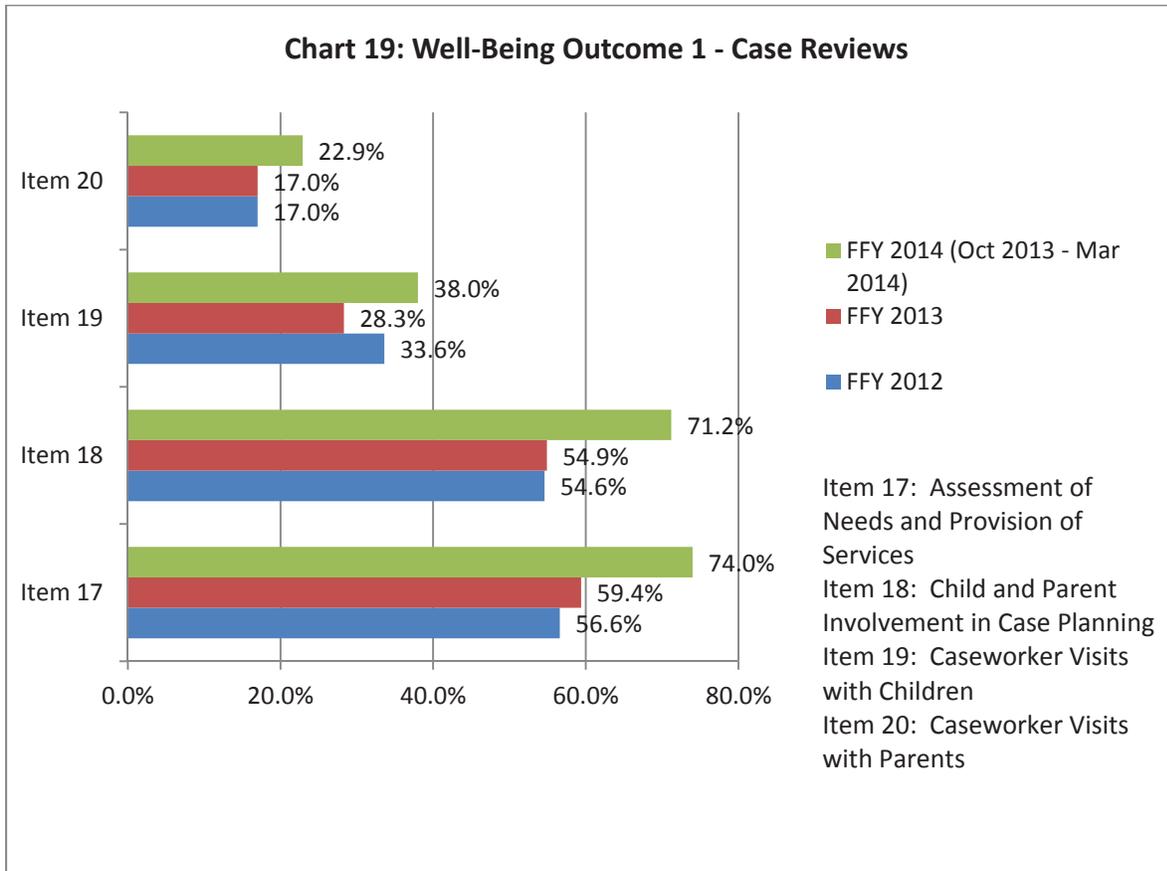
Chart 20: Case Reviews - Item 17
Assessment of Needs and Provision of Services
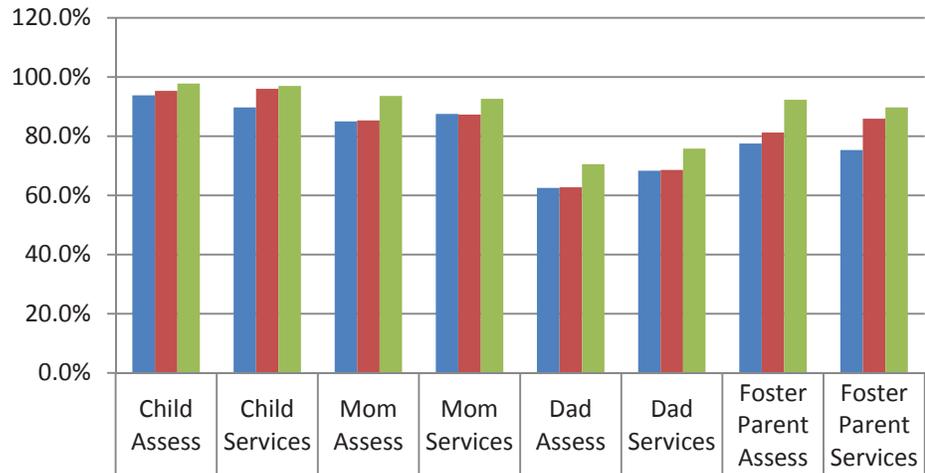
	Child Assess	Child Services	Mom Assess	Mom Services	Dad Assess	Dad Services	Foster Parent Assess	Foster Parent Services
■ FFY 2012	93.8%	89.7%	85.0%	87.5%	62.5%	68.3%	77.5%	75.3%
■ FFY 2013	95.3%	96.0%	85.3%	87.3%	62.7%	68.6%	81.2%	85.9%
■ FFY 2014 (Oct 2013-Mar 2014)	97.8%	97.0%	93.6%	92.6%	70.5%	75.8%	92.3%	89.7%

Chart 21: Case Reviews - Item 18
Involvement in Case Planning
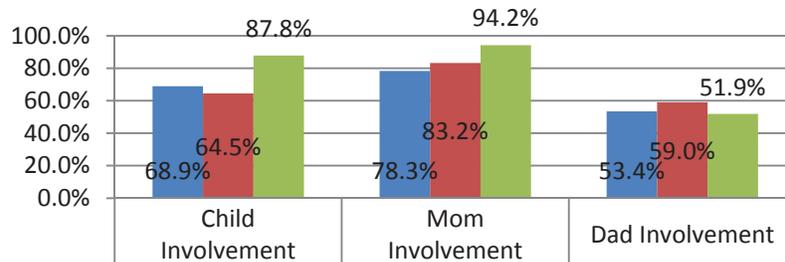
	Child Involvement	Mom Involvement	Dad Involvement
■ FFY 2012	68.9%	78.3%	53.4%
■ FFY 2013	64.5%	83.2%	59.0%
■ FFY 2014 (Oct 2013-Mar 2014)	87.8%	94.2%	51.9%

Chart 22: Case Reviews - Item 20
Caseworker Visits with Parents
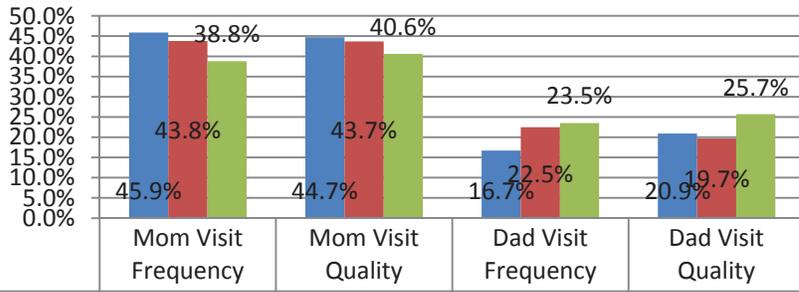
	Mom Visit Frequency	Mom Visit Quality	Dad Visit Frequency	Dad Visit Quality
FFY 2012	45.9%	44.7%	16.7%	20.9%
FFY 2013	43.8%	43.7%	22.5%	19.7%
FFY 2014 (Oct 2013-Mar 2014)	38.8%	40.6%	23.5%	25.7%

Chart 23: Well-Being Outcomes 2-3 - Case Reviews
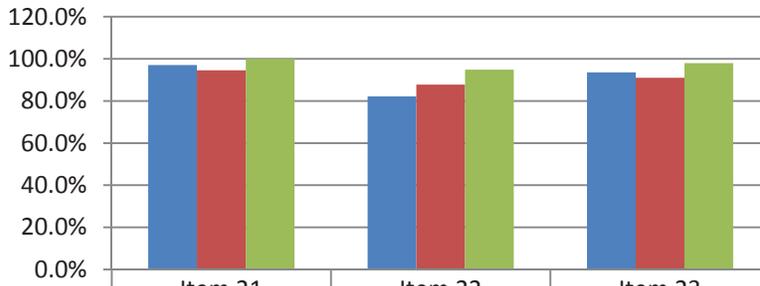
	Item 21	Item 22	Item 23
FFY 2012	97.1%	82.2%	93.6%
FFY 2013	94.6%	87.8%	91.0%
FFY 2014 (Oct 2013 - Mar 2014)	100.0%	94.9%	98.0%

Table 1: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2014)			
Reporting Requirement	**FFY 2012**	**FFY 2013**	**FFY 2014 (October 2013 – March 2014)**
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	8,315
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	28,506
The total number of complete calendar months children spent in foster care	69,844	70,310	35,369
The total number of monthly caseworker visits with children in foster care in which at least one child visit occurred in the child's residence	37,829	37,288	20,169
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	81%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%

Source: DHS, SACWIS

Assessment of strengths and areas needing improvement:
Over the last two years, Iowa experienced increases in performance over time for all items associated with Well-Being Outcomes 1, 2, and 3. For item 17, Iowa increased performance from 56.6% in FFY 2012 to 74.0% for the first half of FFY 2014. Increases in performance were seen for assessing and addressing needs for the child, parents, and foster parents but performance related to fathers was substantially less than for the child, mother, and foster parents. Similar to most of the nation, Iowa continues to be challenged in engaging the father, not only related to this item but also for items 18, involvement in case planning, and 20, caseworker visits with parents. For item 18, Iowa increased performance from 54.6% in FFY 2012 to 71.2% for the first half of FFY 2014. Performance increased involvement for children and mothers in case planning but slightly declined for fathers. For item 19, Iowa improved performance from 33.6% in FFY 2012 to 38.0% in the first half of FFY 2014. For item 20, there was a slight decrease in the frequency and quality of visits with mothers but an increase for visit frequency and quality for fathers. In addition, performance increased for item 21 related to educational needs of the child; item 22 related to physical health of the child; and item 23 related to mental health of the child. For the first half of FFY 2014, performance for these last three items surpass federal 90% strength requirement. Additionally, item 21 surpasses the 95% conformity requirement for Well-Being Outcome 2 to be rated as substantially achieved.

DHS staff identified several barriers to meeting the federal requirements, such as:
- high caseloads, staff turnover, and vacant positions;
- unrealized technology usage;
- lack of supportive tools for staff related to caseworker visits and non-custodial parent efforts;
- challenges regarding non-custodial parents, such as identifying, locating, and engaging fathers, and the need to engage non-custodial parents of <u>all</u> the children in the home for in-home service cases; and
- challenges regarding how to demonstrate family involvement in case documentation.

In Iowa, the number of Social Work Case Managers (SWCMs) decreased from 409 in SFY 2010 to 343 as of March 31, 2014. Caseload size increased during this same timeframe from a monthly average caseload of 26 cases to 31 cases.[6] Given the current ecological environment in Iowa, the workforce is unlikely to significantly increase. In an effort to support the current workforce by maximizing time availability, Iowa piloted the use of digital recorders and Dragon NaturallySpeaking™ software. The digital recorders allow staff to dictate case narrative, reports, etc. that later can be uploaded into a Word document via the software. Pilot results were positive and staff was supportive of expanding usage statewide. We anticipate implementing this technology across the state in the latter part of FFY 2014 or early part of FFY 2015.

Supportive tools for father engagement and family involvement in case documentation are currently available to staff. In 2012 as part of Iowa's CFSR Program Improvement Plan (PIP) implementation, Iowa implemented practice guidance and training for staff and stakeholders to engage fathers and non-custodial parents, also primarily fathers. Additionally, in 2013, Iowa required staff to utilize the *Standards for Documenting a Quality Visit* template, which assists SWCMs to document caseworker visit information related to the safety, permanency, and well-being outcomes. As these tools are utilized across the state, Iowa anticipates improvement over time for these outcomes, which will be reflected in case reviews.

Stakeholders mentioned several possible barriers to meeting the federal requirements, such as identifying and engaging the non-custodial parent due to mother not wanting father involvement and father hesitation, on-going co-parenting issues between the mother and father, the non-custodial parent living out of state where an in-person face-to-face visit cannot occur, and difficulty engaging incarcerated parents. At times, mothers may act as "gatekeepers" refusing to let the father see or be involved with the children. This may be due to protective concerns or due to mother-father conflict, such as residual anger or resentment over the relationship ending, non-payment of child support, etc. Fathers also may be hesitant to be identified and engaged because of worrying about back child support and garnishment if they are found and get involved. Additionally, some non-custodial parents live far from their children in other states but

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[6] Source: DHS

federal regulations do not recognize media that would allow face-to-face contact, such as Skype, as meeting the face-to-face visit requirement.

Although Iowa does not know the number of children involved in the child welfare system with an incarcerated parent, non-engagement of the incarcerated parent was identified as an issue in Iowa's 2010 CFSR. Iowa began a pilot project in the Mount Pleasant Correctional Facility in 2013 where Parent Partners[7] conduct a DHS 101 course and the 24/7 Dads™ course. The project has been successful and several other prisons expressed interest in replicating the project at their facilities. At this time, resource limitations prevent this from occurring. Iowa also collaborated with the Department of Corrections state level staff to implement a fast-track approval process so that DHS child welfare staff can engage incarcerated parents through in-person visits. If the parent signs a Release of Information (ROI), the DOC case manager and the DHS SWCM can work together to provide joint case planning for the parent.

Systemic Factors

Information System

Available Data Pertaining to Systemic Factor:
Please see Permanency Outcomes 1 and 2, Available Data Pertaining to Outcomes, above for Iowa data regarding children in foster care.

Assessment of strengths and areas needing improvement:
Iowa's information system tracks the pertinent information regarding children and families involved in the child welfare system, including those in foster care. The system readily identifies information for each child placed or within the immediately preceding 12 months had been placed in foster care, such as:
- legal status;
- demographic characteristics;
- location; and
- goals for the placement.
With the implementation of Differential Response in Iowa beginning January 1, 2014, Iowa shifted from its previous framework for child protective services, Statewide Tracking and Reporting (STAR), to JARVIS. With JARVIS' implementation, Iowa continues to address information technology issues that arise with this new framework.

Although Iowa has an information system that tracks the required information, data quality issues exist. Iowa continues to work on improving the submission of Adoption and Foster Care Analysis and Reporting System (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

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[7] Parent Partners are parents who had their children removed, reunified with their children, and have maintained the reunification for at least one year. Parent Partners in the Mount Pleasant Correctional Facility project are fathers.

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 on-going 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 on-going monitoring, clean up and resubmission and four items are rated a 2.

Iowa 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 Administration for Children and Families (ACF) staff 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 in the process of entering new test cases and submitting sample extracts for evaluation. The new submission will be sent to ACF by June 1, 2014. The status of the AFCARS Program Improvement Plan (PIP) and the outstanding issues are likely to change as a result of that submission.

To improve Iowa's information system, Iowa plans to submit a new Planning Advance Planning Document (APD) to outline the steps we will be taking to evaluate the development of a new child welfare information system.

Stakeholders mentioned that existing data does not go deep enough into fully showing how children are doing in the child welfare system. For example, while administrative data fields exist for the current grade of the child, we do not have administrative data that shows whether the child is currently performing on grade level, whether the child is on track to graduate, whether the child remained in the home school, or how far the current school is from the child's home school. Stakeholders noted that case review data seems to track processes, such as the medical and educational records are in the child's file, versus how well the child is actually faring within the child welfare system. As part of developing Iowa's new SACWIS, DHS plans to engage stakeholders in identifying data fields that would provide the most relevant data on how children involved in Iowa's child welfare system are doing.

Case Review System

Available Data Pertaining to Systemic Factor:

Chart 24: Item 18 - Involvement in Case Planning - Case Reviews

	Child Involvement	Mom Involvement	Dad Involvement
■ FFY 2012	68.9%	78.3%	53.4%
■ FFY 2013	64.5%	83.2%	59.0%
■ FFY 2014 (Oct 2013-Mar 2014)	87.8%	94.2%	51.9%
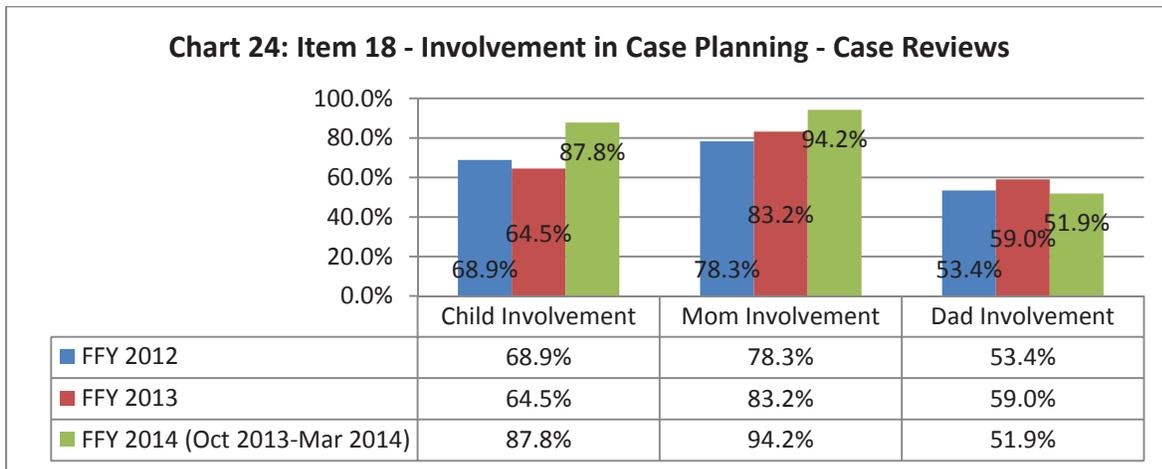
Source: DHS, QA Case Reviews

Table 2: Timeliness of 6 month reviews for selected 6 month periods

6 month period ending	Not Due	Not Timely	Timely	Timely reviews of those that were due
Sep-09	31%	23%	46%	67%
Sep-10	32%	20%	48%	70%
Sep-11	30%	25%	45%	65%
Sep-12	30%	33%	37%	53%
Sep-13	30%	23%	46%	67%

Source: AFCARS

Chart 25: Periodic Reviews by Foster Care Review Boards (FCRB)
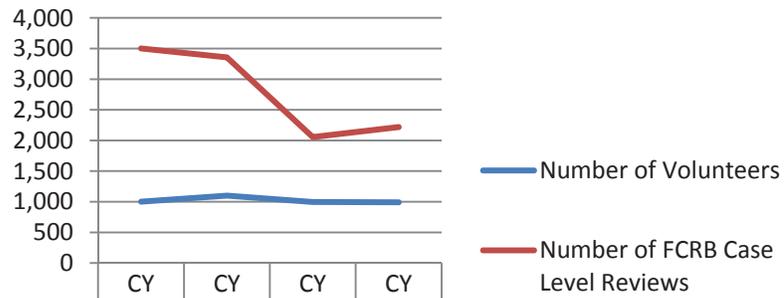
	CY 2009	CY 2010	CY 2011	CY 2012
Number of Volunteers	1,000	1,100	996	990
Number of FCRB Case Level Reviews	3,500	3,355	2,054	2,219

Legend: Number of Volunteers, Number of FCRB Case Level Reviews

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

Chart 26: Timeliness of Permanency Hearings
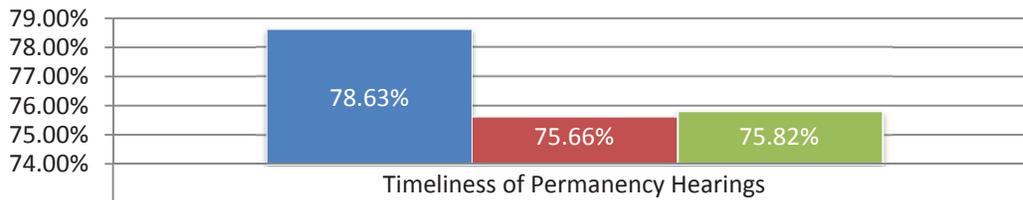
	Timeliness of Permanency Hearings
2011	78.63%
2012	75.66%
2013	75.82%

Source: Iowa Children's Justice

Chart 27: Item 7 - Case Reviews

	FFY 2012	FFY 2013	FFY 2014 (October 2013 - March 2014)
7F - Timeliness of Filing TPR	67.2%	40.2%	50.0%
7G - Exception or Compelling Reasons Exist for Not Filing TPR	61.1%	82.0%	94.1%
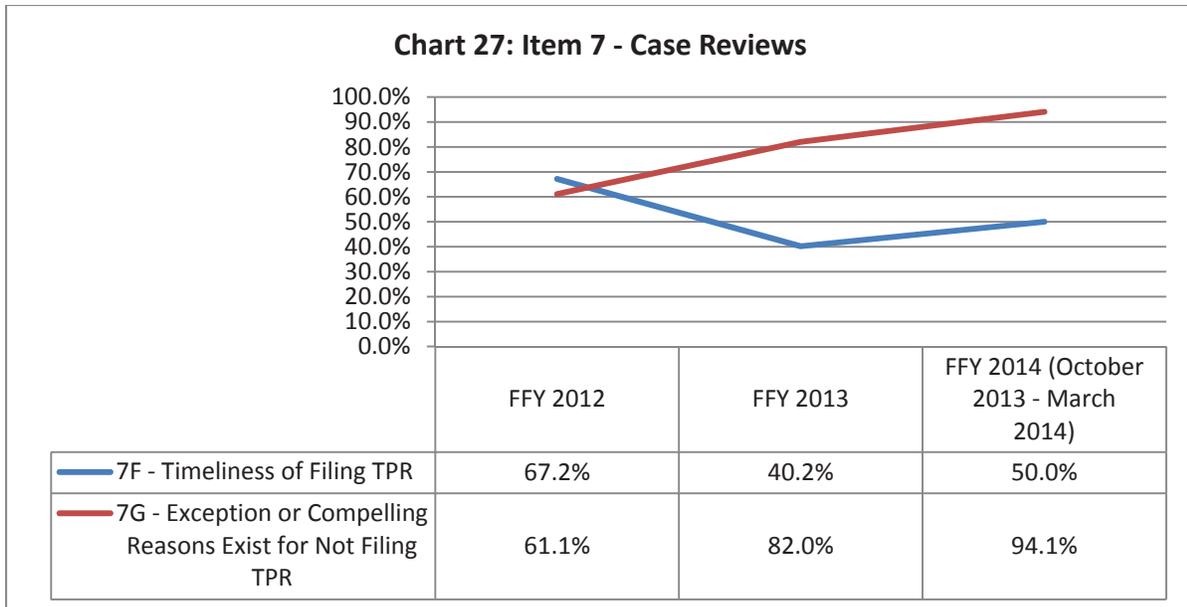
Source: DHS QI   Note: For FFY 2012, quarter 1 case reviews excluded due to inter-rater reliability issues, which were resolved.

Through the clerk of court, the court uses its' automated system to send notices of upcoming hearings to foster and other caretakers. Parents receive their notification of the next hearing in the previous hearing's court order. The court monitors the automatic notification process to assure it is running timely.

Assessment of strengths and areas needing improvement:
Written Case Plan
Iowa's policy requires that a written case plan be developed jointly with the child's parents and the child, if appropriate. The initial case plan is due within 60 days of opening the case. Updates are due every 6 months as part of the 6 month periodic case review.

Case reviews, conducted by Quality Improvement (QI) staff, for item 18 showed improved performance over time for mother's involvement in case planning while father's involvement in case planning declined over time. As previously mentioned in the Well-Being Outcomes section above, Iowa continues to be challenged in engaging fathers and there continue to be many barriers to performance achievement. However, implementation of the *Standards of Documenting a Quality Visit* template and standardization of Family Team Decision-Making (FTDM) meeting processes should assist Iowa in improving performance as both caseworker visits and FTDM meetings are avenues Iowa utilizes to involve parents in case planning.

Periodic Reviews
Iowa utilizes review court hearings, local Foster Care Review Board (FCRB) reviews, and if necessary, administrative reviews to review the status of each child no less frequently than once every 6 months. According to the AFCARS data, approximately one third of all children in foster care during a 6 month period have been in care less

than 6 months. For the remainder of the children, approximately two thirds have had a review in the last 6 months. As part of the periodic review process, foster care review boards (FCRBs) utilize an instrument reflective of many of the CFSR requirements to review foster care cases. While the number and scope of FCRB reviews changed over time, there appears to be a slight bump up in the number of reviews conducted from 2011 to 2012.

Permanency Hearings
Iowa strives to conduct permanency hearings within 12 months of the child's removal from the home and every twelve months thereafter. The data shows that Iowa is not performing well on timeliness. Timeliness of permanency hearings decreased from 78.63% in 2011 to 75.66% in 2012 but rebounded slightly in 2013 at 75.82%. During the last several years, Iowa's juvenile court system experienced reductions in funding and staffing that impacted the court's ability to hold timely permanency hearings.

Filing for Termination of Parental Rights
Iowa's policy is that petitions for termination of parental rights (TPR) are to be filed by the 15th month of the most recent 22 months that the child has been in foster care. If there are exceptions or compelling reasons to the timely filing of TPR, the exceptions or compelling reasons must be documented in the child's case file. Case reviews for item 7 showed decreased timeliness in filing TPR, 67.2% in FFY 2012 to 50.0% in FFY 2014. However, during this same time, documentation of exceptions or compelling reasons for not filing TPR rose from 61.1% in FFY 2012 to 94.1% in FFY 2014. This shows that a major reason for low performance in filing TPRs is documented exception or compelling reasons not to file.

As mentioned by stakeholders, Iowa does not take TPR lightly. We believe in preserving families to the greatest extent possible while not compromising child safety. Family Safety, Risk and Permanency (FSRP) services and other services, such as mental health and substance abuse services, provided to children and families are to help families achieve identified case permanency goals. Iowa understands that consequences exist for severing the parent and child bond and we weigh those consequences against the best interests of the child, while continuing to maintain the child's safety. *For more information on child welfare services, see Services.*

Notice of Hearings and Reviews to Caregivers
While Iowa has an automated process to send notice of hearings and reviews to caregivers, Iowa does not conduct further quality assurance activities to ensure that the caregivers were accurately identified and that they received the notices without problems. As part of Iowa's quality assurance (QA) system, Iowa will work to develop a QA process to address this issue.

Quality Assurance System

DHS staff initiated an analysis of the Quality Assurance (QA) system, based on standards contained in Children's Bureau ACYF-CB-IM-12-07, in 2013 to evaluate current performance and identify gaps in the system. Although we continue to review

the assessment, we utilized information included in the current draft in the development of this report to identify strengths, concerns, and planned enhancements to Iowa's QA/continuous quality improve (CQI) system. DHS incorporated feedback from our federal partners through Iowa's 2010 CFSR and the more recently provided "Feedback on Iowa's QA/CQI System" from the Children's Bureau into the analysis and identified goals.

Plans for finalizing the analysis are as follows:
- 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 – The assessment will be revised for further dissemination.
- Winter 2014 – Utilizing the Child Welfare Advisory Committee (CWAC), the Child Welfare Partnership Committee (CWPC), and other stakeholder forums, the revised draft assessment will be disseminated for additional feedback and areas of consideration.

Foundational Administrative Structure:
- The DHS' Service Business Team (SBT) oversees, assigns, prioritizes, and coordinates child welfare initiatives in order to:
  o Identify statewide focus areas;
  o Promote consistent implementation and alignment of improvement initiatives;
  o Promote a systematic approach to identification, implementation, evaluation, and revision of improvement strategies.
- The QA/CQI system focuses on ensuring the quality and effectiveness of services to children and families through:
  o Bureau of Quality Improvement (BQI) activities:
    ▪ 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 department-wide improvement efforts.
    ▪ Quality assurance activities, such as
      ▪ Case record reviews;
      ▪ Targeted reviews as requested for identified projects; and
      ▪ Analysis of data integrity.
  o Bureau of Child Welfare and Community Services (BCWCS) staff activities, such as
    ▪ Quarterly contractor meetings;
    ▪ Working with service area and local county staff on identified contract issues; and
    ▪ Annual contractor meetings.
  o Field staff activities, such as
    ▪ Supervisory case reviews;

- Identification of areas needing improvement;
- Development and implementation of plan, do, study, act (PDSA) improvement initiatives; and
- Participation in Lean events for purposes of quality improvement.

Since the 2010 CFSR, in order to be more responsive and focused on priority issues, DHS more fully defined the foundational structure of the QA/CQI system. The DHS leadership identifies key performance areas for the state. Determined by review and analysis of performance reports, the key performance areas are a subset of all CFSR measures prioritized for state focus by the SBT. The SBT uses an organized system of prioritizing items initiated in sequence so, as DHS completes quality improvement efforts, improvement activities shift to the next focus area. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews performance on the priority items monthly, analyzes the data, identifies trends, and adjusts strategies as needed at the service area level and statewide. This approach also easily identifies those service areas achieving established targets, which leads to sharing of information on effective strategies that may be implemented across service areas. Roles and responsibilities between the SBT, BQI, BCWCS, and Field continue to improve as this system evolves.

The BQI comprises one Quality Improvement Coordinator in each of the six service areas, four centralized Quality Improvement Coordinators, and four centralized Management Analysts. Centralized supervision resides with the Quality Improvement (QI) Bureau Chief. This structure promotes active involvement in practice improvement on both local and statewide levels, while allowing for coordination of work and improvement efforts. Training of new hires includes classroom instruction with peers and significant one-on-one training with the QI Bureau Chief in order to present individualized instruction, based upon the skills and experience of the new staff and the specific geographic area location of the position. 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 department procedures, roles, and structure. Expectations for this partnership include routine contacts, availability for questions as they arise, support for service area initiatives, and other duties as needed.

Through a coordinated effort between DHS and Iowa's Department of Management, Office of Lean Enterprise (for more information, visit http://lean.iowa.gov), all BQI staff receive training in Lean methodologies and facilitation of CQI events utilizing Lean tools. Through implementation of Lean, DHS promotes the culture of CQI throughout the department at all levels of the organization. Establishing a culture of CQI is a journey and starts with engaging and empowering staff at the grassroots level. Standardized training of all DHS staff is an area of focus moving forward. Over the next five years, DHS anticipates integrating CQI training into the new employee curriculum through:
- Identifying aspects of CQI currently included in training components;
- Developing training regarding CQI overview;
- Developing training regarding Lean philosophy and methodologies;
- Developing training regarding how Lean and CQI can be integrated into daily work;

- Integrating the training into new worker curriculum; and
- Developing a plan for training of existing staff statewide.

Quality Data Collection:

Bureau of Quality Improvement (BQI) staff conduct case reviews utilizing the Child and Family Service Review (CFSR) On Site Review Instrument (OSRI). National Resource Center for Organizational Improvement (NRCOI) staff trained BQI staff on the CFSR OSRI to ensure consistency with instrument instructions and consistency across reviewers. *For more information on Iowa's case review process and its role in quality data collection, please see Case Record Review Data and Process 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 BQI reports. Although multiple reports can be beneficial, Iowa recognizes this also can be confusing. On the surface, data measures may appear to be the same, but actually are measuring slightly different things. In order to streamline access and improve effectiveness, Iowa continues to work on single source data reporting through implementation of Results Oriented Management (ROM).

Within the context of available resources, DHS staff also monitors existing federal requirements or guidelines related to data accuracy and quality through:
- The AFCARS Assessment Review and Iowa's AFCARS Improvement Plan (AIP), which is discussed later 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; and
- Review of National Youth in Transition Database (NYTD) data.

Over the next five years, Iowa plans to address quality data collection, on an on-going basis, through:
- Implementing ROM to maximum benefit;
- Implementing SBT charter workgroup regarding routine evaluation and follow up on data quality issues;
- Identifying and eliminating duplicate reports;
- Identifying reporting gaps;
- Identifying strategic measures to monitor;
- Defining a centralized structure responsible for reports; and
- Communicating with field regarding statewide processes regarding identification and resolution of data quality issues.

An example of an improvement effort currently underway that impacts quality of data is the elimination of duplicate documentation of worker visits with children and parents across two components of Iowa's State Automated Child Welfare Information System (SACWIS). In addition, the structure for case reviews discussed below addresses the results of the 2010 CFSR regarding consistency and quality of data.

Case Record Review Data and Process:
Following the 2010 CFSR, DHS made changes in the collection of data in case reviews to address federal concerns regarding quality of data. The Bureau of Quality Improvement (BQI) began conducting the case reviews in late 2011 utilizing the CFSR Onsite Review Instrument and interviewing caseworkers, as needed. We will continue these case reviews, at least until Iowa's PIP closes. Following PIP closure, the case review process will be revised. Iowa plans to explore how the supervisory and BQI case reviews can work efficiently together to provide data to inform practice improvements and to align with information provided in CFSR Technical Bulletin #7. As stated above, at this time, staff interviews occur as needed. Technical Bulletin #7 requires utilizing interviews more broadly; this will be a priority area for Iowa to examine and integrate into the case review process.

Following is a brief outline of the plan to develop an integrated, on-going case record review data and process:
- Review and evaluate Children Bureau's (CB's) specific set of measures for monitoring in preparation for the next round of CFSR, referenced in ACYF-CB-IM-12-07 and CFSR Technical Bulletin #7;
- Evaluate options for effective, efficient, and quality case review completion;
- Develop the model for Iowa;
- Define the tool;
- Determine sampling methodology;
- Define parameters for data dissemination to promote transparency and functionality;
- Train reviewers;
- Implement the methodology;
- Complete quality assurance activities;
- Re-train, revise, and clarify as needed; and
- Communicate findings.

Analysis and Dissemination of Quality Data:
As stated above, Iowa has multiple systems capable of reporting on collected data including state-identified key performance measures, composite measure data as well as other foster care and child protective related reports through ROM, case review data, and the capacity for ad hoc reports as needed. Iowa has some goals regarding data that affect analysis and dissemination of data *(please refer to Quality Data Collection above)*.

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, and 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. The Service Business Team (SBT) takes an active role in providing

focus, prioritizing initiatives, and coordinating strategies statewide based on analysis of data; this process continues to evolve. The Bureau of Quality Improvement (BQI) 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, which allows more visibility and understanding of continuous quality improvement (CQI) and helps to expand the culture CQI.

In addition, one component of Results Oriented Management (ROM) is a public view of essential data. When implemented, stakeholders will have access to meaningful information about child welfare services. DHS currently provides limited information to the public, such as child abuse data and PIP progress, 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 currently challenges the QA/CQI system, we continue to work toward greater availability and consistency of data as outlined in Quality Data Collection above.

Iowa recognizes the need to re-evaluate the case review data disseminated. Throughout the PIP monitoring period, DHS staff disseminated only high level (state and service area) data. As this process evolves, an important need is to identify what data would be most functional and beneficial to positively impact performance and promote transparency. This is one aspect of the goal outlined in Case Record Review Data and Process above.

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, DHS shares data regarding drug use and abuse impacts in child welfare. The Child Welfare Advisory Committee (CWAC) utilizes information shared to make recommendations to the DHS regarding child welfare budget, policy, and program issues. The Child Welfare Partnership Committee (CWPC) 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 General Information, Collaboration, and in this section, Systemic Factor, Agency Responsiveness to the Community, inform the goals and strategies of the CFSP and assist in alignment of child welfare and court improvement strategic planning.

Staff and Provider Training

Through the educational resources of the consortium with Iowa State University (ISU), contractors, and DHS staff, educational programs, courses, conferences, workshops, and seminars are offered to DHS staff which enhance and develop employee competencies and increase the effectiveness of IV-E services.

Initial curriculum is designed for newly hired DHS staff and supervisors based on competencies and skills needed for their position. DHS staff is required to participate in an initial in-service week-long training relevant to their position prior to case assignments. If it is determined the staff have an extensive child welfare background, they may receive authorization for a limited case assignment prior to training. Newly hired DHS staff also is required to take additional designated courses within six months to one year of their hire date according to established Training Guidelines (see *Training Plan* later in this document for more information). After the initial 12 months with DHS, staff is required to complete 24 hours of training in child welfare annually. During SFY 2013-2014, there were 130 live offerings reaching out to 3,166 staff and providers. Of these, 28 offerings related to initial new worker training. In addition, 2,640 staff took advantage of self-instructional online courses.

DHS administers a bi-annual Learning Needs Survey to assess training needs associated with core job competencies. The results are utilized to inform the development of new, in-depth trainings as well as the extent to which previously developed trainings are offered. Per the DHS training contract with ISU, ISU conducts a comparative analysis across survey periods to determine the extent to which our training is increasing competency scores over time. Pre- and post-testing is conducted to determine the efficacy of trainings, informing where content, format, and/or delivery adjustments need to be made. Satisfaction surveys are conducted to assess the efficacy of trainers, content, delivery, format, etc.

Below are examples of training related data analysis conducted by ISU:

Available Data and Analysis Pertaining to Initial and On-going Staff Training:
Information below is from the Iowa State University, Department of Human Development and Families Studies, Child Welfare Research and Training Project, July 1, 2011 – March 21, 2014, Research Brief – Service Training Contract[8].

#1: Iowa DHS Social Workers' Competency Levels and Learning Priorities, Jiong Yang and Janet Melby. Poster presented at the HDFS Graduate Research Symposium and Poster Presentation, ISU, April 10, 2012.

The data were from the FY2012 "Iowa Child Welfare Individual Learning Needs Survey & Individual Learning Plan" conducted by Iowa Department of Human Services. (See Attachment C: Competencies Survey) The data (N = 494) mainly consisted of social workers' competency ratings of 38 different questions as well as their individually selected top learning priorities (from Priority #1 to Priority #4) with corresponding individual learning/training plans. We asked: (1) What are the Iowa DHS social workers' weakest competency areas and thus highest learning needs? (2) Are there any differences on the overall competency level between social workers in different positions, service areas and with various lengths in the current position? Descriptive statistics, t-test and ANOVA were conducted.

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[8] For additional information or for the complete report, contact Janet N. Melby, CWRTP Director, at jmelby@iastate.edu .

Results demonstrated that: (1) The top learning needs based on the competency-rating and based on the priority-selection procedures were not identical, but they did agree with each other to some extent; (2) Based on both the ratings and priority-selections, it seems that "Involvement of Kin", "Involvement of Non-custodial parent" and "Youth Development" were the relatively weak competencies both at the statewide level and among many subgroups of social workers; (3) There were overlaps as well as uniqueness on the top learning needs between different groups of social workers in different position and regions; and (4) Most respondents were at the proficient level in terms of the average of all 38 competencies. There were significant differences on the average competency level among different service areas and current position lengths, but there was no significant difference between Social Worker 2 and Social Worker 3 on the average competency. In terms of implications, these results suggest that it is important to emphasize training on competencies that are both weak/needed and important. If feasible, also pay attention to those weak areas that are less important. Notice competency differences between staff in different subgroups (position, service area and current position length), and set different training priorities/goals accordingly.

#2: Results and Implications from Iowa Child Welfare Staff Individual Learning Needs Survey & Learning Plan (Iowa DHS, 2009), Jiong Yang and Janet Melby. Prepared for the Service Training Contract, November 2011.

The purpose of this project is to identify strong and weak competencies for Iowa child Welfare social workers, and compare results for different groups of the social workers. The survey consisted of the learning survey (competency rating) and plan (priority selection and future plan). Descriptive statistics, t-test and ANOVA were used to analyze 531 social workers' competencies. Overall, the social workers had proficient competency level in their job duties. Their weakest areas and top learning needs were: involvement of father/non-custodial parent and kin, safety assessments and safety plans, and technology. There were group differences on the levels of the work competency. In general, [Des Moines] service area had the lowest proficient level whereas [Eastern] service area had the highest; social workers 3 were significantly more proficient than social worker 2; social workers who stayed longer in the current position tended to perform better than those who were relatively new to the position. These results provided implications for future training.

#3: Results of Pre- and Post-Test of Course 020: Foundations of Social Worker II Practice (FY 2011), Jiong Yang and Janet Melby. Prepared for the Service Training Contract, December 2011.

The purpose of this project is to analyze the effectiveness of the course as well as the quality of the testing items. Descriptive statistics, t-test and item discrimination analysis were conducted to analyze 49 participants' performances on 14 questions. Results showed that overall the participants' scores improved significantly from the pre-test to the post-test. The Cronbach's α of the post-test was 0.62. There was some level of expected item discrimination for all questions except one. Questions with low item-total

correlation and/or having relatively low score in the post-test called for further discussion to find out possible reasons.

#4. Dependent Adult and Mandatory Child Abuse Reporter Training Evaluation (FY2011), Jiong Yang and Janet Melby. Prepared for the Service Training Contract, January 2012.

For Dependent Adult Reporter Training there were 20 questions answered correctly (1) or not correctly (0); total possible score was 0-20. Only those who responded to both pre-test and post-test, and who responded to either test only once were included (N = 44).Two respondents' scores remained the same, but all others' scores improved (ranging from 1 to 10). The average score improvement among all respondents was 4.91. At the post-test, larger mean score and smaller standard deviation suggest that not only did the respondents increase their performance in the post-test, but also they got a much higher score (which was 19.43) with less variation in the performance. There was no significant association between pre-test score and post-test score. Mean Difference = 4.91, t (43) = 13.68, p <.001, suggesting that respondents' scores generally improved significantly at the post-test compared to the pre-test.

For Mandatory Child Abuse Reporter Training there were 20 questions answered correctly (1) or not correctly (0); total possible score was 0-20. Only those who responded to both pre-test and post-test, and who responded to either test only once were included (N = 44). Everyone's score improved. The score improvement ranged from 1 to 9 with an average of 3.95. Again, larger mean and smaller standard deviation in the post-test suggest that not only did the respondents generally increase their performance in the post-test, but also they got a much higher score on average (which was 19.48) with much less variation in the performance. There was no significant association between pre-test score and post-test score. Mean Difference = 3.95, t (43) = 13.44, p <.001, suggesting that respondents' scores generally improved significantly at the post-test compared to the pre-test.

#5: Pre- and Post-test Results of Basic Training for Child Protective Workers, Jiong Yang and Janet Melby. Prepared for the Service Training Contract, May 2012.

The purpose of this project is to find out if the basic training for the child protective workers (all are Social Worker III) over the 4-year period is effective (2008-2012), and if there are any specific training area that needs to be improved and/or any testing question that needs to be revised. Using paired-sample t-test and descriptive statistics, the pre- and post-test from 41 trainees were analyzed. The t-test showed that participants' scores improved significantly after the training. However, based on the mean score, there were still nearly a quarter of the questions having low scores even if the training had been provided. Further frequency analysis showed specific response patterns for those low-score questions. Questions with low scores on both pre- and post-tests may indicate the need for more enhanced/focused training in corresponding topical areas and/or clearer wording of the questions themselves.

#6. Evaluating impact of training related to implementation of Early ACCESS in Iowa. Janet Melby, Chris Rubino, Neil Rowe, and Jiong Yang. In Leslie Zietler (Ed.), Proceedings of the 2013 National Human Services Training Evaluation Symposium. University of California, Berkeley, May 2013.

This study uses a multi-method approach for evaluating Power of Teaming: Department of Human Services and Early ACCESS, Allies for Infants and Toddlers. This training was designed to increase knowledge, to build positive relationships, and to increase collaboration and communication among Department of Human Services 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. These services are defined by the Individuals with Disabilities Education Act (IDEA) Part C. In this paper we identify factors leading to development of the training and describe the training content and process. Then, framed within Kirkpatrick's model of evaluation, we report results of three methods used to evaluate the training delivered; planned next steps are suggested. Participants responded positively to and were engaged in the training. Furthermore, they scored the training as having a high impact on their intent to collaborate, understanding the content and implication of federal laws, and understanding the impact of early childhood trauma. Overall, compared with Department of Human Services staff, the Early ACCESS staff were more significantly impacted by the training; however, both groups scored high. The group action plans indicated concrete steps that could be implemented in their workplaces.

#7. Results of the Fatherhood Initiative Survey: Comparison of pre- and post-survey results. Jiong Yang, Neil Rowe, and Janet Melby. Prepared for the Iowa Department of Human Services, Service Training Contract, June 2013.

These analyses compared the responses of Department of Human Services staff and providers to surveys administered prior to and after the quarterly state-wide Fatherhood Initiative training. It is important to note that since the participants were not matched between the pre-survey (N = 126) and post-survey (N = 351), any changes might or might not be caused by the training. However, the outcomes can still be compared to see if the system as a whole has been changed in a positive way, which could be attributed to the effect of training and/or other factors. Also, the proportion of respondents in a given role differed significantly between pre- to post-survey, which could impact the results. Overall, results show that the vast majority of respondents identified non-custodial parents through the custodial parent, both in the pre-survey and post-survey. In the pre-survey, the vast majority of participants were not familiar with Federal Parent Locator Service to help locate non-custodial parents, a few had used 1-2 times, and very few had used the locator service more than twice. The distribution significantly changed in the post-survey, with a smaller proportion of participants who were not familiar with this service, and a larger proportion of who had used the service. In the pre-survey, the highest proportion of participants had not contacted Child Support Recovery for help in locating a non-custodial parent and needed training, and very few participants had done this frequently. There was a significant change in the distribution in the post-survey, with a smaller portion of participants who had not used the service

and needed training, and a larger portion of participants who either knew the procedure or had used the service frequently. In the pre-survey, most participants' overall impression of engagement, accessibility and responsibility of the non-custodial parent were neutral, followed by positive and negative. The pattern did not change significantly in the post-survey, but a slightly higher proportion of participants rated "positive" and a slightly lower proportion of participants responded with "neutral" or "negative".

#8. YTDM Facilitator Training (SP-434): Results. Neil Rowe, Kyuho Lee, Jiong Yang, Janet Melby, and Wendy Havemann. Prepared for the Iowa Department of Human Services, Service Training Contract, September 2013.

Youth Transition Decision Making (YTDM) transition facilitator trainings were offered 6 times from December 2012 to June 2013 (3 in Ames, 1 in Des Moines, 1 in Cedar Rapids and 1 in Davenport). Paper surveys were provided to participants at the end of the training session. Of 116 who attended the training, plus a small number of trainers and youth, a total of 100 participants filled out surveys. The majority of relationships between variables were not statistically significant; however, this speaks to the effectiveness of the training that, for instance, change in approach to transition planning as a result of the training was not dependent upon age, role, gender or race. The extent of the participants' planned future utilization of youth engagement strategies and their likelihood to continue the process to become an YTDM facilitator were significantly related. Additionally, the extent to which the training changed participants' approach to transition planning was significantly related to their likelihood to continue the process to become a YTDM facilitator. There are some interesting trends in the data even when there were few statistically significant associations. For instance, participants who were non-FTDM facilitators considered themselves much more likely than FTDM facilitators to continue the process to become YTDM facilitators. In addition, the report presents results obtained from 47 of 92 the trainees (51.1%); these are a subset of trainees who were given access to the online course evaluation feedback survey. Overall, the training was effective in encouraging participants' on-going learning and changing participants' approaches in transition planning in future. The trainees reported favorable responses to the training.

#9. Survey Results for Course SP-435: Engaging Youth in their Transition to Adulthood. Jiong Yang, Neil Rowe, Janet Melby, and Wendy Havemann. Prepared for the Iowa Department of Human Services, Service Training Contract, September 2013.

The SP-435 training Engaging Youth in their Transition to Adulthood reviewed how to engage teens by looking at developmental stages, positive youth development theory and the new Youth Transition Decision Making (YTDM) Model and also to introduce resources that support a healthy and positive transition for youth. The intended audience included Social Worker 2s, Supervisors, providers, and foster parents who wanted to learn more about youth developmental stages and how that relates to the transition process. Each training session lasted for one day from 9am to 4pm. A total of 209 individuals attended the 10 trainings delivered throughout Iowa. Two types of data were collected from trainees. Post-training paper survey responses were collected

immediately following the training from 82 of the 91 trainees who participated in one of 5 training sessions (3 in April 2013 and 2 in June 2013) in 5 different locations. In addition, trainees at all 10 sites were invited to complete an online course feedback survey; responses were obtained from 121 of the 209 trainees. The 4-point Likert scale (from "strongly disagree" to "strongly agree") and open-ended questions were used for the feedback survey. Overall, the training had a positive impact on participants' self-reported future involvement and approaches related to youth development. In general, participants' demographic characteristics were not significantly associated with major work-related variables. The training attendees generally evaluated the training positively, although they reported that more work is needed for attendees to gain a better to understanding of the content. However, there were differences between service areas. The training had more impact in the Eastern service area than in other areas. Compared to Western and Northern areas, the paper survey respondents in the Eastern area had a larger proportion of middle-aged individuals (35-49), private service providers, and non-approved FTDM facilitators. The online survey participants who completed the paper survey versus those who did not generally had similar demographic characteristics (position and experience) and provided similar feedbacks on the quality of the training.

#10. Findings from training of worker well-being: The "U" in TraUma informed care. Jiong Yang, Jo Ann Lee, Janet Melby, and Kyuho Lee. Prepared for the Iowa Department of Human Services, Service Training Contract, December 2013.

The training course SP 441: Worker Well Being: The "U" in TraUma Informed Care, prepared and delivered by Jo Ann Lee and Jana Rhoads, was designed to provide information and tools that can help social service workers to balance job and personal life, recover from traumatic experiences, and maintain well-being. Participants were from 10 training sessions (9 locations and 5 service areas) during Fall 2013. During the training, participants accessed and reported their own personality color and adverse childhood experience (N = 212). In addition, results from two post-training electronic evaluation surveys which assessed the overall quality and limitations of the training were collected (N = 142). The results indicated that the dominant personality color for the trainees was blue, and the least prevalent color was green. There is no regular pattern for distribution of the Adverse Childhood Experiences (ACE) scores, but about a quarter of the participants had experienced 4 or more adverse childhood events. No significant association was found between service areas and personality color or ACE scores, and there was no significant association between personality color and ACE scores. The participants generally rated the training highly. There were no significant differences among service areas and between DHS social workers and providers on the perceived quality of the training.

#11. Child Welfare Worker Wellbeing: Self-knowledge and Self-care is Key to Caring for Others. Kyuho Lee, Jo Ann Lee, and Janet Melby. Paper submitted to the NCFR Report, a publication of the National Council on Family Relations, March 2014.

Building on a self-care quarterly training designed for the state's child welfare workers (The "U" in Trauma Informed Care), a team of trainers and researchers in Iowa examined how workers' adverse childhood experience relate to their reported level of work stress and coping strategies, as well as their career choice. The goal was to examine child welfare workers' experiences in order to identify ways to promote their wellbeing. An anonymous electronic post-training survey was administered to all 254 trainees in February 2014. A total 136 (54%) either opened or responded to the survey; of these, 104 survey responses remained after dealing with missing data. Among the respondents, 88.3% were female, their average age was 42.9 years (SD=2.98), and average employment in a social service position was 14.8 years (SD=6.84). They were employed as State of Iowa Department of Human Services (DHS) Social Worker (SW) 2 (45.1%); DHS SW3 (15.7%); DHS SW4 (1.0%); DHS Supervisor, Manager or Administrator (10.8%); and Community Provider (27.5%). Most reported their working stress as either high/very high (61.5%) or moderate (29.8%). Their most- to least-used coping strategies were: alcohol-drug use (96.2%), behavioral disagreement (84.6%), focus on and venting of emotions (68.9%), denial (68.9%), restraint (52.9%), turning to religion (47.1%), mental disengagement (43.3%), seeking social support for emotional reasons (34.6%) or for instrumental reasons (28.8%), positive reinterpretation and growth (29.8%), suppression of competing activities (28.8%), active coping (27.9%), acceptance (26.0%), and planning (13.5%). Their Adverse Childhood Experiences (ACE) scores were higher compared to the National and Iowa general population averages. Only 22.6% of the participants reported no ACEs, compared with 36.1% of National and 45.0% Iowa general population. The highest percentage of participants (31%) scored 4 or more, which is two times higher than scores for National (12.5%) and Iowa (14.0%). Additional analyses revealed that the higher the ACE score, the higher their reported work-related stress; and the more years of service, but not age, the lower the ACE scores. Overall, these social workers perceive work-related stress to be high, and many of them are using unhealthy coping strategies such a depending on alcohol or drug use. These results will help inform a training being developed for advanced service worker self-care to be delivered as a quarterly training in FY2015.

#12. Basic Results of Family Team & Youth Transition Decision–Making (FTDM/YTDM) Meeting Facilitator Refresher Training (Pre-Test). Jiong Yang, Janet Melby. Prepared for the Iowa Department of Human Services, Service Training Contract, June 2013.

All attendees who registered for the course "Family Team & Youth Transition Decision–Making (FTDM/YTDM) Meeting Facilitator Refresher Training" were asked to complete an on-line "pre-survey" prior to participating in one of several live webinars in May 2013. The demographic questions and 20 content items for the survey were developed through collaboration among the PIP work group, QA, and the Iowa State Child Welfare Research and Training Project (CWRTP). Data were available from 304 participants. Overall, on a scale of 1 (low) to 4 (high), at this pre-training phase the respondents reported they were knowledgeable about the new process (3.34), confident in working with families (4.26), had the skills to implement family interaction plans (3.87), had a positive attitude about the new approach (3.32), and felt comfortable implementing the

new approach (3.24). A follow-up survey will be administered 3-months post roll-out of the new forms for FTDM/YDTM facilitation (currently planned for April 2014).

Available Data and Analysis Pertaining to Child Welfare Service Provider Training:
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 provider 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 provider 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 SFY2012-2013, 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 a total of 54 live 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 SFY2013-2014.

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 forms that their needs were met and training was useful to their job.

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** on-line 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, on-line courses, and research papers for the frontline workers of child welfare.

The Child Welfare Provider Training Academy continues to partner with **Relias Learning** to provide a range of individual on-line 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 SFY2012-2013, there were a total of **3,236 courses** taken which compares to a total of **3022 courses** taken during SFY 2012-2013 which is a **6.61% increase.**

Through the first eight (8) months of SFY2013-2014, there have been a total of **1833 courses** which compares to a total of **2189** courses taken during the first eight (8) months of SFY2013 which is a **16.26% decrease**. **NOTE:** The first eight (8) months of 2014 (1833 courses) reflect a 1.8% increase over the first eight (8) months of 2012 (1800 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 SFY2013-2014, 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 your learning and knowledge, and
- Technical support through the Child Welfare Provider Training Academy to coordinate and assist you in meeting your 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 SFY2013-2014, 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 on-line 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 will also include trainer contact information to allow the user to request information directly from the trainer. The Clearinghouse will also a 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.

Available Data and Analysis Pertaining to Foster and Adoptive Parent Training:
The DHS has two contracts that provide foster and adoptive parent training. The Foster and Adoptive Parent Recruitment and Retention (R&R) contractor provides 30 hours of pre-service training, PS-MAPP, to individuals seeking to become licensed foster and/or adoptive parents. After licensure, Iowa requires 6 hours of continuing education per year for foster families only. The DHS' Support Services for Resource Families contractor provides the on-going training. The following are data related to these two contracts.

Chart 28: Pre-Service Training (PS-MAPP)
SFY 2012-2014

Legend: SFY 2012 (Quarters 2-4), SFY 2013, SFY 2014 (Quarters 1-3)

Helped me prepare for & decide about fostering & adopting: 98.6%, 99.1%, 98.7%

Left me needing additional training or support before I can put the ideas and/or skills to work: 1.4%, 0.9%, 1.3%
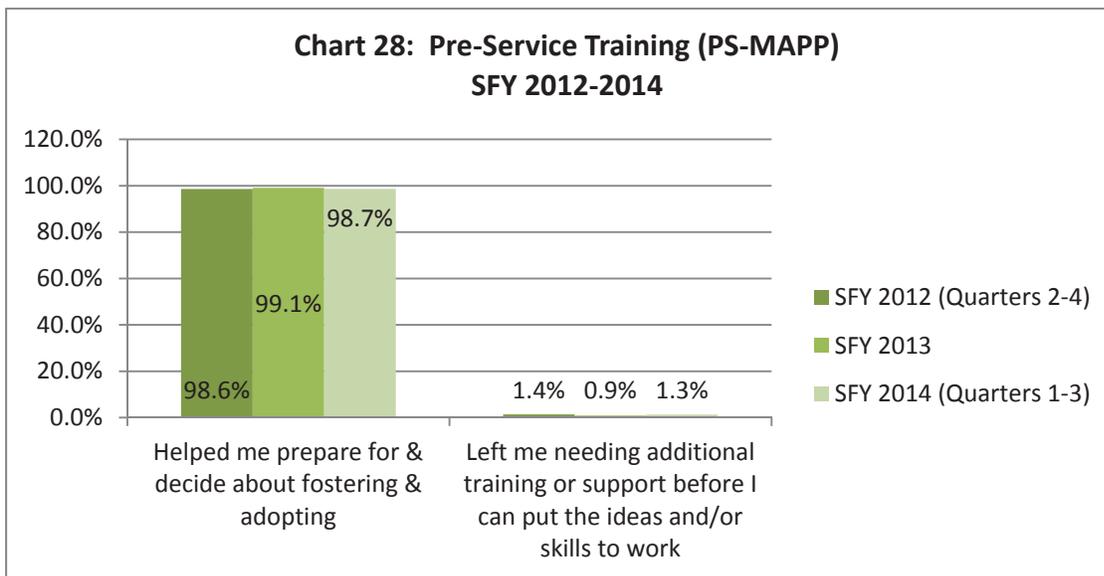
Source: Iowa KidsNet

Respondents to evaluations of the PS-MAPP training indicated that the training helped them prepare for and decide about whether they should foster or adopt. For example, in SFY 2014, 60% of families who started PS-MAPP training completed it. Of the 60% who completed PS-MAPP, 90% of families moved to a licensed/approved status. For the 10% who did not move to a licensed/approved status, 1% was 'denied' and 9% withdrew because a child-specific or relative placement 'fell through' or some significant personal situation occurred. Of those who moved to a licensed/approved status, 16% were adoption only, 78% were foster/adopt, and 6% were foster only. Because it is difficult to prepare parents for the reality of fostering and/or adopting children, PS-MAPP training provides as much information as possible to help prospective foster/adoptive parents make their decision. Once parents are licensed, they continue their learning through trainings provided through the Support Services for Resource Families contractor.

The Support Services for Resource Families contract includes two performance measures related to training:

- Performance Measure 1: Eighty (80%) or more of resource families surveyed will report that their training improved their knowledge and skill level and their post-test of the training will be a score of at least 75%.
- Performance Measure 2: The Contractor will achieve an 85% or greater positive satisfaction from resource families that receive training and other support services offered by the Contractor.

Chart 29: Resource Family Ongoing Training

	SFY 2011	SFY 2012	SFY 2013
PM 1	98.0%	98.6%	98.3%
PM 2	92.6%	97.1%	97.0%
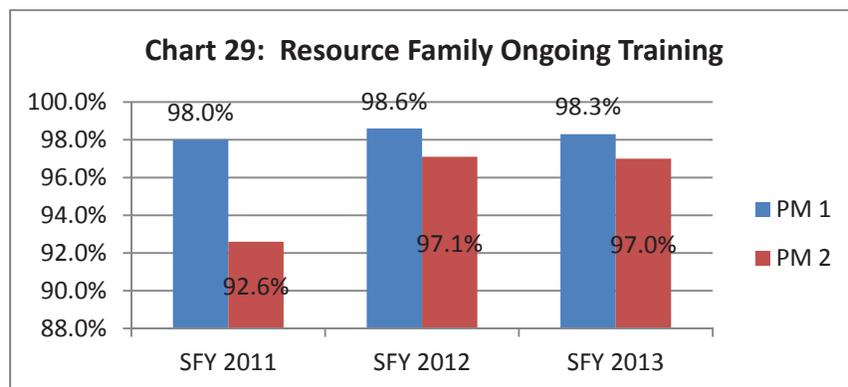
Source: DHS Note: PM1 - Post-test scores were 96% in SFY 2011 and 2012 and 94% in SFY 2013.

While DHS staff acknowledged the variety and availability of trainings offered to staff and service providers, DHS staff also reported some areas needing improvement. Staff reported that Iowa needs to develop a shared understanding of substance abuse issues and how to address these issues among DHS staff, service providers, courts, etc. Although training on substance abuse is currently available to staff and service providers, DHS staff suggested that Iowa utilize the Iowa Children's Justice training, available through a federal grant they received, to bring DHS, service providers and courts to a common understanding of substance abuse cases.

Staff also noted that capacity and accessibility of PS-MAPP training was an issue in rural areas of the state. Sometimes PS-MAPP classes were delayed or cancelled due to low enrollment in outlying areas. Staff noted that there currently was no PS-MAPP training specific for kinship caregivers, who had unique needs. However, DHS recently began, in June 2014, piloting specific training for kinship caregivers/suitable others in two Service Areas. The pilot will continue through August 2014. Once the pilot ends, DHS will utilize feedback to refine the curriculum and then plans to move the training statewide.

Stakeholders also acknowledged the various trainings available to DHS staff and child welfare service provider staff.   However, they suggested that training related to family engagement skills and best practices and resources for transitioning youth should be incorporated into initial and continuing education requirements for DHS caseworkers and in service providers' trainings.

Stakeholders reported that training should be improved for all foster families to better prepare them to care for children entering foster care. Stakeholders noted that there

were currently no requirements for topics of on-going training licensed foster families must take; they simply must take six hours each year. While stakeholders acknowledged that increasing the amount of required training for all licensed foster families was desirable, they also recognized that higher requirements might result in fewer participating foster families. Instead, stakeholders suggested that general foster family education should be strengthened by implementing a structure for on-going training that requires training in specified topics or categories within each training cycle.

Stakeholders also commented that training in adolescent development needs to be strengthened. Stakeholders noted that caring for adolescents was different than caring for younger children. Research by the Jim Casey Youth Opportunities Initiative noted, "Unlike younger children in foster care, for whom safety and protection are the greatest need, older youth are in the process of developing greater autonomy and practicing adult roles and responsibilities" (Jim Casey, 2011a, p. 1). Chemical changes in adolescents' brains drive risk-taking, and with adult support, youth learn from their experiences and mistakes (Ibid.). When foster parents lack understanding of adolescent development, they may interpret "normal" teenage behavior and healthy risk-taking as problem behavior that rises to the level of involving a caseworker or even having the youth removed. Requiring training on adolescent development for foster parents working with teenagers, and supporting the foster parents and youth in working through inevitable bumps in the road, will increase permanency for older youth.

Service Array and Resource Development

See Section III: Services for information, data, and analysis of strengths and areas needing improvement.

Agency Responsiveness to the Community

Available Data and Information Pertaining to Systemic Factor: Please see Section I: General Information, Collaboration and Section III: Services, Service Coordination for information and data.

Assessment of strengths and areas needing improvement:
As evidenced by information provided under *Section I: General Information, Collaboration*, and *Section III: Services, Service Coordination*, Iowa's child welfare system collaborates and consults with a plethora of stakeholders, including but not limited to, tribal representatives, consumers (parents and youth), service providers, foster care providers, juvenile court, and other public/private agencies, including those administering other federal or federally assisted programs, to engage them in discussing their concerns regarding the child welfare system and to work together to address issues raised. Iowa will continue to utilize these collaborations/partnerships to improve Iowa's child welfare system over the next five years.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Available Data and Information Pertaining to Systemic Factor:

Standards Applied Equally
Foster and Adoptive Parent Licensing:
Prospective foster and adoptive parents may request a waiver to non-safety related licensing requirements through Iowa KidsNet (IKN) licensing staff, the recruitment and retention contractor. IKN staff contact the local DHS office licensing staff, who requests a Waiver of PS-MAPP or Licensing Standards, Form 470-4873. The licensing staff submits the form to the Service Area Manager or designee, who approves or denies the request and returns the form to the licensing worker. The licensing worker then sends the approved or denied request form to the IKN licensing worker. Since these waivers are handled locally, we do not have a centralized way of tracking the prevalence of these waivers.

The DHS local licensing worker may request an exception to policy for any licensing standard not able to be waived locally. The local licensing worker submits a written request for an exception to policy to central office policy staff for review and then it goes to the Director's office for a final decision. The DHS licensing worker receives the written decision and sends a copy of the decision to the IKN licensing worker.

Shelter and Group Care Facilities: DHS signed a Memorandum of Understanding with the Department of Inspections and Appeals (DIA) for the initial licensure, annual onsite visit, unannounced visits, complaint investigations, and re-licensure of shelter and group care facilities.   The DHS is the licensing agent for these programs and uses the DIA's written reports and recommendations to make all final licensing decisions before it issues the licenses and Notices of Decision.   Exceptions to licensure policies may be granted for shelter and group care facilities by the DHS when circumstances justify them, but they rarely are requested or needed. Provisional licenses are not common, but they might be used temporarily in lieu of full licensure in order to give a facility time to correct licensing deficiencies. Not all identified deficiencies result in the need for provisional licensing or a formal corrective action plan. However, all licensing deficiencies are expected to be corrected by the licensee. Services continue under a provisional license when it is determined that the safety of the youth in care is not jeopardized. Provisional licenses require corrective action plans that generally last for about 30 days, which is usually sufficient to correct the deficiencies and for the DIA to re-inspect the program.

Table 3(a): Provisional Licenses Issued to Shelter and Group Care Facilities	
Calendar Year (CY)	Number of Provisional Licenses Issued
2014	5
2013	1
2012	1
2011	1
2010	2

Source: DHS

Requirements for Criminal Background Checks

The Iowa's Recruitment and Retention Contract (R&R) for the recruitment and retention of resource families prepares and submits licensing packets to service area field staff. Licensing packets include the following:

- Universal Precaution self-study training
- PS-MAPP family profile
- Physician's report for foster and adoptive parents
- HIV general agreement
- Foster Care Private Water supply survey (well water)
- Provision for alternate water supply (if applicable)
- Floor Plan of the home/living space
- Three reference names and addresses (three additional references are selected and contacted by the home study licensing worker)
- Criminal background checks
- Applicable consents to release of information
- The Foster Family Survey Report, which documents the foster family's compliance with all licensing requirements
- The home study summary and recommendation
- All forms obtained through record checks and assessment of the family

All prospective foster and adoptive families and adults in the home complete record checks as required by federal policy. DHS staff monitors the safety of children in care through on-going safety and risk assessments conducted during monthly visits with the child and foster parents as part of the case planning process. Service providers also monitor safety of the placement through the provision of services, typically on a monthly basis.

Field staff complete a 100% review of all licensing packets to ensure packets are complete, including the required completion of background checks. Staff does not consider a packet accepted from the contractor until all required documents are provided. Therefore, 100% of files contain the criminal background checks completed per the federal requirement.

<u>Diligent Recruitment of Foster and Adoptive Homes</u>
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 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. Recruitment plans are based on service area specific data that includes the age, race and ethnicity of children coming into care as well as the race and ethnicity of foster families. This information is provided throughout the year to the contractor and is used to inform and drive the development of each year's recruitment and retention plan.

Over the last five years, Iowa experienced a decline in licensed foster and adoptive families, as shown in the chart below.

Chart 30: Number of Licensed Foster and Adoptive Families

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Number of Foster Families	2,800	2,624	2,385	2,189	2,123
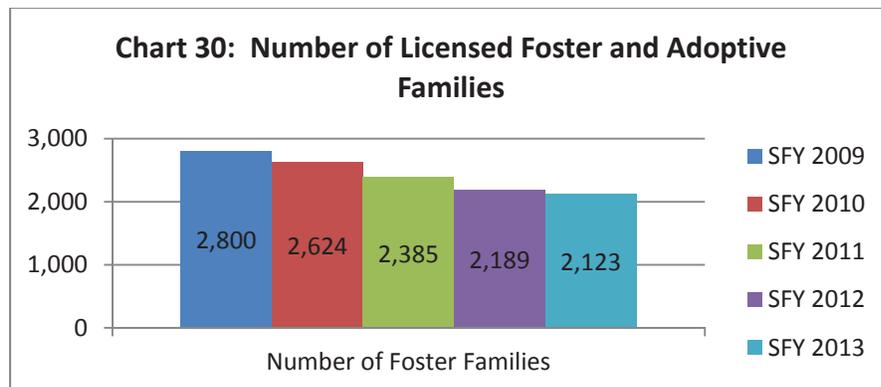
Source: DHS, SACWIS

The re-procurement of the recruitment and retention contract in SFY 2011 placed a greater emphasis on finding and keeping foster and adoptive families who were willing and able to parent children in need of out of home care. Recruitment targets in specific areas including homes for sibling groups, teens, children with significant needs and children with difficult behaviors were established in each service area. Foster parents also were required to work with birth families whenever possible. Part of the decline can be attributed to these changes as families withdrew and a higher level of screening counseled out families who were not prepared for the demands of foster parenting.

The reasons resource families withdraw from providing foster care, on average, are as follows:
- 40% Due to adoption;
- 31% Due to personal reasons such as job change, moving, retirement, health concerns or family concerns;

- 15% Due to no longer being interested in providing foster care;
- 5% Due to being dissatisfied with DHS or Iowa KidsNet;
- 5% Due to concerns by DHS or Iowa KidsNet about the family's ability to parent foster children, meet licensing requirements or child abuse allegations; and
- 4% Due to the specific child the family became licensed to care for did not enter care or was not placed with the family.

On average, 50% of withdrawing families were either caring for relatives, were adopt only, or were only providing respite.   Eighty-three percent (83%) of foster families who were not licensed for a specific child received at least one placement while they were licensed.

The recruitment and retention of non-white resource families is a priority area for Iowa KidsNet. The DHS provides data on the race and ethnicity of children in care, and the race and ethnicity of resource families. Recruitment and retention targets are established to increase the number of non-white families in each service area based on the race and ethnicity of the children coming into care. In SFY 2012, Iowa KidsNet was measured on their ability to narrow the gap between the number of non-white children in care and the number of non-white foster families.

The tables below show the number of children in family foster care by race and ethnicity and the number of foster families by race and ethnicity at the end of SFY 2013.

Table 3(b): Number of Children in Family Foster Care by Race and Ethnicity – End of SFY 2013						
	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	38	5	1	13	10	67
African American	38	88	89	112	175	502
Hispanic	111	95	37	57	80	380
Multi-Racial	55	36	49	75	54	269
All Other	32	18	22	13	139	224
White	663	534	301	486	500	2484

Source: DHS

Table 3(c): Number of Foster Families by Race and Ethnicity – End of SFY 2013						
	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	0	0	1	1	0	2
African American	3	11	5	15	40	74
Hispanic	12	7	3	9	15	46
Multi-Racial	10	9	8	11	8	46
All Other	4	3	8	7	5	21
White	430	357	209	390	422	1808

Source: DHS

The contract performance measure changed starting in SFY 2013 due to the difficulty in establishing firm targets as the number of children fluctuated. The measure currently is that Iowa KidsNet must increase the total number of foster families by 3% over an established baseline, and the number of non-white families by 3% over an established baseline. The baseline and targets are as follows:

Table 3(d): Foster Family Baseline (SFY 2013) and Targets (SFY 2014)				
Service Area	FY13 Baseline All Foster Families	FY13 Baseline Non-white Foster Families	FY14 Target All Foster Families	FY14 Target Non-white Foster Families
Western	459	23	473	24
Northern	388	26	399	27
Eastern	227	18	233	19
Cedar Rapids	433	43	446	44
Des Moines	491	67	506	69
Total	1998	177	2057	182

Source: DHS

SFY 2014 data is not available so achievement of these measures has not been determined.

Aggregate data, service area data and case specific information is routinely shared between DHS and Iowa KidsNet.

- Recruitment and Retention teams in each service area meet no less than quarterly to review data, discuss and revise strategies, and develop contacts and relationships with faith based groups, civic groups and other influential people in non-white communities to enhance recruitment and retention efforts.
- Iowa KidsNet and DHS licensing staff meet also no less than monthly in each service area to discuss all families who are withdrawing, families who are not currently taking a placement, or families who may be struggling.
- Data also is shared each quarter with DHS service area leaders to monitor progress towards contract performance measures and recruitment targets, as well as discussions around ways to improve overall recruitment and retention, strengthening partnerships and problem solving areas of concern.

<u>State Use of Cross-Jurisdictional Resources for Permanent Placements</u>
Iowa's foster care recruitment and retention contractor is responsible for completing the foster and adoptive home studies that are referred through the DHS Interstate Compact for the Placement of Children (ICPC) unit within the 60-day timeframe for completion. The Compact Administrator and the local DHS offices established a process to ensure that the contractor receives ICPC requests in a timely manner. The contractor and the local DHS offices also have a 60-day timeframe for processing parent and relative home studies. Iowa tracks ICPC data through the ICPC Database.

From October 9, 2012 through September 25, 2013, the DHS ICPC Compact Administrator received 71 requests for home studies received from another state representing 66 unduplicated primary children. The number of days it took the ICPC unit to send the request to the contractor ranged 0 – 77, with a median of 6 days and an average of 9 days. The number of days it took for the ICPC unit to receive the home studies from the contractor ranged from 0 – 239, with a median of 59 days and an average of 58 days. Analysis regarding reasons for the late home studies is not available at this time.

Assessment of strengths and areas needing improvement:
DHS staff identified several strengths with the Recruitment and Retention (R&R) contract. Each service area holds quarterly meetings with the central office program manager for the R&R contract, R&R contractor staff, and local field staff in attendance. These meetings allow for collaboration, highlighting successes, and problem solving issues identified in that particular service area. Another strength is that R&R contractor staff collaborates with other services, such as shelter care providers, group care providers, and supervised apartment living (SAL) providers, to coordinate services across the various contracts.

DHS staff also identified areas needing improvement, such as a lack of foster and adoptive families, particularly in rural areas, and bi-lingual families; the matching children to available homes process, especially as it relates to emergency placements

(e.g. how is information gathered on the child and communicated to potential resource families); and a lack of capacity to deliver PS-MAPP trainings, including accessibility of the trainings, which they believed could affect the number of licensed foster and adoptive homes.

Stakeholders noted the reduction in foster homes. Stakeholders suggested that efforts to increase the number of available foster homes should utilize service area plans to identify the areas of greatest need, and then target those geographic areas of higher need. For instance, it is best practice for a child to be placed in or close to their home community so they can maintain existing relationships and support networks; with more foster homes overall and in geographic areas of higher need, there is greater likelihood that a placement close to the child's home is available. A second area to target in recruiting additional foster homes is to increase the number of homes willing and qualified to accept sibling groups and children in age ranges where need is the greatest. Stakeholder suggestions are reflected in Iowa's FFY 2015-2019 Foster and Adoptive Parent Diligent Recruitment Plan.

SECTION III: SERVICES

Populations at Greatest Risk of Maltreatment

Some of the risk factors for maltreatment include but are not limited to[9]:
- 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.

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[9] 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.

Chart 31: Iowa Children Whose Parents Lack Secure Employment
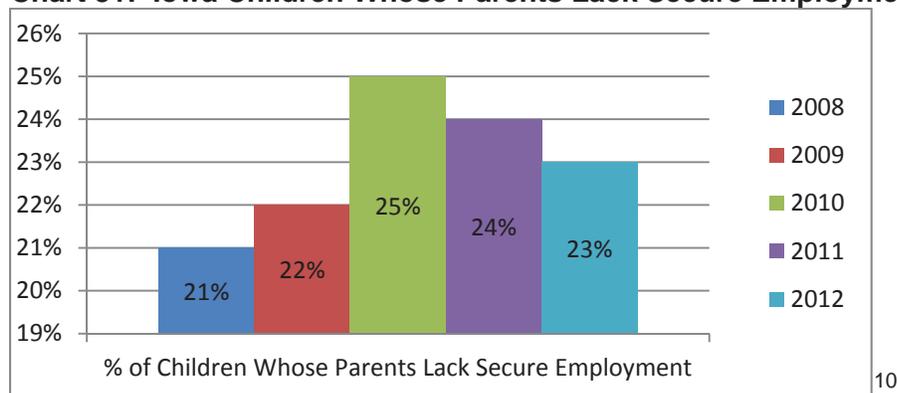
% of Children Whose Parents Lack Secure Employment

- 2008
- 2009
- 2010
- 2011
- 2012

[10]

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

Chart 32: Iowa Children Living in Families Below 200% of Federal Poverty

% of Children Living in Families Below 200% of Poverty

- 2008
- 2009
- 2010
- 2011
- 2012

[11]

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

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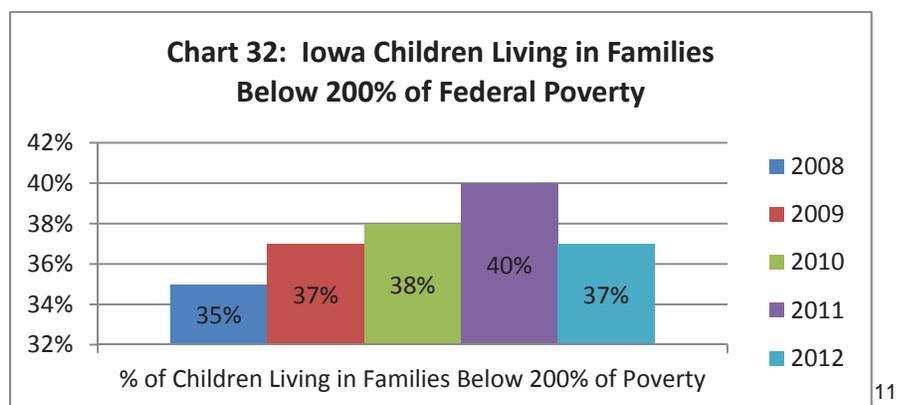
[10] Definitions: The share of all children under age 18 living in families where no parent has regular, full-time employment. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the 12 months prior to the survey. 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

[11] 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 15 (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.

Chart 33: Public Assistance and Food Insecurity in Iowa

	% of Individuals Receiving Food Assistance	% of Individuals Receiving Family Investment Program	% of Children Living in Households that were Food Insecure*
2008	6.3%	1.3%	16.0%
2009	10.2%	1.4%	17.0%
2010	11.4%	1.5%	19.0%
2011	12.6%	1.4%	19.0%
2012	13.4%	1.3%	18.0%
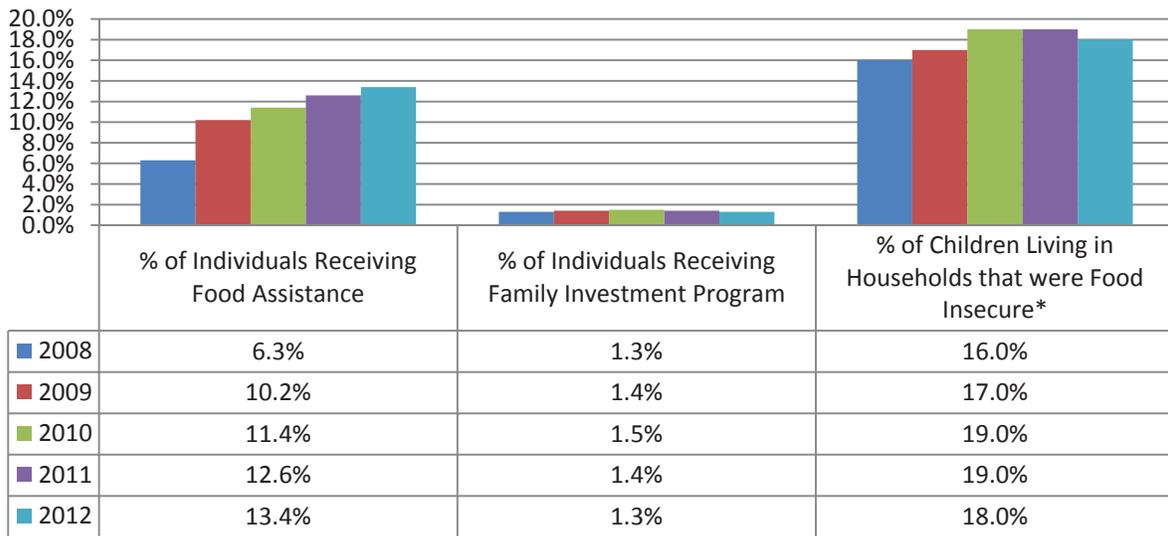
Source: Department of Human Services (DHS)
*[12]Data Source: National KIDS COUNT, available at http://www.datacenter.kidscount.org/data#IA/2/0

Chart 34: Iowa Child Population by Household Type

	Married-Couple Households	Father Only Households	Mother Only Households
2008	73.0%	7.0%	19.0%
2009	71.0%	7.0%	21.0%
2010	71.0%	7.0%	21.0%
2011	70.0%	7.0%	22.0%
2012	70.0%	8.0%	21.0%
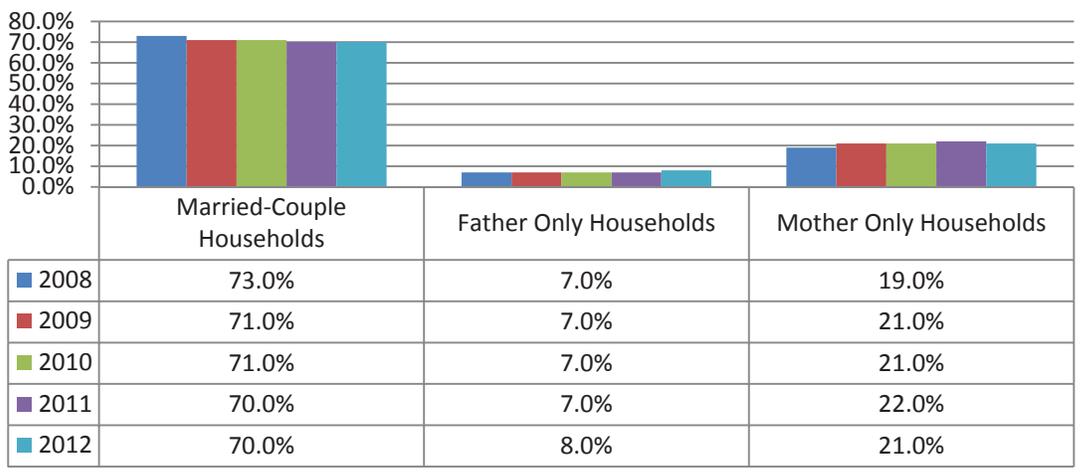
Source: National KIDS Count, http://www.datacenter.kidscount.org/data#IA/2/0 [13]

[12] 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.
[13] 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.

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.

Table 4: 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%
2008	79%	1%	< 1%	11%	4%	4%	1%	-	< 1%	100%
2007	79%	< 1%	< 1%	9%	7%	4%	1%	-	< 1%	100%
2006	76%	1%	< 1%	10%	9%	4%	1%	-	< 1%	100%

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

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

Table 5: 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 on-going DHS service case. Over the next five year period, Iowa will continue to utilize the child welfare service array to meet the needs of children at risk for or who have experienced child abuse and neglect.

Please see *Child and Family Services Continuum* and *Service Description* below for more information on Iowa's child welfare service array.

Child and Family Services Continuum

Iowa's child welfare service array provides enhanced flexibility and embraces strength-based, family-focused philosophies of intervention. The goal of the service array is to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. Contractors have the flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety, permanency, and well-being. Additionally, contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the service area or county(ies) and describe their plan to tailor services to serve families of different race/ethnicity and cultural backgrounds.

Iowa utilizes many federal and state sources of funding for the child welfare service array, such as Temporary Assistance for Needy Families (TANF), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA), title IV-B, subparts I and II, and title IV-E of the Social Security Act, Chafee Foster Care Independence Program (CFCIP), Iowa General Fund, etc.

Prevention

ICAPP Overview
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. Coalitions or "Councils" apply for funds through a competitive procurement process, inclusive of a Request for Proposals (RFP), evaluation of proposals through evaluation committees, and contracts awarded for one year with a potential renewal for another year. 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 is administered through the DHS with the support of an external program administrator, Prevent Child Abuse Iowa. Funds are then applied for and received by local Community-Based Volunteer Coalitions or "Councils". The administrator provides technical assistance, contract monitoring, and program evaluation services.

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

Project Type	No. of Projects		Families Served		Parents/Adults Served		Children Served		Hours of Care	
	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

Table 6: Iowa Child Abuse Prevention Program (ICAPP) Services (SFY 2012 & 2013)

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 7: ICAPP Participant Demographics (SFY 2012 & SFY 2013)	
SFY 2012[14]	**SFY 2013[15]**
Family Demographic Summary	**Family Demographic Summary**
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

[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.

Table 7: ICAPP Participant Demographics (SFY 2012 & SFY 2013)	
SFY 2012[14]	**SFY 2013[15]**
Family Demographic Summary	**Family Demographic Summary**
Housing Status	**Housing Status**
36% Own home 44% Rent 18% Shared/temporary	35% Own a home 42% Rent a home 21% Share housing or temporary living situation
Employment & Education Status	**Employment & Education Status**
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
Annual Household Income	**Annual Household Income**
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 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 programing. The domain areas measured by this survey, along with definitions, can be found in Table 8. The tool has been customized for the ICAPP program and is available to families and service providers though 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 8: Definitions of Protective Factors by FRIENDS NRC	
Protective Factors Survey Components	
Domain	*Definition*
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 35).

Chart 35: Change in Average Scores Statewide
SFY 2012 - 2013
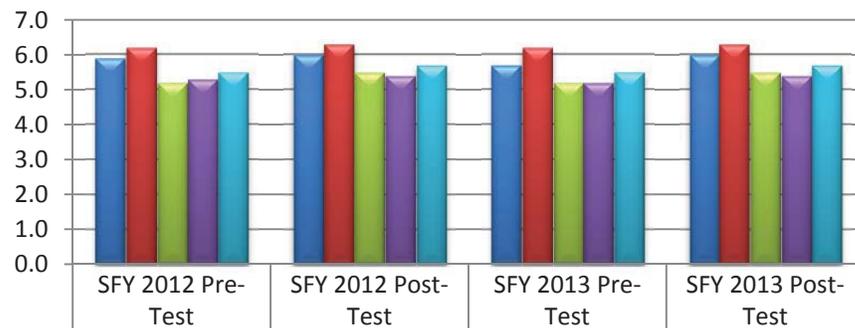
	SFY 2012 Pre-Test	SFY 2012 Post-Test	SFY 2013 Pre-Test	SFY 2013 Post-Test
Social Support	5.9	6.0	5.7	6.0
Nurturing/Attachment	6.2	6.3	6.2	6.3
Family Functioning	5.2	5.5	5.2	5.5
Concrete Support	5.3	5.4	5.2	5.4
Child Development	5.5	5.7	5.5	5.7

Source: Prevent Child Abuse Iowa

Data also can be looked at specific to each of the core program areas utilizing the PFS. Table 9 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 play a critical role in the prevention of child maltreatment.

Table 9: 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	
Service Type:	Respite/ Crisis Care				Parent Development				Outreach/Follow up			
Protective Factors:	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 35 and average PFS data specific to Crisis Care is illustrated in Chart 36.

Chart 36: Average Pre/Post Scores for Respite Care, SFY 2013
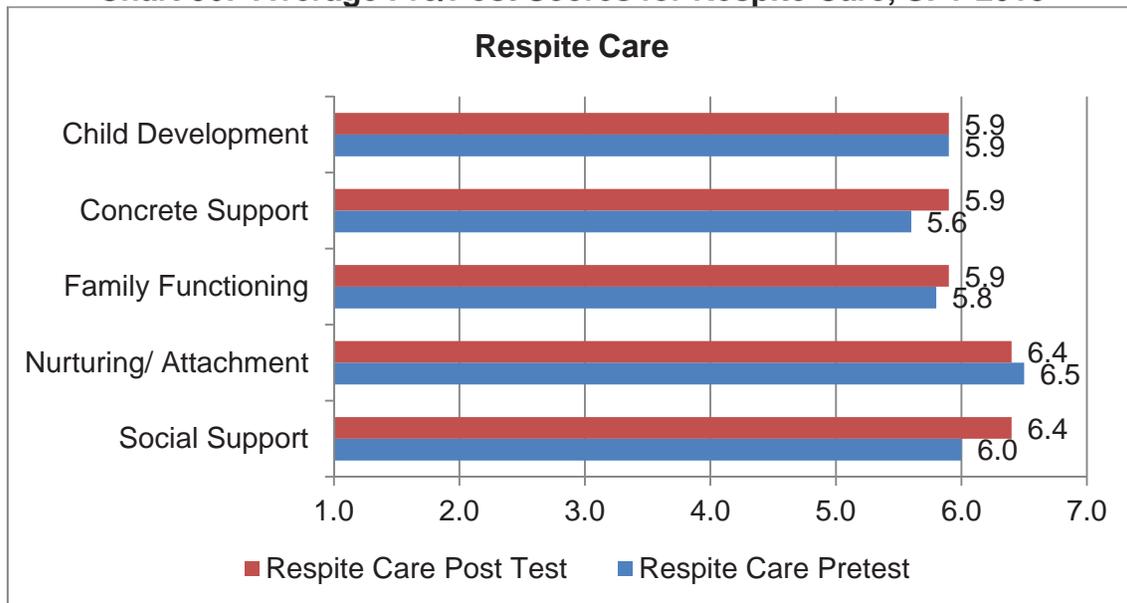
Source: Prevent Child Abuse Iowa

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 been 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 37: Average Pre/Post Scores for Crisis Care, SFY 2013

Crisis Care

Domain	Crisis Care Post Test	Crisis Care Pretest
Child Development	5.6	5.4
Concrete Support	5.7	4.8
Family Functioning	5.3	4.9
Nurturing/ Attachment	6.1	5.9
Social Support	5.4	5.2

■ Crisis Care Post Test   ■ Crisis Care Pretest
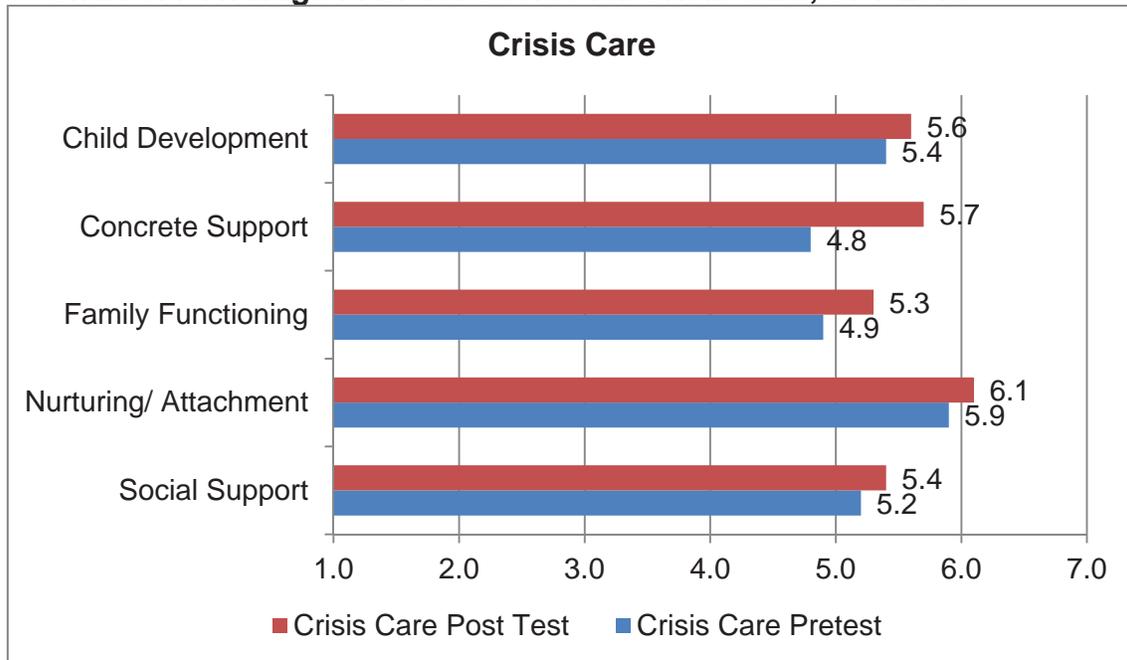
Source: Prevent Child Abuse Iowa

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 38, below.

Chart 38: Average Pre/Post Scores for Parent Development SFY 2012 - 2013

	SFY 2012 Pre-Test	SFY 2012 Post-Test	SFY 2013 Pre-Test	SFY 2013 Post-Test
Social Support	5.9	6.0	5.7	6.0
Nurturing/Attachment	6.1	6.3	6.2	6.3
Family Functioning	5.2	5.4	5.1	5.3
Concrete Support	5.3	5.3	5.2	5.3
Child Development	5.5	5.7	5.5	5.6
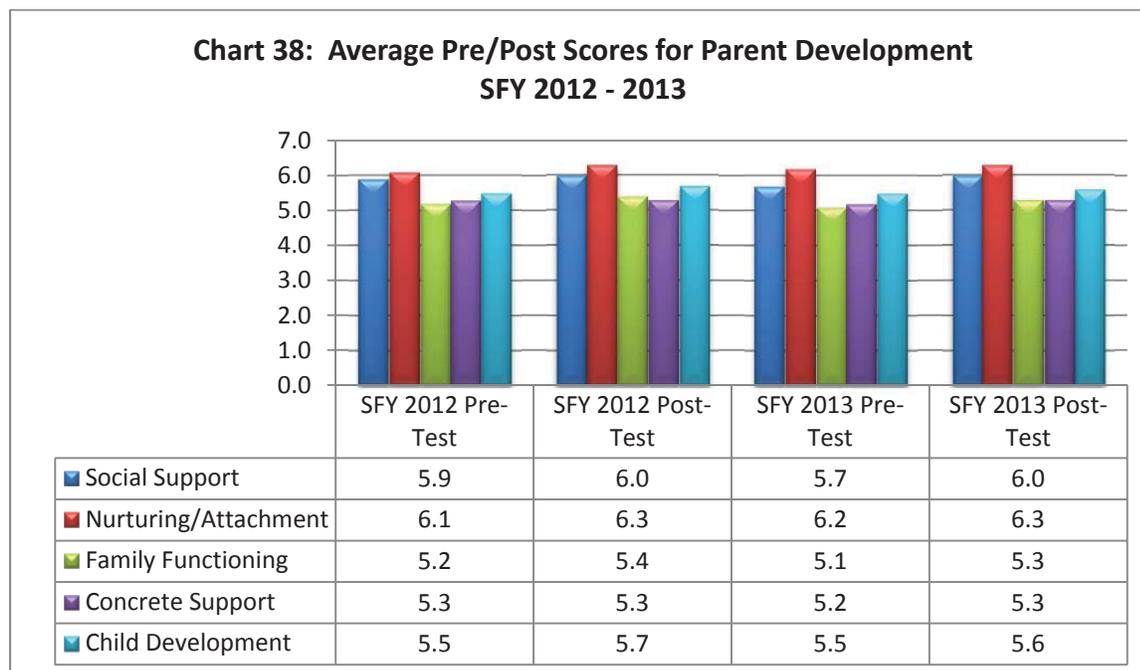
Source: Prevent Child Abuse Iowa

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).

Chart 39: Average Pre/Post Scores for Outreach & Follow-Up SFY 2012 - 2013

	SFY 2012 Pre-Test	SFY 2012 Post-Test	SFY 2013 Pre-Test	SFY 2013 Post-Test
Social Support	5.6	6.1	5.6	5.8
Nurturing/Attachment	6.4	6.4	6.2	6.3
Family Functioning	5.1	5.7	5.4	5.5
Concrete Support	4.9	5.5	5.1	5.2
Child Development	5.6	5.8	5.4	5.6
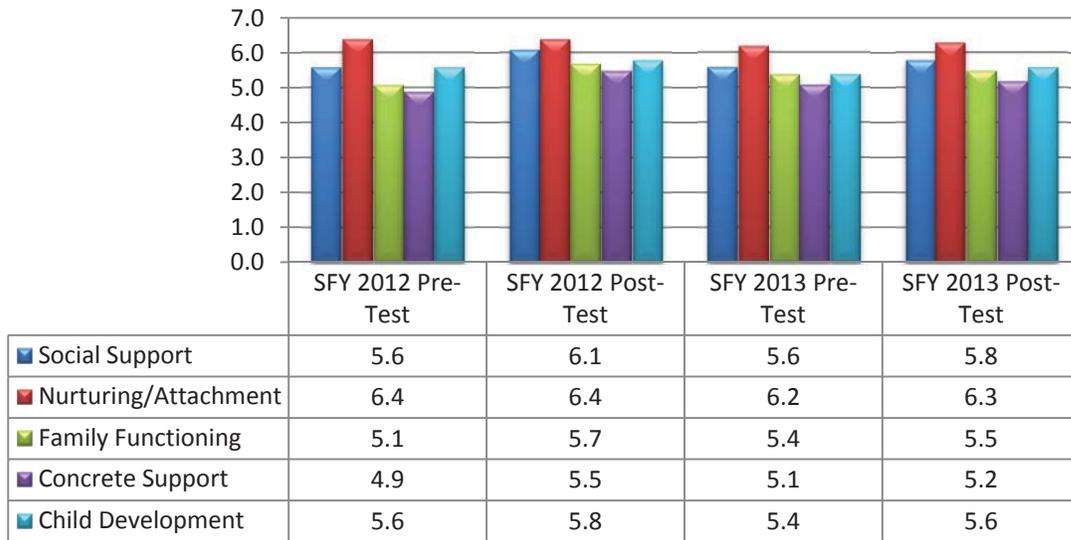
Source: Prevent Child Abuse Iowa

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 10: 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 *strongly agreed* and 24% *agreed*	72% of adult respondents *strongly agreed* and 27% *agreed*
Program used appropriate behavioral skills training.	73.5% of adult respondents *strongly agreed* and 26% *agreed*	71% of adult respondents *strongly agreed* and 28% *agreed*
Training adequately covered information on sexual abuse.	71% of adult respondents *strongly agreed* and 28% *agreed*	71% of adult respondents *strongly agreed* and 28% *agreed*
Students seemed to understand the concepts taught.	61.5% of adult respondents *strongly agreed* and 37% *agreed*	59% of adult respondents *strongly agreed* and 40% *agreed*
Students had adequate opportunity to practice skills learned.	60% of adult respondents *strongly agreed* and 34% *agreed*	61% of adult respondents *strongly agreed* and 36% *agreed*

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 11: 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 *strongly agreed* and 41% *agreed*
They felt better able to identify appropriate sexual behaviors in children.	54% of adult respondents *strongly agreed* and 45% *agreed*	NA
They felt better able to identify inappropriate sexual behaviors in children.	55% of adult respondents *strongly agreed* and 44% *agreed*	NA
The training improved their ability to respond to questions from children about sexuality and sexual abuse.	65% of adult respondents *strongly agreed* and 34% *agreed*	NA
They felt better able to protect children from sexual abuse.	68% of adult respondents *strongly agreed* and 32% *agreed*	66% of adult respondents *strongly agreed* and 34% *agreed*
They felt better able to get help for a child suspected of being sexually abused	55% of adult respondents *strongly agreed* and 44% *agreed*	71% of adult respondents *strongly agreed* and 28% *agreed*

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.

Community Partnerships for Protecting Children (CPPC)
Community Partnerships for Protecting Children (CPPC) is a community-based approach to child protection. Partnerships work to prevent child abuse, neglect, re-abuse, safely decrease the number of out-of-home placements, and promote timely reunification when children are placed in foster care. The long term focus of the Community Partnerships is to protect children by changing the culture to improve child welfare processes, practices, and policies. The Community Partnership approach involves four key strategies implemented together to achieve desired results. The four strategies are Shared Decision Making, Community Networks, Individualized Course of Action (Family Team and Youth Transition Decision-Making), and Policy and Practice Change. These strategies are focused on changing child welfare cultural response by engaging communities, families, youth and agencies to work as partners.

Today in Iowa, over forty CPPC sites, involving ninety-ninety counties, guide the implementation of the CPPC four strategies, with each strategy having four levels to show maturation progression.
- Shared Decision Making: Partnerships are guided by organized shared decision making committees that set the direction and oversee implementation of the four strategies and local efforts through inclusion of a wide range of community members from the following groups:
  o Public and private child welfare and juvenile justice;
  o Parents and youth, including those with prior system involvement;
  o Education and early childhood;
  o Medical and mental health;
  o Domestic violence and substance abuse;
  o Volunteers, non-profit and faith-based;
  o Law enforcement and legal;
  o Local government; and
  o Business and civic.

Chart 40: Number of Community Members and Professionals Involved

Community Members: 745 (2008), 1,527 (2010), 1,549 (2012)
Professionals: 1,493 (2008), 1,837 (2010), 1,935 (2012)

Source: DHS

- Community Networks: Neighborhood/community networking focuses on engaging and educating partners and promoting community involvement to strengthen families and create safety nets for children. As Partnerships gain experience, and as additional resources become available, Partnerships initiate more structured responses to address community-identified needs, such as Parent Partners, Circles of Support, Transitioning Youth, and Neighborhood Hubs.

Chart 41: Number of Participants and Number of Networking Events

Number of Participants: 21,650 (2008), 50,125 (2010), 94,328 (2012)
Number of Networking Events: 292 (2008), 377 (2010), 708 (2012)
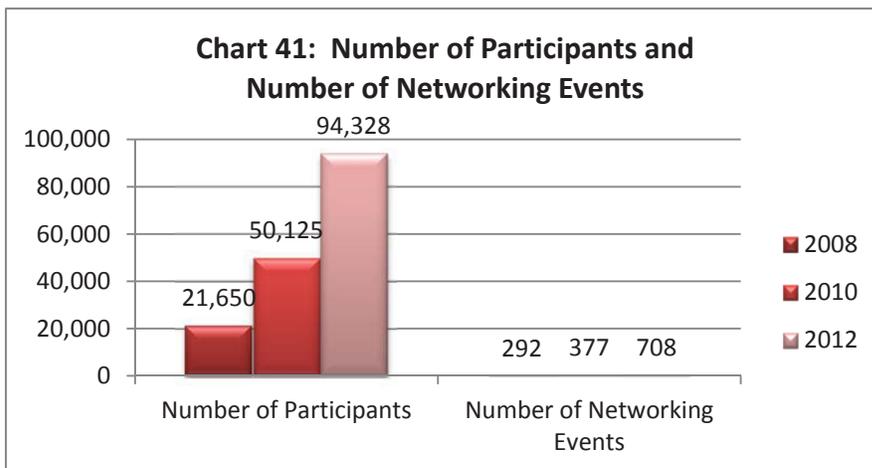
Source: DHS

- Individualized Course of Action (Family Team and Youth Transition Decision-Making): Family team approaches seek to identify and build on family strengths so the family can successfully address areas of concern. The process begins with engaging and preparing the family and their support partners. The family team meeting then brings together the family with formal and informal supports to develop a tailor-made plan, which identifies the resources, supports and specific activities to be carried out by parents, friends, extended families, and their support network. Plans adapt to cultural, ethnic and racial norms that vary from family to family.

Chart 42: Number of DHS Family Team Decision-Making (FTDM) Meetings

Number of DHS Family Team Meetings
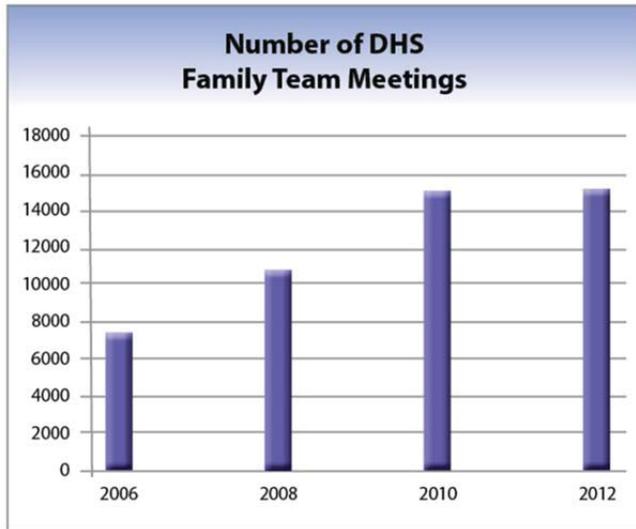
Source: DHS

- Policy and Practice Change: Communities need to routinely assess their efforts, identify gaps and barriers, and chart courses to improve policies and practices. Involving community members, as well as families and youth directly impacted by the child welfare system, significantly changes the conversation about policies and practices related to child protection. Partnerships work to develop and implement plans to address specific barriers and to incorporate best practice approaches in the delivery of services, such as:
  o Promoting authentic family and youth engagement;
  o Reducing minority disproportionality and disparity in the child welfare system;
  o Expanding the availability and enhancing the quality of family team meetings; and
  o Implementing youth-centered transition planning for youth leaving foster care.

Chart 43: Participants in the Parent Partners Approach by Year
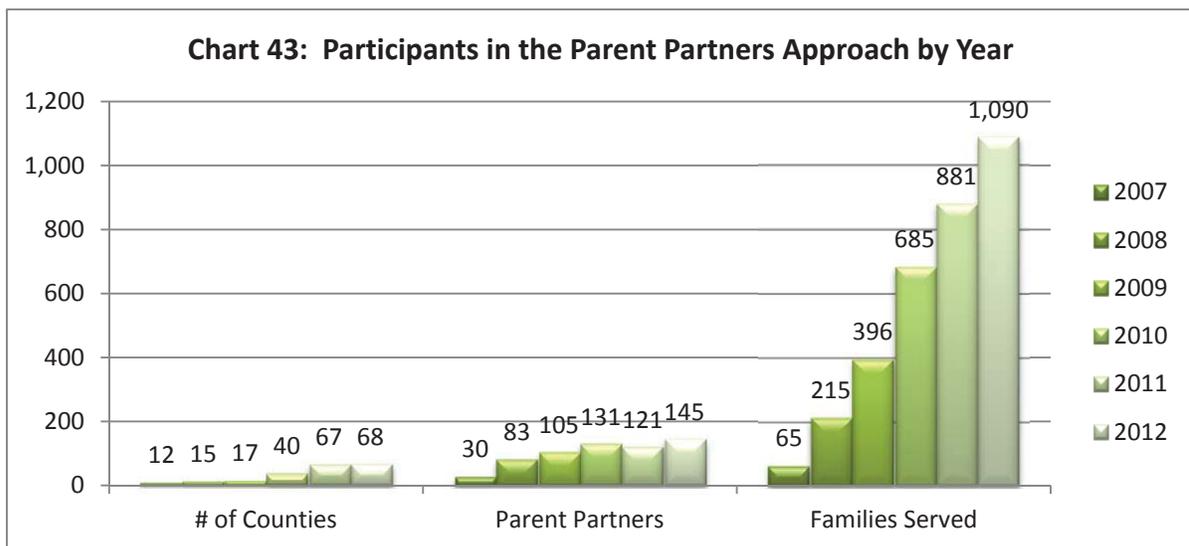
Source: DHS

CPPC and Community-Based Child Abuse Prevention (CBCAP) program
Iowa implements the CBCAP program through the CPPC initiative, which supports a community-based approach for the prevention of child abuse. Funding is awarded competitively through a Request for Proposals (RFP) to CPPC sites to strengthen local child abuse prevention activities. CBCAP funds require sites to implement activities aimed at preventing child abuse and neglect before it occurs. Grantees are encouraged to provide evidence-based and evidence-informed programs.

Table 12: 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
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 44: Change in Protective Factors for All Programs Combined, Matched Comparison Group

Percent Change in Each Domain for All Programs Combined

Domain	Improve	No Change	Worsen
Family Functioning	55%	19%	26%
Social Support	46%	36%	18%
Concrete Support	51%	18%	31%
Child Development	53%	19%	26%
Nurturing & Attachment	32%	45%	21%
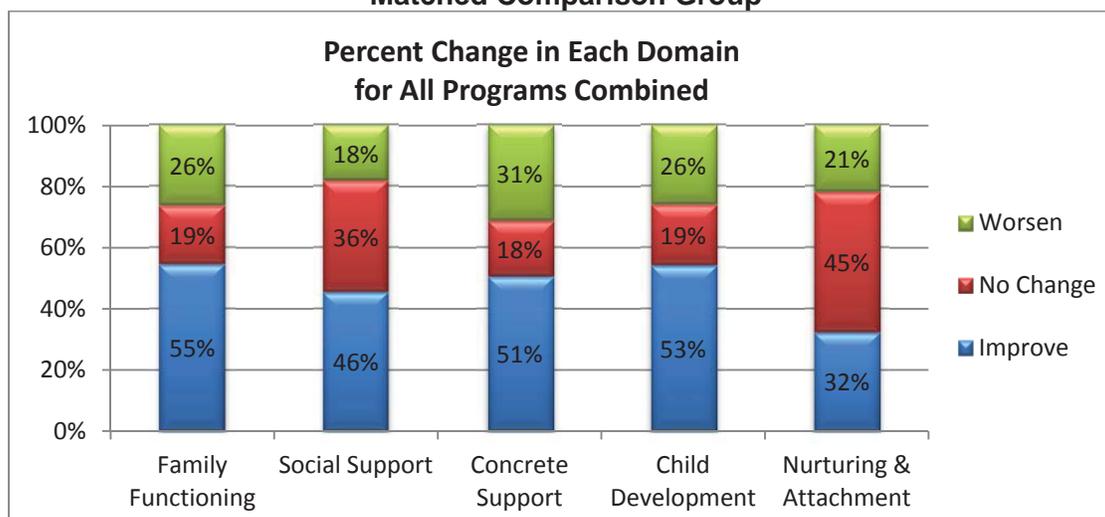
Source: Prevent Child Abuse Iowa

In addition to supporting Parent Development, Crisis Care and Community Based Family Team Meeting (CBFTM) services, technical assistance was provided to CPPC sites. Much of this assistance centered around a shift to 80% 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.

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 13: 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.

Chart 45: Unique Children, Confirmed & Founded Abuse
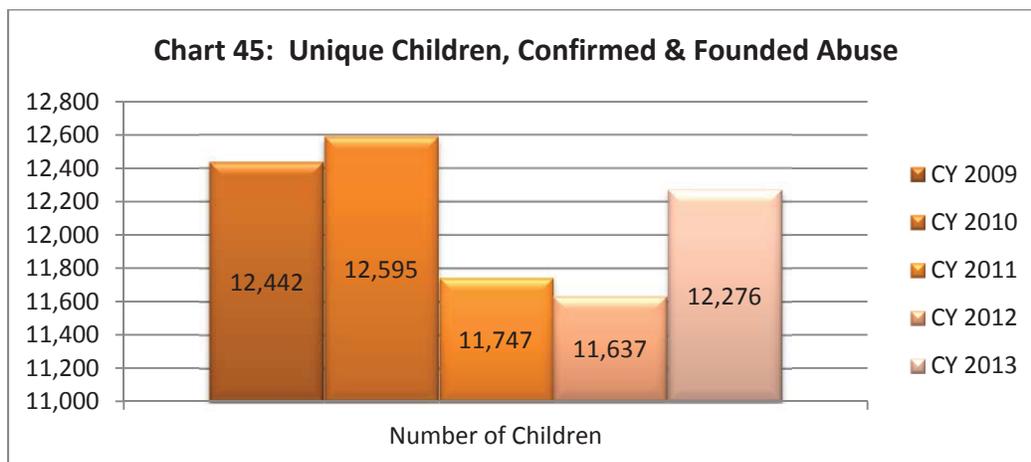
Source: SACWIS

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
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.

Table 14: 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:					
Initial		1686	2059	2012	2227
Follow-up		282	647	544	606
Counseling/Therapy:					
In-house (hrs.)		257	584	533	226
Number referrals		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 protective 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 a 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.
As a part of the contract, there are two contract performance measures:

- 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.

Chart 46(a): Safety Plan Services - Units Provided SFY 2012-2014

	SFY 2012	SFY 2013	SFY 2014
Number of Units*	545	612	507
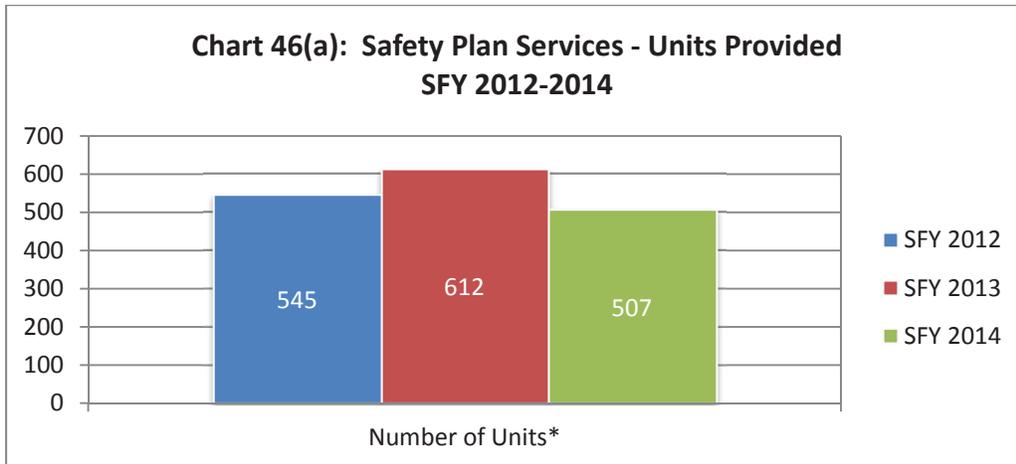
Source: DHS *Data shows number of approved service units not number of families served.

Chart 46(b): Safety Plan Services - Contract Performance SFY 2012-2014

	SFY 2012	SFY 2013	SFY 2014 (Q1-3)
PM 1 - % of Children Who Remain in Home During Services	98.73%	98.86%	94.46%
PM 2 - % of Children Who Do Not Experience Re-Abuse During Services	93.61%	93.14%	100.00%
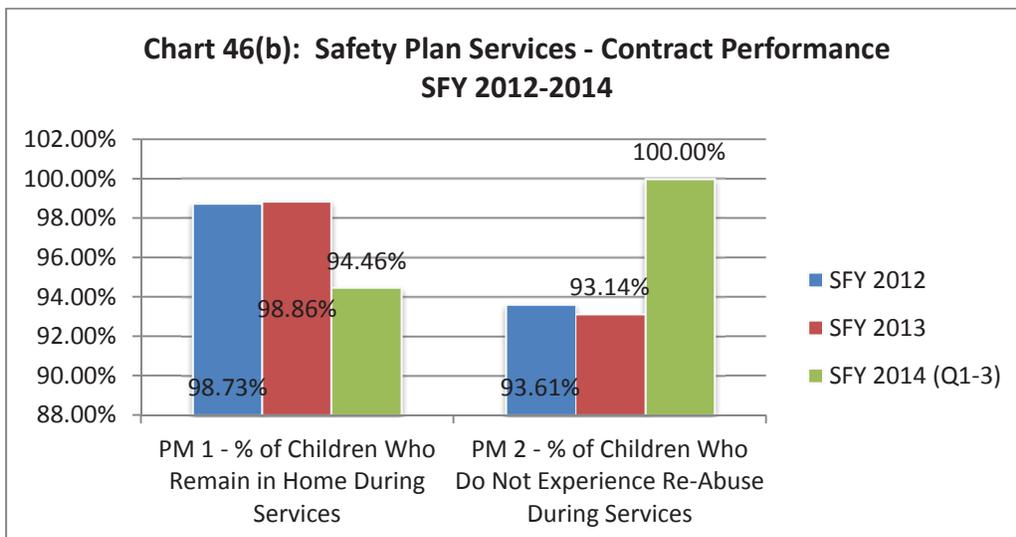
Source: DHS

Performance for performance measurement one decreased in SFY 2014 while performance for measurement two increased 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 15: 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 or family assessment, DHS child protective workers (CPWs) may provide information and referral, refer the family to Community Care, or refer the family for an on-going DHS service case. (See Attachment D: Services Flow Chart) 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).

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 looks at 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 16(a): Community Care Eligibility and Referral			
Timeframe	**Community Care Eligibility Criteria**		**Service Referral**
	Child Abuse Assessment	*Family Assessment*	
Prior to January 1, 2014	• 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	Family referred to Community Care, if they are willing to participate in the voluntary service. Release of Information required prior to referral
January 1, 2014 and after	• 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 being at moderate or high risk of abuse or neglect.	Any family assessed as being at moderate or high risk of future abuse or neglect	Family can be referred to Community Care, if they are willing to participate in the voluntary service. No Release of Information required to refer

Source: DHS

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 16(b): 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 positive 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.

Below are four performance measures for Community Care services:
- Performance Measurement 1: The percent of families referred that have a child adjudicated CINA and the Department was ordered to provide supervision or placement within 180 days of the date of referral for Community Care will be five percent or less.
- Performance Measurement 2: The percent of families referred to Community Care who have a confirmed or founded report of child neglect or abuse within 180 days with the timeframe to commence the 15th day after the referral to Community Care where the actual incident occurred fourteen days after the date of referral to

Community Care will be five percent or less to receive full payment, and no more than ten percent of families for fifty percent of payment.

- Performance Measurement 3: The Contractor will receive responses to its offer of Community Care from at least eighty percent of the families referred to Community Care within fourteen calendar days of the date of the referral from the Department.
- Performance Measurement 4: Eighty five percent (85%) of families will be satisfied with contacts and services and supports provided through Community Care as determined by a satisfaction survey.

Chart 47: Community Care - CY 2012 and 2013

	January - December 2013	January - December 2012
PM 4	100.00%	99.17%
PM 3	84.32%	82.53%
PM 2	6.57%	9.24%
PM 1	3.11%	1.97%
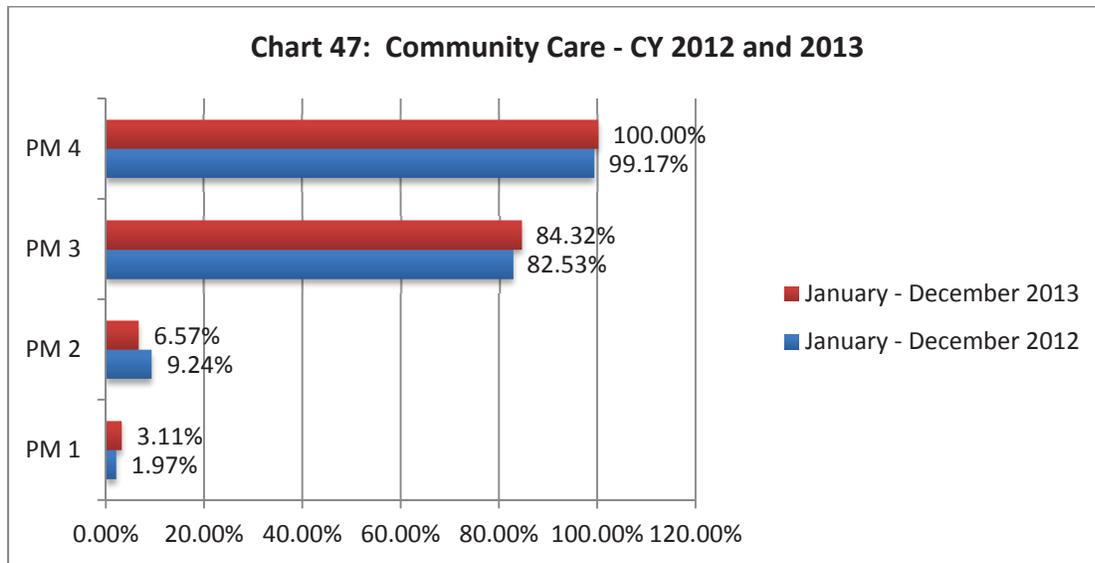
Source: DHS

Overall, the data shows that 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.

Treatment Services and Foster Care Services

Family Safety, Risk and Permanency Services (FSRP)
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.

Chart 48(a): Family Safety, Risk & Permanency Services SFY 2012-2014

		12-Month Average of FSRP Services Used Per Month

Chart values: SFY 2012: 4,920 | SFY 2013: 5,039 | SFY 2014: 4,980
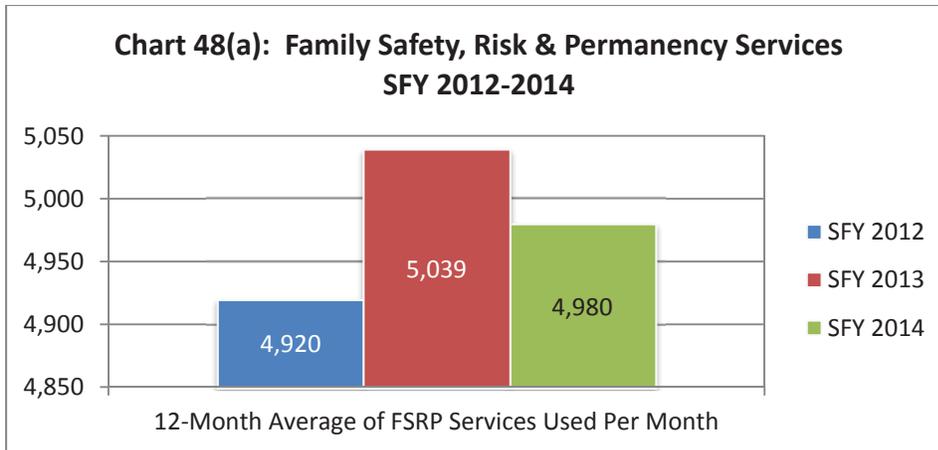
Source: DHS

Table 17: Eligibility for Child Welfare Services	
Timeframe	**DHS Eligibility Criteria for Child Welfare Services**

Prior to January 1, 2014	• 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:
	  o 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
	  o 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	• 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:
	  o 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
	  o 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***. [16]

- 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*.[17]

- 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.

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[16] *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.
[17] *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.

Chart 48(b): Family Safety, Risk & Permanency Performance (SFY 2013 -2014) - Performance Measures 1 and 2

	SFY 2013	SFY 2014 (thru March 2014)
PM 1	88.98%	83.86%
PM2	88.45%	79.14%

Source: DHS

Chart 49: Family Safety, Risk & Permanency Performance (SFY 2013 -2014) - Performance Measures 3 and 4

	SFY 2013 (Year to Date)	SFY 2014 (thru February 2014)
PM 3	1,572	641
PM 4	0	1,602
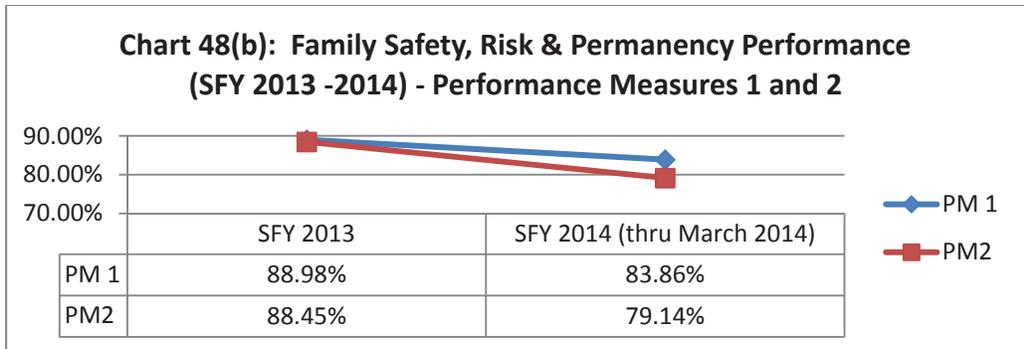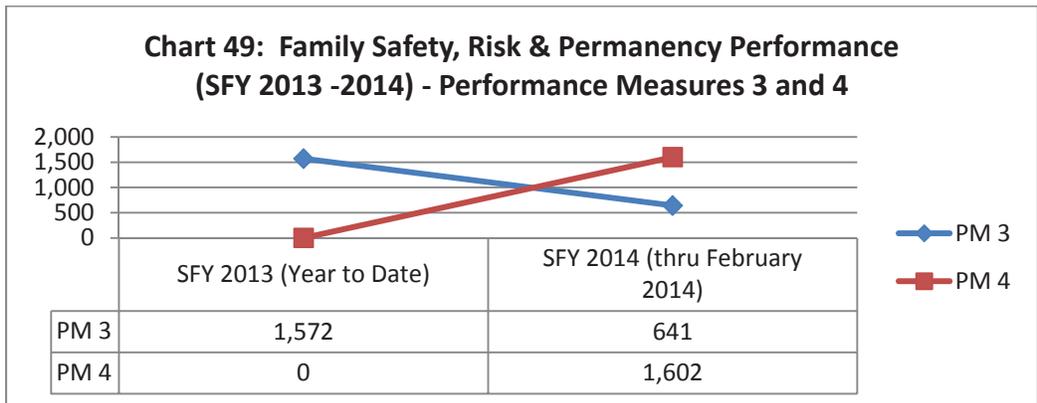
Source: DHS

Drug Testing Services

When a social work case manager (SWCM) has an on-going service case, the SWCM may arrange for drug testing in cases where substance use and/or abuse was a factor in the abuse or neglect of the child. Below is information regarding utilization of these tests during active on-going service cases in Calendar Years (CY) 2012 and 2013.

Table 18: Calendar Year (CY) 2012 & 2013 –
Drug Testing Volume by DHS Service Area – On-going 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

Decategorization

Services through **Decategorization**, a process by which flexible, more individualized services can be provided at the local level, is designed to redirect child welfare and juvenile justice funding to services, which are more preventive, family centered, and community based. The purpose of services through Decategorization is 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.

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
Child Welfare Emergency Services (CWES): DHS implemented CWES statewide beginning with SFY 2012, using a competitive procurement process, and established for the first time contract performance measures related to safety, permanency, and well-being. CWES broadened Iowa's child welfare service array by offering short-term, 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. 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.

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. CWES are not the same as mental health emergency or crisis services.

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 were the reasonable and relevant expectations that could be tied to fiscal and outcome incentives in the future.   Since the first year of these contracts, the performance measures were evaluated by the DHS, in collaboration with its contractor partners, to make minor adjustments as needed to clarify or strengthen the measures. However, the initial focus of the measures did not change. Over the one and a half years, the online data entry system developed for this program underwent 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. **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 19: Percentage of Children Safe from Abuse or Neglect in CWES 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: Iowa Department of Human Services

- **Safety Outcome 2:** During SFY 2014, the number of Critical Incidents will be reduced. **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, 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 20: Type, Number and Percentage of Reported Incidents		
Type of Incident	**Number Reported**	**Percentage**
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a 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[18]	346	28%

Source: DHS

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

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

incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. One factor discovered was that incidents are often disproportionately committed be 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. **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, 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 to be limited to, 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. **Performance Measure[19]:** Contactors will assure that

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[19] 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 measure was separated into two distinct measures and clarified for contractor understanding and ease of tracking and reporting and ease for DHS to measure.

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. **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 21: Performance Results (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 (measure changed in SFY 2014)
94%	75%

Source: DHS

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 was difficult and inconsistent 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. **Performance Measure:** DHS and JCS referral workers shall report, using online surveys, 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 22: Performance Results (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%.

Foster care services

Table 23: Number of Children in Relative Placement, Foster Family Care, Foster Group Care, and Supervised Apartment Living (SAL)				
Period Ending – September 30th	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				

- **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 request for proposals (RFP) and procurement process for foster group care and the first year for contractual outcome measures that focus on safety, permanency, and well-being.

The performance measures for foster group care are the following:
o **Safety Outcome 1**: Children are protected from abuse and neglect while placed in Foster Group Care. **Performance Measure:** There will be no confirmed or founded cases of abuse or neglect by the Contractor or Subcontractor of Children in Foster Group Care. For tracking purposes, the Agency will count each assessed incident determined to be confirmed or founded.

Table 24: Performance Results (January – June 2013)		
Number of Placement Episodes	Number of Children Safe from Abuse or Neglect	Percentage
2,004	2,000	99.8%

Source: DHS

o **Safety Outcome 2:** During SFY 2014, the number of Critical Incidents will be reduced. **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 SFY 2014 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 25: Type, Number and Percentage of Reported Incidents		
Type of Incident	Number Reported	Percentage
Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a 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	.33%

Table 25: Type, Number and Percentage of Reported Incidents		
Type of Incident	Number Reported	Percentage
Use of physical restraint as defined and allowed by licensing regulations[20]	999	41%
Use of control room as defined by licensing regulations	592	24%

Source: DHS

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 factor 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.

o **Permanency Outcome 1:** Connections to family and community are maintained while Children are in Foster Group Care. **Performance Measure:** Contractors shall provide for two separate face-to face-visits 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 occurred 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.

o **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. **Performance Measure[21]:** Contactors will assure that Children in Foster Group Care attend, at a minimum, 90% of all scheduled school days.

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[20] Group care staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.
[21] 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

o **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. **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 26: Performance Results (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 (measure changed for SFY 2014)
85%	72%

Source: DHS

The DHS will continue to monitor and evaluate this measure during SFY14 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 SFY13.

- **Supervised Apartment Living 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. Currently there are 7 child welfare agencies that the department contracts with to provide SAL services. The total unduplicated number of youth in a SAL placement for SFY 2013 was 202, up from 174 for SFY 2012.

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difficult to measure and report. For SFY 2014, this measure was separated into two distinct measures and clarified for contractor understanding and ease of tracking and reporting and ease for DHS to measure.

Table 27: SAL performance measures and data for SFY 2013	
Performance Measure	**Contractor Performance (Cumulative Average for the 7 SAL Contractors)**
Safety Outcome Performance Measure: 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.	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.	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).	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.	95.74%

Source: DHS

Additional Services to Support Reunification, Adoption, Kinship Care, Independent Living and Other Permanent Living Arrangements

Parent Partners
The Iowa *Parent Partner Approach* seeks to provide better outcomes around re-abuse and reunification. Parent Partners are individuals who previously had their children removed from their care and 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 Family Treatment Court as support and coaches for participants. The goal of the Parent Partner Approach is to help birth parents be successful in completing their

case plan goals. This is achieved by providing families with Parent Partners who are healthy and stable, and model success.

Table 28: 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

The number of new Parent Partners and new families served increased over time. Parent Partners continues to be a beneficial program for families. Beginning in SFY 2014, a statewide contract was awarded to provide the services and to expand services statewide over a period of time.

Time-Limited Family Reunification Services – *See Service Description below*

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.

Chart 50: Legal Fees Paid to Achieve Permanency (SFY 2010-2014)

	Legal Fees Paid to Achieve Permanency
SFY 2010	$46,128
SFY 2011	$26,666
SFY 2012	$17,072
SFY 2013	$20,360
SFY 2014 (thru March 2014)	$12,289
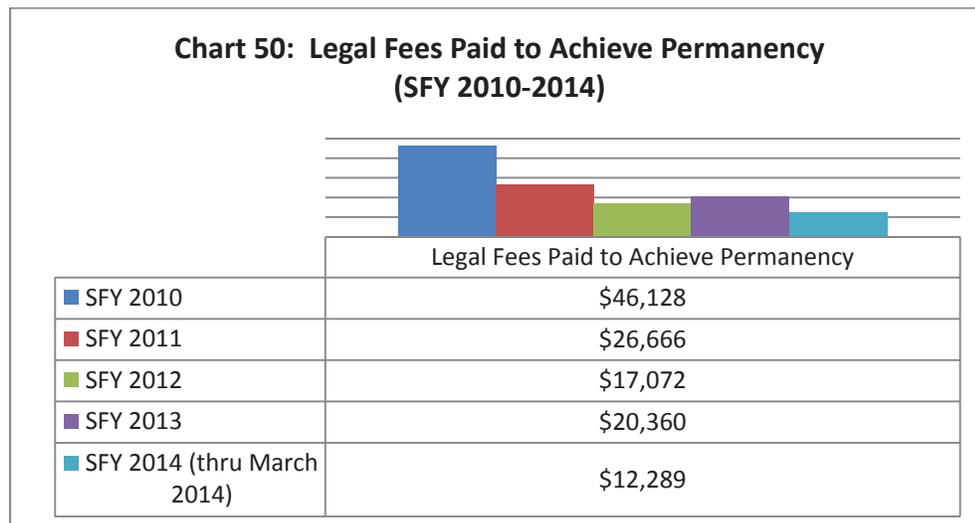
Source: DHS

Adoption Subsidy Program: When a child adopted from the child welfare system has a special need, DHS provides on-going support and services through the **adoption subsidy program**. As of March 31, 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.

Chart 51: Average Number of Children Receiving Adoption Subsidy Payment in a Month (SFY 2010 - 2014)

SFY	Value
SFY 2010	8,637
SFY 2011	8,765
SFY 2012	9,051
SFY 2013	9,215
SFY 2014 (thru 3/31/14)	9,362

Average No. of Children Receiving Subsidy Payment in a Month
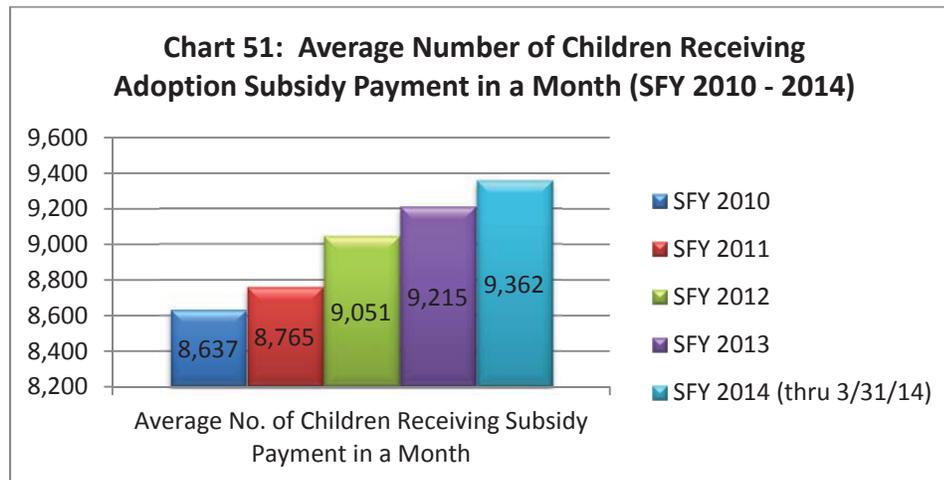
Source: DHS

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 Partnerships 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.

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

Service Description for Promoting Safe and Stable Families (PSSF)

Family Preservation Services

DHS allocates less than 20% of Promoting Safe and Stable Families (PSSF) funding for family preservation services. Iowa's family preservation services are part of Iowa's family centered services, specifically Family Safety, Risk and Permanency (FSRP) services, 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.

Family Support Services

Please see Child and Family Services Continuum, Prevention, Iowa Child Abuse Prevention Program (ICAPP). Iowa allocates a minimum of 20% of the PSSF dollars to Family Support Services.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r)) Explain how agencies and organizations were selected for funding to provide family support services and how these agencies are community-based.

Iowa utilizes PSSF Family Support Services funds for the Iowa Child Abuse Prevention Program (ICAPP). In ICAPP, local Community-Based Volunteer Coalitions or "Councils" apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Coalitions or "Councils" apply for funds through a competitive procurement process, inclusive of a Request for Proposals (RFP), evaluation of proposals through evaluation committees, and contracts awarded for one year with a potential renewal for another year. The process repeats itself when the contract period is complete.

Time-Limited Family Reunification Services

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.

Iowa allocates a minimum of 20% of the PSSF dollars to Time-Limited Family Reunification. Dollars are allocated to the 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 are traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In several service areas, responsibility for projects funded under the Time-Limited Family Reunification is assigned to the area Decategorization (Decat) committee. Use of funds and contract monitoring is done at the service area level.

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.

**Chart 52: Usage of Time Limited Family Reunification Funds
(SFY 2013 - 2014)**
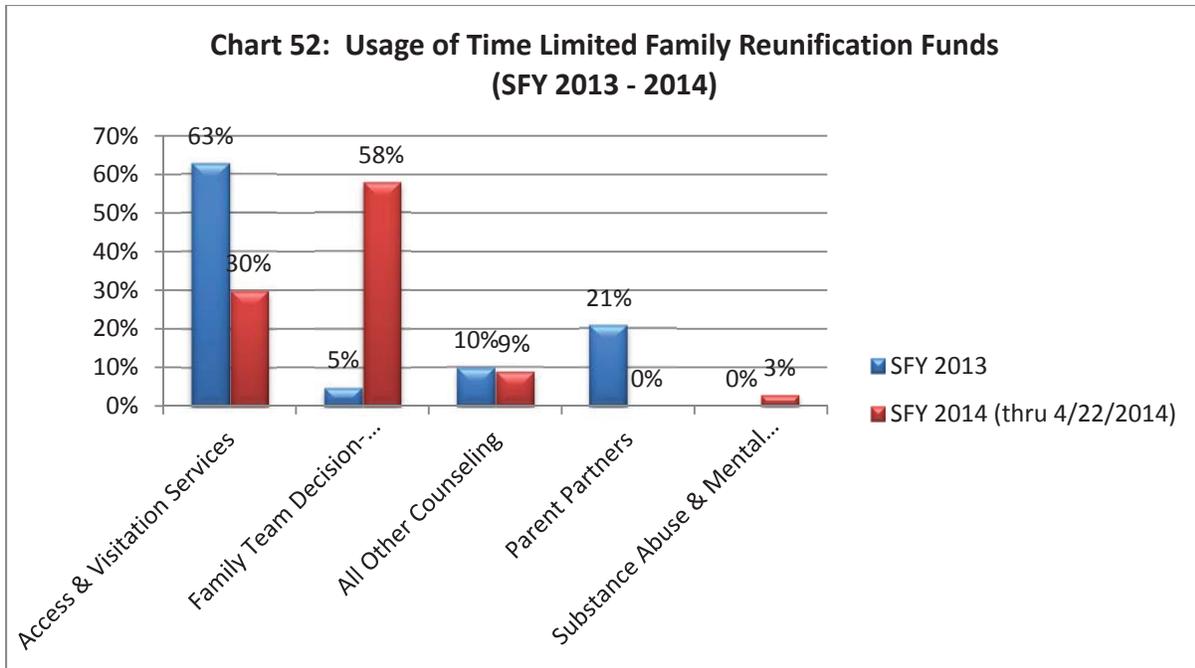
Source: DHS   Note: Parent Partners not available service beginning in SFY 2014 due to funding mechanism change.

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:

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- 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 family who adopted one or more special needs children who are eligible for Adoption Subsidy. These services are available statewide. Services through the Navigator Program are voluntary so DHS does not track which families 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.

Chart 53: New Referrals for Post-Adoption Support Services (SFY 2012-2014 (thru March 31, 2014))

	New Referrals
SFY 2012	566
SFY 2013	578
SFY 2014	478
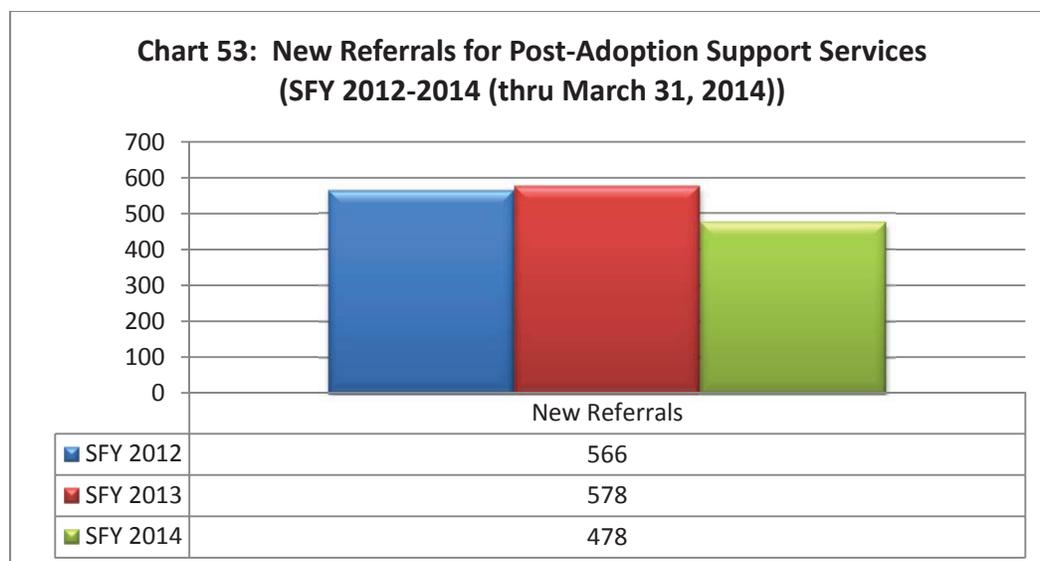
Source: DHS

Services for Children Adopted from Other Countries
Families who adopt children from other countries are able to access support groups through the IFAPA and IKN, and any training through IFAPA. Families may receive services through the child welfare system or through Medicaid based on eligibility criteria.

DHS recognizes the need for strong post-adoption supports and services in order to prevent disruptions and dissolutions of all adoptions, including children adopted from other countries. Limited resources and very diverse racial and cultural needs are significant barriers to expanding post-adoption services for families who adopt from other countries. Due to these barriers, significant expansion of post-adoption services will be difficult to predict. However, in the next five years, DHS will do the following:

- DHS will work collaboratively with private adoption agencies to identify gaps in services by engaging the Iowa Association of Adoption Agencies in gathering information from families to adopt from other countries and identifying gaps in services.
- DHS will work collaboratively with private adoption agencies to creatively explore how services and supports can assist families who adopt from other countries within current funding and service provision constraints.
- Should additional funds become available, DHS will work collaboratively with private adoption agencies to prioritize, develop and implement services and supports to assist families who adopt from other countries.

Service Array and Resource Development - Assessment of Strengths and Areas Needing Improvement

Iowa's child welfare service array has a multitude of different services that are available statewide and meet the complex needs of the children and families we serve.

Stakeholders mentioned that services are flexible in order to individualize and tailor services to the unique needs of children and families. Through Iowa's mental health redesign, Iowa now has a children's mental health system that will continue to evolve over the coming years. Additionally, we continue to implement integrated health homes for children in the state, including those served by the child welfare system.

In July 2011, DHS aligned child welfare service array contracts around CFSR safety, permanency, and well-being outcomes, including contract performance measures around these outcomes. Within the last few years, child welfare services' contract providers increased their communication and coordination amongst themselves and with DHS staff, at the state and local levels. During these discussions, individuals discuss strengths and areas needing improvement in the particular service, including problem solving to address issues raised, and discuss how different services can collaborate and coordinate with each other. Additionally, service providers continue to infuse "trauma informed care" within their practices.

DHS staff identified a few areas needing improvement for Iowa's child welfare service array. Staff mentioned that access to services remains limited in rural areas, particularly for mental health and substance abuse services, including substance abuse facilities that take children and parents, especially fathers and children. Intensive treatment for in-home cases, such as day treatment, also is not available in many rural areas or consistently available across the state. Staff noted that transportation to access services may require money that the family does not have or transportation available does not correspond with the parents' work hours. Staff also mentioned a lack of interpretation services. However, services are available for the education and training voucher (ETV) program through the Iowa College Student Aid Commission.

Stakeholders and DHS staff mentioned that staff turnover is a challenge for many child welfare service contract providers. Different providers, such as Medicaid for Behavioral Health Intervention Services (BHIS), DHS vacancies, and other agencies, compete for the same workforce. These other agencies may have better pay and/or benefits, which lures workers away from provider agencies. Some DHS staff also mentioned the need for additional supervised apartment living (SAL) cluster sites in areas of the state that do no currently have a cluster site.

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 29(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 29(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 29(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.

	Length of Stay in Foster Care			
Federal Fiscal Year	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 29(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 29(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 29(d): Percentage of Children who exited foster care during the federal fiscal year by length of stay.				
	Length of Stay in Foster Care			
Federal Fiscal Year	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 29(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%

TABLE 29(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
2010	65%	0%	17%	6%	12%
2011	62%	0%	20%	8%	10%
2012	59%	0%	24%	6%	10%
2013	62%	0%	21%	6%	10%

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. 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 29(f): 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.

Iowa will continue to utilize its child welfare service array to provide developmentally appropriate services to this population over the next five years. Please see *Health Care Oversight and Coordination Plan* for more information on health care services provided to children in foster care.

Service Coordination

Iowa's child welfare service array comprises all the aforementioned services listed under the child welfare service array continuum and service description above. Iowa utilizes the following collaborative venues to link, coordinate, and integrate our services amongst the different service providers and across other service systems, such as early childhood, education, health, mental health, prevention, etc. Iowa will utilize these venues over the next five years, FFY 2015-2019, to ensure continued coordination of services.

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 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 is also posted on the DHS website. Members of the public who are unable to attend meetings can direct comments and questions to the DHS or State Child Abuse Prevention and Treatment (CAPTA) coordinator though 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.

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 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.

ICAPP collaboration with Early Childhood Iowa and Department of Management: The ICAPP administrator and DHS program manager work 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 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. 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.   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, CASA's are trained volunteers who maintain regular, face-to-face contacts 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(rens)'s best interests. In FFY 2014 year-to-date, 1,249 children were assigned to CASAs in Iowa.

Child Death Trainings: In 2012, the DHS 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, developed a comprehensive day long training entitled, *SP 400: 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. Presenters are members of all the collaborative planning disciplines. This course is now given one day

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.

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 will continue to work with DHS 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 proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis with the goal 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:
  - o Reviewed and modified foundational documents and membership guidelines;

- o Built a collective knowledge and diagram structures of groups that exist across the state;
- o Developed and implemented a communication plan used for getting messages shared across the different disciplines across the state; and
- o 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 Advocate (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.
- o Continues on-going 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:
  - o Communicated ROM activities per identified work plan; and
  - o 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:
  - o Provided education and updates on Differential Response (DR) to stakeholders across the state;
  - o Provided education and a copy of the report on the Children's Mental Health and Disability system; and
  - o 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:
  - o Explored and re-evaluated fidelity of the financial strategy to promote outcomes;
  - o Explored different models to mitigate risk;

- o Resolved the data problem regarding Child Welfare Emergency Services (CWES) and Foster Group Care (FGC);
- o Continues to review Program Improvement Plans (PIPs) and Corrective Action Plans (CAPs) to ensure alignment across contracts which results in positive outcomes; and
- o 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

Department of Corrections (DOC): DHS central office staff provide DOC central office staff information regarding field staff, social work case managers and child protective workers, 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 staff 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 on-site 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.

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 Department's public/private partner collaboration began in SFY12 with the implementation of new child welfare contracts for Child Welfare

Emergency Services (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 the two 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: The Education Collaborative continues, since its creation by the Iowa Children's Justice State Council in 2009, as one method the Department of Education, Juvenile Courts, and the Department of Human Services utilizes to facilitate on-going conversations about the educational needs of children involved with the child welfare system.   Children in foster care are particularly vulnerable to school change, gaps in learning, and loss of credits. The Education 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.

Iowa's foster care population constitutes a small portion of the DE's population served. According to the DE, there were 472,865 students enrolled in Kindergarten through 12th grade for the 2012 – 2013 school year[22]. On September 30, 2012, there were 4,380 children in foster care ages 5 through 17. 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 Rural Homeless Youth Project continued education efforts with the Education Success for Foster and Disconnected Youth convening at a June 2012 event, where a number of people from the Education Collaborative and others convened in Boone Iowa to address some of the major education barriers. This was a convening of professionals who are addressing education issues currently. The summit completed an action grid of

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[22] Source: Iowa Department of Education

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 way into discussions about Iowa Jobs for America's Graduates (iJAG) and Collaboration of Agencies for Permanency and Stability (CAPS), which are two projects trying to address these very issues (more below).

In 2011, DHS contracted with 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. The program has been expanded to all of the iJAG 27 high school sites in Iowa and further, has been expanded to the largest community college in Iowa, DMACC. 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.

Even though 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. Early data is promising:
- iJAG served a monthly average of 51 students in foster care in 19 iJAG sites.
- 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 an analysis of credits earned.
- 95% of foster care students served in iJAG had no office discipline referrals during the school year.
- 60% of students increased their daily attendance from first term to second term.

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, Jason Glass, expressed an interest in seeing if this mechanism for transferring records can be utilized statewide, however, he has left the DE and replaced by Director Buck. Iowa's five year plan will address education needs of children in foster care.

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 need to contact at a school when they have 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 is 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 pre-pared 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 have 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 focus on education for the Iowa General Assembly and the Iowa Department of Education (DE) over the last couple of years has been statewide education reform. With different political parties interfacing on education reform, it has taken 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:
  o 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.
  o 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.
  o 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.

- o 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.
  - o 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.
  - o Require each 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.
  - o 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.
  - o 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.
  - o 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 was 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.

DHS addresses transfer of credit issues through several strategies. DHS staff tries to maintain children within their home school district. The Issue Brief, released by DHS and DE in 2013, 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.

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 (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 is comprises private adoption agencies, Iowa KidsNet, and the Iowa Foster and Adoptive Parents Association. 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 with the 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. 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 System Redesign:
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."[23] 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
- Develop and roll-out a set of core services statewide:
  o Intensive care coordination;
  o Family peer support; and
  o 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:

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[23] DHS, Children's Disability Workgroup Report Summary, November 10, 2011

- o 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)
  - o 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:
  - o Initial focus will be children with a serious emotional disturbance (SED), including children with SED and co-occurring disability, on Medicaid.
  - o 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.
  - o 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.

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 input 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
- 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 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's Children's Justice (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:
  o Caseworker visits – standards of documentation for quality visits;
  o Expansion of Responsible Fatherhood/Non-Custodial Parent (NCP) initiative – efforts to engage fathers and NCPs;
  o Family Team Decision-Making (FTDM) meetings – training on revised standards;
  o Family Interaction – training;
  o Children's mental health services – establishment of children's disability services as part of Iowa's mental health redesign;
  o Educational needs of children – through the Education Collaborative to address transportation, credit recovery and school stability;
  o 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
  o 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:
  o Early substance abuse assessments and treatment for parents;
  o Regular, frequent, judge led court hearings;
  o Recovery support for families both during and beyond their court involvement for 6 -12 months; and
  o Coordinated case planning and treatment team delivery of services to families.

Multidisciplinary training has been an important and on-going 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:
o   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.
o   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.
o   The average length of stay in out of home care for the children participating in the PACT project was 12.4 months
o   Ninety-four percent of the families participating in the PACT grant did not have a recurrence of maltreatment within 6 months.
o   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.
o   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
o   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.
o   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), due to the Children's Bureau in June 2014.

SECTION IV: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Chafee Foster Care and Independence Program (CFCIP)

Agency Administering CFCIP (section 477(b)(2) of the Act)
The Department of Human Services (DHS) is the agency administering CFCIP. The DHS provides direct oversight to policy, services, and programs that comprise the CFCIP. This includes training of policy, development of programs and services directly tied to DHS caseworkers and Juvenile Court Services (JCS) staff (juvenile court officers), care providers, and Iowa's CFCIP contracted aftercare program. The DHS has 5 transition planning specialists (TPSs) (one in each of the five DHS service areas) that are critical in ensuring the DHS' transition planning protocol. In addition, state and federal policy are communicated to DHS/JCS workers and care providers. The DHS' CFCIP policy staffs are in regular communication and meetings with the TPSs along with contracted aftercare program staff. The DHS CFCIP policy staffs are responsible for promulgating and updating administrative rules and employee manual regarding the CFCIP program and new state and federal laws that are specific for adolescents in

foster care, and planning, program and service specifics, and training required to implement new laws and programs that affect adolescents in foster care.

Description of Program Design and Delivery
<u>Describe how the state designed, intends to deliver, and strengthen programs to achieve the purposes of the CFCIP over the next five years (section 477(b)(2)(A) of the Act).</u>
The most important goal the DHS will be working toward over the next five years and beyond will be meeting the transition needs of all youth expected to age out of care. This in itself is a huge goal and involves many "moving parts." The DHS held a week long "Lean Event" in February 2014 to break down the various pieces and players involved in this overarching goal. Although transition planning for youth in foster care, 16 years of age and older, has been a state law for a number of years in Iowa, an actual transition plan was not included in the case permanency plan until approximately 10 years ago. That is not to say transition planning was not occurring prior to this within other parts of the youth's plan; this is often the case still today, whereby workers will complete and incorporate transition related actions into other areas of the case plan as opposed to completing the transition plan itself. The current transition plan incorporated within the DHS' case plan could be strengthened. However, the major issue for transition planning, which the Lean Event addressed, was the lack of statewide consistency in transition planning, both by service area and individual workers.

The Lean Event produced a number of products, including a "map" laying out from A to Z the transition planning state and federal policy and requirements for youth in foster care who are 16 years of age and older. Additionally, the Lean Event laid out worker, TPS, and supervisor roles and responsibilities regarding transition planning. The participants of the Lean Event are currently in the process of developing: a PowerPoint training on transition planning specifics, a specific document detailing what needs to be done at age 16, 17, and 18 for both worker and supervisor use, and a "cheat sheet" for aftercare resources, in addition to other training sources as needed. The goal is to complete training during the summer/fall of 2014.

Goal 1: Meet the transition needs of youth in foster care, age 16 and older, for successful transition into emerging adulthood.
Objective 1.1: Ensure all youth in foster care, age 16 and older, have an individualized transition plan that is considered a working document and is reviewed and updated for each permanency hearing by the court or other formal case permanency plan review, and according to state and federal law by end of year 4. The transition plan is to be developed and reviewed by the DHS in collaboration with a youth-centered transition team.
- **Benchmark 1.1.a:** Develop a comprehensive statewide transition planning protocol training, including training products and documents, by the end of year 1.
- **Benchmark 1.1.b:** Implement statewide training to DHS service area managers (SAMs), social work administrators (SWAs), social work case managers (SWCMs)

and SWCM supervisors by the end of year 2; training will be on-going (not a one and done).

- **Benchmark 1.1.c:** Develop a statewide care provider training specific to care providers regarding the transition planning process and the care providers' role throughout the process by the end of year 3.
- **Benchmark 1.1.d:** Implement care provider training on a statewide basis; training will be on-going.
- **Benchmark 1.1.e:** Continue implementation of Youth Transition Decision-Making (YTDM) facilitator trainings and YTDM meetings. Implement YTDMs consistently statewide by the end of year 3.

Goal 2: Review and update the transition plan within the case permanency plan.
Objective 2.1: Update the transition plan to: align with state and federal law; best assist SWCMs, youth, and youth-centered transition teams in the transition process, and; to be a tool that assists in achieving best outcomes for youth.

- **Benchmark 2.1.a:** Develop a workgroup of key stakeholders by the end of year 5.
- **Benchmark 2.1.b:** Workgroup develops recommendation for a revised transition plan and receives feedback from DHS Service Business Team (SBT) by the end of year 5.
- **Benchmark 2.1.c:** Roll out agreed upon revised transition plan by the end of year 5.

<u>Describe how the state has involved youth/young adults in the development of the plan for CFCIP.</u>
The DHS is committed to engaging youth, who are experts in the system that provides services to Iowa's most vulnerable children and families. To develop the federal fiscal year (FFY) 2015-2019 Child and Family Services Plan (CFSP), the DHS invited youth to participate in a stakeholder workgroup. The expectations for participation in this workgroup were that members:

- Come with a willingness to think systematically (about the whole system of service delivery);
- Come to the table with constructive feedback for improving service delivery; and
- Be able to attend most, if not all, of the workgroup meetings scheduled (six full days, October 2013 through January 2014)

The purpose of the stakeholder workgroup was to review and analyze data and provide recommendations for improvement over the next five years to the DHS Service Business Team (SBT).

Two young people representing Iowa's most active organized groups to support youth voice for children in foster care and alumni, AMP and Insight, were members and attended CFSP planning workgroup meetings. Also, a number of foster parents and adult advocates for teens in care spoke on their behalf. DHS did not collect specific quotes from youth or any participating workgroup member, however, youth ideas around transition planning and services did make it to the CFSP. There is a fair amount of alignment in the workgroup recommendations, the CFSP, the AMP legislative Agenda, and the guidance that youth present in "New Worker" trainings. Caseworker visits, transition planning, and use of youth centered meetings are all areas needing

improvements, according to youth, and these areas are addressed in the CFSP. Youth voice is positively influencing policies, services, and the lives of young people in foster care.

On-going approaches to engage youth are through two key services of Iowa's CFCIP, Iowa Aftercare Services Program and the Iowa Foster Care Youth Council (Achieving Maximum Potential, AMP). The Iowa Foster Care Youth Council (AMP)'s motto is "Nothing about us, without us." DHS embraced that sentiment through the contract and made a sincere effort to include youth voice, in every youth serving program and every new initiative. When supported through productive partnerships with adults, youth are authoritative advocates for making foster care more responsive and effective. Their contribution to the CFCIP is no exception.

Youth surveys and youth voice are key strategies of the larger Iowa CFCIP continuous quality improvement effort. Youth engage at the statewide level in collaboration with, primarily, the child welfare system, the court system, and the education system. These systems are where AMP's voice is strongest and where the most change to the system can be seen. On a more local level, youth complete surveys in all the CFCIP funded programs so that their voice can shape programs for those young persons who will follow.

To ensure contractors make efforts to demonstrate and celebrate the diversity of youth in foster care, DHS contracts require the program to validate the racial and ethnic diversity of youth in the system and to engage youth from all the various foster care placement types. AMP staff participates in a diversity task force and also a newly formed Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) Youth Best Practice Committee. The AMP website also has a page for Native American youth as well as LGBTQ youth.

Youth participating in local AMP Councils are given the opportunity to provide feedback on their experience in the foster care system and as members of AMP through semiannual surveys, suggestion boxes, and through a practice model that promotes youth voice at every level. Conducting the survey at least annually is a requirement of the DHS Iowa Foster Care Youth Council contract with Youth and Shelter Services. Results of the survey are used by AMP leadership and facilitators to improve the quality of the experience for young people and consequently, to improve the CFCIP. The youth council contract encourages leadership opportunities. In the SFY2013 youth survey of 185 youth, 177 youth (95.6%) say they have been in a leadership role. Of 206 responses, 85.9%, 177 of youth "agree" or "strongly agree" they have at least one significant, positive relationship with an adult through AMP. Of 205 responses, 202 (98.5%) of the youth surveyed "agree" or "strongly agree" that their facilitator understood the foster care system. This is important to DHS, because the facilitator knowledge is helpful in our effort to inform and engage youth to help with continued improvement of the CFCIP.

Similarly, youth who participate in the Iowa Aftercare Services Program also are surveyed to collect their opinions about the operations of the program and so that the program managers might better understand the behaviors of the youth in the program. When DHS or the aftercare contractor is concerned about a certain trend in behaviors or outcomes, we develop survey questions that will allow the youth to help us see better into what is happening. For example, the April 2013 survey included a series of questions to gather specific information about the financial capability, knowledge, skills, and habits of participating youth. A summary of results is as follows:

- Approximately two-thirds of Aftercare and PAL participants have checking and savings accounts, and a majority of these young adults have regular income from either a job or other sources. Half report that they owe money or have debt and only a third have money saved for an emergency. Less than 20% of participants reported that they have either credit cards or car loans, while 31% have student loans.

Youth also were involved in the Iowa Child and Family Service Review in 2010, as participating members of workgroups. Since 2010, youth have delivered a strong message that child welfare needs to take on issues such as human trafficking, education barriers, and disrupted adoptions.

Lessons from youth have improved the CFCIP at the policy level and at the practice level, as follows:

- Focus on life-skill development and connecting youth to their community. The youth identify the skills they do not have and we seek out the people they need to meet to get the knowledge they are missing.
- CFCIP providers are directed to make referrals to other CFCIP services such as Aftercare, Opportunity Passport, and the Education and Training Voucher Program.
- The Transition Information Packet is used across programs for life skills and resource building.
- AMP included Aftercare youth as paid mentors for Variety AMP Camp, a new camp for youth in foster care, as they are the voice of success and have credibility.
- Demand for high quality presentations from youth and requests for youth for state level work groups and committees led to the development of the Youth Advocacy Team (YAT), which is a group affiliated through the DHS youth council contract. YAT youth are intentionally better trained and practiced in order to deliver a more mature and professional presentation/participation.

Policy changes resulting from youth voice:

- Preparation for Adult Living (PAL) Program (Iowa Code 234.46)
- Medicaid for Independent Youth Adults (MIYA) – Extends Title 19 to age 21 for former foster youth (Iowa Code 249A.3, subsection 2, subparagraph (9))
- All Iowa Foster Care Youth Opportunities Grant (Iowa Code 261.6)
- Birth Certificates for youth who "age out" of foster care (Iowa Code 232.2)
- Assistance obtaining a social security card (Iowa Code 232.2)
- Immediate enrollment and transfer of educational records (Iowa Code 232.2, 280.29)
- Ensuring that children age 14 and older are allowed to participate in hearings and meetings where services for them are being discussed (Iowa Code 232.91)

- Human trafficking (Iowa Code 710.10)

<u>Describe how the state is both informing stakeholders, tribes, and courts; and involving them in the analysis of the results of the NYTD data collection and how it is using these data and any other available data in consultation with youth and other stakeholders to improve service delivery.</u>

- In 2009, DHS released the request for proposals (RFP) for NYTD data collection and the RFP for Iowa Aftercare Services as a single procurement. DHS allowed bidders to submit proposals for the programs separately or as one, and the selected bidders were ultimately separate agencies. However, the message was clear; Iowa Aftercare Services and NYTD needed to work well together. Since the July 1, 2010 implementation, Aftercare has played a key role in supplying service data and helping to connect youth in the outcomes survey with the NYTD contractor, Hornby Zeller Associates (HZA). NYTD is a running agenda item on the Aftercare quarterly meeting, where case level aftercare staff, known as self-sufficiency advocates, meets to discuss contract performance, coordination, and capacity to serve transitioning youth.
- DHS reaches young people and adult supports through the Iowa Foster Care Youth Council Contract. AMP periodically discusses with youth data collection efforts, and in particular, the importance of youth age 17, 19, and 21 cooperating with the NYTD contractor for survey data. For example, the NYTD Iowa and national data summaries supplied by the Children's Bureau NYTD data snapshot. Now that Iowa is reaching the first full set of data (the first cohort will reach age 21 in 2015), DHS will be including data analysis and information sharing across child welfare and with our partner systems (see goal below).
- The DHS, through quarterly contractor meetings, is able to affect system wide changes. Iowa Aftercare, Supervised Apartment Living (SAL), Child Welfare Emergency Services (shelter care), and Foster Group Care providers have been eager to learn about the needs and performance of youth transitioning from foster care to adulthood, with an eye to how they can improve their outcomes. For example, since 2010, SAL contractors are increasingly open to allowing a child to rent a room out of a home, keeping the youth closer to other adults and to more often simulate a family like environment even while the youth is living "independently". Iowa Aftercare Services, with DHS approval, started working with youth in relative and other approved DHS placements even before they exit the foster care system. Pre-PAL is a six month introductory period of services for youth who are expected to age out of state paid foster care at 18 or older. Aftercare has expanded Pre-PAL to any youth (not just state paid placements) expected to be eligible for aftercare services. This creates a "bridge" in services for all youth aging out, so youth do not exit the system without a connection to services.

Goal 3: Utilize NYTD and other existing data to improve service delivery.
Objective 3.1: Analyze the results of existing and on-going data.
- **Benchmark 3.1.a:** Develop a workgroup of key policy and data stakeholders by the end of year 1.

- **Benchmark 3.1.b:** Workgroup develops a data analysis plan, including a timeline and on-going activities, and receives leadership approval by end of year 2.
- **Benchmark 3.1.c:** Per data analysis plan, complete initial data analysis report by end of year 3.
- **Benchmark 3.1.d:** Complete on-going data analysis report in years 4 and 5 as indicated in the data analysis plan.

Objective 3.2: Utilize data to inform stakeholders and improve programs.

- **Benchmark 3.2.a:** Share report with transition programs, tribes, and foster care providers by end of year 4.
- **Benchmark 3.2.b:** Engage stakeholders to understand and utilize data within their respective programs and activities by end of year 4.
- **Benchmark 3.3.c:** Monitor performance of foster care and transition program providers by including relevant performance measures in contracts by end of year 5.

<u>Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.</u>

- The DHS intends to continue the successful NYTD contract with HZA until June 30, 2016. HZA established a good working rapport with DHS regional transition planning specialists, Iowa Aftercare Services providers, and the Iowa Foster Care Youth Council, which helped DHS remain in 100% compliance with NYTD requirements since NYTD's launch.
- The social work case manager (SWCM) or juvenile court officer (JCO) is instructed to complete a survey for each eligible child every quarter. The first 4 questions are status questions and the SWCM or JCO answer "yes" or "no" to each question, regardless of state agency involvement. Questions 5 through 17 refer to independent living services and they report "yes" for only those services paid for or provided by DHS in the previous 90 days that the child received and "no" for any services the child did not receive in the previous 90 days that were paid for or provided by DHS.
- For participating in the surveys, DHS gives youth a $10 gift card for participating in the baseline and follow up surveys. If youth consent to be surveyed again at age 19, and provide DHS with the contact information of at least one or two adults we can contact if we need help locating the youth, DHS adds an additional $5 to the gift card, for a total reimbursement of $15. Gift cards are selected based on youth feedback. Similar incentives for participation also are provided for the follow-up surveys for youth who are selected to be surveyed. Although not all youth who fill out the survey are asked to complete follow-up surveys at ages 19 and 21, all youth who provide contact information receive the additional $5 on the gift card.
- If youth agree to participate in the NYTD baseline and follow up surveys, there continues to be at least three ways they can do so: by phone (call the NYTD 1-800 Help Line), by mail (the youth completes a written survey and mails it back in an envelope provided), or the youth visits a password protected site, (www.iowanytd.com).

Serving Youth Across the State
Describe how the state has ensured and will continue to ensure that all political subdivisions in the state are served by the program, though not necessarily in a uniform manner (section 477(b)(2)(B) of the Act).
Child welfare programs, including those funded by CFCIP, are statewide as opposed to county based. The goal of Iowa's CFCIP, as stated above (and outlined in the transition planning Lean Event materials), is to ensure that Iowa's transition planning process and protocol is a consistent practice statewide for all youth served.

Provide relevant data from NYTD or other sources that addresses how services vary by region or county.
From the initial survey of NYTD, DHS committed to young people and providers that the efforts they put into providing information will be rewarded with data to improve programs. Thus far, the DHS' TPSs have received data, on a statewide basis, regarding the percentage of the type of services provided in order to assist in their training of staff and care providers. Due to the demands on the DHS child welfare information system (CWIS) staff in implementation of Differential Response, we have not had the data broken down by service areas at this point but per Goal 4 below, expect to begin doing so in year one. Therefore, DHS will be analyzing NYTD data and providing it to child welfare partners within the next five years. Also, we will be utilizing existing mechanisms, such as the Aftercare and AMP networks and quarterly contractor meetings, to identify ways the outcomes and survey results can improve programs. Currently, we are exploring whether the data analysis and information sharing effort would be best completed by one of the existing transition providers or whether this would be a service better handled by DHS child welfare information systems.

Goal 4: Utilize data to improve transition programs.
Objective 4.1: Analyze transition data.
- **Benchmark 4.1.a:** Identify, of existing data, that which is relevant and useful in year 1.
- **Benchmark 4.1.b:** Select data experts to analyze data in year 1.
- **Benchmark 4.1.c:** Establish a written agreement for activities required to analyze data in year 1.
Objective 4.2: Compile, format and distribute data.
- **Benchmark 4.2.a:** Identify a means for distributing data in year 2.
- **Benchmark 4.2.b:** Deliver data to a wide range of child welfare providers and youth in year 2.

Serving Youth of Various Ages and States of Achieving Independence
- Describe how youth of various ages and at various stages of achieving independence are to be served (section 477(b)(2)(C) of the Act.) Please describe any state or other administrative barriers to serving youth/young adults.
- In particular, describe how the state is serving: (1) youth under age 16; (2) youth ages 16 to 18; (3) youth ages 18 through 20 in foster care; (4) former foster youth ages 18 through 20; and (5) youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

The CFCIP program in Iowa regularly serves all of the age categories above except number 1, youth under age 16. There can be exceptions where a social work case manager (SWCM) will consult with a TPS in their service area for a particular youth under age 16 regarding specific transition needs specific to the youth; typically this would be for a youth who is expected to age out and has a variety of specific needs that will require a good deal of planning, time, and specialization of services. All youth in foster care, regardless of age, are eligible for family-centered child welfare services. These services include a variety of service components, including services that the CFCIP program focuses on such as interventions and instruction in: transitional life skills, consumer education, communication and social interaction skills, and advocacy skill enhancement. Additionally, services that focus on permanency planning activities and services to connect a youth with needed mental health and substance abuse services and community resources are provided. Youth in this category also can be involved in family team decision making (FTDM) meetings.

For youth in foster care who are between the ages of 16 and 20, services include a life skills assessment (the Casey Life Skills Assessment) that youth take ideally where they are placed, be it a foster family home, group care, or a supervised apartment living (SAL) placement, along with the caregiver taking the caregiver assessment for a common understanding of the strengths and needs of the youth. Iowa law requires a written transition plan for all youth in foster care who are age 16 and older. Additionally, the transition plan (a part of the youth's case permanency plan) focuses on the services, supports, and actions necessary to facilitate the youth's successful transition from foster care into young adulthood. The transition plan is youth-centered, personalized at the direction of the youth, and developed with the youth present, honoring the goals and concerns of the youth. The transition plan is a working document and is reviewed and updated at a minimum of every six months, in addition to 90 days within the youth's 18th birthday and, if the youth continues voluntarily in foster care beyond age 18, again within 90 days of expected discharge. The transition plan is developed with the youth and a transition team comprising the youth's caseworker and persons selected by the youth; if it is likely the youth will need adult disability services, the team also includes a provider or funder from the adult disability service system. The transition plan focuses strongly on the areas of: education; employment services and other workforce support; health and health care coverage; housing; and relationships (including mentor opportunities) to ensure the youth has a positive adult support system. Additionally, the plan addresses documents the youth should have or if not, the plan to get (e.g., social security card, birth certificate, driver's license); mental health needs, and; solid discharge plans indicating the necessary referrals that will need to be made. The plan builds upon itself each time it is reviewed and updated, with goals and steps needed to be done, by who, and by when. A youth's transition plan is reviewed and approved (or if not, sent back to the worker with instructions regarding what is lacking for worker resubmittal and approval by the team) by a DHS local transition committee prior to the youth turning 17 ½ years old. If the youth enters foster care after 17 ½ years old, the committee reviews the youth's transition plan within 30 days of completion.

Youth transition decision-making (YTDM) meetings are encouraged for youth in care, age 16 and older, particularly those who will be aging out of care. This type of meeting follows much of the same process of FTDM meetings but is different in that it is youth-centered with the youth choosing who will participate (beyond the youth's SWCM). The YTDM meetings are a valuable tool in implementing youth-centered transition plans in allowing the youth to make decisions about their goals and future and providing the structure, services, and supports necessary to meet identified goals.

A credit report request to the 3 major credit reporting agencies (CRAs) is done for all youth in foster care who are 16 years of age and older, on an annual basis. If a credit report comes back for a youth, the SWCM discusses the report with the youth; if the report is inaccurate, the TPS for that service area will send a copy of the credit report with the inaccuracies indicated and a dispute letter to all 3 of the CRAs. Once the credit issue(s) is resolved by the CRAs, the TPS sends the resolution letter to the SWCM along with the new "clean" credit report ran by the CRAs for the youth. Prior to discharge, youth are given copies of all correspondence regarding any inaccurate and resolved credit issues and a one pager on how to continue to not be the target of identity theft and how to remain in good credit. Prior to the youth reaching age 18, the SWCM provides the youth with the legal Durable Power of Attorney for Health Care document along with instructions for completing and reasons for completing if the youth decides to do so once they are 18 or older. Additionally, youth who age out at age 18 or older are given the most recent information available regarding their health and educational records.

All youth 16 and older in foster care are given a Transition Information Packet (TIP). Rather than outsourcing for informative life skill resources, the DHS decided in the early 2000's to create their own such resource manual. The TIP is ready for its 6th edition revision sometime in the next year. Youth receive the TIP in a 3 ring binder, broken down into 10 sections, such as education, employment, money management, and housing. Each section contains information, resources, and forms related to the specific topic. Additionally, soft-covered copies are given to caregivers to assist the youth in building a variety of life skills and knowledge the youth will need to know while in care and once discharged.

All of the above services and supports are available to youth under the age of 21 and who were adopted from foster care at the age of 16 or older. This message was conveyed in supervisor trainings and sent out through email to all DHS SAMs and SWAs, and JCS Chiefs, and is in the Employees Manual. However, the guidance to include this information in adoption packets was not strictly conveyed. Therefore, this will be a goal.

Goal 5: Update statewide adoption packets with information concerning CFCIP benefits to youth who are adopted (or placed in subsidized guardianship if Iowa has such a program in the future) from foster care at the age of 16 or older.

Objective 5.1: Produce a written product that succinctly conveys the CFCIP benefits (including Education and Training Voucher (ETV) benefits) to youth who are adopted from foster care at the age of 16 or older.
Benchmark 5.1.: Develop a written document and send to the statewide adoption program manager to be placed in adoption packets on a consistent, statewide basis by the end of year 1.

Iowa has a statewide comprehensive aftercare program for former foster youth who are between 18 and 20 years of age. The DHS published the first of three requests for proposals (RFP) for such a program in 2001. Each request was for a single contractor who could either provide defined aftercare services on a statewide basis or could sub-contract with other providers to do so. For all 3 RFPs issued over the years, Youth and Shelter Services, Inc. (YSS) was awarded the contract. YSS sub-contracts with various other child welfare agencies (average of 10) to provide a comprehensive statewide aftercare program known as the Iowa Aftercare Services Network (IASN).

CFCIP aftercare services provided to former foster youth include an entry Client Core Outcome (CCO) assessment to gauge significant components (e.g., current housing, resources available, education level completed, employment, social skills/relationships, substance abuse history/at risk behaviors) in addition to information shared between the DHS and JCS related to transition needs, mental health, and any other information important for successful transition. Youth sign a consent form for such information to be shared between the DHS/JCS and the IASN. Youth can choose not to sign a consent and the program assesses the youth from the CCO assessment in addition to talking with the youth to determine goals to achieve. Each youth has a self-sufficiency plan and must take personal responsibility for the goals and action steps within their plan. Each youth has a self-sufficiency advocate (SSA - typically staff dedicated to the aftercare program from the child welfare agency providing the service; advocates must have a bachelor's degree in social work or human services related field plus 2 years of experience) that meets with the youth a minimum of twice a month. The SSA and youth work towards meeting the youth's goals and connecting the youth to community resources.

Iowa's aftercare program has two components; basic aftercare which is 100% CFCIP funded and the Preparation for Adult Living (PAL) program, which is now 100% state funded (the PAL program came into existence effective July 1, 2006 through state legislation; for the first five years, the PAL program was supplemented with CFCIP funds). Basic aftercare is available to youth who left foster care at 18 years of age or between 17 ½ and 18 years of age (and were in foster care for the past 6 months). The PAL program is available to youth who were in state paid foster care on their 18th birthday and who have a high school diploma or GED; if not, they can go into basic aftercare and earn their diploma or GED and then be eligible for the PAL program.

Basic aftercare and ETV also is available to youth who were adopted after the age of 16. Because Iowa does not currently have a subsidized guardianship program, there are no eligible youth who exited subsidized guardianship. Youth who were adopted

after the age of 16 and who contact DHS for assistance are directed to the Transition Planning Specialist (TPS) in the area. The TPS provides information and referral to community based services. The TPS guides eligible youth to participate in the basic aftercare program and ETV programs.

Those in basic aftercare are eligible for vendor payments (to assist with safety net items, deposits, transportation, etc.) of up to $1,200 per 12 month basis; those in PAL are eligible for a monthly stipend according to need based upon a budget (the maximum stipend is $602.70; the average monthly stipend is $514). Additionally, youth in basic aftercare are eligible for the CFCIP rent subsidy program, which can fund up to $350 per month towards rent.

The CCO assessment is completed by youth at exit; from this, in addition to bi-annual surveys taken, a wealth of information and outcomes is generated that greatly supports the work of Iowa's overall aftercare program and the progress made by participants. Approximately 50% of youth who have aged out of foster care participate in the aftercare program at sometime between the ages of 18 and 20.

Additionally, the ETV program is available to youth who have left foster care within 30 days of turning 18, or at an earlier age if the youth has graduated from high school or obtained their GED.

Identify any assessments or other tools the state uses to determine which youth are likely to remain in foster care and/or to evaluate young peoples' stage of development and how these assessments inform the provision of services.
Iowa DHS trained social workers and foster care program providers, who serve youth age 16 and older, on the Casey Life Skills Assessment, so that each youth has the opportunity for a life skills assessment. The Casey Life Skills Assessment is favored because there is a strong emphasis on permanency and each skill area includes statements that assess a young person's permanent connections to caring adults. Improvements in the assessment are as follows:
- New statements in the assessment make it more current by covering topics such as social networking and safety; computer skills, and healthy peer relationships.
- Skill areas (previously referred to as "domains") can be taken individually to avoid assessment fatigue. If a youth only needs to be assessed in particular skill areas, the case manager can mark that assessment as complete rather than having the youth complete the entire assessment.
- Assessment results are simplified, colorful and interactive. They show an average score for each skill area. The raw, mastery, and performance scores are gone after negative feedback over the years from youth and practitioners.
- The user experience is more youth-friendly to make the assessment feel less like a "test".
- There is a new section called "Looking Forward" that assesses a young person's sense of confidence and hope for the future.

There is no need to be certified to use the assessment. DHS therefore directed contractors to use the assessment. The DHS also guided foster care providers to utilize a sign in procedure intended to provide state level data. The TPS continue to work with youth, staff, and providers to understand the benefits of the CLSA, providing specific instructions on how to log in to the CLSA, and how best to utilize this tool in youth centered transition planning.

The DHS evaluates every child's development and support systems in youth centered planning meetings and other venues where supports and services for the youth are discussed. Youth Transition Decision-Making (YTDM) meetings are best practice for youth centered practice in Iowa. The SWCM's development of the case permanency plan prompts discussion of development and transition needs. For youth age 16 or older, there is a required transition planning section of the case plan. Each youth and family is evaluated by and with the team around the child. When determining who is likely to "age out" of foster care, the DHS SWCM is responsible for considering factors including, but not limited to, history of trauma, mental health needs, permanency goal, length of time in foster care, level of supervision required, family support, and alternative placement options. Opinions of the child, parent, judge, guardian ad litem, and providers are critical to these determinations. SWCMs have access to clinical supervision, coaching and mentoring to support their decision-making. Concurrent planning is used whenever the prognosis for reunification is low (i.e. more than 6 months from entry into foster care). Staff training tools emphasize that assessment is an on-going process and is solution focused.

Identify any state statutory and/or administrative barriers that impede the state's ability to serve a broad range of youth and how these barriers can be addressed.
At this time, there are no statutory and/or administrative barriers that impede the state's ability to serve a broad range of youth. Iowa has a strong commitment to older youth in foster care and ensuring their successful transition to young adulthood and to aftercare services and supports for youth who have aged out of foster care.

Requirements Specific to Youth Ages 18 through 20

Room and Board Available to Youth Ages 18 through 20, Not in Foster Care
"Room and Board" means payment for housing and any meals included as part of the living arrangement. In order to receive the room and board payment, youth must have left foster care because they attained 18 years of age or older, but have not yet reached their 21st birthday. Flexibility is key, with housing assistance encompassing various living situations, that meet the minimum standards as set forth in 441 Iowa Administrative Code (IAC) 202.9(1)f(1),(2),(3), including, but not limited to, apartment living, motel, dorm, former foster home, etc.

The IASN makes payment for room and board to basic aftercare participants through the vendor payment process of the program. Additionally, the DHS collaborates with the Iowa Finance Authority (IFA, the statewide Iowa agency responsible for housing, tax credits related to low income housing, and various other housing programs) to

administer the Aftercare Rent Subsidy program. A participant in aftercare completes (with the assistance of their SSA) an application specific to the aftercare subsidy program. The IFA determines eligibility for the subsidy program and the amount of rent subsidy. Each month, IFA bills the DHS for the previous month's rent payout. The IFA administers this program for the DHS at no cost.

<u>For states that extended or plan to extend title IV-E foster care assistance to young people ages 18 – 21, address how implementation of this program option has changed or will change the way in which CFCIP services are targeted to support the transition to self-sufficiency (including changes in the degree to which CFCIP funds are used for room and board).</u>

An Iowa Taskforce was created in 2009 to evaluate the option to extend foster care. There was a six month, cross system (Medicaid, courts, child welfare) evaluation of the needed programs and corresponding cost projections of extending foster care. The primary driver for the Taskforce was federal legislation, the Fostering Connections to Success and Adoptions Act of 2008, which allowed additional federal funding for states that extended foster care, adoption subsidy, and guardianship subsidy past age 18. The Finance Project, a research training and technical assistance firm commissioned by Jim Casey Youth Opportunities Initiative, facilitated the evaluation.

The charge of the Taskforce was to determine net costs to extend foster care in Iowa. The group considered the reinvestment of existing expenditures and the impact of various program design considerations. For example, extending foster care eligibility while not extending support for adoption and guardianship was thought to be a disincentive to permanency, and therefore, our cost estimates included, along with extending foster care, the cost to extend adoption subsidy and guardianship payments. Participation rates, potential revenues, and program costs were estimated over a five year period (2009-2013). In addition to projecting the direct costs and revenues associated with extending IV-E eligibility to 21, the Taskforce also requested cost projections related to health care coverage.

DHS labored over the decision to extend or not to extend foster care to 21. We believe, for our state, largely because of the strong array of Chafee and state funded programs, extending foster care to 21 delivers no clear promise of improved services or outcomes for youth transitioning to adulthood.

Developing cost estimates for the extension of foster care is an extremely complicated and lengthy process; therefore, Iowa has not revisited the cost estimates of the Taskforce. The DHS does, however, continue to have conversations regularly with providers and state agency partners about the possibility of extending foster care, adoption subsidy, and subsidized guardianship. Because of the extensive supports already provided through the Iowa Aftercare Services Program, the state funded Preparation for Adult Living Program, and others, DHS decided, at this time, to not extend foster care to 21.

Collaboration with Other Private and Public Agencies
Discuss how the state involves the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act). Please include information on any campaigns to raise awareness on the needs of youth/young adults in foster care.

The following committees or groups have been working on this, including their notable achievements:

- The Iowa Children's Justice (ICJ) State Council is dedicated to improving the lives and future prospects of children who pass through Iowa's dependency courts. Collaboration among courts and others who have a stake in the foster care system is essential to accomplish far-reaching reforms. Some of the activities that occurred or are underway include:
  - An Education Summit occurred May 1-2, 2014, hosted by ICJ, which brought together policy and program heads from across child welfare, the courts, and education. Leaders discussed progress and next steps since the education requirements under Fostering Connections were implemented.
  - In partnership with the Child Welfare Advisory Committee (CWAC), ICJ developed the permanency blueprint, which in 2011, made education and employment training a key component of permanency planning.
  - A Court Practice Bulletin/Newsletter was created in 2010, which informs judges and court personnel regarding Fostering Connections and McKinney Vento. Also, the Bulletin/Newsletter included questions the judge can ask hearing participants.
- The Education Collaborative (Court system, Department of Education (DE), and DHS), formed by the 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.
- DHS is dedicated to maintaining children within their home school district. Some of the activities to accomplish this include:
  - DHS Employee Manual education update which specifically addresses education stability for children in foster care
  - Guidance and Questions and Answers (Q & A) compiled by the DE entitled, Education of Children in Foster Care in Iowa.   The document is intended for foster parents, staff and teachers to help them understand the needs and programs around children in foster care. The document also addresses signing rights, school fees and a host of other things.
  - Defined "awaiting foster care" for purposes of McKinney Vento Act
  - Defined "best interest" for Fostering Connections Act
  - Distributed a memo from the Director of the DE alerting local education agencies to the needs of children in foster care.

- In 2009, supported Senate File (SF) 152 which sought changes in Iowa law to mirror the requirements of the Fostering Connections Act.
  - Released *Analysis Report and Program Guidance/When School Stability Requires Transportation (June 2013)*:
    - Reminded readers of fostering connections requirements to keep a child in foster care in the home school
    - Addressed the "best interest" determination
    - Provided strategies to assist with maintaining children in the home school, particularly transportation assistance
    - Training co-delivered by policy representatives from DE and DHS.
    - The training was recorded and provided broadly across education, child welfare and the courts.
  - Provided feedback, received, and distributed the Online Curriculum for Uniform Transfer of Academic Credit, released in January 2014 by the Department of Education.
  - Maintains a trusted venue for foster parents, child welfare providers, and state level administrators across the courts, education and child welfare systems to solve problems and work for change.
- The Iowa Collaboration for Youth Development Council (ICYD) is a state-led interagency initiative designed to better align policies and programs and to encourage collaboration among multiple state and community agencies on youth-related issues.
  - Leaders of ten state agencies participate.
  - The vision is that "All Iowa youth will be safe, healthy, successful, and prepared for adulthood".
  - Policy staff from the various systems formed a "results team".
  - The ICYD oversees a youth council, SIYAC, which partnered with AMP on legislative agenda items around education and bullying.
  - 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.
- AMP initially works with the youth on identifying skills needed to get a job and then the skills needed to keep the job the youth receives. Each of the 13 councils may do this a little differently. The usual response is to invite to council meetings business/community members or organizations like Toastmaster's that specialize in advancing these skills in youth. AMP also has worked with Junior League and others on a group and on an individual basis. Some Councils do all their work in meetings, others go out into the community and do service projects with community members that lead to longer–termed relationships (like employment). The Contractor, YSS, subcontracts with local child welfare agencies to deliver AMP services. This is helpful, because they have direct access to board members and others in the communities who own, operate, or are otherwise connected to businesses and do create opportunities for youth. In some places, we have community leaders that will hire and train foster care youth and AMP sends the

youth to their place of employment. In other areas, AMP brings leaders in as speakers. Vocational skills are one of the primary foci of AMP councils, along with education and advocacy.

- To promote housing opportunities, each of the AMP council leaders structure lessons and guidance to youth based on resources in their communities. AMP has brought in landlords to teach youth and adult mentors about leases, references and rental laws. AMP has invited housing specialists to help youth identify safe places and to guide youth to ask the right questions of potential landlords. Most AMP Councils have housing board contacts, so staff can connect youth to an index of housing options, classes, and financial resources available. Regional DHS Transition Specialists are aware of such resources as well, so they can connect caseworkers, caretakers, or youth who contact them.
- Aftercare providers work closely with private and public entities in their communities. Many providers have created clothing/furniture closets where participants can get donated items for free. Providers also have developed relationships with local churches and other organizations that provide items or services when needed. To assist with housing, providers develop relationships with landlords that understand and work with our participants. DHS utilizes the aftercare rent subsidy, a partnership with the Iowa Finance Authority, to assist with rent payments when available. Providers also have been able to obtain free cell phones and service through some wireless companies so youth can be contacted by potential employers. Many providers are partnering with others to host career/education/resource fairs in their communities with the focus towards those in transition. Connections to Iowa Workforce Development, Vocational Rehabilitation and adult services also have helped with employment. The Iowa Lakes Corridor Development Corporation for Clay, Buena Vista, Dickinson and Emmet Counties just started a Manufacturing 101 Workshop, which is a free three-week course for individuals 18 and older to receive critical industry skill and teamwork strategies with connections to get them in the door at local industries. For our pregnant/parenting youth, programs such as WIC, Storks Nest, and Parents as Teachers are utilized to provide education, resources and support to our young people.
- Opportunity Passport™ is a financial education and matched savings program designed and supported by the national Jim Casey Youth Opportunities Initiative specifically for young people who have been in foster care. The program offers eligible young people financial literacy training and the opportunity to open a special bank account where their personal savings can be matched up to $1,000 annually to pay for education, housing, vehicles, health care, and other assets. Opportunity Passport™ has been in Iowa since 2004, starting in Des Moines and has expanded to Dubuque, Waterloo, Ottumwa, Burlington, Cedar Rapids and Marshalltown. Many of the eligible Aftercare participants can learn skills through Opportunity Passport™ that will help them to maximize the benefits of Aftercare services.
- The Education and Training Voucher (ETV) funding pays for tuition, fees, and room and board charges where there are dorms available to students. If there are no dorms or student housing available, students may receive any remaining funds to assist in paying for the costs of off campus housing. Arrangements have been made with several colleges to allow students to remain in the dorms during holidays

and other periods of time such as summer, when the dorms are normally closed to traditional students.

<u>Discuss efforts to coordinate the state's CFCIP with "other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with section 477(b)(3)(F) of the Act. This discussion should include plans to continue to coordinate services with youth shelters and other programs serving youth/ young adults at-risk of homelessness.</u>

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.

The DHS successfully applied for the Family and Youth Services Bureau's (FYSB) Support Systems for Rural Homeless Youth demonstration grant (SSRHY) in 2010. The overall purpose of this demonstration is to improve coordination of services and creation of additional supports for youth that are homeless or at-risk of becoming homeless in Boone, a selected rural community, enhancing survival support services, connection/engagement with community, and assistance with education and employment opportunities (the three connectivity goals).

The work of the SSRHY project in Boone, Iowa, officially served around 100 youth over the four year grant cycle (including a one year no-cost extension). This is not a large number relative to the numbers of homeless youth and youth transitioning from foster care. Direct service was only one goal of the project. The SSRHY project has worked to influence homeless and foster care programs at the state level through, for example:

- **Leadership on and involvement of project staff** in the Education Collaborative, the Iowa Collaboration for Youth Development (ICYD), and the Learning Supports State Team – SSRHY has, throughout the four years, made sure our ideas were represented through participation in the Department of Human Services (DHS) and Department of Education (DE) efforts to improve education stability and outcomes for foster and other disconnected youth. The ICYD has set a goal of 95% graduation rates of Iowa students by 2020.   The SSRHY members make sure the ICYD is always considering the unique needs of youth in foster care. In June 2012, a convening of approximately 25 selected participants met in Boone with a focus on Education Success for Foster and Disconnected Youth in Rural Areas. SSRHY felt the discussion and subsequent recommendations had statewide impact.
- **Creation of a policy change document and a Homeless Issue Brief:** In 2011, the policy change summary was used by the SSRHY to make recommendations to the Department of Human Services (DHS) as they were developing a competitive procurement of the Supervised Apartment Living foster care program. Recommendations included increased payments to youth, increased payments to providers who offer "cluster" living arrangements, and enhanced life skills training requirements. In the SFY 2012 contracts, DHS increased payments to youth and increased payments to providers to incentivize "cluster" arrangements.
- **On-going review, identification, and dissemination of research and resources on effective services for at-risk youth transitioning to adulthood:** The homeless services providers, and to a lesser extent, foster care transition providers, have come to see their counterparts in the other system as a partner to share information and ideas. SSRHY staff forwards training and policy information to child welfare partners as well as colleagues in homeless programs.

The Local Collaborating Partner (LCP) was one of the Iowa federal transition living program (TLP) grantees and continues to coordinate and provide services. The following activities occurred in the past year:

- DHS collaborated with Iowa Comprehensive Human Services (ICHS) to expand an existing job placement program. The program pays for eight weeks of youth wages as they work with local businesses. The wages provide the youth with income to meet basic needs. There are 11 businesses/employers that accepted to train youth, to consider hiring the youth after the training period, if the youth is an acceptable employee, and to provide a reference for the youth.
- Weekly work readiness classes are offered at the demonstration site, focusing on a variety of subjects, including money management, career exploration, interview skills, completing job applications and timesheets. In addition, the youth also are able to participate in an Equine Assisted Activity that builds employment skills, leadership skills, life goal setting, preparation for goals, and how to achieve goals.
- Twenty (20) youth participated in the demonstration's Job Experience and Training initiative. Eleven (11) youth completed work satisfactorily or were hired prior to the completion of the 8-week period; three (3) youth maintained their job or found another job; and nine (9) youth did not complete the job training program. Currently, seven (7) youth are participating in the program.
- Due to increased need, the demonstration expanded housing options for homeless youth males in Boone from one furnished 2-bedroom apartment to two 2-bedroom apartments. Since October 2011, nine (9) youth have been housed.
- Punch Card Incentive Program – Youth are encouraged to participate in community activities by receiving punches on a card. If they receive 10 punches, they get a $50 VISA gift card. There is a list of qualified activities and the value (number of punches) youth receive for completing the activities. All of the activities fit one of the Connectivity Goals: Education/Jobs; Survival Skills; and Community Connections. A total of 20 punch cards have been redeemed (received 10 punches) for a $50 VISA gift card; 18 youth have requested to participate in the punch card incentives.
- Demonstration site activities – Open hours are 1 – 5 pm on Wednesdays. Cooking classes are offered one night per month. A Wii video game, movies, and other games are available for youth to play while at the demonstration site. In addition, the youth plan and organize theme nights around special days (e.g. Valentine's Day, St. Patrick's Day).

The U.S. Department of Health and Human Services (DHHS) grant funded Collaboration of Agencies for Permanency and Stability (CAPS) Project was collaboration between child welfare and education.   The project initiated in 2011 and just ended in February 2014. The goal of the project was to address education stability for foster care youth. CAPS focused on education data transfers/credits for children in foster care in Iowa. The project was piloted in Sioux City and Council Bluffs High Schools. Accomplishments were:

- Created an electronic data system
- Provided education advocates
- Collaborated extensively with education and child welfare, especially using the IA transcript center data system

- Facilitated compliance with the Uninterrupted Scholars Act/FERPA amendments giving caseworker access to education records
- Partnered with the Iowa Foster and Adoptive Parent Association (IFAPA) and AMP

Initial usage analysis of the Iowa transcript center in Western Iowa demonstrated that the system was useful to child welfare SWCMs 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. It also eliminated SWCMs need to provide a signed parental consent or court order. SWCM access to the system also benefited schools by eliminating their validation process in order to determine whether or not the worker 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 worker.

<u>Additionally, states should discuss how the state's CFCIP coordinates with the state Medicaid agency to implement the provisions in the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148) that requires mandatory medical coverage to individuals</u>
The DHS is Iowa's state Medicaid agency.

Youth who are under the age of 26, were in foster care under the responsibility of DHS at age 18, and were enrolled in federal Medicaid are eligible for Iowa's new E-MIYA program. The aptly named E-MIYA (Expanded Medicaid for Independent Young Adults) extended Iowa's existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care. E-MIYA expanded effective January 2014.

Quarterly meetings were held with interested providers, including AMP and Aftercare Services, to inform them about the new program and answer questions. A running Questions and Answers (Q & A) document was created and continues to be maintained to date. Medicaid coordinators participated in aftercare meetings to collect questions and explain the changes. Aftercare providers notified youth in their services of this opportunity and some reached out to former participants as well. DHS included E-MIYA in training required for all new case managers.

The application process has been facilitated by an Iowa portal for applications. In the single application, youth apply for food assistance, child care, and/or Medicaid. The system determines whether the child who exited foster care can receive foster care Medicaid or one of the other coverage groups. The Medicaid coverage groups for children who age out of foster care are considered coverage groups of last resort, meaning that if the youth can get Medicaid under another group, they use that first.

<u>Discuss how the child welfare agency collaborated with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.</u>
The DHS, with our provider partners, recognize that Iowa is at a point where we need to examine how, within child welfare and across systems, we will address human

trafficking. Guidance from the U.S. Department of Health and Human Services (DHHS) informed our efforts to explore ways to improve, but not be limited to, training, screening, transition services, and data analysis. We are increasing our efforts to connect to provider networks against trafficking, such as the Polaris Project and the recently formed Central Iowa Service Network Against Human Trafficking. Policy staff attended trainings offered by the Department of Justice. AMBER Alert sponsored the training at the Camp Dodge training facility in Johnston, Iowa. Law enforcement at all levels attended the training. Networking with state leaders, like Mike Ferjak of the Iowa Attorney General's Office and members of the Network Against Human Trafficking, who can help us with training and policy guidance, was successful.

A Human Trafficking Team was formed in DHS central office, which comprises public and private partners. An action plan will be developed shortly. DHS has a respectable history of addressing child safety in whatever form it comes and getting organized around that effort. However, we need to redouble efforts in this area. This is a DHS effort, where policy staff, in particular, is trying to connect to law enforcement, the Attorney General's Office, and state patrol, where we know training and implementation activities are underway. Staffs from mental health, intake, transition, policy, and training at the state level are represented in the trafficking team. We see this as our opportunity to figure out who can do what to partner with DHS and other groups interested in helping this cause. In all likelihood, DHS will want to challenge local service areas and communities to do similar organizing.

Because of the way data is entered, DHS will need to track information differently to ensure we have reliable state level data. It is reasonable to examine data collection at intake and at transitions. It also is reasonable to explore analysis of data around runaways, shelter use, and youth acting out certain high risk behaviors. The Anti-Trafficking Action Plan, which was created by the DHS' Division of Adult, Children and Family Services (ACFS) Anti-Trafficking Team, identifies steps to improve data collection and use, including evaluating existing data (July-September 2014), evaluating federal data sources (October-December 2014), and ultimately making recommendations for additional or different data collection (December 2015). The primary focus is on training to have a knowledgeable, responsive system to help victims. Therefore, these activities take priority over collecting new data.

There is no more important work than finding children in unsafe situations and getting them to a safe place.

Goal 6: Improve understanding of and align efforts to address human trafficking, with expansion of access to services utilizing a victim-centered approach.
Objective 6.1: Promote a strategic, coordinated approach to the provision of services for victims of human trafficking at the federal, regional, state, territorial, tribal, and local levels.
Benchmark 6.1: Identify advocacy networks and public leaders in the effort to end human trafficking in year 1.

Objective 6.2: Increase victim identification through coordinated public outreach and awareness efforts.
Benchmark 6.2: Provide training to staff and contractors in year 1.
Objective 6.3: Expand and coordinate human trafficking-related research, data, and evaluation to support evidence-based practices in victim services.
Benchmark 6.3: Evaluate state policies and forms and amend as necessary to ensure victims are identified and served.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E)of the Act)
Iowa's independent living program for youth 16 and older is defined in 441 Iowa Administrative Code (IAC) 202.11(7), which details eligibility criteria and services and supports for all who are eligible. Additionally, Iowa's aftercare program for former foster care youth between the ages of 18 and 20 is defined in 441 IAC 187, which details eligibility criteria and services and supports available through that program.

The purpose of the Lean Event held in February 2014 (mentioned previously) is to ensure fair and equitable treatment of CFCIP benefits for youth in foster care. The DHS is aware that the transition planning protocol differs in areas of the state and by individual workers. While some areas and workers are doing great work in transition and the overall purposes of the CFCIP, some are not. We expect that the statewide transition planning training will commence sometime in the summer or fall 2014. The training, the on-going training planned, and forms designed to assist workers and supervisors will result eventually in statewide consistency in transition planning for all youth in foster care who are 16 and older.

Iowa's aftercare program is led in a consistent statewide manner through a sub-contracted coordinator for the program. The coordinator, the executive director of the aftercare contractor (YSS), and DHS staff work together to ensure consistent services. Additionally, the quality improvement piece of the program includes staff from the DHS and the coordinator going to each agency at least once a year to conduct case readings and review that agency's overall performance.

Cooperation in National Evaluations
The DHS will cooperate in any evaluations of the effects of the programs in achieving the purposes of CFCIP.

Consultation with Tribes (section 477(b)(3)(G)) - Describe the results of the state's consultation with Indian tribes as it relates to determining eligibility for CFCIP/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. Specifically:

Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.
All child welfare agencies, including tribal ones, are continuously in the loop concerning the CFCIP purposes and how best to meet those purposes in Iowa. Although there is no official tribal presence in the northwest region of the state (Woodbury County and

surrounding counties), non-governmental programs were established to identify and address the challenges affecting Indian families in this area of the state, which has the highest concentration of Indian children within the state, including the: Community Initiative for Native Children and Families (CINCF); Indian Youth of America, and; American Indian Council. TPSs have trained staff and care providers serving each of these areas about the transition planning protocols Iowa has in place in addition to all Aftercare programs available to youth via Chafee funding (including basic aftercare services and the ETV program) and Aftercare programs via state funding (including the PAL program services and the All Iowa Opportunity Foster Care grant (AIOFCG) for post-secondary education/training. The only federally recognized tribe in Iowa, the Sac and Fox Nation, have a settlement in Tama County, the northeast part of the state. TPSs serving these areas, in addition to social work case managers (SWCMs), meet on a regular basis to share information with the Tribal child welfare staff on new and on-going programs carried out under the CFCIP program and train on new initiatives. TPS share any Tribal input to the DHS CFCIP policy staff along with any innovative efforts in serving Indian children in the field.

Describe the efforts to coordinate the programs with such tribes.
As stated above, TPSs and SWCMs meet on a regular basis to share information with the tribal child welfare staff on the state's CFCIP program and services and supports available to youth. Additionally, TPS train tribal child welfare staff on any new initiatives along with providing on-going training regarding the array of child welfare and CFCIP funded services available to youth in foster care. Trainings specific to the tribes concerning Iowa's transition planning protocols along with other programs (including Aftercare/PAL services and the ETV and AIOFCG) are carried out by the TPS for the DHS service area and case managers. Indian children are served by the TPS for the particular DHS service area in which they live and also in which they are placed. Services are provided by both DHS staff and tribal child welfare staff.

Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.
The state of Iowa ensures that CFCIP benefits and services are made available to eligible Indian youth on the same basis as all other eligible youth. The TPSs receive a monthly list of all youth in foster care who have turned 16 years of age (and older youth who have just entered the foster care system). This list does not indicate race. The TPS use the list to begin generating the transition plan process with the youth's worker, who also is listed on the spreadsheet that the TPS receive. DHS case managers receive information from the TPS for youth who have turned 16 years of age that a Casey Life Skills Assessment (CLSA) is to be completed (DHS encourages care providers to have children in their care assist children in completing the CLSA; if this is not possible, the case manager or TPS will complete. Case managers are aware of Indian youth they are case managing (the SACWIS indicates race) and as such, Indian children also are provided with the American Indian Supplement of the CLSA. TPS always send out to case managers the instructions for youth to complete the CLSA, which the case manager either asks the care provider to assist the child with or, as

stated above, the case manager or TPS does so. Iowa's overall transition planning protocol, described above, is for all youth in foster care who are 16 years of age and older. Additionally, all services, supports, and benefits of the CFCIP program are available to all eligible youth, regardless of race or ethnicity (see the CFCIP eligibility criteria in IAC 441-202.11(7)*a).* Although the SACWIS includes demographics of children in care, including race, beyond individual case plans, the only data for independent living services received for each child is the NYTD data collected. As stated above, DHS has a statewide overview of such services received but to date has not had child welfare information system (CWIS) staff available to break down such data by service area and demographics of children receiving such services, including race.

Report the CFCIP benefits and services currently available and provided for Indian children and youth.
All benefits and services described above under *Serving Youth of Various Ages and States of Achieving Independence* are available and provided for Indian children and youth.

Report on whether any tribe requested to develop an agreement to administer, supervise, or oversee the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and tribe were unable to come to an agreement.

No tribe has requested to develop an agreement to administer, supervise, or oversee the CFCIP or an ETV program with respect to Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision.

CFCIP Program Improvement Efforts
Describe the state's plan to consult with and involve youth in the CFCIP and related agency efforts (e.g., CFSR) over the next five years.
Describe the state's plans to continuously involve youth in assessment, improvement, and evaluation of CFCIP services and outcomes for youth over the next five years.

AMP is a youth engagement program summarized by the motto "Nothing about us, without us." The DHS will continue to utilize the contract for the Iowa Foster Care Youth Council, AMP, to empower young people to become advocates for themselves and to give them a voice in system-level improvements.

AMP youth demand "nothing about us without us" and it is in that spirit DHS intends to approach the next five year plan. AMP is a ready source of youth opinions and feedback. A mechanism is in place to request, identify, and compensate youth for their time. A variety of strategies are used to engage youth based on their ability and interest and the needs of the child welfare system. As just one example, the AMP facilitator is at the table for the anti-trafficking team, and while she does not know of survivors who are comfortable speaking in a group, she has spoken with survivors who agreed to review our training materials.

DHS will utilize its links to three consulting agencies including the Youth Policy Institute of Iowa for participant satisfaction surveys. Data is shared with ACFS program managers, who use the data to influence contractors or their own perspective on the needs of youth. Participant surveys are shared with the lead youth council contractors, who then discuss the results with subcontractors in quarterly meetings.   The main benefit of the survey results, and the intent, is so the youth collectively can tell the facilitators if they are satisfied with the service. If youth say staff need more knowledge about programs or need to have more opportunities for youth leadership, then the contractor adapts training and council activities. DHS incentivizes this by having performance measures and payments in the contract, which are based on youth responses.

DHS will engage contractors to train and engage AMP and the advanced speakers' bureau, the Youth Advocacy Team (YAT). Youth and young adults between the ages of 16 and 23, who are or were in foster care after the age of 14, submitted applications for the YAT. During 2013, 18 young people presented at 26 different events, committees, or councils at the request of the DHS, contributed more than 130 hours of educated, youth perspectives to state-level policy groups. These youth, who are interested in advocating for improvements in state-level policy regarding foster care, were recruited from AMP Councils and the Des Moines based InSight Youth Leadership Board.

Initial YAT orientations and trainings are scheduled for the spring and fall of 2014. The orientation and trainings for youth include a focus on: identifying strengths in yourself and others, how to tell pieces of your story with a purpose, how to give an effective "elevator speech", teambuilding, appropriate attire for state-level meetings, and translating your strengths into a professional biography. In addition to in-person trainings, youth involved with YAT have participated in monthly conference calls to continue their education on topics such as "Social Networking Do's and Don'ts," "Why Protecting Your Identity Is Important," "What Builds Effective Youth-Adult Partnerships," and "How to Use LinkedIn" to connect with professionals they work with and encounter through their advocacy and work. DHS anticipates that these important youth trainings and the resultant fruitful youth participation will continue for years to come.

Not all speaking engagements are for the advanced YAT participants. AMP continues to ask each local council facilitator to work with all youth who have volunteered to speak publicly or sit on committees. All youth who show an interest are trained and supported to ensure their experience is a good one for the youth and the child welfare system. DHS makes funds available to financially support the participation of youth speakers.

The Risky Business Conference, the annual conference of the Iowa Foster Care Youth Council (AMP), was last held on April 22, 2014. The conference maintains themes important to youth in foster care: life skills, relationship building, programs and services, and advocacy. An annual conference will continue to be part of the DHS' plan for youth advocacy. As in past years, the AMP annual conference registrations, invitations, agendas, and presenter information are all provided to the public online. This saves

thousands of dollars in print costs and has proven to be a successful means of reaching system and community professionals. The conference has been around over 20 years and is one of the system's premier conferences for professionals and youth.

To monitor services and improve outcomes, AMP engaged ISU (Research Institute for Studies in Education) to continue to conduct program assessment and analysis of outcome data. Further, Child and Family Policy Center is involved in the AMP contract for legislative advocacy.

CFCIP Training
Specific training planned for FY 2015 through FY 2019 will concentrate on: the specific training outcomes generated from the Lean Event as described above; YTDM facilitator and process training, and; better meeting the needs of specific populations, including LGBTQ youth and minority youth, including Indian youth.

The training will roll out statewide in the summer/fall of 2014 and on an on-going basis (garnered from the Lean Event). The training will be specific to Iowa's transition planning protocol, beginning when a youth in foster care is 16 years of age and ending when the youth is discharged from foster care, referred to various programs available for the youth to voluntarily participate in that provide additional services and supports to assist the youth in successful transition into young adulthood, such as the ETV program, the aftercare program, and the adult disability system as needed. The overall goal is that transition planning be youth-centered (which will be defined and trained upon in the overall training and via the YTDM trainings) and an on-going process not only in the life of the case, but for the youth in particular and all those who provide supports and services to the youth, including the SWCM, care provider, and private child welfare agency staff providing services specific for that youth.

The YTDM facilitator trainings will continue in order to have enough facilitators trained to meet statewide service capacity. Due to facilitator turnover, this training is expected to continue over the next five years. Training on how to better meet specific populations needs is already being addressed to some extent through IFAPA (current trainings on understanding and meeting LGBTQ youth needs) along with DHS trainings on service delivery to minorities. Over the next year, CFCIP policy staff will review trainings available for specific populations of youth regarding transition needs and will decide if trainings need to be held more often, revamped, or replaced with new trainings.

Iowa has different avenues of child welfare training taking place, including through the DHS, IFAPA, Iowa Kids Net, and AMP. The CFCIP policy staff and the TPSs are currently involved in designing the statewide training on transition planning protocol; CFCIP policy staff and the TPSs will review and evaluate this training and revamp as necessary over the next year. By the end of year 2, a CFCIP training plan will be developed, including who (e.g., DHS, IFAPA, etc.) will be delivering the training.

Education and Training Voucher (ETV) Program

Describe the methods the state uses to operate the ETV program efficiently. Describe the methods the state will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965); and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program.

Iowa's Education and Training Voucher (ETV) program is administered by a single coordinator. The DHS partners with the Iowa College Student Aid Commission (ICSAC) to administer Iowa's ETV program.

Students must complete the Free Application for Federal Student Aid (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 and funding cannot exceed the cost of attendance as defined by Section 472 of the Higher Education Act of 1965.   To avoid duplication of benefits, Iowa's ETV program relies on the financial aid professionals to follow the Iowa Financial Aid Guide, which provides guidance to all of Iowa's colleges and universities financial aid staff, to administer student financial aid according to policies located at: https://www.iowacollegeaid.gov/content/2014-15-iowa-student-financial-aid-guide. These policies strictly limit students receiving the ETV grant from exceeding the total cost of attendance. The ETV program also sends a certification form with all payments made to out of state institutions that require they comply with the law and require the institution to sign off on upon receipt of all ETV funds.

Despite the overall decline in the number of students aging out and exiting the Iowa foster care system, the number of ETV applicants applying (students considering attending college) and the actual numbers of students attending college has 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.

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. Although renewal (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. We are proud to report that there has been an increase in the number of applications and participation for the ETV program. In 2013-2014, Iowa received a total of 678 applications, which is a large increase from 522 applications received the previous school year. In 2014-2015, we received so far over 400 applications and anticipate an increase over last year's amount of applications.

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 GED obtainment is a requirement for students to utilize their ETV benefits and unfortunately eliminates some of the students who apply for ETV benefits from actually attending college. 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.) Only 11% of former foster youth attend college. (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 students' receive their ETV award notification, they also are sent a reminder checklist of the various tasks they need to complete in order to actually attend college. The ETV program has partnered with various agencies to help students navigate and transition into young adulthood. Partnering agencies include Iowa College Aid, Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network, and AMP. Iowa anticipates continued focus on improvements in 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**.** 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 program, the state funded All Iowa Opportunities Foster Care Grant and the Pell Grant, most students can attend a community college or a regent university with substantial financial aid; a student opting to attend a private college will have significant student debt, unless receiving major scholarships.

Goal 1: Provide an effective comprehensive outreach program on a statewide basis.
Objective 1.1: Ensure all youth in foster care likely to be eligible for the ETV program are given information about the program, including clear instructions on how to apply (i.e. steps to be taken, such as completing the FAFSA).

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 has increased. ETV promotional materials, website, brochures and pamphlets have been updated and will continue to be updated and reviewed annually. These materials are distributed to Iowa College Aid, Iowa's high school guidance counselors, DHS case workers, Transition Planning Specialists at DHS, Juvenile Court Services, colleges and universities, foster parents through IFAPA, Iowa KidsNet, Iowa's Aftercare Services Network and AMP for distribution. Students in Iowa are informed about the existence of the ETV in a variety of ways including through:

- their DHS case workers,
- DHS Transition Planning Specialists at the youth centered transition planning meeting which all youth in foster care over the age of 16 must attend,
- care providers,
- printed materials, and
- many partnering agency's websites such as DHS, ICSAC, Aftercare, AMP, and IFAPA.

Students 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. Iowa's ETV program was able to fund all eligible applications received this year. At any time of year, a report can be requested and produced that will detail the exact number of unduplicated students receiving ETV benefits and this technology has always been available in the State of Iowa.

Benchmark 1.1.a: Review Iowa's current outreach program to gauge the consistency of outreach to youth, who likely will be eligible for the ETV program across the state (in each DHS service area and each JCS district), by end of year 1.

Benchmark 1.1.b: The ETV coordinator will work with the DHS TPSs and the aftercare program to target any underserved areas and populations with greater emphasis on program outreach during years 1 and 2.

Benchmark 1.1.c: Review and update promotional materials, website, brochures and pamphlets and continue to update as needed with any changes; promotional information will be reviewed annually and updated as needed.

Benchmark 1.1.d: Continue to distribute promotional information on the Iowa College Aid website, to Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network and AMP.

Benchmark 1.1.e: Continue to send reminder emails to students, Iowa's high school guidance counselors, DHS SWCMs and TPSs, JCS, colleges and universities, foster parents through IFAPA, Iowa Kids Net, Iowa's Aftercare Services Network and AMP reminding them to apply for their FAFSA and complete the Iowa Financial Aid Applications.

Benchmark 1.1.f: Continue to monitor application numbers; by end of year 2, monitor application numbers by DHS service area or county.

Goal 2: Increase students' retention rate and obtainment of certification (includes post-secondary degree).

Objective 2.1: Student retention rates and obtainment of certifications will increase for Iowa students receiving ETV benefits.

Benchmark 2.1.a: Enlist technical assistance from the National Resource Center for Youth Development (NRCYD) by end of year 1.

Benchmark 2.1.b: The ETV coordinator along with other CFCIP policy staff will form a retention committee by end of year 1.

Benchmark 2.1.c: Evaluate current programs in Iowa set up to assist at-risk college students (including former foster care youth) for program performance measures and outcomes by the end of year 2.

Benchmark 2.1.d: Do a literature review of best and promising practices for increasing college retention rates and obtainment of certification for at-risk youth by the end of year 2.

Benchmark 2.1.d: Evaluate other state ETV programs that have increased retention rates and obtainment of certification (per information received from the NRCYD) by the end of year 2.

Benchmark 2.1.e: Pilot a retention/certification obtainment program at one or more of Iowa's community colleges (where the majority of ETV students attend) using strategies and programmatic methods agreed upon by the retention committee by end of year 3.

Benchmark 2.1.f: Evaluate pilot project per retention committee set criteria and revise as necessary. Roll out to all community colleges by end of year 5.

Using ETV application records and information available from the National Student Clearinghouse (NSC), ICSAC staff will begin to conduct and analyze the outcomes of the college students that have utilized ETV benefits. The future studies will match all Iowa foster care students to the National Student Clearinghouse (NSC) to determine if a postsecondary credential has been obtained.   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)

SECTION V: MONTHLY CASEWORKER VISIT FORMULA GRANT AND STANDARDS FOR CASEWORKER VISITS

Describe the state's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state, which, at a minimum, ensure that the children are visited on a monthly basis and that caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children (section 422(b)(17) of the Act).

A caseworker visit means face-to-face contact between the foster child and the caseworker. The caseworker's visit focuses on issues pertinent to child safety, case planning, service delivery, and goal attainment as it relates to that child's case. The visits occur at least monthly, with more frequent visits if determined necessary based upon the individual needs of the child. The majority of the time visits are in the "child's residence", which is defined as the home where the child is residing, whether in state or

out-of-state, and includes the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit. Caseworkers document the visit in Iowa's SACWIS and the visit narrative reflects informal safety and risk assessment and required content as outlined in the *Standards for Documenting a Quality Visit.*

Describe how the state plans to use the Monthly Caseworker Visit (MCV) Grant over the next five years to improve the quality of caseworker visits, to meet state and federal standards for caseworker visits, and to improve caseworker recruitment, retention, and training.

Iowa continues to be challenged in meeting state and federal standards related to caseworker visits. There are many underlying issues such as reduction in staff, geography of state, lack of time, etc. In an effort to improve efficiencies in work processes, Iowa plans to utilize the MCV funds to purchase information technology hardware, digital recorders, and software, Dragon Naturally Speaking™, that will lessen the time it takes for workers to document their work. With more time to dedicate to conducting frequent, quality caseworker visits with children versus documentation, Iowa will begin to improve performance related to state and federal caseworker visit requirements; caseworkers will experience reduced stress with their work; and children and families will benefit from the increased contact. The approximate cost of the hardware and software is $600,000. Given Iowa's MCV grant is approximately $150,000 per year, Iowa may need to utilize multiple year grant awards for this project.

Additionally, in FFY 2015, Iowa will request, through the Children's Bureau Region VII office, peer-to-peer technical assistance (TA). Iowa would like to discuss additional strategies to improve performance with states similar to Iowa in type of child welfare administration, size of workforce, similar geography, similar ecological environments, etc. If states similar to Iowa have met the federal requirement, we would like to learn strategies they utilized for potential implementation in Iowa. In FFY 2016 through FFY 2019, Iowa then would implement a few identified strategies and would utilize the MCV grants to support strategy implementation. DHS staff will utilize performance data to determine any needed changes to strategies and use of funds. Updates regarding the peer-to-peer TA and MCV grant usage will be provided in the Annual Progress and Services Reports (APSRs).

SECTION VI: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Describe the process used to gather input from tribes for the development of the 2015-2019 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually.

In preparation for the CFSP, Iowa convened a stakeholder group to provide input and recommendations for the plan. The Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki) had a representative participate. Specifically, Allison Lasley of Meskwaki Family Services, and the primary contact for the ICWA Training and Technical Assistance contract, participated in the stakeholder group. The DHS made diligent attempts to engage members of tribes who have a presence in northwest Iowa but these attempts were not successful. Please see the introduction of this report for the outcome of the stakeholder group.

Provide a description of the state's plan for on-going coordination and collaboration with tribes in the implementation and assessment of the CFSP and monitoring and improvement of the state's compliance with the ICWA. Describe any barriers to this coordination and the state's plans to address these barriers.
DHS and Meskwaki Family Services have developed a good working relationship related to cases in state court and cases in tribal court. Meskwaki Family Services staff is invited to attend DHS training, receive information on DHS initiatives and services, and participate in workgroups related to the development and implementation of child welfare initiatives.

DHS and Meskwaki Family Services, as the contractor for the ICWA Training and Technical Assistance contract, will partner to perform case reading, dissemination of the findings, and development of training.

DHS participation in monthly Community Initiative for Native Children and Families (CINCF) meetings will continue in order to partner with tribal representatives in northwest Iowa to gain input on DHS initiatives and to monitor ICWA compliance. The DHS Native Unit and tribal liaison work closely with ICWA specialists from the tribes who have a presence in northwest Iowa to monitor ICWA compliance. DHS participation in CINCF allows for discussion of tribal needs and concerns regarding specific cases as well as systemic problems that affect native children and families. Information about DHS programming and initiatives is shared and input from tribal representatives is gathered during these meetings. The ability to share information, partner on local initiatives and develop local services to help native families has helped to improve the relationships between DHS and tribes who have a presence in northwest Iowa.

Possible barriers to active involvement by tribal representatives would be travel restrictions and costs, the limited number of people tribal agencies can provide to participate, and limited resources to perform a large case reading sample. The DHS will assist with travel expenses whenever possible. The DHS will accommodate other constraints whenever possible by encouraging participation by phone, scheduling meetings in areas other than Des Moines, or scheduling meetings in conjunction with other meetings to reduce travel. The DHS will work with the ICWA Training and Technical Assistance contractor to have a reasonable case reading schedule, a reasonable number of cases to read, and reasonable timelines to complete a findings report.

Provide a description of the understanding, gathered from discussions with tribes, as to who is responsible for providing the child welfare services and protections for tribal children delineated at section 422(b)(8) of the Act, whether they are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. In describing roles with respect to the case review system, please discuss whether and how the state and tribe have addressed the requirement to obtain credit reports for tribal children ages 16 and older in foster care, as required by section 475(5)(I) of the Act, and any challenges that have been encountered in this process. (See 45 CFR 1357.15(q).)

The Sac and Fox Tribe of the Mississippi (Meskwaki) is the only federally recognized tribe domiciled in Iowa. The Sac and Fox Tribe established tribal court in 2005. 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.

The agreement states DHS will be responsible for payment for foster care or other child welfare services accessed by Meskwaki children under tribal court jurisdiction. Meskwaki Family Services has all case management responsibilities. Children under tribal court jurisdiction may access any service available to a child under state court jurisdiction as long as the child is eligible for DHS services.

The agreement also states that children under tribal court jurisdiction but whose services are paid by DHS may be subject to federal review for IV-E compliance or through a Child and Family Service Case Review. Meskwaki Family Services provides all required IV-E documentation including court orders and family household composition, income and resources, to DHS in order to determine eligibility for IV-E claiming. Meskwaki also provides on-going documentation to DHS to determine continued eligibility.

Meskwaki Family Services is responsible for the management of cases under tribal court jurisdiction, and meeting the law of their nation regarding case requirements and a case review system. Tribal law lays out case planning requirements including required federal language in case plans. Tribal law also has periodic review and reporting requirements by Meskwaki Family Services. Tribal law addresses case requirements to prevent children from being removed from the home, reunification, and achieving permanency.

DHS has engaged tribal representatives throughout the CFSR process including the statewide assessment, onsite reviews, development of the PIP, and on-going monitoring of PIP progress. DHS will continue to engage Meskwaki tribal representatives in the CFSR process on-going as well as provide training and technical assistance to assist Meskwaki in their case review process.

DHS performs all case review requirements for children under state court jurisdiction. This would include providing credit reports to children age 16 or older and in foster care.

There are several tribes that are domiciled in Nebraska and South Dakota who have a presence in the northwest part of Iowa. DHS and the state of Iowa do not have agreements to pay for services if children are under the jurisdiction of the tribal court of these tribes. Children who are under state court jurisdiction are eligible for all child welfare services which are paid by DHS, and the case is managed by DHS in collaboration with the child's tribe. Children under the jurisdiction of a tribal court in another state would have services provided by that tribe or state.

Identify sources of data to assess the state's on-going compliance with ICWA, including input obtained through tribal consultation, assess the state's level of compliance with the ICWA. (See section 422(b)(9) of the Act.) Some components of ICWA that states must address in consultation with tribes include:
o Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
o Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
o Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
o Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.
The DHS does not have an automated mechanism to collect data about ICWA compliance. Compliance has been determined through periodic case readings, case consultation with tribal representatives, and annual training. The ability to track ICWA cases and compliance with ICWA requirements is an enhancement that will be included in any planning for a new SACWIS. Due to very limited resources for technical enhancements to the current SACWIS, significant enhancements will not be completed until other priorities, such as those related to the Affordable Care Act, are completed.

The SFY 2013 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 ten cases were reviewed. Of these ten, three 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 six 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.

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.

Describe the specific steps the state will take during the next five years to improve or maintain compliance with ICWA based on the discussion with tribes. Include information on any planned changes to laws, policies, procedures, communications strategies, trainings or other activities to improve compliance with ICWA.

- FFY 2015 (10/1/14 to 9/30/15)
  - o Negotiate and execute a contract between Iowa and Meskwaki that delineates case reading responsibilities to include:
    - An agreed upon case reading tool.
    - Finalize an agreed upon methodology to determine sample size
    - Finalize an agreed upon schedule and allocation of staff resources to complete the review, disseminate the results and develop training.
- FFY 2016 (10/1/15 to 9/30/16)
  - o Draw a sample of cases.
  - o Complete case reviews.
  - o Compile results.
  - o Provide results to DHS staff.
  - o Develop a training plan based on the findings

- FFY 2017 through FFY 2019 (10/1/16 to 9/30/19)
  - Continue case review process.
  - Develop training plan based on findings from each previous year
  - Collaboratively review and modify as needed negotiated contract requirements

Provide information regarding discussions with Indian tribes in the state specifically as it relates to the CFCIP. This instruction is further delineated in section D6 of this PI.
See Chafee Foster Care Independence Program (CFCIP) section.

State agencies and tribes must also exchange copies of their 2015-2019 CFSP and their APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2015-2019 CFSP and the plan for exchanging future APSRs.
The DHS will provide the 2015-2019 CFSP and all subsequent APSRs directly to the director of Meskwaki Family Services and to the director of Four Directions in Sioux City.

SECTION VII: IMPROVEMENT PLAN

Goals, Objectives and Benchmarks

The Department of Human Services (DHS) Service Business Team (SBT) selected the following goals and objectives based upon information contained in *Section II: Performance Assessment*; discussions with stakeholders, including tribal and court representatives; and joint planning with the Children's Bureau Region VII office. The goals and objectives reflect the mission, vision, and guiding principles of the DHS.

Goal 1: Children abused or neglected will be safe from re-abuse in their own homes.
Objective 1: Reduce the reoccurrence of child maltreatment through Differential Response and services provided.

Data and analysis supporting goal and objective selection
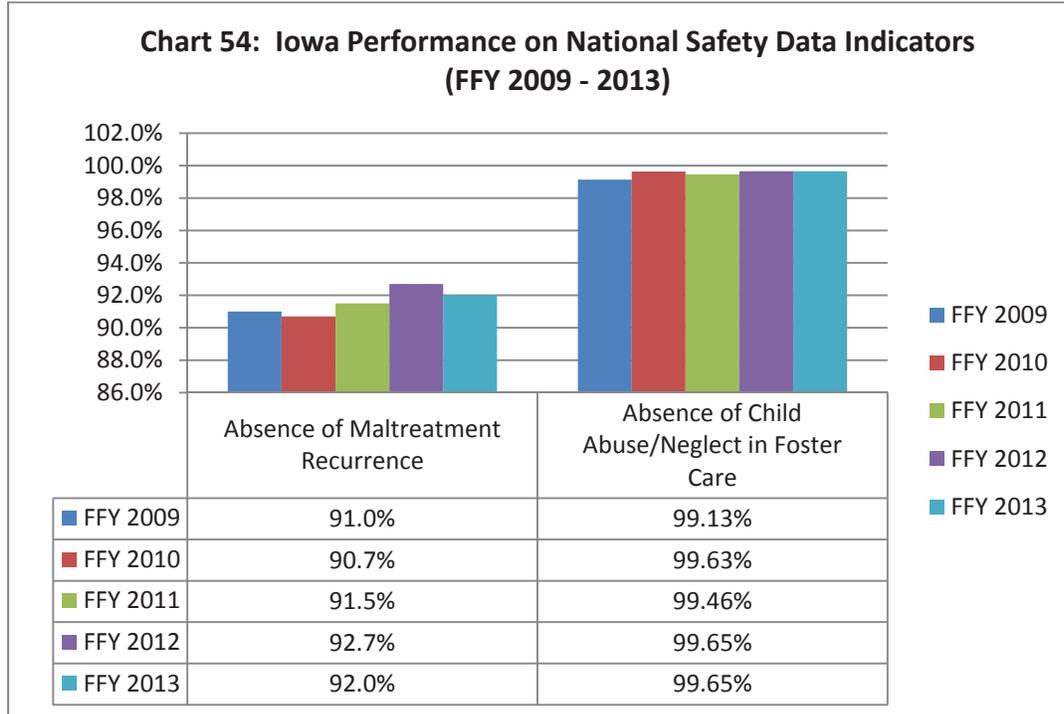
Chart 54: Iowa Performance on National Safety Data Indicators (FFY 2009 - 2013)

	Absence of Maltreatment Recurrence	Absence of Child Abuse/Neglect in Foster Care
FFY 2009	91.0%	99.13%
FFY 2010	90.7%	99.63%
FFY 2011	91.5%	99.46%
FFY 2012	92.7%	99.65%
FFY 2013	92.0%	99.65%

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Iowa State Data Profiles: FFY 2009 – Iowa State Data Profile, dated 4/5/2012; FFY 2010 and 2011 – Iowa State Data Profile, dated 3/7/2013; and FFY 2012 and 2013 – Iowa State Data Profile, dated 12/13/2013
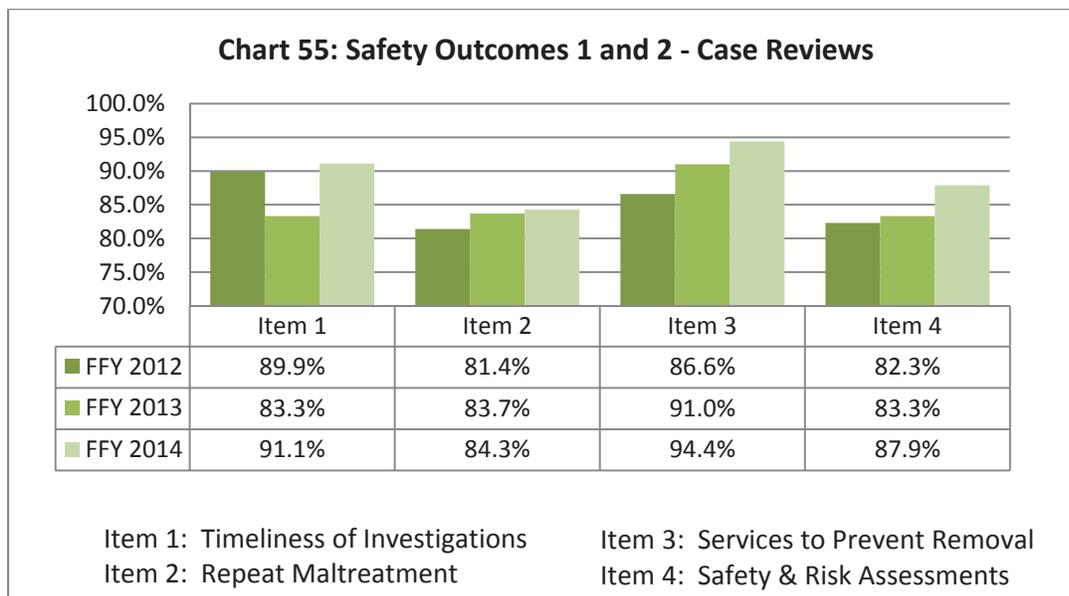
Chart 55: Safety Outcomes 1 and 2 - Case Reviews

	Item 1	Item 2	Item 3	Item 4
FFY 2012	89.9%	81.4%	86.6%	82.3%
FFY 2013	83.3%	83.7%	91.0%	83.3%
FFY 2014	91.1%	84.3%	94.4%	87.9%

Item 1: Timeliness of Investigations   Item 3: Services to Prevent Removal
Item 2: Repeat Maltreatment   Item 4: Safety & Risk Assessments

Source: DHS - Quality Assurance (QA) System   *FFY 2012 – Quarter 1 results excluded due to inter-rater reliability issues, which were resolved.

Although overall performance increased, Iowa continues to not be in substantial conformity with the national standard for Absence of Recurrence of Maltreatment. The federal requirement is 94.6% and Iowa was at 92.0% in FFY 2013. The case review

data showed increased performance over the last two and a half years for items 1 (timeliness of investigations), 2 (repeat maltreatment), 3 (services to prevent removal) and 4 (safety and risk assessments). Of particular note, current performance for item 3 in FFY 2013 and thus far for FFY 2014 meets the CFSR 90% strength requirement and item 4 is near the requirement. For item 3, Safety Plan Services and Family Safety, Risk and Permanency (FSRP) services were cited as making a profound contribution to performance. For SFY 2013, 98.9% of families who received Safety Plan Services during the assessment process did not have a child removed during service provision[24]. From January through June 2013, 85.45% of families who received FSRP services did not have a child removed during service provision.[25] For item 4, DHS staff identified documentation of initial and on-going safety and risk assessments throughout the life of the case as an underlying factor affecting performance for this item. As part of Iowa's Program Improvement Plan (PIP), DHS staff developed and implemented a caseworker visit template, which includes documentation of safety and risk observations and assessments. Iowa expects to continue to see improvements related to this item as time continues.

There are several possible underlying factors impacting repeat maltreatment. Children and families come to the attention of the DHS with complex issues, such as past trauma, mental health issues, substance abuse issues, domestic violence, etc. These issues are not easily treated and may involve lapses to previous behaviors, particularly in times of stress, which may rise to repeat maltreatment. DHS staff also reported the possibility of how Iowa collects data as a potential reason for current performance. Specifically, DHS staff noted that a new allegation that comes in during an open assessment may be counted as repeat maltreatment; or if abuse or neglect is disclosed after significant time has passed, these reports also are construed as repeat maltreatment as the data pulls from the date of the report rather than the date of the incident, which is misleading.

Intervention Rationale
Traditionally, all child protective assessments included an investigation to determine if child abuse occurred followed by a decision regarding whether the name of the abuse perpetrator must be placed on an abuse registry. Even when assessments included the analysis of child and family functioning and strengths, the emphasis on determining whether abuse occurred or not often overshadowed assisting the family in meeting their unique needs, and set the stage for an adversarial relationship between the family and the child protective agency. However, Differential Response systems are more family-friendly, flexible, and better able to engage and empower families in making changes to improve child well-being while still keeping children safe.

As of January 1, 2014 in Iowa, when a report alleging child abuse is accepted, intake staff assigns the report to one of two pathways, the Family Assessment pathway or the Child Abuse Assessment pathway. Both pathways focus on child safety through family

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[24] Source: Iowa DHS, SFY 2013 Safety Plan Services Contract Performance Data
[25] Source: Iowa DHS, January-June 2013, Family Safety, Risk & Permanency Services Contract Performance Data

engagement, information gathering, and assessment of child and family safety and risk, including identification of strengths and needs. However, the Child Abuse Assessment pathway focuses on the investigation of allegations, determination of findings, and identifying a perpetrator, whose name may or may not be placed on the Central Abuse Registry. The Family Assessment pathway does not have this focus; there is no abuse finding or perpetrator identified in the Family Assessment pathway. Therefore, families may be more willing to collaborate with the child welfare agency to address safety issues.

Reports eligible to be assigned to the Family Assessment pathway are Denial of Critical Care reports that do not allege imminent danger, death, or injury to the child and that meet additional eligibility criteria contained in 441 Iowa Administrative Code 175.24(2)(b). Staff has 72 hours to respond to reports in the Family Assessment pathway. If staff believes a child is unsafe or the case does not meet the criteria for the Family Assessment pathway, the case is reassigned to the Child Abuse Assessment pathway. Staff must complete their Family Assessment reports within 10 business days. At the conclusion of the assessment, the child and family may be referred for Community Care services (*see Section III: Services for more information about Community Care*).

Stakeholders noted that implementation of Differential Response should prevent repeat maltreatment because services will be frontloaded. Also, the federal Child Abuse Prevention and Treatment Act (CAPTA) supports the use of a Differential Response system. There are 23 or more state child protective systems that have some form of Differential Response. Based on the data available[26] from those states, the following is known:
- Child safety is not compromised – children are no less safe in states with a Differential Response system.
- Subsequent reporting of families for child abuse and neglect declined.
- Petitions filed in family court and out-of-home placements declined.
- Family engagement and family satisfaction increased.

Additionally, a handout provided to participants of the Keeping Children Safe: Strategies to Reduce Recurrence of Maltreatment, April 13, 2006, training sponsored by the National Resource Center for Organizational Improvement (NRCOI) and the National Resource Center for Child Protective Services noted that "Diversified Response systems" was an intervention to reduce the recurrence of maltreatment.[27]

Goal 2: Children experience permanence in their living situations.
Objective 1: Increase placement stability for children in foster care through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.

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[26] Child Welfare Information Gateway, 2008, Issue Brief: Differential Response to Reports of Child Abuse and Neglect, available at
https://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_responsed.cfm#safety.
[27] Source: Resources and Handouts, Resource: *Child Maltreatment Recurrence: A Leadership Initiative of the National Resource Center on Child Maltreatment.* Principal Developers: John D. Fluke, Ph.D., Dana M. Hollinshead, MPA, MA, Walter R. McDonald & Associates, Inc. Published by National Resource Center on Child Maltreatment, January 2003. Available directly at http://nrccps.org/PDF/MaltreatmentRecurrence.pdf.

Objective 2: Decrease the percentage of children re-entering foster care within 12 months of discharge through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.

Data and analysis supporting goal and objectives selection
Unless otherwise noted, sources for the following charts were from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Iowa State Data Profiles:

- FFY 2009 – Iowa State Data Profile, dated 4/5/2012
- FFY 2010 and 2011 – Iowa State Data Profile, dated 3/7/2013
- FFY 2012 and 2013 – Iowa State Data Profile, dated 12/13/2013

Chart 56: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 1
Timeliness & Permanency of Reunification
Measure Performance

Year	C1-1 Exits to Reunification in <12 Months	C1-2 Exits to Reunification Median Length of Stay	C1-3 Entry Cohort Reunification in <12 Months	C1-4 Reentries to Foster Care in <12 Months
2009	67.9	8	42.7	15.2
2010	73.9	6.7	44.6	16
2011	70.6	7.7	40.1	17.5
2012	68.4	8	37.8	16.1
2013	71.5	7.6	40.8	15.8
75th/25th Percentile	76.2	5.4	48.4	9.9

- ■ C1-1 Exits to Reunification in <12 Months
- ■ C1-2 Exits to Reunification Median Length of Stay
- ■ C1-3 Entry Cohort Reunification in <12 Months
- ■ C1-4 Reentries to Foster Care in <12 Months
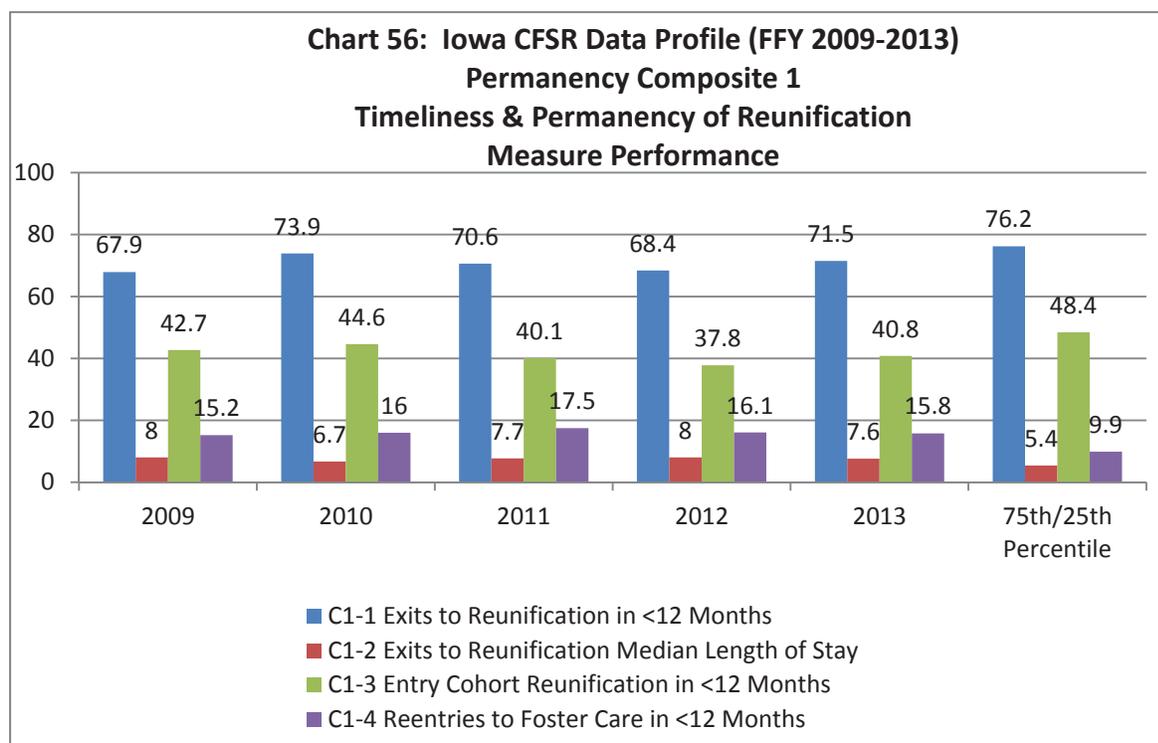
**Chart 57: Iowa CFSR Data Profile (FFY 2009-2013)
Permanency Composite 4 -Placement Stability
Measure Performance**

	2009	2010	2011	2012	2013	75th Percentile
C4-1	86.6	87.1	86.4	85.8	86.6	86
C4-2	60.9	61.2	64.4	64.9	63.7	65.4
C4-3	26	25.8	26.4	27.4	26.1	41.8

■ C4-1 2 or Less Placement Setting for Children in Care for <12 Months

■ C4-2 2 or Less Placement Settings for Children in Care for 12-24 Months

■ C4-3 2 or Less Placement Settings for Children in Care for 24+ Months
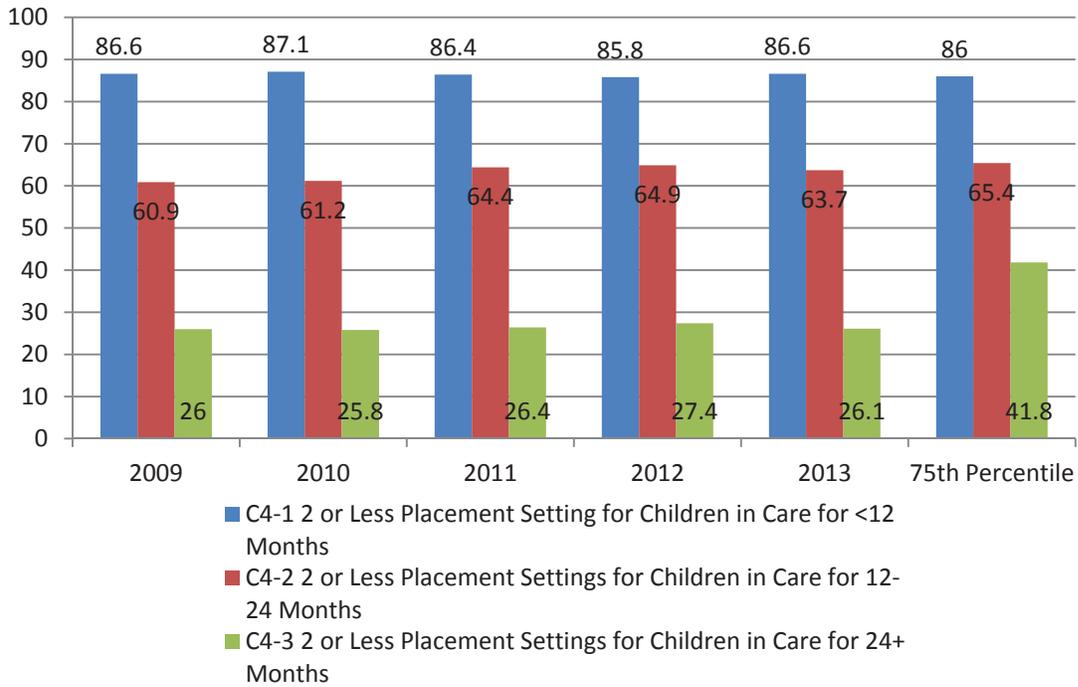
**Chart 58: Iowa CFSR Data Profile (FFY 2009-2013)
# of Placement Settings in Current Episode**
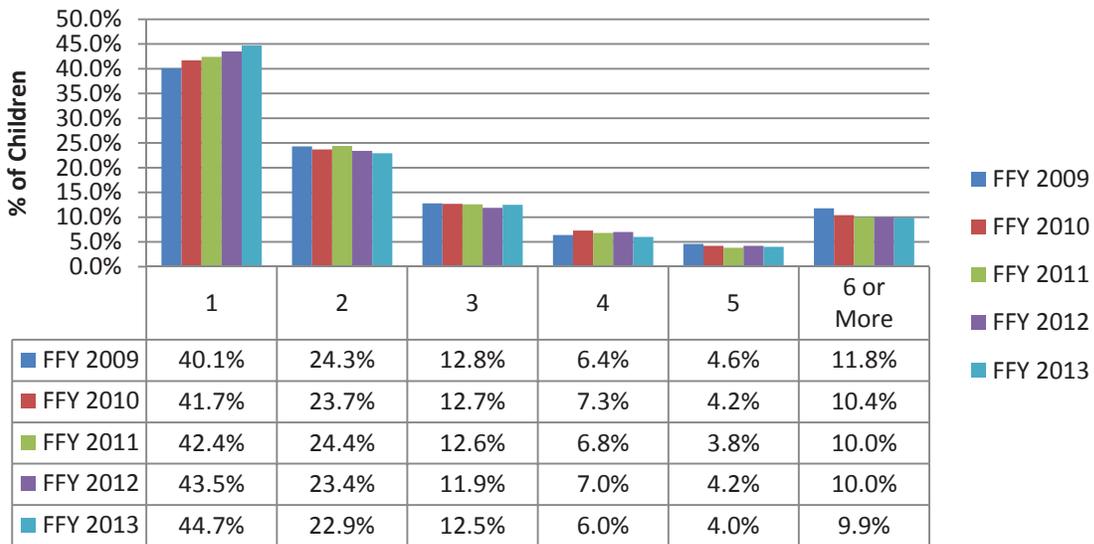
	1	2	3	4	5	6 or More
FFY 2009	40.1%	24.3%	12.8%	6.4%	4.6%	11.8%
FFY 2010	41.7%	23.7%	12.7%	7.3%	4.2%	10.4%
FFY 2011	42.4%	24.4%	12.6%	6.8%	3.8%	10.0%
FFY 2012	43.5%	23.4%	11.9%	7.0%	4.2%	10.0%
FFY 2013	44.7%	22.9%	12.5%	6.0%	4.0%	9.9%

% of Children

■ FFY 2009
■ FFY 2010
■ FFY 2011
■ FFY 2012
■ FFY 2013

Iowa is not meeting Permanency Composite 4, Placement Stability. In analyzing the sub-measures in more depth, Iowa remained relatively constant achieving stability for those children in care less than 12 months, 86.6% in FFY 2009 to 86.6% in FFY 2013. Iowa experienced improvements over time in placement stability for children in care 12-24 months but does not meet the 75th percentile of 65.4%. For FFY 2013, the data showed Iowa at 63.7% for this sub-measure. The most significant gap between the 75th percentile and Iowa's performance remains placement stability for those in care more than 24 months. The longer children remain in foster care in Iowa; the more likely they are to experience placement instability.

Stakeholders identified several possible underlying reasons for Iowa's placement stability performance. Stakeholders and DHS staff alike identified a lack of foster and adoptive resource families, especially in rural areas of the state. The lack of homes was seen affecting the ability to appropriately match children to families and impacting the distance of a child's placement from their home. In matching children to families, the first placement should be the only placement. The number of foster homes has declined from 2,800 in SFY 2009 to 2,123 in SFY 2013.[28] At the same time, Iowa's foster care population also decreased from a high in FFY 2009 of 6,610 to 6,381 in FFY 2013, with a slight increase of 106 from FFY 2012 to FFY 2013. Staff mentioned that the capacity and accessibility of pre-service training for resource families, PS-MAPP, could be a barrier in keeping families engaged in the licensing process. Additionally, reduction in homes may be due to families adopting thereby deciding not to continue fostering other children. Iowa activities to address these issues are in the FFY 2015-2019 Diligent Recruitment Plan.

According to statistics cited in the National Resource Center for Permanency and Family Connections (NRCPFC) Placement Stability Information Packet (December 2009), placement instability was due in one study to:
> "…about 70% of placement changes were made to implement procedural, policy, and system mandates, e.g., moves to place a child with relatives or a sibling; almost 20% were linked to children's behavior problems; and the remaining 10% to both foster and biological family related issues (James, 2004)."

The Information Packet noted identified factors contributing to instability. Factors contributing to instability were "…frequent use of shelters for initial placements and disruptions, few placement settings available for children with disabilities or behavior problems, inconsistent support services to foster parents, and mismatching placements to children's needs." (Children's Bureau/ACF/DHHS, 2004).

When children exit foster care, they should not be coming back into care but should have stability and permanence in their living situation. In Iowa, children who re-enter foster care within 12 months of exiting increased slightly over time, from 15.2% in FFY 2009 to 15.8% in FFY 2013. Iowa's performance does not meet the federal standard of 9.9% or less. DHS staff and stakeholders mentioned that many of these cases may involve parental substance abuse. Stakeholders noted that it is difficult to make judgments about substance abuse and parental fitness to take a child home. DHS staff

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[28] Source: DHS, SACWIS

noted that there is inconsistent understanding among staff and stakeholders of how substance use affects parenting and inconsistent training for staff on how to handle these cases. As a result, DHS central office staff developed and disseminated information to DHS, Iowa Children's Justice, Juvenile Court, and service provider staffs on drug testing, effects of substance abuse on parenting, and how to handle substance abuse cases. As these materials are disseminated widely, Iowa anticipates increased consistency in practice for substance abuse cases. Additionally, Iowa Children's Justice received a federal grant to provide cross-system training to court personnel, child welfare staff, and stakeholders on practice for substance abuse cases, which should help with cross-system consistency in practice for these cases.

Additional potential reasons for re-entry identified by DHS staff include inconsistency of caseworker practice across the state, lack of uniformity in when to conduct Family Team Decision-Making (FTDM) meetings, using the same approach for all cases regardless of specific circumstances, cultural issues, etc., and lack of consistency and use of concurrent planning. Specifically, staff mentioned a need for clear criteria for concurrent planning, including when to initiate and how to implement. In the past, DHS staff was trained on concurrent planning. Feedback from staff indicates a need to revisit the training and to develop supportive structures, such as through supervision, to encourage concurrent planning practice.

Interventions Rationale
Across the child welfare system, stakeholders and agency leaders alike agree that better engaging families at all points of potential interaction should be a priority for improvement. One intervention to engage families is caseworker visits. The Child Welfare Information Gateway's, *Family Engagement*, bulletin, states:

> "Workers must have frequent and meaningful contact with families in order to engage them in the work that needs to be done to protect children, promote permanency, and ensure child well-being. States where caseworkers have regular and well-focused visits with the child and parent have demonstrated improved permanency and well-being outcomes in the CFSRs. Frequent visits with parents also are positively associated with better client worker relationships; better outcomes in discipline and emotional care of children; timely establishment of permanency goals; timely filing for termination of parental rights; and reunification, guardianship, or permanent placement with relatives (Lee & Ayón, 2004; HHS, 2004)."[29]

Another intervention to engage families and involve children and parents in case planning to identify the child and family's strengths, needs, and identify and provide appropriate services is through Family Team Decision-Making (FTDM) meetings. In the Child Welfare Information Gateway's, *Supporting Reunification and Preventing Reentry Into Out-of-Home Care* bulletin, a strategy identified to prevent re-entry was "…Family group decision-making (FGDM) [which] is an umbrella term for various processes in which families are brought together with agency personnel and other interested parties

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[29] Child Welfare Information Gateway, June 2010, Bulletin for Professionals: Family Engagement, available at https://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf.

to make decisions about and develop plans for the care of their children and needed services…" (Child Welfare Information Gateway, February 2012)". FGDM also was listed as a strategy for family engagement in the Child Welfare Information Gateway's *Family Engagement* bulletin. In Iowa, through our Program Improvement Plan (PIP) efforts, we made improvements in our FTDM practice through implementation of standards, standardization of forms, processes of approval and re-approval for facilitation of FTDMs, etc. We now need uniformity in when to conduct FTDMs to achieve positive outcomes for children and families.

To meet the service needs of children and parents, Iowa utilizes the child welfare service array and links children and parents to other community services. In order for these services to be effective, DHS staff and service providers need to effectively engage children and parents in order to accurately identify strengths and needs so that services can successfully address those needs. Child welfare services are vital components of the child welfare response to abuse and neglect and the appropriateness and quality of services affect the outcomes that children and families experience. In addition, federal regulatory requirements under title IV-B and title IV-E expect that a state's child welfare system will provide quality services that effectively meet the needs of those served.

Additionally, according to NRCPFC's Information Packet, the CFSR first round identified the following factors promoting placement stability, "…placement with relatives, adequate services to children, parents, and foster parents, involvement of children and parents in case planning, and caseworker contacts with parents."[30]

Goal 3: Children experience optimal well-being through their family's enhanced capacity to provide for their needs.
Objective 1: Improve the frequency and quality of DHS staff visits with children and parents.
Objective 2: Improve parents' and children's involvement in case planning through caseworker visits and Family Team Decision-Making (FTDM) meetings.

Data and analysis supporting goal and objectives selected
The following charts represent data from case reviews conducted by DHS' Quality Improvement (QI) staff. For FFY 2012, Quarter 1 results were excluded due to inter-rater reliability issues, which were resolved.

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[30] National Resource Center for Permanency and Family Connections. December 2009. Placement Stability Information Packet. Available at
http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.htm.

Chart 59: Well-Being Outcome 1 - Case Reviews

Item 20
- 22.9%
- 17.0%
- 17.0%

Item 19
- 38.0%
- 28.3%
- 33.6%

Item 18
- 71.2%
- 54.9%
- 54.6%

Item 17
- 74.0%
- 59.4%
- 56.6%

(x-axis: 0.0%, 20.0%, 40.0%, 60.0%, 80.0%)

Item 17: Assessment of Needs and Provision of Services
Item 18: Child and Parent Involvement in Case Planning
Item 19: Caseworker Visits with Children
Item 20: Caseworker Visits with Parents

- ■ FFY 2014 (Oct 2013 - Mar 2014)
- ■ FFY 2013
- ■ FFY 2012
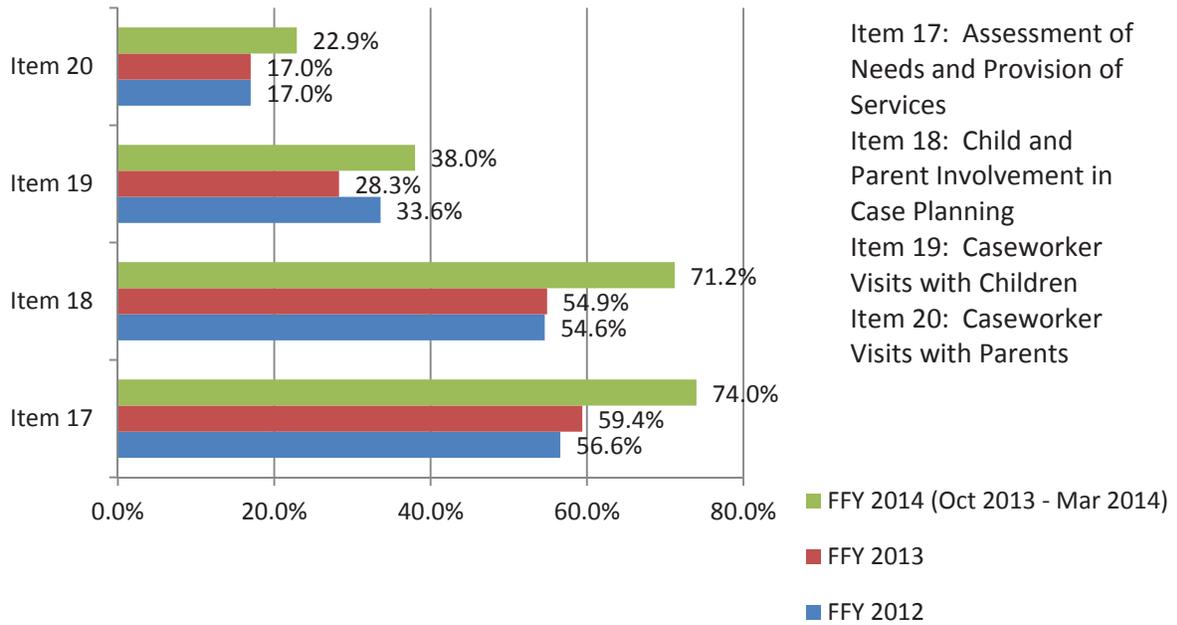
Chart 60: Case Reviews - Item 17
Assessment of Needs and Provision of Services

	Child Assess	Child Services	Mom Assess	Mom Services	Dad Assess	Dad Services	Foster Parent Assess	Foster Parent Services
FFY 2012	93.8%	89.7%	85.0%	87.5%	62.5%	68.3%	77.5%	75.3%
FFY 2013	95.3%	96.0%	85.3%	87.3%	62.7%	68.6%	81.2%	85.9%
FFY 2014 (Oct 2013-Mar 2014)	97.8%	97.0%	93.6%	92.6%	70.5%	75.8%	92.3%	89.7%

- ■ FFY 2012
- ■ FFY 2013
- ■ FFY 2014 (Oct 2013-Mar 2014)

Chart 61: Case Reviews - Item 18
Involvement in Case Planning

A bar chart comparing Child Involvement, Mom Involvement, and Dad Involvement across FFY 2012, FFY 2013, and FFY 2014 (Oct 2013-Mar 2014).

- Child Involvement: FFY 2012 = 68.9%, FFY 2013 = 64.5%, FFY 2014 = 87.8%
- Mom Involvement: FFY 2012 = 78.3%, FFY 2013 = 83.2%, FFY 2014 = 94.2%
- Dad Involvement: FFY 2012 = 53.4%, FFY 2013 = 59.0%, FFY 2014 = 51.9%

Legend: FFY 2012, FFY 2013, FFY 2014 (Oct 2013-Mar 2014)

Chart 62: Case Reviews - Item 20
Caseworker Visits with Parents

A bar chart comparing Mom Visit Frequency, Mom Visit Quality, Dad Visit Frequency, and Dad Visit Quality across FFY 2012, FFY 2013, and FFY 2014 (Oct 2013-Mar 2014).

- Mom Visit Frequency: FFY 2012 = 45.9%, FFY 2013 = 43.8%, FFY 2014 = 38.8%
- Mom Visit Quality: FFY 2012 = 44.7%, FFY 2013 = 43.7%, FFY 2014 = 40.6%
- Dad Visit Frequency: FFY 2012 = 16.7%, FFY 2013 = 22.5%, FFY 2014 = 23.5%
- Dad Visit Quality: FFY 2012 = 20.9%, FFY 2013 = 19.7%, FFY 2014 = 25.7%

Legend: FFY 2012, FFY 2013, FFY 2014 (Oct 2013-Mar 2014)

Table 30: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2014)			
Reporting Requirement	**FFY 2012**	**FFY 2013**	**FFY 2014 (October 2013 – March 2014)**
The aggregate number of children served in foster care for at least one full calendar month	9,543	9,579	8,315
The total number of monthly caseworker visits for children who were in foster care	55,252	53,523	28,506
The total number of complete calendar months children spent in foster care	69,844	70,310	35,369
The total number of monthly	37,829	37,288	20,169

Table 30: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2014)			
Reporting Requirement	FFY 2012	FFY 2013	FFY 2014 (October 2013 – March 2014)
caseworker visits with children in foster care in which at least one child visit occurred in the child's residence			
The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.	79%	76%	81%
The percentage of monthly visits that occurred in the residence of the child.	69%	70%	71%

Source: SACWIS

Over the last two years, Iowa experienced increases in performance over time for all items associated with Well-Being Outcome 1. For item 17, Iowa increased performance from 56.6% in FFY 2012 to 74.0% for the first half of FFY 2014. Increases in performance were seen for assessing and addressing needs for the child, parents, and foster parents but performance related to fathers was substantially less than for the child, mother, and foster parents. Similar to most of the nation, Iowa continues to be challenged in engaging the father, not only related to this item but also for items 18, involvement in case planning, and 20, caseworker visits with parents. For item 18, Iowa increased performance from 54.6% in FFY 2012 to 71.2% for the first half of FFY 2014. Performance increased involvement for children and mothers in case planning but slightly declined for fathers. For item 19, Iowa improved performance from 33.6% in FFY 2012 to 38.0% in the first half of FFY 2014. For item 20, there was a slight decrease in the frequency and quality of visits with mothers but an increase for visit frequency and quality for fathers. Caseworker visits with children in foster care also improved over the last couple of years. However, Iowa's performance is still below federal expectations for the items above.

Interventions Rationale
Interventions are the same as those for Goal 2 (See *Goal 2, Interventions Rationale* above).

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Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)					
				Goal 1/ Obj 1	Goal 2		Goal 3		
					Obj 1	Obj 2	Obj 1	Obj 2	
1: Differential Response	**1:** Re-Report of Maltreatment = Number of children experiencing a subsequent screened-in report within 12 months of the initial report	**1: By end of year 1,** established baseline, performance goal, and interim performance benchmarks for years 2 through 5.	NCANDS	X				
	Number of children with at least one screened-in report of alleged maltreatment in a 12-month period	**2: By end of year 2,** achieved interim performance benchmark.	NCANDS	X				
		3: By end of year 3, achieved interim performance benchmark.	NCANDS	X				
		4: By end of year 4, achieved interim performance benchmark.	NCANDS	X				
		5: By end of year 5, achieved interim performance benchmark.	NCANDS	X				
2. Child Welfare Services	**1: Community Care Services:** Percentage of families referred to Community Care who have a confirmed or founded report of child neglect or abuse within 180 days.	**1: By end of year 1,** defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.	Service Contracts	X				
		2: By end of year 2, achieved interim performance benchmark.	Service Contracts	X				
		3: By end of year 3, achieved interim performance benchmark.	Service Contracts	X				
		4: By end of year 4,	Service	X				

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
		achieved interim performance benchmark.	Contracts					
		5: By end of year 5, achieved interim performance benchmark.	Service Contracts	X				
	2: Safety Plan Services: Children will not suffer maltreatment during Safety Plan Services.	**1: By end of year 1,** defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.	Service Contracts	X				
		2: By end of year 2, achieved interim performance benchmark.	Service Contracts	X				
		3: By end of year 3, achieved interim performance benchmark.	Service Contracts	X				
		4: By end of year 4, achieved interim performance benchmark.	Service Contracts	X				
		5: By end of year 5, achieved interim performance benchmark.	Service Contracts	X				
	3: Family Safety, Risk & Permanency (FSRP) Services: (a): Children in cases receiving FSRP Services will be safe from abuse** for the entire Episode** of Services and for at least six	**1: By end of year 1,** defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5.	Service Contracts	X		X		X
		2: By end of year 2,	Service	X		X		X

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
	(6) consecutive months following the service end date of their FSRP Services, regardless of contractor*** [31] .	achieved interim performance benchmark.	Contracts					
		3: By end of year 3, achieved interim performance benchmark.	Service Contracts	X		X		X
	(b) Children who are in placement in the beginning of, or enter placement during, their case's episode of FSRP Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within six (6) consecutive months of their reunification date.	4: By end of year 4, achieved interim performance benchmark.	Service Contracts	X		X		X
		5: By end of year 5, achieved interim performance benchmark.	Service Contracts	X		X		X
	4: Children's Bureau – National Permanency Data Indicator – Re-Entry Rate = Number of children in the denominator who re-enter	1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.	AFCARS	X		X	X	X
		2: By end of year 2, achieved interim	AFCARS	X		X	X	X

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[31] *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.

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/	Goal 2		Goal 3	
				Obj 1	Obj 1	Obj 2	Obj 1	Obj 2
	care within 12 months	performance benchmark.						
	Number of children who enter care in a 12-month period, who discharged within 12 months to reunification, living with relative, or guardianship	**3: By end of year 3,** achieved interim performance benchmark.	AFCARS	X		X	X	X
		4: By end of year 4, achieved interim performance benchmark.	AFCARS	X		X	X	X
		5: By end of year 5, achieved interim performance benchmark.	AFCARS	X		X	X	X
3: Caseworker Visits	**1:** Cases will demonstrate monthly, quality caseworker visits with children.	**1a: By end of year 1,** 36% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
	2a: Cases will demonstrate monthly, quality caseworker visits with mother.	**1b: By end of year 3,** 38% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
	2b: Cases will demonstrate monthly, quality caseworker visits with father.	**1c: By end of year 5,** 40% of cases demonstrate monthly, quality caseworker visits with children.	Case Reviews – Item 14		X	X	X	X
		2a1: By end of year 1, 40% of cases demonstrate monthly, quality caseworker visits with mother.	Case Reviews - Item 15		X	X	X	X
		2a2: By end of year 3, 42% of cases demonstrate monthly, quality caseworker visits with mother.	Case Reviews - Item 15		X	X	X	X
		2a3: By end of year 5, 44% of cases demonstrate	Case Reviews		X	X	X	X

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2		Goal 3	
					Obj 1	Obj 2	Obj 1	Obj 2
		monthly, quality caseworker visits with mother.	– Item 15					
		2b1: By end of year 1, 26% of cases demonstrate monthly, quality caseworker visits with father.	Case Reviews – Item 15		X	X	X	X
		2b2: By end of year 3, 28% of cases demonstrate monthly, quality caseworker visits with father.	Case Reviews – Item 15		X	X	X	X
		2b3: By end of year 5, 30% of cases demonstrate monthly, quality caseworker visits with father.	Case Reviews – Item 15		X	X	X	X
	3: Cases will demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.	**1: By end of year 1,** 60% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.	Case Reviews – Item 12		X	X	X	X
		2: By end of year 3, 62% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.	Case Reviews – Item 12		X	X	X	X
		3: By end of year 5, 64% of cases demonstrate appropriate assessment and service provision for	Case Reviews – Item 12		X	X	X	X

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Goal 1/ Obj 1	Goal 2 Obj 1	Goal 2 Obj 2	Goal 3 Obj 1	Goal 3 Obj 2
				Associated Goals & Objectives (Obj)				
		children, parents, and foster parents, including relative caregivers.						
	4: Cases will demonstrate concerted efforts to involve parents and children in case planning.	**1: By end of year 1**, 70% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X
		2: By end of year 3, 72% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X
		3: By end of year 5, 74% of cases demonstrate concerted efforts to involve parents and children in case planning.	Case Reviews – Item 13		X	X	X	X
	5: Children's Bureau – National Permanency Data Indicator – Rate of Placement Change = Among children in the denominator, total number of placement moves during the 12-month period	**1: By end of year 1**, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.	AFCARS		X	X		
		2: By end of year 2, achieved interim performance benchmark.	AFCARS		X	X		
		3: By end of year 3, achieved interim	AFCARS		X	X		

Table 31: Improvement Plan Matrix

Intervention	Measure	Benchmark	Data Source	Associated Goals & Objectives (Obj)				
				Goal 1/ Obj 1	Goal 2 Obj 1	Goal 2 Obj 2	Goal 3 Obj 1	Goal 3 Obj 2
	Among children who enter care in a 12-month period, total number of days these children were in care as of the end of the 12-month period	performance benchmark. **4: By end of year 4,** achieved interim performance benchmark.	AFCARS		X	X		
		5: By end of year 5, achieved interim performance benchmark.	AFCARS		X	X		
4. Family Team Decision-Making (FTDM) meetings	DHS service cases with a child in foster care will have a FTDM within 30 days of the child's removal from the home.	**1: By end of year 1,** statewide contract(s) will be awarded.	Service Contracts			X		X
		2: By end of year 3, evaluate FTDM performance and its impact to improving CFSR outcomes.	Service Contracts			X		X

Staff Training, Technical Assistance and Evaluation

Training
The training plan in *Section VIII: Targeted Plans, Training Plan* describes training available through DHS for staff development. Training courses described in the training plan provide information related to the knowledge, skills and abilities needed by staff for successful goal and objective obtainment. For example, the training course, SP 542 Motivational Interviewing, prepares staff for understanding change, learning the spirit and principles of motivational interviewing, and identifying how staff might apply what they learn to engagement of families and case management. SP 202: Quality Case Documentation & Worker Visits, enhances staff knowledge around quality case documentation and worker visits and increases staff ability to develop case plans and discuss with the family case plan goals around safety, permanency, and well-being. These and other training courses described in the training plan address practice areas, such as assessment, family engagement, provision of services, etc., which support the goals and objectives in Iowa's five year plan.

Technical Assistance
In FFY 2015, Iowa will request, through the Children's Bureau Region VII office, peer-to-peer technical assistance (TA). We would like to discuss additional strategies to improve caseworker visit performance with states similar to Iowa in type of child welfare administration, size of workforce, similar geography, similar ecological environments, etc. Since caseworker visits are an intervention to improve performance related to safety, permanency, and well-being outcomes, we need to implement strategies to improve our performance. If states similar to Iowa have met the federal requirement related to caseworker visits, we would like to learn the strategies they utilized for potential implementation in Iowa. In FFY 2016 through FFY 2019, Iowa then would implement a few identified strategies. DHS staff will utilize performance data to determine any changes to strategies that need to be made. Updates regarding the peer-to-peer TA will be provided in the Annual Progress and Services Report (APSR).

Evaluation and Research
At this time, apart from Iowa's quality assurance (QA) system, Iowa does not have and does not expect to have specific evaluation and research activities. Evaluation activities conducted through the QA system will continue to support the achievement of the goals and objectives contained in this plan.

Implementation Supports
To successfully implement the goals and objectives of this plan, Iowa identified the following supports:
- Training;
- Supervision; and
- Enhancement of current statewide information system.

Iowa currently has these supports in place. The training plan identifies the various trainings that will support practice change related to the goals and objectives in this plan. We have a Supervisor Model of Practice (MOP), training related to the MOP, and resources available to supervisors to support their supervision of workers and provision of clinical case consultation. Our staff is currently working with the Children's Bureau to explore development of a new statewide automated child welfare information system (SACWIS). We implemented enhancements to the current system when we implemented Differential Response in January 2014. We anticipate further enhancements may be made during the next five years to maximize our current system's utility while we work towards a new system.

The DHS' Policy Bureau, University of Kansas, Casey Family Programs, and Iowa's Child Welfare Information System (CWIS) Bureau collaborated to implement ROM in January 2012. ROM is a framework comprising a core set of reports that are based on the CFSR outcome measures and a set of management reports that include case counts, level of care, length of stay, a countdown to permanency, caseworker visits and other similar types of reports. The data from the SACWIS system is used to populate ROM. Users apply custom filtering to track and measure the performance of management units within the agency (e.g. service areas, counties, supervisors, and individual workers), contractors who are providing services purchased by the agency and others whom DHS collaborates with in meeting the needs of children and families. Data is in a near real time environment that provides both a historical perspective and up-to-date views of performance. ROM enables line staff and supervisors to drill down to their respective caseloads to see where they stand on the various measures and see the impact of the services and plans at both an aggregate and individual level.

In addition, several other states consider ROM a useful tool for their child welfare systems. In addition to Iowa, these states include Colorado, Connecticut, Maine, Missouri, Montana, Ohio, Oregon, New Hampshire, New Mexico, and Vermont. An example of ROM usage is Colorado. Colorado has a public data site, http://www.cdhsdatamatters.org/, which uses ROM reports for some of the data. Iowa plans to utilize ROM for our own public view data site by the end of FFY 2014.

SECTION VIII: TARGETED PLANS

Foster and Adoptive Parent Diligent Recruitment Plan

See FFY 2015-2019 Foster and Adoptive Parent Diligent Recruitment Plan.

Health Care Oversight and Coordination Plan

See FFY 2015-2019 Health Care Oversight and Coordination Plan.

Disaster Plan

See FFY 2015-2019 Disaster Plan.

Training Plan

Training activities in support of the CFSP goals and objectives, including training funded through titles IV-B and IV-E:
This section includes the staff development and training plan in support of the goals and objectives that addresses the titles IV-B and IV-E programs covered by the plan. The DHS training is an on-going activity and includes content from various disciplines and knowledge bases relevant to child and family services' policies, programs and practices. Training supports cross-system coordination and consultation. Utilizing the Iowa Child Welfare Model of Practice, the statewide training supports the goals of safety, permanency and well-Being in the applicable courses to strengthen the competency of the child welfare workforce. Data is utilized from a statewide needs assessment of workforce competencies to develop the statewide training courses.

Provider of Training:
Title IV-E training is provided to DHS employees and its partners by contracting through a "Basic Ordering Agreement" with Iowa State University (ISU) and its consortium, by contract trainers and by DHS staff. The consortium consists of the state's public higher educational institutions and private organizations under the leadership of ISU. A contract and revised list of task orders are finalized annually. Other contractors may provide training for DHS staff and partners. DHS staff may provide training independently or in conjunction with the consortium or other contractors.

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

Training also is provided to community partnership for protecting children (CPPC) sites at 75% times the penetration rate for personnel employed by DHS. CPPC training addresses engaging families through assessment and facilitation of family team decision-making (FTDM) meetings in which the family is engaged in the case planning process and the case plan is developed. There is a focus on informal supports for families and activities to preserve, strengthen and reunify families as well as collaborative work with service providers as a case management strategy. Travel and per diem expenses are reimbursed for DHS employees. Training for other child welfare partners will use the penetration rate and 75% federal funds.

Setting/Venue for the Training Activity:
Through the educational resources of the consortium, other contract providers and DHS staff, educational programs, courses, conferences, workshops, seminars, on-line courses, and webinars, which are computer and phone delivered, are offered to enhance and develop DHS employee competencies and increase the effectiveness and delivery of IV-E services.

The on-line courses that are housed on the Iowa DHS Service Training Learning Management System website are developed using IV-E funds at the 75% training match rate. On-line learning is self-learning. Supervisory time is not funded with any training funds.

On-line course work prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The on-line learning, which averages 16 hours for the new or reassigned worker, and the face-to-face training are blended providing foundation learning.

Audience to Receive Training:
Approximately 500 DHS field staff, who have duties related to foster care, adoption assistance and transition living, receives training. Training opportunities also are available to current or prospective foster or adoptive parents, private child welfare agency staff providing services to children receiving title IV-E assistance, Early ACCESS providers, child abuse and neglect court personnel; agency, child or parent attorneys, guardians ad litem; court appointed special advocates; and staff with child caring agencies providing foster care and adoption services to promote the expansion of knowledge and skills. Community Partnership training, including Parent Partners, provides courses and activities designed to preserve, strengthen and reunify the family for community members and DHS staff.

The DHS contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State Foster Care Review Board (FCRB) that reviews foster care cases. FCRB staff and citizen volunteers serving on local foster care review boards may receive training through participation in DHS core courses and specialized training programs administered by the FCRB.

Overview of Training:
Trainings give employees a basic understanding of the major components and goals related to their role of a social worker. Curricula address the needed competencies for employees, such as focusing on social work case management concepts, skill building, and safety, permanency, and well-being outcomes. The training utilizes a blended approach with foundational knowledge provided via on-line courses and experience on the job with classroom training used to enhance job responsibilities. Continuing on-going training is utilized to enhance best practice initiatives.

Evaluation:
Training participants complete evaluations for all courses. Evaluation results are reviewed and used in revising and upgrading course content. Future course development uses this information to further content reflecting practice strategies, such as family team decision-making concepts, skill building, and competency areas. Evaluation regarding training is on-going and continuously used to update offerings. Every two years, workers complete a competency survey and individualized learning plan. The survey data is used in developing the training plans. The individualized plans enhance the development of each worker's own competencies. This evaluation and resulting data supports the goals of increasing the competency of our workforce.

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

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

For training which benefits <u>only</u> foster care or adoption assistance, the penetration rate is applied to the cost of the training and then 75% of that amount is claimed under Title IV-E for that training. The penetration rates used are the percentages of IV-E eligible cases for adoption assistance cases, family foster care cases, all foster care cases, and all foster care and adoption assistance cases. The actual penetration rate used is based on the content of the training. The training funds are used for curriculum development and training delivery. For FY 2015, the following are the applicable penetration rates:

For FY 2015, the training match rates were as follows:

All Child Welfare Programs	68.31%
Subsidized Adoption	73.59%
Family Foster Care	58.70%
Foster Family & Subsidized Adoption	71.46%
All Foster Care	47.74%

Note: Match percentages are based on July 2013 - March 2014 data using the retroactive KPI reports.

Example: Course content is IV-E All Child Welfare and State Funds; the 68.31% penetration rate is applied and then the 75% IV-E rate.

Travel and per diem expenses are reimbursed for DHS employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, training for other child welfare partners uses 75% times the penetration rate. When contracted service providers and other child welfare partners attend training designed to enhance IV-E objectives, DHS may reimburse travel and per diem expenses.

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

Indirect costs are charged at the 50% IV-E administrative rate for those courses utilizing Title IV-E funds.

In-Service Training Program for New or Reassigned Employees
As new workers come into the DHS or are reassigned, within the first day or two on the job, there is a welcome training orientation with the new worker and their supervisor by a new worker trainer to orient the new worker to the required training and to the DHS Service Training website.

The trainer also emails the supervisor The Transfer of Learning Pathway document that walks the supervisor and new workers through the first twelve months on the job when the worker is in the novice role. The Transfer of Learning Pathway is designed for **Social Worker 2's**, **Social Worker 3's** and **Supervisors** who are new hires to the Iowa Department of Human Services (DHS). Recently reassigned Social Workers and Supervisors also complete applicable assignments and courses. This Transfer of Learning Pathway provides a guide to transfer the learning(s) from field learning experiences, pre-course work, online courses, webinars and face to face classroom courses. The expectation for new workers is to complete the new social worker training series within the first 12 months in the position. Transfer of learning is the mentoring of the new worker by the supervisor. New Worker mentoring occurs throughout the 12 month novice period. Successful mentoring enables the supervisor and new worker to complete the Individual Learning Needs Survey & Individual Learning Plan as the novice worker goes into the emerging level at the completion of 12 months of employment.

The New Social Worker Training Series is designed for new or reassigned **Social Worker 2's**, **Social Worker 3's** and **Supervisors** in the Iowa Department of Human Services (DHS).

The DHS Service Training is a blended approach of field learning experiences, online

self-study & pre-course work, online courses, webinars and face to face classroom courses.

Below is a guide to the new worker as they complete each of the courses listed on the DHS Service Training website.

Note courses highlighted in yellow are completed by all new or promoted social workers and supervisors; courses not highlighted are color-coded according to the position. New supervisors should complete the courses related to their staff's positions.

Yellow highlighted courses should be completed by all new or promoted Social Worker 2's and 3's,
Green Courses should be completed by New Social Worker 2's,
Blue Courses should be completed by New or promoted Social Worker 3's.

New Social Worker Training Series: Go to website: http://servicetraining.hs.iastate.edu/ and complete series.

Course **First six months:**	Days/Online	Information
• HS 001Confidentiality is Key • HS 003 Confidentiality Part 2: Privacy and Security • Pathway to Learning • Self Instructional Series SP 100 Overview of Child Welfare SP 103 Legal Foundations SP 104 Medical Foundations SP 105 Substance Abuse SP 106 Domestic Violence SP 107 Impact of Child Abuse on Child Development • DS 169 Mandatory Child Abuse Reporter Training • DS 168 Dependent Adult Mandatory Reporter Training	Online	Complete both Confidentiality courses within first 6 weeks. Review and complete each required activity in Pathway to Learning. ***Be sure to print the Field Learning Experiences and Journaling pages in order to log your learning.*** Complete manual sections and online courses. Be sure to complete activities associated with the courses. Complete both courses and print and provide a copy of the certificates to your supervisor for your personnel record.
SP 150 Child Welfare in Iowa –This course is three sequential 90 minutes sessions offered via webinar.	3 webinar sessions	Register on website for selected offering and complete session pre-work.
SW 020 Foundations of Social Worker	5 face to	Register on website for

2 Practice	face days	selected offering and complete course pre-work.
SW 071 Legal Aspects of Social Work	2 face to face days	Register on website for selected offering and read manual as time permits.
SW 072 Testifying in Juvenile Court	1 face to face day	Register on website for selected offering and complete testifying assignment pre-reading.
SW 073 Permanency & Termination of Parental Rights	1 face to face day	Register on website for selected offering.
CP 200 Basic Training for Child Protective Workers	5 face to face days	Register on website for selected offering and complete course pre-work.
SP 300 Application of Legal and Medical Issues in Child Abuse	3 face to face days	Register on website for selected offering.
SP 534 Family Team Decision Making	3 face to face days	Register on website for selected offering and complete course pre-work.

By end of 12 months employment, workers complete:

SP 301 Domestic Violence & Substance Abuse	2 face to face days	Register on website for selected offering and complete course pre-work.
SP 533 Shared Parenting: Family Interaction	1 face to face day	Register on website for selected offering and complete course pre-work.
SP 535 Assessing throughout the Case	2 face to face days	Register on website for selected offering and complete course pre-work.
Dependent Adult (DA) Abuse 90 minute Webinar Series & Recommended for others who work with adults	DA webinar sessions	Register on website for selected offering.

In addition to new worker training for all social workers new to the DHS, on-going training requirements, after the initial 12 months with the DHS, include:
- Minimum of 24 hours child welfare training annually for all Social Workers
- Minimum of 24 hours child welfare/supervisory training annually for all Social Work Supervisors

The DHS has a service training committee that meets monthly. The committee comprises a social work case manager, a child protective worker, and supervisor from each of the five service areas, contract trainers, a representative liaison from the Child Welfare Training Academy and a representative from the Child Welfare Partners

Committee training sub-committee. The service training committee developed worker competencies and was instrumental in the development and implementation of the Learning Needs Survey and Individual Learning Plan.

Training is a collaborative function that works to bring all the pertinent groups together at various trainings to provide a system wide view and educational understanding.

Professional Development:
If funding becomes available, the DHS may re-establish a Bachelor of Social Work (BSW) Traineeship practicum program for placements in DHS professional settings for senior undergraduate students preparing for employment with DHS; and for a Master of Social Work (MSW) Traineeship program to provide educational opportunities for current staff who wish to enhance their knowledge base and continue to provide Title IV-E related duties. The three Iowa regent universities are working to jointly establish an undergraduate Child Welfare certificate program. Once it is established, it will be a source for new workers for the child welfare system.

FY 2015 - 2019 Training – Annual Course Offerings

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

Table 32: FFY 2015-2019 Training – Annual Course Offerings

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	All staff	Iowa State University (ISU)	HS 001 Confidentiality Is Key	Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information.	IV-E All Child Welfare and State Funds*	$21,169	$105,845	on-going	0.3 day
I/O	All staff	ISU	HS 003 Confidentiality Part 2: Privacy & Security	Explains the regulations and procedures related to HIPAA (Health Insurance Portability and Accountability Act) at DHS. Covers policies, regulations and disclosure procedures.	State Funds Only	$4,082	$20,410	on-going	0.3 day
I	SW 2, 3 & Super visors	Achievements	CP 200 Basic CP Training	Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services.	60% All Child Welfare & 40% State Only	$60,178	$300,890	4	5 days

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	All Staff	ISU	DS 168 Dependent Adult Abuse Mandatory Reporter Training	Provides an understanding of the mandatory reporter responsibilities for dependent adult abuse reporter per Iowa Code.	State Funds Only	$6,904	$34,520	on-going	on-going
I/O	All Staff	ISU	DS 169 Mandatory Child Abuse Reporter Training	Understand the role and responsibilities of a mandatory reporter; identify the specific criteria of child; recognize indicators of abuse; learn reporting procedures; and understand the assessment/evaluation processes.	IV-E All Child Welfare & State Funds*	$8,220	$41,100	on-going	0.3 day
I	SW 2 & 3	Achievements	SP 100 Overview of Child Welfare	Provides foundational training on the management of cases in child welfare.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	0.3 day
I	SW 2 & 3	Achievements	SP 103 Legal Fundamentals	Becomes familiar with the legal process as it relates to basic court proceedings and DHS services.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	0.3 day
I	SW 2 & 3	Achievements	SP 104 Medical Fundamentals	Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	0.3 day

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & 3	Achievements	SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	0.3
I	SW 2 & 3	Achievements	SP 106 Domestic Violence	Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	0.3
I	SW 2 & 3	Achievements	SP 107 Child Development	Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds*	$3,858	$19,290	web	.3
I	SW 2, 3 & Super visors	ISU	SP 150 Child Welfare Practice in Iowa	Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan..	IV-E All Child Welfare and State Funds*	$12,125	$60,625	3	.5

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	ISU	SP 202 Quality Case Documentation & Worker Visits	Enhances participants' knowledge around quality case documentation and worker visits and increases their ability to develop case plans addressing safety, well-being, and permanency.	IV-E All Child Welfare and State Funds*	$11,482	$57,410	on-going	on-going
I	SW 2, 3 & Supervisors	Achievements	SP 300 Application of Legal & Medical Issues	Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development.	IV-E All Child Welfare and State Funds*	$32,149	$160,745	1	3
I	SW 2, 3 & Supervisors	ISU / Achievements	SP 301 Impact of Domestic Violence & Substance Abuse	Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process.	IV-E All Child Welfare and State Funds*	$19,289	$96,445	2	2

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	Achievements	SP 302 Advanced Medical Issues	Understand a medical diagnostic approach to child abuse/neglect and behavioral and physical indicators of abuse and neglect in order to provide appropriate referrals to services and family case plans.	IV-E All Child Welfare and State Funds*	$25,719	$128,595	1	1
O	SW 2, 3 & Supervisors	Achievements	SP 304 Advanced Legal Aspects of Social Work	To provide opportunities for staff to build on their basic legal foundation and expand their knowledge base relative to the laws.	IV-E All Child Welfare and State Funds*	$4,401	$22,005	1	1 day
O	S SW 2, 3 & Supervisors	UNI	SP 305 Effects of Mental Disorders on Parenting Capacity	Teaches participants how to evaluate the risks to the child when the parent, parents, or caregivers are diagnosed with one or more of the most commonly occurring mental health disorders, and to identify ways that these risks can be ameliorated.	IV-E All Child Welfare and State Funds*	$9,077	$45,385	2	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 3, Super visors & Other s	Achievements	SP 400 Criminal, Negligence or Accident: Working Together Toward the Correct Conclusion in Child Death and Severe Trauma Cases	Provides a multidisciplinary review of issues involved in child death and severe child abuse cases.	CJA Funds Only	$20,001	$100,005	1	1
O	S SW 2, 3 & Super visors	Achievements	SP 401 Abusive Head Trauma in Children	Teaches participants the signs and symptoms resulting from violent shaking or the shaking and impacting of the head of an infant or small child in order to provide appropriate referrals to services and family case plans.	IV-E All Child Welfare and State Funds*	$25,719	$128,595	1	1
O	S SW 2, 3 & Super visors	ISU / Achievements	SP 402 The Trauma Informed Worker: Promoting Resilience in Children and Families	Provides an overview of the impact of trauma on child development and the long term consequences and how to lessen the impact in the practice of social work.	IV-E All Child Welfare and State Funds*	$17,792	$88,960	2	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	S SW 2, 3 & Super visors	ISU	SP 434 Youth Transition Decision Making	Understand the youth driven family team meeting process and be coached in facilitation in order to utilize in guiding and developing the youth plan.	IV-E All Child Welfare and State Funds*	$32,711	$163,555	4	1
O	S SW 2, 3, Super visors & Other s	ISU	SP 435 Engaging Youth in their Transition	Provides participants with an understanding of child welfare practices that promote and enhance permanency for older youth in foster care.	IV-E All Child Welfare and State Funds*	$16,356	$81,780	2	1
O	S SW 2, 3, Super visors & Other s	ISU / DHS	SP 441 Worker Well Being: The "U" in TraUma Informed Care	Recognize how trauma of others impacts both your profession and your personal life. Focuses on assessment of trauma exposure, creation of support systems and development of an individualized self-care toolkit.	IV-E All Child Welfare and State Funds*	$17,792	$88,960	2	1
I	SW 2, 3 & Super visors	ISU	SP 533 Shared Parenting-Family Interaction to Assure Safety, Well-being & Permanence	Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management.	IVE Foster Care & Subsidized Adoption & State Funds**	$14,798	$73,990	2	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2, 3, Supervisors & Others	ISU / Achievements	SP 534 Family Team Meeting Facilitation	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services.	IV-E All Child Welfare and State Funds*	$87,642	$438,210	4-6	3
I	SW 2, 3 & Supervisors	ISU / DHS	SP 535 Assessing throughout the Case	Review decision-making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child.	IV-E All Child Welfare and State Funds*	$13,561	$67,805	1	2
O	SW 2, 3 & Supervisors	ISU	SP 539 Facilitating FTDM with Domestic Violence	Reviews the dynamics of battering and learn how those dynamics can work to sabotage the efficacy and safety of a FTDM. Utilize family team facilitation skills to develop the case plan and make appropriate referrals to services.	IV-E All Child Welfare and State Funds*	$14,461	$72,305	2	1
O	SW 2, 3, Supervisors & Others	Achievements /DHS	SP 541 Child Interviewing	Provides an in-depth review of the standards of a quality interview of a child and provides participants with the opportunity to practice and receive feedback	60% All Child Welfare & 40% State Only	$2,407	$12,035	2	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I/O	SW 2, 3, Supervisors & Others	Achievements	SP 542 Motivational Interviewing	Prepares participants for understanding change, learning the spirit of and principles of motivational interviewing, and identifying how staff might apply what they learn to case management.	IV-E All Child Welfare and State Funds*	$12,859	$64,295	4	1
O	SW 2, 3 & Supervisors	ISU	SP 545 Attachment & Child Development	Presents a current perspective on parent/child attachment and child development, the effects of maltreatment, neglect and disruption on children's mental health and development. Attention is given to the practical skills of establishing working relationships with families, working collaboratively and referring appropriately.	IV-E All Child Welfare and State Funds*	$17,792	$88,960	2	1
O	S SW 2, 3, Supervisors & Others	ISU	SP 546 Working with Families Affected by Substance Abuse Disorder	Gains a broader understanding between the connection of parental substance abuse disorder and how this impacts safety, risk and child well-being; while gaining knowledge regarding substance abuse disorders and treatment and how this impacts case planning.	IV-E All Child Welfare and State Funds*	$17,792	$88,960	3	1
O	S SW 2, 3, Supervisors & Others	ISU	SP 547 Engaging Fathers	Increases participants' ability in working with non-custodial parents and/or kinship care in developing permanency options for children in care and including family finding.	IV-E All Child Welfare and State Funds*	$14,526	$72,630	2	.5

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU / Achievements	SP 548 Advanced Domestic Violence with Safety Planning	Provide participants with an understanding of safety planning when domestic violence is involved and provide suggestions on recommended services and techniques needed for case planning and management.	IV-E All Child Welfare and State Funds*	$12,859	$64,295	1	1
O	SW 2, 3, Supervisors & Others	UNI	SP 549 Evidence Based Treatments for Borderline Personality Disorder	Gains an understanding of how to work more effectively with clients with Borderline Personality Disorder and how to incorporate information into case planning for families.	IV-E All Child Welfare and State Funds*	$9,077	$45,385	1	1
O	SW 2, 3, Supervisors & Others	UNI	SP 550 DSM-5	Familiarizes participants with the newly released DMS-5 so that appropriate referral to services can be made.	IV-E All Child Welfare and State Funds*	$4,538	$22,690	1	1
O	SW 2, 3, Supervisors & Others	Achievements	SP 642 Advanced Motivational Interviewing	Prepares the participant at a more advanced level in client-centered counseling style for eliciting behavior change by helping the client explore and resolve ambivalence. Participants will be able to apply what they learn to case management.	IV-E All Child Welfare and State Funds*	$19,289	$96,445	2	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 3 & Supervisors	ISU / DHS	SP 801 Centralized Intake	Prepares the participant to accept or reject cases and to assign to pathway.	State Only	$901	$4,505	As needed	2
O	SW Supervisors	ISU / DHS	SP 804 Supervisory Practice – Group Supervision	This training will introduce child welfare supervisors to Iowa DHS's model of group supervision. Supervisors will learn about Iowa's group supervision model, its purposes and how it can be used and structured for case supervision and permanency planning.	IV-E All Child Welfare and State Funds*	$10,060	$50,300	1	1
O	SW Supervisors & Others	Achievements	SP 842 Motivational Interviewing for Supervisors	Prepares supervisory staff for understanding change, learning spirit of motivational interviewing, learning the principles of motivational interviewing, and identifying how staff might apply what they learn to their work.	IV-E All Child Welfare and State Funds*	$19,289	$96,445	1	1
O	SW Supervisors	ISU / DHS	SP 850 Supervisory Practice	Enhances supervisory skills in case management and implementation of the Supervisory Model of Practice in Child Welfare Practice.	IV-E All Child Welfare and State Funds*	$10,060	$50,300	1	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & Supervisors	ISU	SW 020 Foundations for Social Worker 2 Practice	Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, on-going case management and case closure. Provides information on how to refer for services, place a child, and prepare for judicial determinations.	IV-E All Child Welfare and State Funds*	$109,869	$549,345	4	5
I	SW 2 & Supervisors	UNI	SW 071 Legal Aspects of Social Work	Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provide service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination.	IV-E All Child Welfare and State Funds*	$23,317	$116,585	3	2
I	SW 2, Supervisors & Others	UNI	SW 072 Testifying in Juvenile Court	Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de-identified, case.	IV-E All Child Welfare and State Funds*	$16,908	$84,540	3	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 2 & Supervisors	UNI	SW 073 Permanency and Termination of Parental Rights	Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family	IVE Foster Care & Subsidized Adoption & State Funds*	$10,952	$54,760	2	1
I/O	SW 3 & Supervisors	ISU	SW 122 Dependent Adult Abuse: Introduction	Provides information on evaluating and assessing cases for dependent adult abuse.	State Funds Only	$9,643	$48,215	On-going	On-going
O	SW 2, 3, Supervisors & Admin	UNI	SW 321 Legislative and Appellate Court Decisions Update	Informs on appellate court decisions that impact child welfare case law, and legislative changes that have affected Iowa code Chapters 232, 235A and 600.	IV-E All Child Welfare and State Funds*	$3,074	$15,370	1	.3
O	SW 2, 3, Supervisors & Others	UNI	SW 341 Working with Native American (ICWA)	Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	IV-E All Child Welfare and State Funds*	$8,612	$43,060	1	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	UNI	SW 342 Psychological Testing: From Referral to Intervention	Familiarize staff with the types of psychological tests and their uses. Explain how evaluations can be used to more effectively manage a child welfare case.	IV-E All Child Welfare and State Funds*	$9,077	$45,385	1	1
I/O	SW 2, SW 3 & Supervisors	ISU	Topics in Dependent Adult Abuse	Addresses various topics pertinent to dependent adults	State Only	$8,807	$44,035	4	.3
O	SW 2 & Supervisors	ISU / DHS	SW 355 Adoption Training	Provides information to improve understanding of the adoption program and philosophy; build statewide consistency on adoption practice.	IV-E Subsidized Adoption and State Funds***	$8,431	$42,155	1	1
O	SW 2, SW 3 & Supervisors	ISU / DHS	SW 358 Permanency/ Concurrent Planning	Reviews the goals of concurrent planning in developing the case plan. Reviews permanency values of workers for children in care.	IV-E Subsidized Adoption and State Funds***	$30,910	$154,550	4	1
O	All Staff	UNI	SW 500 Social Work Ethics	Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with NASW Code of Ethics.	IV-E All Child Welfare and State Funds*	$2,269	$11,345	1	0.5

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, SW 3, Supervisors & Others	UNI	SW 504 Beyond the Basics: Real Life Ethics for the Child Welfare Professional	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family.	IV-E All Child Welfare and State Funds*	$4,306	$21,530	1	1
O	SW 2, 3 & Supervisors	UNI	SW 505 Changing Faces of Iowa: Culturally Competent Practice with Families & Communities	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family.	IV-E All Child Welfare and State Funds*	$11,949	$59,745	2	1
O	SW 2, 3 & Supervisors	Achievements	SW 603 Sexual Abuse	Provides participants with an understanding of physical and behavioral indicators of child sexual abuse for referrals to services and case management.	IV-E All Child Welfare and State Funds*	$12,859	$64,295	1	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3 & Supervisors	UNI	SW 605 Advanced Cultural Competence in Child Welfare: Enhance Your Cross-Cultural Assessment and Intervention Skills	Increases the participants' ability to effectively engage and intervene with families and youth of diverse cultures in the child welfare system.	IV-E All Child Welfare and State Funds*	$6,459	$32,295	1	1
O	Supervisors	ISU / Achievements	SW 829 ROM Training / Using Data	Develops the skills of participants in understanding data relating to placement of children and to improve outcomes for children in care.	IV-E All Child Welfare and State Funds*	$26,110	$130,550	10	1
I/O	SW 2, 3 & Supervisors	ISU	Child Welfare Webinars	Multiple offerings on a variety topics pertinent to child welfare practice	IV-E All Child Welfare and State Funds*	$19,232	$96,160	12	.3
O	Supervisors & Others	ISU / DHS	Supervisory Seminars	Provides multiple offerings on a variety of topics pertinent to child welfare practice from the supervisory perspective.	IV-E All Child Welfare and State Funds*	$18,909	$94,545	8-10	.3
O	SW 2, 3 & Community	ISU	Community Partnerships for Protecting Children	Develop skills of communities and partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being	IV-E All Child Welfare, and State Funds*	$326,821	$1,634,105	On-going	On-going

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
I	SW 3 & Supervisors	UNI	CPTA Law Manual Update	Synopsis of pertinent legal references supporting course materials in SP 300 Application of Legal & Medical Issues	IV-E All Child Welfare, and State Funds*	$2,934	$14,670	On-going	On-going
I/O	SW 2, 3, Supervisors & Others	ISU	DHS Service Training Website	Provides a Social Worker Training Series of self-study, classroom and resources that complement each other in a blended learning format to assist in efficiently and effectively providing training in child welfare to build staff competency in case management.	IV-E All Child Welfare and State Funds*	$130,278	$651,390	On-going	On-going
O	SW 2, 3, Supervisors & Others	ISU / Achievements /DHS	Differential Response Training	Increases participants' ability to preserve, strengthen and reunify the family.	IV-E All Child Welfare and State Funds*	$31,298	$156,490	On-going	On-going
O	SW 2, 3 & Community	ISU / Achievements /DHS	Family Interaction/FT DM Teleconference/Webinars	Improve skills of family team meeting facilitators in developing the family case plans to enhance positive outcomes for children.	IV-E All Child Welfare, and State Funds*	$54,359	$271,795	6-8	.3
I/O	SW 2, 3, Supervisors & Others	ISU / Achievements /DHS	Practice Initiatives	Provide information to further enhance practice statewide to achieve positive outcomes for children and families	IV-E All Child Welfare and State Funds*	$19,289	$96,445	On-going,	On-going

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 3 & Supervisors	Achievements	Unexplained Sudden Infant Deaths	Presents information on cases dealing with severe child trauma and child death	State Funds Only	$8,230	$41,150	1	1
O	SW 2, 3, Supervisors & Others	ISU / DHS	Human Trafficking	Provide information on how children in care can be targets for human trafficking. Learn what to look for and strategies to prevent the targeting of children in care.	IV-E All Child Welfare and State Funds*	$90,863	$454,315	2-10	1
O	SW 2, 3, Supervisors & Others	ISU	Trauma informed Practice: 360 view	Builds on the worker's understanding of how trauma affects their clients as well as their own profession and personal life. Enhances the worker's ability to develop support systems and self-care strategies to minimize the impact of secondary trauma.	IV-E All Child Welfare and State Funds*	$74,386	$371,930	2-10	1
O	SW 2, 3, Supervisors & Others	ISU	Strategies for Identifying and Utilizing Resources for Children and Families	Resources already exist that can be utilized in developing case plans for children and families. Identify the needs of children and families whether it be related to poverty, socio-economic issues or other societal issues. Utilize existing programs at Extension Services and other local agencies to meet the assessed needs.	IV-E All Child Welfare and State Funds*	$82,592	$412,960	2-10	1

I/initial O/on-going	Aud.	Provider of Training	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	Estimated Annual Cost	Estimated 5 year Cost	FY 15-19 # of Times Offered Annually	# of Days
O	SW 2, 3, Supervisors & Others	ISU / Achievements /DHS	SW 506 "Reaching Higher: Increasing Competency in Practice with LGBTQ Youth in Child Welfare Systems"	Identify the needs of children in the LGBTQ population and their families, foster parents and develop appropriate case plans and services.	IV-E All Child Welfare and State Funds*	$25,719	$128,595	10	1
O	SW 2, 3, Supervisors & Others	ISU / DHS	Working with Immigration and Refugees	Identify the needs of children in the immigrant and refugee population and their families and develop appropriate case plans and services.	IV-E All Child Welfare and State Funds*	$21,213	$106,065	2	1
						$1,859,900	$9,299,500		

*For FY 2015, the breakdown is 51.23% IV-E funds and 48.77% state funds based upon the 68.31% penetration rate multiplied by the 75% IV-E rate.
** For FY 2015, the breakdown is 53.60% IV-E funds and 46.40% state funds based upon the 71.46% penetration rate multiplied by the 75% IV-E rate.
*** For FY 2015, the breakdown is 55.19% IV-E funds and 44.81% state funds based upon the 73.59% penetration rate multiplied by the 75% IV-E rate.

SECTION IX: FINANCIAL INFORMATION

Payment Limitations: Title IV-B, Subpart 1

The amount of federal expenditures for foster care maintenance that Iowa expended under title IV-B, subpart 1, in FFY 2005 was $724,000. The same amount is allocated for foster care maintenance in FFY 2015. Iowa did not and does not use title IV-B, subpart 1, funds for child care or adoption assistance payments.

The amount of state expenditures of non-federal funds for foster care maintenance payments applied as state match for title IV-B, subpart 1, in FFY 2005 was $241,334. The same amount of non-federal funds expended for foster care maintenance payments will be applied as state match in FY 2015.

Payment Limitations: Title IV-B, Subpart 2

Iowa does not utilize 20% of the PSSF funds for family preservation because Iowa's main family preservation service, Family Safety, Risk and Permanency (FSRP) Services, are funded through the Temporary Assistance for Needy Families (TANF) and state appropriations.

Financial information comparing SFY 2012 state and local share spending for subpart 2 programs against the 1992 base year amount as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

Table 33: Comparison of SFY 2012 State/Local Spending and 1992 Base Year Spending		
Category	**FY 2012**	**FY 1992**
Family Preservation	-	-
Family Support	672,192	581,841
Family Reunification	400,888	-
Adoption Promotion	216,304	-
Other Service Related Activities	206,241	-
Total Administration	25,043	-
Total	**1,520,668**	**581,841**

In FY 2007, Iowa began targeting the adoption promotion portion of PSSF funds to provide adoption support services to adoptive families via the statewide Resource and Recruitment contract. The FY 1992 baseline was updated to reflect that change in the use of these funds.

State of Iowa Department of Human Services

Governor
Terry E. Branstad

Director
Charles M. Palmer

Council on Human Services

Deputy Director
Sally Titus

Bureau of Policy Coordination, Harry Rossander, Bureau Chief

Iowa Medicaid Enterprise
Jennifer Vermeer, Division Administrator

- **Deputy Medicaid Director**, Julie Lovelady
- **Bureau of Long Term Care**, Debbie Johnson, Bureau Chief
- **Bureau of Adult and Children's Medical Programs**, Anita Smith, Bureau Chief
- Operations Team

Division of Mental Health And Disability Services
Richard Shults, Division Administrator

- **Bureau of Community Services & Planning**, Theresa Armstrong, Bureau Chief
- Office of Facility Support
- **Bureau of Targeted Case Management**, Diane Diamond, Bureau Chief
- **Civil Commitment Unit for Sexual Offenders**, Dr. Jason Smith, Administrator
- **Cherokee MHI**, Dr. Jason Smith, Superintendent
- **Independence MHI**, Dr. Bhasker Dave, Superintendent
- **Clarinda MHI**, Mark Lund, Superintendent
- **Mt. Pleasant MHI**, Ron Mullen, Superintendent
- **Glenwood Resource Center**, Zvia McCormick, Superintendent
- **Woodward Resource Center**, Marsha Edgington-Bott, Superintendent
- **Eldora State Training School**, Mark Day, Superintendent
- **Toledo Juvenile Home**, Mark Day, Interim Superintendent

Division of Adult, Children & Family Services
Wendy Rickman, Division Administrator

- **Bureau of Financial, Health & Work Supports**, Ann Wiebers, Bureau Chief
- **Bureau of Child Welfare & Community Services**, Julie Allison, Bureau Chief
- **Bureau of Child Care Services**, Chad Dahm, Bureau Chief
- **Bureau of Quality Control**, Carol Stratemeyer, Bureau Chief

Division of Field Operations
Vern Armstrong, Division Administrator

- **Northern Service Area 2**, Evan Klenk
- **Western Service Area 1**, Tom Bouska
- **Cedar Rapids Service Area 4**, Marc Baty
- **Eastern Service Area 3**, Gary Lippe
- **Centralized Services Area**, Lori Lipscomb
- **Des Moines Service Area 5**, Pat Penning
- **Bureau of Quality Assurance & Improvement**, Jeff Terrell, Bureau Chief
- **Bureau of Child Support Recovery**, Carol Eaton, Bureau Chief
- **Bureau of Service Support & Training**, Vacant, Bureau Chief
- **Bureau of Income Maintenance Support & Training**, Vacant, Bureau Chief
- Health & Safety Officer

Division of Fiscal Management
Jean Slaybaugh, Chief Financial Officer

- **Bureau of Budget & Accounting**, Paul Scavo, Bureau Chief
- **Bureau of Purchasing, Payments, Receipts and Payroll**, Jeanette Wiig, Bureau Chief
- **Bureau of Service Contract Support**, Jon Wetlaufer, Bureau Chief
- **Bureau of Collection Services**, Angela Lathrop, Bureau Chief
- Office of Human Resources

Division of Data Management
Lorrie Tritch, Chief Information Officer

- **Bureau of Network Support**, Cathy McLuen, Bureau Chief
- **Bureau of Child Welfare Systems**, Sridhar Kothandeth, Interim Bureau Chief
- **Bureau of IM Systems**, Sridhar Kothandeth, Bureau Chief
- **Bureau of Child Support Systems**, Martin Hosbond, Bureau Chief
- **Bureau of Medical Systems & Data Warehousing**, Randy Clemenson, Bureau Chief

July 2013

Field Operations
10/31/2013

Area 2: Northern Service Area

Location: Waterloo ph 319-291-2441
SAM: Evan Klenk
SWA: Matt Majeski & Dawn Turner

Area 3: Eastern Service Area

Location: Davenport ph 563-326-8794
SAM: Gary Lippe
SWA: Leta Hosier & Lori Frick

Area 4: Cedar Rapids Service Area

Location: Cedar Rapids ph 319-892-6800
SAM: Marc Baty
SWA: Valarie Lovaglia & Holly Karr-White

Area 5: Des Moines Service Area

Location: Des Moines ph 515-725-2600
SAM: Pat Penning
SWA: Mike McInroy & Tracy White

Area 1: Western Service Area

Location: Council Bluffs ph 712-328-5661
SAM: Tom Bouska
SWA: Carol Gutchewsky & Pat Anderson

Iowa DHS Social Worker Competencies

Iowa Child Welfare

Individual Learning Needs Survey & Individual Learning Plan

Introduction
Welcome to the Child Welfare Staff **Individual Learning Needs Survey.** This survey is designed to assist each social worker with a review of their competencies and individual learning needs. A companion **Individual Learning Plan** provides a format to plan future training for improved individual professional practice. This plan is developed in collaboration with the supervisor.

The information gathered from the completed surveys and plans are compiled to identify priority statewide training needs. This information is the foundation for the statewide training plan and helps identify new training to meet staff learning needs.

In addition, the surveys, the plans, and identification of statewide training needs assist in meeting the Training Systemic Factor requirements of the Child and Family Service Review by providing a feedback loop for communicating staff training needs.

Individual Learning Needs Survey

Workers who have more than 12 months experience and have completed all new worker basic training complete this **Individual Learning Needs Survey.**

This **Individual Learning Needs Survey** contains a list of competencies specific to the Child Welfare field. *Competencies are statements of knowledge, skill and/ or commitments* that are necessary for the performance of job tasks. The competencies are *italicized red* statements in the survey. As workers move through the survey, workers compare their knowledge, skills, and abilities with the competencies and rate their proficiency.

This survey has three [3] levels of proficiency:
- **Exemplary** – Works autonomously with a high level of skill in that area and could serve in a mentoring role in helping co-worker/s in their knowledge, work or thinking. Professional development is self-directed and ongoing.
- **Proficient - Competent** professional. Could benefit from advanced training in the skill area.
- **Emerging -** Training and supervisory mentoring are needed to improve skill area to proficient. Emerging needs are prioritized for developing the Individual Learning Plan.
- **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

When determining the level of competence for each competency, it is important to note the rationale for each selection. The worker asks themselves, "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" When determining the level of competence, mentally note the source/s of information for making each selection instead of just a feeling as you rate each competency. Examples of demonstration or verification of having a competency would include:
- Individual Case Practice Examples
- Validation from Supervisor, other Professionals, or clients
- Direct observation of Supervisor or other Professionals
- Examples from Client records
- Employee self evaluation
- Examples from Case Staffing or other group supervision
- Individual supervision sessions
- Other_____

Iowa DHS Social Worker Competencies

Individual Learning Plan

The survey competencies include broad learning areas. The **Individual Learning Plan** promotes individualizing the learning needs and developing a plan to address that need in the future.

The **Individual Learning Plan** is designed to be completed by the Supervisor in consultation with their worker. The Worker and the Supervisor review the worker's **Individual Learning Needs Survey** and select the top four learning needs. On the Individual Learning Plan, they list the four priority learning needs by listing the number of the competency and brief description of what the Supervisor would like the worker to be able to do. The supervisor and worker together suggest and determine learning opportunities to promote professional practice improvement.

Transferring Information to the Database

When both the survey and learning plan are completed, go to the web link above and complete the information for statewide collections. **Keep this paper copy for your record.**

Frequently Asked Questions

The following questions and answers give more detail about the **Individual Learning Needs Survey** and the resulting **Individual Learning Plan**:

Do new workers complete the Individual Learning Needs Survey and Individual Learning Plan?
*NO. **New social workers within the first twelve months of employment** are still completing Basic training and they do not fill out this survey. New workers are considered to be on the novice level during the first 12 months of new worker training and are not included in this survey.*

Do the Supervisor and the Worker need to complete the entire Individual Learning Needs Survey?
*Yes. However, if a competency does not apply to the worker's job duties, mark **Not Applicable** and go on to the next competency statement.*

Is this like an evaluation?
*No. The **Individual Learning Needs Survey** helps identify what ongoing learning Child Welfare staff need in order to continue their professional development. The **Individual Learning Needs Survey** is a projection of future learning.*

How is the information used?
The Training Program will use the state and service area aggregate information to prioritize training needed by Child Welfare staff across the state. Learning opportunities will be developed to provide training based on the information provided.

Iowa DHS Social Worker Competencies

Core Competencies

Career Understanding

1. *The worker understands what their position entails and is committed to improving their practice skills and performance.*

   ⬭ **Exemplary** is represented as: Focuses on furthering professional knowledge and skills as an Iowa DHS social worker. Actively seeks opportunities to learn from professional experts. Helps emerging and proficient professionals improve their skills through mentoring. Demonstrates and engages in best practice. Maintains values and ethics in terms of professional responsibilities and principles of the profession.

   ⬭ **Proficient** is represented as: Demonstrates an active interest in career and in Iowa DHS worker responsibilities. Actively solicits assistance and applies feedback from others to increase knowledge and improve skills; demonstrates dedication to the principles, values and ethics of the social work profession.

   ⬭ **Emerging** is represented as: Needs training and mentoring to develop to a proficient level in their understanding of the scope, responsibilities and expectations of the child welfare profession as an Iowa DHS social worker. Demonstrates motivation to learn the skills needed to be proficient.

Focus on Iowa DHS Child Welfare Outcomes

2. *The worker makes critical decisions consistent with the outcomes of Safety, Permanency, Well Being, Academic Preparation and Skill Development as defined in the Iowa Department of Human Services Model of Practice.*

   ⬭ **Exemplary** is represented as: Consistently makes decisions and incorporates focus on indicators and outcomes. Consistently utilizes practices and skills that result in the outcomes defined in the Model of Practice. Understands how their role impacts the family and statewide outcomes of safety, permanency and well being. Mentors co-workers on key practice decisions and uses of a full range of formal and informal resources to achieve outcomes. (Case Reading Tool Pattern of Practice)

   ⬭ **Proficient** is represented as: Consistent pattern of recognizing and making decisions that supports good outcomes. Utilizes practices and skills that result in the outcomes defined in the Model of Practice. Understands how their role impacts the family and statewide outcomes of safety, permanency and well being. Utilizes and understands the rationale for a full range of formal and informal resources to achieve the outcomes. (Case Reading Tool Pattern of Practice)

   ⬭ **Emerging** is represented as: Needs training and mentoring to recognize and understand their role in the decisions and practices that contributes to good outcomes for children and families defined in the Model of Practice. Needs assistance in utilizing a full range of formal and informal resources to achieve the outcomes. (Case Reading Tool Pattern of Practice)

Utilizing Data to Inform Practice

3. *The worker knows how to access their individual case load data, understands how the data relates to their specific practice and case decisions, understands the connection between data, practice, and outcomes for families, and utilizes data to measure and improve their professional practice.*

○ **Exemplary** is represented as: Routinely accesses data related to family and child outcomes and indicators for their caseload, regularly reviews that data to monitor family outcomes on their caseload, improves practice and moves the agency toward the achievement of the goals of permanency, safety and well-being for families. When individual performance data is available, the worker utilizes the data to self-assess areas of strength in their practice and areas needing improvement and makes adjustments. Mentors others in understanding the connection between their practice as reflected in data and good outcomes for families.

○ **Proficient** is represented as: Knows how to access data related to family and child outcomes and indicators for their caseload, reviews that data to monitor family outcomes on their caseload, improves practice and moves the agency toward the achievement of the goals of permanency, safety and well being for families. When individual performance data is available, the worker utilizes the data to self-assess areas of strength in their practice and areas needing improvement.

○ **Emerging** is represented as: Needs training and mentoring to access and understand data related to family and child outcomes and indicators for their caseload, and to improve practice and move the agency toward the achievement of the goals of permanency, safety and well being for families. When individual performance data is available, the worker in collaboration with their supervisor utilizes the data to self-assess areas of strength in their practice and areas needing improvement.

Respects Differences in Ethnicity

4. *The worker interacts with members of all groups (ethnic, racial, religious, sexual orientation, political, social class, age, etc.), and demonstrates respect of differences, actively seeks knowledge of cultural values and ethnicity, and applies this knowledge to decision-making and the family change process. Understands and demonstrates ICWA requirements and understands decision points that contribute to disproportionality of minority youth.*

○ **Exemplary** is represented as: Interacts consistently with members of all groups (ethnic, racial, religious, sexual orientation, political, social class, age, etc.), and is always respectful of differences, actively seeks knowledge of cultural values and ethnicity, and applies this knowledge to decision-making and the family change process and all race and ethnicity fields are all completed in data collection. When encountering a new group, actively seeks knowledge of cultural values and ethnocentricity. Understands and follows ICWA requirements and understands decision points that contribute to disproportionality of minority youth and actively works to resolve system issues. Recognizes, monitors, and addresses their own biases. Always applies this knowledge to decision-making and the family change process. Mentors other co-workers.

○ **Proficient** is represented as: Interacts with members of all groups (ethnic, racial, religious, sexual orientation, political, social class, age, etc.), and is respectful of differences. Actively seeks knowledge of cultural values and ethnicity, and applies this knowledge to decision-making and the family change process and documents race and ethnicity fields for all cases in the information system. When encountering a new group, actively seeks knowledge of cultural values and ethnocentricity. Understands and follows ICWA requirements and understands decision points that contribute to disproportionality of minority youth and works to resolved system issues. Recognizes, monitors, and

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

addresses their own biases. Consistently applies this knowledge to decision-making and the family change process.

○ **Emerging** is represented as: Needs training and mentoring to acquire knowledge and skills to interact with members of all groups (ethnic, racial, religious, sexual orientation, political, social class, age, etc.). Is respectful of differences and actively seeks knowledge of cultural values and ethnicity. Applies this knowledge to decision-making and the family change process and documents race and ethnicity field for 85% of cases in the information system. When encountering a new group, actively seeks knowledge of cultural values and ethnocentricity. Uses supervisory assistance to follow ICWA requirements and to know decision points that contribute to disproportionality of minority youth. Uses supervisory clinical consultation to recognize, monitor, and address their own biases. Applies this knowledge to decision-making and the family change process.

Effectively Utilizes Supervision and Mentoring

5. *The worker actively uses supervision and mentoring to enhance the learning process and improve practice.*

○ **Exemplary** is represented as: Actively utilizes supervisor to enhance their understanding and seeks skill-enhancing relationships from supervisor and expert practitioners. Mentors others. Actively seeks opportunities to learn from professional experts.

○ **Proficient** is represented as: Actively solicits and applies feedback from supervisor and colleagues to enhance learning and improve performance.

○ **Emerging** is represented as: Engages in a trust-based relationship with mentor/s and utilizes supervision and coaching to improve practice to proficiency. Requests and accepts feedback positively and applies it to improve performance and enhance learning.

Works Collaboratively with Other Professionals

6. *The worker effectively interacts with co-workers and child welfare partners in various positions and capacities. Identifies and engages key partners in helping the family and/or individual(s) progress toward targeted outcomes.*

○ **Exemplary** is represented as: Highly effective in building, keeping and enhancing key partnerships with the Department and community partners to reach targeted outcomes and to problem solve to make the system more effective. Assures that the family and/or individual(s) fully understand the goals and positively respects and promotes the team approach and consistently mentors other staff.

○ **Proficient** is represented as: Consistently embraces the family and/or individual(s), Department and community partners as allies in moving toward targeted outcomes; is effective in identifying key partners and keeps them connected; assures that the family and other team members understand the goals and promotes the team approach. Understands others' responsibilities and respects and supports their position.

○ **Emerging** is represented as: Needs training and mentoring to acquire the skills to promote teamwork and identify the members of an effective team. Accepts various team roles.   Demonstrates respect for other Department personnel and community partners and develops good peer relationships.

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Iowa DHS Social Worker Competencies

Worker Well Being

7. *The worker identifies and employs actions for her or his well being.*

◯ **Exemplary** is represented as: Independently recognizes emotional risks of secondary trauma and stress. Maintains an ongoing balance of their emotional well-being and their positive perspective by utilizing relaxation techniques, support systems, exercise, nutrition, play, rest, sleep, routines and resources through the Department and community to cope. Maintains a calm and positive attitude, enthusiasm and commitment to social work principles. Contributes to a systematic culture that prioritizes worker well-being. Has good coping behaviors and mentors others in dealing effectively with job related stress.

◯ **Proficient** is represented as: Recognizes emotional risks of secondary trauma and stress and uses relaxation techniques, support system, exercise, nutrition, play, rest, sleep, routines and resources through the Department and community to cope. Has coping behaviors and utilizes supervisor/mentor in dealing effectively with job related stress.

◯ **Emerging** is represented as: Needs help in recognizing emotional risks of secondary trauma and stress and seeks appropriate responses through resources in the department and the community. Needs assistance and mentoring to deal effectively with job related stress.

Worker Safety

8. *The worker identifies and employs actions for her or his safety.*

◯ **Exemplary** is represented as: Always gathers available data surrounding case to make an advance personal safety plan. Communicates with supervisory and county attorney on all safety issues. Consistently uses precautions when making home visits or meeting clients in the office and does not put themselves or others at risk. Extremely skilled in managing conflict by anticipating and immediately de-escalating situations that could get out of hand. Accurately reads cues and threats in the environment and knows when to exit the situation/home. Always recognizes emotional risks of secondary trauma and stress and seeks appropriate responses through resources in the Department and the community. Mentors others in safe worker practices.

◯ **Proficient** is represented as: Usually gathers available data surrounding case to make a personal safety plan. Communicates with supervisor and county attorney on all safety issues. Uses precautions when making home visits or meeting clients in the office. Good at anticipating and de-escalating situations that could get out of hand. Reads cues and threats in the environment and knows when to exit the situation/home. Consistently recognizes emotional risks of secondary trauma and stress and seeks appropriate responses through resources in the Department and the community.

◯ **Emerging** is represented as: Needs training and mentoring to identify and use data surrounding cases to manage conflict effectively. Can articulate and demonstrate basic actions to take in the field and in the office to protect themselves and others. Becoming aware of cues and threats in the environment and knows when to exit the situation/home. Needs help in recognizing emotional risks of secondary trauma and stress and seeks appropriate responses through resources in the Department and the community.

Technology

9. *The worker appropriately accesses and utilizes technology resources and maintains electronic security*

Exemplary is represented as: Masterfully utilizes a range of electronic resources (client or non-client information, government programs, Internet resources) to assist families. Accesses online policy manual and navigates through sections easily. Independently completes electronic training components in a timely manner. Always implements and

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○ applies DHS policies on electronic security. Is innovative in seeking other forms of technology in working together and in assisting families in communicating. Mentors others in utilizing electronic tools and resources.

○ **Proficient** is represented as: Knows how to utilize and access a range of electronic resources. Effectively utilizes policy manual online. Completes electronic training components in timely manner. Utilizes electronic resources (client or non-client information, government programs, Internet resources). Implements and applies DHS policies on electronic security.

○ **Emerging** is represented as: Needs training and mentoring to increase or update knowledge and skills to access electronic resources. Uses relevant tutorials. Can access and utilize policy manual online.   Beginning to use information that can be accessed using technology resources rather than asking peers or supervisor.

Fundamental Relationship with Families

10. *The worker demonstrates respect, genuiness, empathy, honesty, integrity in all interactions with families and individuals; creates open dialogue/ communication, develops a trust-based relationship, and engages the family in problem solving and self-determination to improve family functioning and safety of children.*

○ **Exemplary** is represented as: Quickly, unbiased and unobtrusively engages family and others with respect, genuiness, empathy, honesty, integrity in all interactions. Excellent verbal and non-verbal skills that creates open communication and develops a trust–based relationship. Actively listens and promotes the family as a full partner and/or individual(s) to assume ownership of problem solving and leadership in the change process to improve family functioning and safety of children by exploring positive alternatives. Has a repertoire of tools to establish rapport and does so with great skill.

○ **Proficient** is represented as: Exhibits courteous, friendly and empathetic interactions with all family members. Demonstrates consistent skills to build trust-based relationships with families and communicates using verbal and non-verbal skills in a professional unbiased manner and genuinely interested in helping the family. Actively listens to the family and/or individual(s) while keeping a good rapport; shows respect; engages them in problem solving and explores positive alternatives; considers additional needs of the family and/or individual(s) beyond the presenting concern. Sees the family as a full partner in the problem solving process.

○ **Emerging** is represented as: Understands engagement principles and communication skills with families for problem solving and case planning but needs training and mentoring to utilize these skills proficiently with all families. Actively listens and responds appropriately. Approaches family with respect and honesty.

Domestic Violence

11. *Accurately identifies indicators and dynamics of domestic violence (including physical, psychological, sexual) and utilizes critical decision making skills to inform practice, implementing evidence based best practice approaches when possible. Understands the effects on the family system and applies this knowledge in all work with children and families.*

○ **Exemplary** is represented as: Utilizes critical decision making skills to effectively identify and respond to evidence of domestic violence by implementing best practice approaches. Understands how domestic violence increases safety threats for children in the home. Coordinates the planning and delivery of services to children who have been maltreated as a result of domestic violence. Able to clearly integrate the domestic violence problem issues into the family assessment, safety plan, and case plan. Mentors other staff with their knowledge and continually seeks new knowledge.

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

○ **Proficient** is represented as: Looks for evidence and understands impact of domestic violence and responds effectively. Understands how domestic violence increases safety threats for children in the home and assesses and documents this in the family assessment, safety plan, case plan. Recognizes need for continually learning.

○ **Emerging** is represented as: Needs training and mentoring to fully recognize and understand evidence of domestic violence and makes appropriate responses. Needs clinical consultation to understand effects on children and seeks consultation and training to meet children's needs effectively.

Substance Abuse

12. *Accurately identifies evidence and dynamics of substance abuse and utilizes critical decision making skills to inform practice, implementing evidence based best practice approaches when possible. Understands the effects on the family system and applies this knowledge in all work with children and families. Understands how dual diagnosis of family members increase risks for children in the home.*

○ **Exemplary** is represented as: Utilizes critical decision making skills to effectively respond to evidence of substance abuse by implementing best practice approaches. Understands how dual diagnosis of family members increase risks for children in the home. Coordinates the planning and delivery of services to children who have been maltreated as a result of substance abuse and services to families. Able to clearly integrate the substance abuse issues into the family assessment and case plan. Mentors other staff with their knowledge and continually seeks new knowledge.

○ **Proficient** is represented as: Looks for evidence and understands impact of substance abuse and responds effectively. Understands how dual diagnosis of family members increase risks for children in the home. Documents substance abuse issues into the family assessment and case plan. Recognizes need for continually learning.

○ **Emerging** is represented as: Needs training and mentoring to fully understand evidence of substance abuse issues and makes basic responses. Needs clinical consultation to understand effects on children and makes appropriate responses to these issues.Needs assisstance from supervisor for documenting substance abuse issues in family assessment and case plan.

Mental Health

13. *Accurately identifies dynamics and indicators of mental health issues including those associated with trauma events. Utilizes critical decision making skills to inform practice, implementing evidence based best practice approaches when possible. Understands the effects on the family system and applies this knowledge in all work with children and families. Understands how dual diagnosis of family members increase risks for children in the home.*

○ **Exemplary** is represented as: Utilizes critical decision making skills to respond effectively to evidence of mental health issues. Understands how dual diagnosis of family members increase risks for children in the home. Coordinates the planning and delivery of services to children and families and uses evidence based practices. Is able to clearly integrate the mental health issues into the family assessment and case plan. Mentors other staff with their knowledge and continually seeks new knowledge.

○ **Proficient** is represented as: Looks for evidence and understands impact of mental health issues and responds effectively. Understands how dual diagnosis of family members increase risks for children in the home. Documents mental health issues into the family assessment and case plan. Recognizes need for continually learning.

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○ **Emerging** is represented as: Needs training and mentoring to fully understand evidence of mental health issues and makes basic responses. Needs clinical consultation to understand effects on children and makes appropriate responses to these issues. Needs assisstance from supervisor for documenting mental health issues in family assessment and case plan.

Functional Assessment Skill

14. *Demonstrates ability to complete a comprehensive functional assessment that includes gathering, analyzing, comparing, and synthesizing the information from various sources to come to an understanding of family strengths and needs relating to child's safety, permanency and well being. Applies this skill to support practice decisions throughout the life of the case. This assessment provides a shared understanding with the family of the child and family's situation, underlying issues and identifies the change necessary for safe case closure.*

○ **Exemplary** is represented as: Analyzes, compares and synthesizes assessment information from various sources and easily recognizes patterns and themes; critically judges the accuracy of information and draws conclusions about its meaning and relevance to children's safety, permanency and well being. Has extensive range of understanding of mental health, substance abuse, child development, domestic violence, poverty, family system functioning and other conditions that result in families coming to the attention of the Department and continues to update their knowledge. Mentors others in gathering information and critically judging the information for decision-making and behavioral changes needed for safe case closure.

○ **Proficient** is represented as: Gathers, analyzes and synthesizes the information to come to a clear understanding of family strengths, needs and contributing factors relative to child safety, permanency and well being. Has an understanding of mental health, substance abuse, child development, domestic violence, poverty, family system functioning and other conditions that result in families coming to the attention of the Department and seeks to update their knowledge. Critically judges information and understands behavioral changes needed for safe case closure.

○ **Emerging** is represented as: Needs training and mentoring in gathering, analyzing and synthesizing the information to come to an understanding of family strengths, needs and risks relative to child safety, permanency and well being. Needs training and mentoring to ask critical questions and develop the capacity to ask fresh questions when the next steps are not clear. Knows that understanding is never perfect so always keeping an eye to what is not working and what information is needed to inform the change process. Needs training and mentoring to enhance their understanding of mental health, substance abuse, child development, domestic violence, poverty, family system functioning and other conditions that result in families coming to the attention of the Department. Has a basic understanding of behavioral changes relevant to the functional assessment.

Trauma Informed Practice

15. *The worker understands trauma effects, recognizes behavioral indicators in parents and children, addresses trauma effects through core case work functions and actively works to decrease system induced stressors and build resiliency for families. Workers plan and implement placements that reduce stress and prevent trauma for families and promote placement stability for children.*

○ **Exemplary** is represented as: Actively demonstrates and mentors others in the understanding of trauma effects in all aspects of case work practice, screens for symptoms and impact on development, collects a comprehensive trauma history, and completes a referral for trauma-informed mental health services when needed. Recognizes and mentors others in understand system induced stressors and uses sensitive practice and case practice tools, e.g. Family Team Decision Making (FTDM), Pre-Removal Conferences (PRC), and Family Interaction (FI), to decrease system

induced stressors for families. Teams with trauma-informed therapists and providers to address trauma effects and developmental issues for children and parents. Recognizes and mentors others in identifying strengths/protective capacities and building resiliency. Actively advocates for children with trauma, helping other professionals and caregivers understand and strategize to decrease trauma-effects in all domains; home, school, community. Targets the effects of adverse childhood experiences on parenting ability and helps parents understand the effects of abuse and neglect for their children. understands how trauma therapy helps individuals heal and seeks out trauma-informed evidence-based practices for children and parents who have trauma-effects. Promotes stability of placement through strategizing effective management of overwhelming emotions and behaviors, appropriately addressing behavior management issues, and providing support to caregivers with overwhelming parenting demands.

Proficient is represented as: Knows and demonstrates understanding of trauma effects in case work practice, screens for symptoms and impact on development, collects a comprehensive trauma history, and completes a referral for trauma-informed mental health services when needed. Recognizes and understands system induced stressors and uses case practice tools, e.g. Family Team Decision Making (FTDM), Pre-Removal Conferences (PRC), and Family Interaction (FI), to decrease system induced stressors for families. Teams with trauma-informed therapists and providers to address trauma effects and developmental issues for children and parents, recognizing strengths and building resiliency. Advocates for children with trauma, helping other professionals and caregivers understand and strategize to decrease trauma effects in all domains; home, school, community. Targets the effects of adverse childhood experiences on parenting ability and helps parents understand the effects of abuse and neglect for their children. Understands how trauma therapy helps individuals heal and seeks out trauma- informed evidence-based practices for children and parents who have trauma-effects. Promoted stability of placement through strategizing effective management of overwhelming emotions and behaviors, appropriately addressing behavior management issues, and providing support to caregivers with overwhelming parenting demands.

Emerging is represented as: Needs training and mentoring to access and understand trauma informed care and the trauma effects in case work practice. Screens for symptoms and impact on development, collects a comprehensive trauma history, and completes a referral for trauma-informed mental health services when needed. Recognizes and understands system induced stressors and uses case practice tools, e.g. Family Team Decision Making (FTDM), Pre-Removal Conferences (PRC), and Family Interaction (FI), to decrease system induced stressors for families. Teams with trauma-informed therapists and providers to address trauma effects and developmental issues for children and parents, recognizing strengths and building resiliency. Advocates for children with trauma, helping other professionals and caregivers understand and strategize to decrease trauma effects in all domains; home, school, community. Targets the effects of adverse childhood experiences on parenting ability and help parents understand the effects of abuse and neglect for their children. Understands how trauma therapy helps individuals heal and seeks out trauma- informed evidence-based practices for children and parents who have trauma-effects. Promotes stability of placement through strategizing effective management of overwhelming emotions and behaviors, appropriately addressing behavior management issues, and providing support to caregivers with overwhelming parenting demands.

Child Safety

16. *Differentiates between Safety and Risk and appropriately utilizes assessment tools to effectively support case practice decisions.*

Exemplary is represented as: Skillfully differentiates between safety and risk using the safety constructs. Mentors other staff in distinguishing between safety and risk by

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applying the three constructs of threats of maltreatment, vulnerability of the child and protective capacity.

○ **Proficient** is represented as: Fully understands safety by applying the three constructs of threats of maltreatment, vulnerability of the child and protective capacity. Consistently differentiates between safety and risk.

○ **Emerging** is represented as: Needs training and mentoring to fully understand safety and how safety is determined using the three constructs of threats of maltreatment, vulnerability of the child and protective capacity. May need supervisory assistance to consistency differentiate between safety and risk.

Safety Assessments and Safety Plans

17. *Effectively utilizes safety assessments throughout the life of a case to support case practice decisions. Demonstrates knowledge and skill in the design and implementation of safety plans to protect children with the family.*

○ **Exemplary** is represented as: Involves the immediate and extended family members as appropriate; uses the three constructs, the safety assessments and safety plans when a determination of conditionally safe has been made. Are thorough and specific to the family and supplements the protective capacities, controls for the present or impending danger and is monitored. Always completes safety assessments and safety plans in a timely manner. Provides mentoring on safety assessment and planning.

○ **Proficient** is represented as: Completes safety assessment using the three constructs. Develops a safety plan when a determination of conditionally safe has been made. The safety plan is specific, supplements the protective capacities, controls for the present or impending danger and is monitored. Completes safety assessments and safety plans in a timely manner. Involves immediate and extended family members.

○ **Emerging** is represented as: Needs training and mentoring to gain a more solid understanding and implementation of the safety constructs, safety assessments and safety plans. Has an understanding of the purpose of safety planning. Completes safety assessments and safety plans in a timely manner. Understands the importance of involving immediate and extended family members.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Child Development

18. *Demonstrates knowledge of stages, tasks, and milestones of normal child development in physical, cognitive, social and emotional domains/birth through adolescence and can accurately identify dynamics and indicators of child maltreatment.*

○ **Exemplary** is represented as: Always articulates knowledge of child development, quickly picks up on child development problems in cases and accurately documents in each case by synthesizing information. Makes a timely referral when needed. Can articulate dynamics and indicators, addressing underlying issues for the child and is able to include abuse or neglect, recognizes all of them and documents in the functional assessment throughout the life of a case. Critically judges what they know and what they need to know and seeks new information. Mentors others.

○ **Proficient** is represented as: Articulates knowledge of child development, quickly picks up on problems in child development in cases, documents in each case. Makes a referral when needed. Articulates dynamics and indicators, including abuse or neglect,

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recognizes all of them, and documents in the functional assessment throughout the life of a case.

○ **Emerging** is represented as: Needs training and mentoring to articulate knowledge of child development, generally picks up on problems in child development in cases, documents those problems that they encounter. Utilizes supervisory assistance to make referrals when needed. Can generally articulate dynamics and indicators, including abuse or neglect, recognizes them most of the time, and documents those that are caught in the functional assessment throughout the life of a case.

Interviewing

19. *Knows the impact of the time, location, and environment of an interview. Organizes key questions to effectively gather critical information through strength-based process. Continually critically judges what is known and what they need to know. Effectively engages the family by employing active listening, reflecting, reframing, and utilizes appropriate questions to explore, focus and guide the information gathering. Understands verbal and non-verbal cues.*

○ **Exemplary** is represented as: Knows the time, place, and recommended sequence of interviewing and is able to effectively utilize this or modify it to maximize the effectiveness of the interview. Utilizes follow-up questioning that leads to an increased understanding. Analyzes and synthesizes the information as they are interviewing. Can explain the rationale for their sequence of interviewing and follows the recommended sequence for interviewing which helps to ensure the safety of children. Is able to effectively use the interview to engage the families to become motivated to make changes that will keep their children safe.

○ **Proficient** is represented as: Consistently knows the time, place, and recommended sequence of interviewing. Can explain the rationale for their sequence of interviewing. Follows the recommended sequence for interviewing which helps to ensure the safety of children. Is good at interviewing and getting useful information. Uses the interview to engage the families to become motivated to make changes that will keep their children safe.

○ **Emerging** is represented as: Articulates the concepts of time, place, and recommended sequence of interviewing but needs training, and mentoring to integrate these skills into practice to gather the critical information for the safety of children and to engage the families to become motivated to make changes that will keep their children safe.

Court/Legal Issues

20. *Demonstrates knowledge and understanding of state and federal statutes in child welfare casework and the importance of adhering to these regulations.*

○ **Exemplary** is represented as: Thorough understanding of how child welfare state and federal statutes and other related laws relate to best practice in helping a child achieve safety, permanency and well being. Mentors other staff surrounding legal procedures and utilizes supervisor as a consultant in applying critical thinking to their practice.

○ **Proficient** is represented as: Knows and understands child welfare state and federal statutes and other related laws. Understands the importance of adhering to these regulations and applies it to their practice. Utilizes clinical supervision as needed.

○ **Emerging** is represented as: Needs training and mentoring to fully know the state and federal statutes for child welfare and other related laws. Needs clinical supervision to adhere to state and federal practice.

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Iowa DHS Social Worker Competencies

Court/Legal Issues

21. *Demonstrates familiarity and knowledge of legal documents and understands what types of information must be gathered, documented and maintained in family case records to support court proceedings.*

○ **Exemplary** is represented as: Completes legal documents accurately and timely and includes extensive detail and supporting documents that aid in successful case disposition. Mentors other staff in documentation for legal purposes.

○ **Proficient** is represented as: Completes legal documents accurately and timely. Understands the types of information necessary and supporting documents for each legal document, and knows when to use each document. Seeks supervisory assistance as needed.

○ **Emerging** is represented as: Needs training and mentoring to complete legal documentation accurately and timely and with detail to support the court proceedings. Needs supervision to complete paperwork.

Court/Legal Issues

22. *Demonstrates knowledge of effective preparation, testifying, and court etiquette.*

○ **Exemplary** is represented as: Articulates proper court and testifying preparation and behavior. Thoroughly prepares for testimony, testifies well, and is appropriately assertive in court. Demonstrates and understands the importance of appropriate court decorum and a calm and confident demeanor. Able to respond effectively to direct and cross-examination. Skillfully demonstrates the presentation of case knowledge into evidence. Mentors other staff with their experience and knowledge of the legal system and their knowledge of requirements and limitations around written and oral information to parties in the case in a legal action.

○ **Proficient** is represented as: Articulates proper court and testifying preparation and behavior. Prepares for testimony, testifies and handles cross-examination adequately. Is appropriately assertive in court. Demonstrates and understands the importance of a calm and confident demeanor. Understands requirements and limitations around written and oral information to parties in the case in a legal action.

○ **Emerging** is represented as**:** Needs training, mentoring and supervisory case consultation to prepare testimonies, cross-examination and to appear confident and assertive in the courtroom. Seeks supervisor's consultation to understand requirements and limitations around written and oral information to parties in the case in a legal action.

Engages with the Family

23. *Engages with the family and helps the family identify appropriate participants for a family team decision meeting in order to have a plan with the family that focuses on behavioral goals/outcomes that address child safety, permanency and well being.*

○ **Exemplary** is represented as: Consistently engages all members of the family and their supports to set the foundation for an effective family team decision meeting. Develops, with great detail and insight, family case plans that focus on strengths, needs, including underlying needs and strategies/interventions to promote change that results in child

safety, permanency, and well being. Consistently promotes family team decision meetings and mentors other staff. Mentors others in writing behavioral goals/outcomes.

○ **Proficient** is represented as: Understands the concepts of family team decision meetings and the development of family plans. Engages all members of the family and their supports to set the foundation for an effective family team decision meeting. Incorporates the family team decision meeting plan into a plan that is family focused. Promotes necessary change in family behavior around child safety, permanency and well being due to completing thorough functional assessments and using effective strategies/interventions. Consistently writes behavioral goals/outcomes.

○ **Emerging** is represented as: Needs training and mentoring in understanding the concepts of family team decision meetings and the development of family plans and in engaging families for a family team decision meeting. Needs mentoring in incorporating the family team decision meeting plan into a plan that is family focused. Needs training and mentoring to gather pieces of information to create case plans representative of the families' strengths, and strategies/interventions to promote changes in family behavior for child safety, permanency and well being. Understands the concept of behavioral goals/outcomes.

Involvement of Kin

24. *Demonstrates and values the involvement of kin (related and not-related) in the child's life by doing early diligent searches of maternal and paternal relatives and others and engaging them as informal supports/ family resources. Understands multi-generational family systems and as a result can anticipate and secure resources to mediate family conflict at its emergence.*

○ **Exemplary** is represented as: Masterfully involves and supports kin in the lives of their children. Uses genograms or other visual representation for understanding of family functioning and multi-generational family patterns. Understands family dynamics and effectively mediates family conflict at its emergence . Secures additional resources when necessary. Promotes and mentors in kinship practice.

○ **Proficient** is represented as: Consistently involves and supports kin in the lives of their children. Uses genograms or other visual representation for understanding of family functioning and multi-generational family patterns. Recognizes family dynamics and the need for mediating family conflict and demonstrates basic negotiation skills and secures additional resources when necessary.

○ **Emerging** is represented as: Needs training, mentoring and case consultation to fully integrate these concepts into practice. Understands the importance of kin involvement in case planning and practice. Uses genograms or other visual representations for identifying and understanding family relationships.

Involvement of Non-custodial parent

25. *Demonstrates and values the positive role and involvement of the non-custodial parents in the child's life. Demonstrates proficiency with a variety of search tools to locate non-custodial parents. Supports and encourages the involvement of the non-custodial parents early and often in case planning and decision-making. Responds to the needs of the non-custodial parents. Demonstrates the ability to negotiate the family issues that prevent engagement of non-custodial parents.*

Exemplary is represented as: Understands and consistently implements the practice guidelines for making concerted efforts to engage the non-custodial parent in the life of the case. Easily negotiates and resolves barriers to non-custodial parental involvement and mentors and promotes this practice to others. Promotes and mentors others in engaging the non-custodial parent.

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Iowa DHS Social Worker Competencies

○ **Proficient** is represented as: Understands and makes efforts to follow the practice guidelines for making concerted efforts to engage the non-custodial parent in the life of the case. Understands barriers and works to manage those barriers.

○ **Emerging** is represented as: Needs training and mentoring to fully integrate these concepts into practice. Generally understands the importance of non-custodial parent's involvement in case practice.

Intake

26. *Demonstrates knowledge of criteria for child abuse, dependent adult abuse and CINA assessments to provide the detailed information necessary for making correct determinations of acceptance through use of critical questions.*

○ **Exemplary** is represented as: Masterfully demonstrates knowledge of the child abuse and dependent adult abuse categories, CINA criteria and community resources. Provides detailed information for decision-making through skilled interviews and asking critical questions of the reporter. Knows and uses all information data systems to complete a thorough, accurate and complete intake.   Mentors co-workers in asking critical questions and searching for essential information criteria for abuse and CINA assessments.

○ **Proficient** is represented as: Knows and demonstrates knowledge of child abuse and dependent adult categories and CINA criteria. Asks critical questions and provides detailed information necessary to make the determination.

○ **Emerging** is represented as: Needs coaching and mentoring in learning and understanding child and dependent adult abuse categories and CINA criteria in order to gather critical information necessary to make a determination. Needs training and mentoring to enhance critical questioning skills.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Intake

27. *Accurately gathers information and applies screening criteria necessary to make an accurate pathway assignment. Documents the intake information on Child Protective Services Intake, Form 470-0607.*

○ **Exemplary** is represented as: Documents intake information thoroughly and accurately to support the decision to accept or reject according to Iowa Code. Completes documentation with respect to all necessary fields required and reflects the content and quality of the interview and critical thinking. Is able to mentor other staff in how to quickly and effectively complete the form.

○ **Proficien**t is represented as: Documents the gathered intake information with no critical errors. Provides information with sufficient detail to make a decision and be useful to relevant staff. Demonstrates increasing capacity to reflect the content and quality of the interview and critical thinking needed on routine intake calls. Needs on-going mentoring for difficult and unusual intake situations.

○ **Emerging** is represented as: Needs coaching and mentoring to be able to provide sufficient information in which to make a decision or be of assistance to relevant staff.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

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Iowa DHS Social Worker Competencies

Intake

28. *Sees the referral aspect of Intake as an educational service and part of public relations. Refers to the relevant community resources when the situation does not meet the criteria for child abuse, dependent adult abuse or CINA assessment.*

○ **Exemplary** is represented as: Masterfully takes referrals, engages and builds rapport with the caller. Is polite, professional, knowledgeable, and helpful to the caller. Sees the role of Intake as educational and part of public relations and mentors other staff in engaging with callers, building rapport and making appropriate referrals.

○ **Proficient** is represented as: Is skilled at taking referrals, engages with the caller, and builds positive rapport, especially with other professionals. Responds politely and with helpful information to all callers. Sees the role of Intake as educational and part of public relations and projects a positive image. Makes appropriate referrals to community resources.

○ **Emerging** is represented as: Sees the role of Intake as part of public relations yet needs coaching and mentoring in engaging and building positive rapport with callers and in making referrals to community resources.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Child Abuse Assessments

29. *Demonstrates knowledge of appropriate time frames for initiation, observation of child victims and other subjects and completion of assessment summary report. Makes accurate determinations. Completes required Information System Screens.*

○ **Exemplary** is represented as: Always recognizes present and impending danger and assures child victim and other subjects are safe. Critically analyzes and makes case determination during an assessment. Provides comprehensive documentation to support all determinations. Uses information and participates in teaching situations with co-workers. Recognizes when to seek supervisory consult. Accurately and thoroughly completes the Information System screens and is able to teach others how to maneuver through the different screens.

○ **Proficient** is represented as: Always recognizes present and impending danger and assures child victim and other subjects are safe. Consults with supervisor on difficult and unusual case determination. Documents findings in the Information System. Provides documentation necessary to support all determinations.

○ **Emerging** is represented as: Needs coaching and mentoring to consistently recognize imminent danger and consults with supervisor to help make accurate safety determinations. Knows required time frames. Asks for help as needed to document in the Information System. Needs coaching and mentoring to provide documentation necessary to support all determinations.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Child Abuse Assessments

30. *Demonstrates knowledge of information needed from medical profession for child maltreatment. Knows what a physician can and cannot detect. Knows how to take appropriate action when there is a discrepancy between the medical diagnosis and other evidence. Understands the medical issues involved in an assessment and seeks out appropriate physician consultation.*

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Iowa DHS Social Worker Competencies

○ **Exemplary** is represented as: Interacts professionally with the medical community to identify information and related medical concerns and conditions as they relate to safety for the child. Gathers extra information that would be helpful to the ongoing worker, often identifying underlying conditions. Initiates appropriate action when there is a discrepancy between expert opinion or the medical diagnosis and other evidence and identifies how it affects outcomes for the child. Utilizes supervisor for clinical supervision. Mentors other co-workers, models and articulates critical thinking processes.

○ **Proficient** is represented as: Gathers information from medical reports and accurately documents medical information in the assessment. Gathers extra information that would be helpful to the ongoing worker, often identifying underlying conditions. Takes appropriate action when there is a discrepancy between the expert opinion or the medical diagnosis and other evidence. Consults with supervisor for clinical input to make a determination on a regular basis.

○ **Emerging** is represented as: Needs training and mentoring in gathering information for medical reports and in documenting medical information in the assessment. Uses supervisory assistance to take appropriate action when there is a discrepancy between the expert opinion or the medical diagnosis and other evidence. Asks supervisor for clinical input to make a determination.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Child Abuse Assessments

31. *Coordinates and implements multi-disciplinary approach to conducting assessments including child protective services (CPS), law enforcement, and medical professionals (including child protection centers).*

○ **Exemplary** is represented as: Clearly identifies the roles of CPS, law enforcement and medical professionals, including child protection centers. Consistently coordinates well with these professionals and other community partners during child abuse assessments. Able to coach and mentor workers who do not have as much experience.

○ **Proficient** is represented as: Knows the protocol for joint assessment with law enforcement, medical professionals, including child protection centers and coordinates adequately with these and other community partners during child abuse assessments.

○ **Emerging** is represented as: Needs training and mentoring around the roles of CPS, law enforcement and child protection centers and medical professionals related to child abuse assessments. Needs mentoring and training in the interviewing protocol specific to a joint child abuse assessment with law enforcement.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Family Assessments

32. *Demonstrates ability to complete a comprehensive family assessment that includes gathering, analyzing, comparing, and synthesizing the information with the family to come to an understanding of family strengths and needs relating to child's safety, permanency and well being. Organizes key questions to effectively gather critical information utilizing a strength-based process. Continually critically judges what is known and what needs to be known.*

○ **Exemplary** is represented as: Clearly explains family assessment when engaging with the family. Effectively engages the family by employing active listening, reflecting, and reframing. Utilizes appropriate questions to explore, focus and guide the information gathering process. Understands verbal and non-verbal cues and can adapt their interview techniques in response to the cues of others. Knows the impact of time, location, and environment on an interview and adapts these variables as possible to maximize

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Iowa DHS Social Worker Competencies

engagement with the family. Is able to coach and mentor co-workers who do not have as much experience. Understands when the situation may warrant a change in pathway and seeks supervisory consultation.

○ **Proficient** is represented as: Knows the protocol for family assessment and engages with the family. Is able to engage the family by employing active listening, reflecting, and reframing. Utilizes appropriate questions to explore, focus and guide the information gathering process. Understands verbal and non-verbal cues. Knows the impact of time, location, and environment on an interview. Understands the screening criteria and seeks supervisory consultation when more information becomes known that would necessitate a change in pathway.

○ **Emerging** is represented as: Knows the screening criteria and seeks supervisory consultation if they believe a criterion has been met. Needs training and mentoring around understanding the protocol for family assessment and family engagement strategies related to family assessments.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Dependent Adult Abuse Evaluations or Assessments

33. *Demonstrates knowledge of appropriate time frames for initiation, observation of dependent adults and completion of summary report. Makes accurate determinations. Completes required Information System screens.*

○ **Exemplary** is represented as: Always recognizes present and impending danger and assures dependent adults are safe. Critically analyzes and makes case determination during an evaluation or assessment. Provides comprehensive documentation to support all determinations. Uses information and participates in teaching situations with co-workers. Recognizes when to seek supervisory consultation. Accurately and thoroughly completes the Information System screens and is able to teach others how to maneuver through the different screens.

○ **Proficient** is represented as: Always recognizes present and impending danger and assures dependent adults are safe. Consults with supervisor on difficult and unusual case determination. Documents findings in the Information System. Provides documentation necessary to support all determinations.

○ **Emerging** is represented as: Needs coaching and mentoring to consistently recognize imminent danger and consults with supervisor to help make accurate safety determinations. Knows required time frames. Asks for help as needed to document in the Information System. Needs coaching and mentoring to provide documentation necessary to support all determinations.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Dependent Adult Abuse Evaluations or Assessments

34. *Demonstrates knowledge of information needed from medical profession for dependent adult maltreatment. Knows what a physician can and cannot detect. Knows how to take appropriate action when there is a discrepancy between the medical diagnosis and other evidence. Understands the medical issues involved in an assessment and seeks out appropriate physician consultation.*

○ **Exemplary** is represented as: Interacts professionally with the medical community to identify information and related medical concerns and conditions as they relate to safety for the dependent adult. Initiates appropriate action when there is a discrepancy between expert opinion or the medical diagnosis and other evidence and identifies how it affects outcomes for the dependent adult. Utilizes supervisor for clinical supervision. Mentors other co-workers, models, and articulates critical thinking processes.

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○ **Proficient** is represented as: Gathers information from medical reports and accurately documents medical information in the assessment. Takes appropriate action when there is a discrepancy between the expert opinion or the medical diagnosis and other evidence. Consults with supervisor for clinical input to make a determination on a regular basis.

○ **Emerging** is represented as: Needs training and mentoring in gathering information for medical reports and in documenting medical information in the assessment. Uses supervisory assistance to take appropriate action when there is a discrepancy between the expert opinion or the medical diagnosis and other evidence. Asks supervisor for clinical input to make a determination.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties

Dependent Adult Abuse Evaluations or Assessments

35. *Coordinates and implements multi-disciplinary approach to conducting evaluations or assessments including adult protective services, law enforcement, and medical professionals.*

○ **Exemplary** is represented as: Clearly identifies the roles of adult protective services, law enforcement, and medical professionals. Consistently coordinates well with these professionals and other community partners during abuse evaluations or assessments. Is able to coach and mentor co-workers who do not have as much experience.

○ **Proficient** is represented as: Knows the protocol for joint assessment with law enforcement and medical professionals. Coordinates adequately with these professionals and other community partners during dependent adult abuse evaluations or assessments.

○ **Emerging** is represented as: Needs training and mentoring around the roles of adult protective services, law enforcement, and medical professionals related to dependent adult abuse evaluations or assessments. Needs mentoring and training in the interviewing protocol specific to a joint assessment with law enforcement.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Life of a Case Process

36. *Exhibits knowledge of the life of a case processes, including case documentation, reports to be reviewed, and time frames to meet including worker visitation.*

○ **Exemplary** is represented as: Consistently reviews and utilizes the six standards for quality case documentation when gathering information and completing documentation. Reports follow the time frames and are always up to date with case documentation. Schedules frequent visitation and effectively engages family in case planning and serves as a mentor in case documentation and visitation. Can help others to develop a system for completing life of the case processes.

○ **Proficient** is represented as: Completes appropriate case documentation, utilizes the standards for quality case documentation, and reviews and reports follow the time frames. Uses monthly visitation to engage with families in case planning and seeks supervisory support as needed. Has a working system for completing life of the case processes.

○ **Emerging** is represented as: Needs training and mentoring to complete case documentation within applicable time frames. Needs supervisory support to complete documentation and to meet visitation goals and case planning with the family. A system to complete life of a case processes needs to be developed.

○ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

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Iowa DHS Social Worker Competencies

Resource Utilization

37. *Seeks knowledge of resources and develops relationships with community partners available to assist in connections and supports for families and demonstrates an effective use of resources.*

   ◯   **Exemplary** is represented as: Demonstrates thorough knowledge and collaborative use of the resources and community partners available for successful connections and supports for families. Assists families in accessing and utilizing both formal and informal resources. Mentors other staff.

   ◯   **Proficient** is represented as: Identifies and collaboratively utilizes the resources and community partners available for successful connections and supports for families. Assists families in accessing resources.

   ◯   **Emerging** is represented as: Needs mentoring to fully identify and utilize the resources and community partners available for successful connections and supports for families.

   ◯   **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Collaborative Relationships

38. *Develops collaborative relationships for children in care, shared parenting between birth and out of home placement caregivers while promoting joint planning and delivery of services for the children in care.*

   ◯   **Exemplary** is represented as: Understands and consistently fosters an effective collaborative relationship between birth and out of home placement caregivers. Facilitates a beneficial relationship that positively impacts the development of joint planning with the family. Promotes and mentors the benefits with other workers of collaborative relationships between birth and out of home placement caregivers.

   ◯   **Proficient** is represented as: Develops collaborative relationships, shared parenting with birth and out of home placement caregivers and promotes joint planning of services. Has positive experience with facilitating beneficial relationships between birth and out of home placement caregivers.

   ◯   **Emerging** is represented as: Needs mentoring in fully understanding the concept of collaborative shared parenting with birth and out of home placement caregivers. Needs mentoring to fully integrate this concept into practice.

   ◯   **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Family Interaction

39. *Understands the primary purpose of family interaction is to maintain relationships and connections for children who have been removed from the custody of their primary caregiver(s). Ensures family interactions occur with individuals identified in the family interaction plan, are responsive based on behavioral outcomes in determining the appropriate level of interaction, following developmentally appropriate guidelines by utilizing written family interaction plans.*

   ◯   **Exemplary** is represented as: Consistently ensures frequent interaction with individuals identified in the family interaction plan. Competent in the family interaction philosophy, standards and supports these in the family interaction planning. Is responsive based on behavioral indicators in determining the appropriate level of interactions. Promotes parent-child attachment, sibling and other significant relationships with a full understanding of the importance of maintaining connections for the child (ren) and understands how this affects permanency for the child(ren). Mentors co-workers in all aspects of family interaction.

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

Iowa DHS Social Worker Competencies

Proficient is represented as: Understands the importance of frequent interaction with individuals identified in the family interaction plan. Understands the family interaction philosophy, standards and the importance of including in the family interaction planning. Begins to assess based on behavioral indicators to determine the appropriate level of interactions. Ensures and promotes frequent interactions. Promotes parent-child attachment and sibling relationships and other healthy connections to promote permanency for the child(ren).

Emerging is represented as: Needs mentoring to understand the importance of frequent interaction with individuals identified in the family interaction plan. Arranges interaction opportunities. Needs training and mentoring in understanding and promoting parent-child attachments, sibling relationships and other healthy connections and in understanding how these interactions affects permanency for the child(ren).

Not Applicable is marked if this competency does not pertain to the worker's job duties.

Maintaining Connections

40. *Demonstrates and utilizes best practice to meet federal and state requirements to support and maintain continuity of connections. Demonstrates concerted efforts for maintaining continuity of family relationships and for maintaining the child's connections to his or her neighborhood, community, faith, extended family, tribe, school and friends.*

Exemplary is represented as: Fully understands and consistently implements federal and state requirements, such as ICWA, Fostering Connections, and other agreements, to support and maintain the child's important connections. Promotes and maintains family relationships and the child's connections. Mentors co-workers in implementing legal mandates and best practice in building and maintaining family relationships and child connections.

Proficient is represented as: Understands and meets federal and state requirements, such as ICWA, Fostering Connections, and other agreements to support and maintain the child's important connections. Promotes maintaining family relationships and the child's connections.

Emerging is represented as: Needs mentoring and training to understand and follow federal and state requirements, such as ICWA, Fostering Connections, and other agreements to support and maintain the child's important connections..

Not Applicable is marked if this competency does not pertain to the worker's job duties.

Permanency

41. *Assesses the permanency options of children and takes timely action to assure permanency, including meeting federal guidelines, and concurrent planning. Identifies the most appropriate relationships and permanent setting to meet the child's developmental and treatment needs. Meets both permanency and well-being.*

Exemplary is represented as: Consistently and appropriately identifies the relationships and permanency options of children and masterfully assesses and identifies the most appropriate home. Understands the importance of a sense of belonging to a family and the importance of timely permanency. Integrates this understanding into all facets in the life of the case. Recognizes the best option for the child and effectively advocates achieving permanency in an efficient and timely way. Mentors co-workers in all aspects of permanency options.

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

Iowa DHS Social Worker Competencies

◯ **Proficient** is represented as: Assesses and identifies the relationships and permanency options of children and assesses and identifies timely permanency. Understands the importance of a sense of belonging to a family and the importance of timely actions in achieving permanency for a child.

◯ **Emerging** is represented as: Needs training and mentoring in assessing and identifying the relationships and timely permanency options of children. Needs mentoring to understand the importance of a sense of belonging to family and taking timely actions to meet permanency.

◯ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Youth Development

42. *Identifies, involves and works with youth to support an ongoing process to develop skills, resources, knowledge and attributes that the youth defines as necessary for survival and success including developing a transition plan and establishing and maintaining permanent connections.*

◯ **Exemplary** is represented as: Fully involves and works with youth to support in developing a creative transition plan to meet the youth's definition of success. When appropriate seeks and promotes a Youth Transition Decision Making Meeting and fully engages the youth in their transition plan. Skillfully assists youth in establishing and maintaining a formal and an informal network of individuals of support and valuable connections as they transition out of care. Mentors this practice to other staff.

◯ **Proficient** is represented as: Engages youth in developing a transition plan that meets the youth's definition of success and assists youth in building connections. Understands the philosophy of a Youth Transition Decision Making Meeting and engages the youth in their transition plan. Assist youth in developing a support network as they transition out of care.

◯ **Emerging** is represented as: Needs training and mentoring to understand the philosophy of a Youth Transition Decision Making Meeting and to fully engage youth in developing a transition plan that meets the youth's definition of success and in building connections. Understands the importance of connections.

◯ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Safe Case Closure

43. *Demonstrates knowledge of the measurable conditions that define safe case closure and can accurately assess which current cases should be closed.*

◯ **Exemplary** is represented as: Implements the concepts of long term planning with measurable goals and behaviorally based outcomes, Recognizes and adjusts strategies to assist the families. Is exceptional in accurately assessing which current cases should be closed. Consults supervisor regarding safe case closure. Mentors staff and educates other professionals in the concepts of safe case closure.

◯ **Proficient** is represented as: Articulates behavior changes and attained goals necessary for safe case closure. Accurately assesses which current cases should be closed. Seeks supervisor to confirm safe case closure.

◯ **Emerging** is represented as: Needs training and mentoring to apply concepts of long-term view and measurable goals/outcomes of safe case closure. Requires supervisory assistance in identifying and determining safe case closure.

◯ **Not Applicable** is marked if this competency does not pertain to the worker's job duties.

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

Iowa DHS Social Worker Competencies
Individual Learning Plan

Name: _____ **Date:** _____

Service Area: _____ **Position:** _____

Length of time in current position_____

Please take time to review the results of your Individual Learning Needs Survey. On the chart below, the supervisor with the worker lists the **Top 4** Learning priorities. **Indicate the competency number**. **Provide a brief statement describing the learning content**. In the Suggested Learning Strategy, list learning opportunities and training needs. This Learning Plan information will be used in developing curriculum and enhancing your learning.

Please submit both the Individual Learning Plan and the Individual Learning Needs Survey electronically upon completion.

Learning Priority	#	Specific Content to be learned	Suggested Learning Strategy Note if Supervisory Unit Training or Statewide Training
Example	# 12	Resources/ info pertaining to **substance abuse.**	Develop own resource file of substance abuse info including info from SP 301 Impact of Domestic Violence and Substance Abuse Issues and review with supervisor and co-workers at next unit meeting.
1st most important			
2nd most important			
3rd most important			
4th most important			

Supervisor Signature: _____ Date: _____

Social Worker Signature: _____ Date: _____

Remember **Mark only one oval per competency**. As you are rating your level of competency, ask yourself "How do I know I have this competency? How do I know this is the correct rating? How have I demonstrated this knowledge, skill or ability?" Keep in mind the justification options: Individual case practice examples, validation from supervisor, other professionals, group supervision or clients; examples from case records; self evaluation; or other.

State of Iowa Differential Response
Assessment Outcome and Service Provision
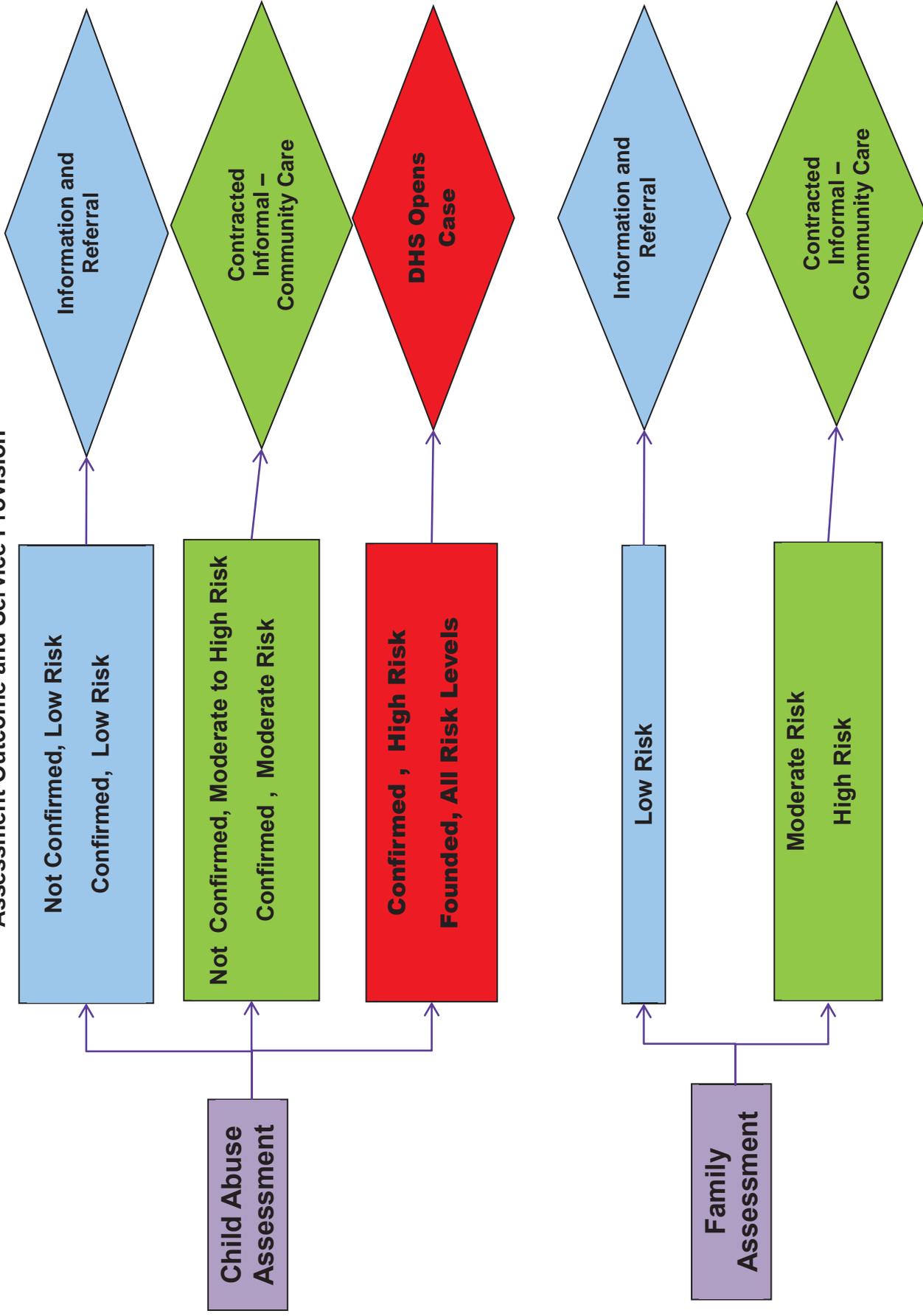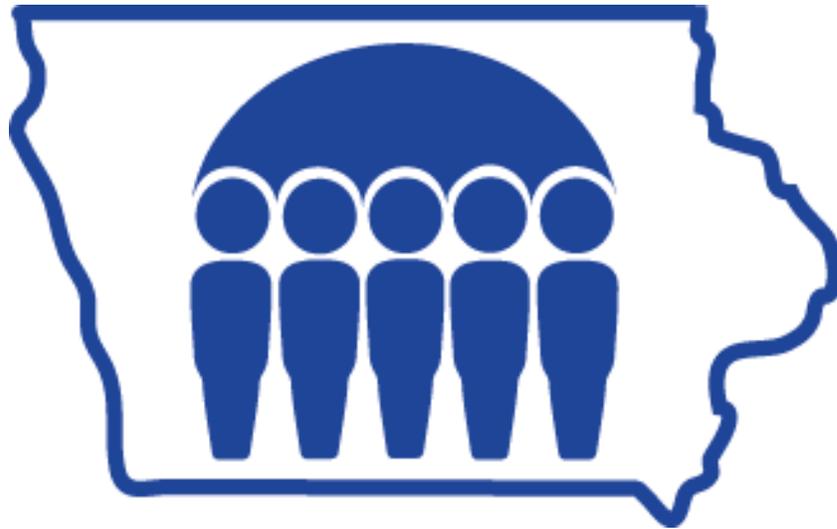
Child Abuse Assessment

Not Confirmed, Low Risk
Confirmed, Low Risk
→ Information and Referral

Not Confirmed, Moderate to High Risk
Confirmed, Moderate Risk
→ Contracted Informal – Community Care

Confirmed, High Risk
Founded, All Risk Levels
→ DHS Opens Case

Family Assessment

Low Risk
→ Information and Referral

Moderate Risk
High Risk
→ Contracted Informal – Community Care

Iowa Department of Human Services

Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Foster and Adoptive Parent Diligent
Recruitment Plan

June 30, 2014

Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Foster and Adoptive Parent Diligent Recruitment Plan

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

Contact Person

Name: Tracey Parker

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-8799

FAX: (515) 281-6248

E-Mail: tparker@dhs.state.ia.us

BACKGROUND

Iowa has a Recruitment and Retention Contract for the recruitment and retention of resource families in Iowa. Currently, the statewide provider comprises six agencies with an identified lead agency. The statewide provider is responsible for the following:

- Developing service area specific plans that include strategies and numerical goals for each service area based on the needs of the service area for the following criteria:
  - Families that reflect the race and ethnicity of the children in care in the service area;
  - Families who have the ability to take sibling groups of two or more;
  - Families who have the ability to parent older children, especially teens;
  - Families who are geographically located to allow children to remain in their neighborhoods and schools;
  - Families who have the skills to care for children who exhibit difficult behaviors or have significant mental health, behavioral, developmental or medical needs;
  - Families who can provide a continuum of care including respite, short term placements, transitioning children to permanency and adoption;
  - Families who will mentor and work collaboratively with birth parents; and
  - Families who understand the importance of maintaining a child's connections to their family, school, community and culture and will help maintain those connections.
- Conducting licensing activities for foster families and approval activities for adoptive families including:
  - Providing orientation sessions for interested families;
  - Providing pre-service Partnering for Safety and Permanence - The Model Approach to Partnerships in Parenting (PS-MAPP);
  - Completing all background checks according to state and federal law;
  - Completing an initial home study and all other required paperwork; and
  - Completing renewal activities and updating home studies.
- Providing statewide matching services for children in need of foster home placement. Matching criteria is established based on the needs of each child but may include:
  - Keeping siblings together;
  - Keeping children in their home school and neighborhood;
  - The family's ability to parent older children;
  - The family's ability to meet the child's cultural needs;
  - The family's ability to meet the child's emotional and behavioral needs; or
  - The child's permanency goal.
- Providing support services to foster families and pre-adoptive families. The statewide provider's staff are required to:
  - Visit a family within 10 days of their first placement;

- Contact each family within 3 days of a new placement;
- Visit each foster family in the home at least twice a year with one visit being unrelated to licensing renewal or adoption approval activities;
- Provide supports services based on the foster/pre-adoptive family's needs that may include:
  - Crisis intervention;
  - Assisting families with the transition of teens to adulthood;
  - Assisting families with the transition of children to permanency through reunification;
  - Partner, coordinate and collaborate with other service providers;
  - Provide services in a culturally competent manner;
  - Coordinate and collaborate with service providers to assist families in the transition from foster care to adoption;
  - Assist families in understanding the difference between foster care and adoption.
- Providing post-adoption support to all adoptive families who have adopted children that receive or are eligible to receive adoption subsidy. Support services are voluntary and families can self-refer or be referred by DHS. Services are free of charge to the family and may be provided in the family's home. Support services are tailored to meet the needs of the family and may include:
  - Crisis intervention;
  - Providing assistance in developing behavior management plans;
  - Assisting and supporting the family's relationship with birth family;
  - Advocating for the family with school, DHS or other service providers; and
  - Assisting families in securing community resources.
- Assisting DHS in finding adoptive families for waiting children by:
  - Registering children on the national exchange through AdoptUSKids;
  - Providing adoptive families with AdoptUSKids registration information;
  - Facilitating information sharing between adoptive families and DHS adoption workers;
  - Managing the state Heart Gallery; and
  - Collaborating on or coordinating adoption month events.

The Recruitment and Retention contract is a performance based contract. Performance measures were established to improve practice around safety and stability. Performance measure targets were based on data that reflects the demographics, race, ethnicity and geographic location of the children coming into care, as well as the race and ethnicity of resource families. The performance measures are paid based on achieving an established goal. The performance measures are:
- Achieving a net gain of 3% in the number of licensed foster families by service area during the contract year.
- Achieving a net gain of 3% in the number of non-white foster families by service area during the contract year.
- Children will be stable in their first placement into family foster care for four months based on service area targets.

- Children will be placed within 20 miles of their removal home based on service area targets.
- 99% of all children in family foster care will be safe from abuse.
- 99% of all children in adoptive care who are eligible for or receive adoption subsidy will be safe from abuse.

Progress towards achieving the identified targeted goals is reviewed quarterly by DHS and the contractor's leadership. Service area recruitment teams meet no less than quarterly to review recruitment activities and strategies and implement new strategies.

The recruitment and retention contract is scheduled to be re-procured in 2016 in order to execute a new contract on July 1, 2017. Foster and adoptive parents, youth and other stakeholders as well as data from DHS and the current contract will be gathered to help shape the next procurement. This work also will be a significant component of the five year strategic diligent recruitment plan.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

A description of the characteristics of children for whom foster and adoptive homes are needed
DHS provides data to the contractor in order to determine recruitment and retention goals and targets. Recruitment plans are based on the needs of each service area and the data specific to the service area. Recruitment and retention targets for specific populations of children may include:
- Teens
- Sibling groups
- Non-white children
- Children with difficult behaviors (physically aggressive, sexual acting out, impulsivity, etc.)
- Children with significant needs (mental health concerns, developmental disabilities, intellectual disabilities, medically fragile, etc.)

Iowa KidsNet receives age, race and ethnicity data on children in family foster care for every child who has exited or entered a foster home each week. Age, race, and ethnicity data regarding children in family foster care and race and ethnicity data on foster families is also provided to Iowa KidsNet at the end of each fiscal year. This data is used when developing service area specific recruitment plans.

Recruitment and retention plans focus on developing a sufficient number of families who have the skills and abilities to care for children who have difficult behaviors or significant needs. Child specific data is not kept on these two recruitment categories as it is expected that all foster families will have or learn the skills necessary to meet the needs of children coming into care.

Data regarding age, race and ethnicity regarding the children in family foster care are provided in the tables below:

**Table 1: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Age group.**

Service Area	County Size	# of Counties	a) 0 to 5 #	a) 0 to 5 %	b) 6 to 11 #	b) 6 to 11 %	c) 12 to 15 #	c) 12 to 15 %	d) 16+ #	d) 16+ %	Total
Western	Rural	15	30	16%	24	21%	12	18%	16	22%	82
	Urban	13	69	36%	43	37%	31	48%	26	36%	169
	Metro	2	93	48%	48	42%	22	34%	31	42%	194
	All Counties		192		115		65		73		445
Northern	Rural	15	51	33%	30	35%	13	28%	13	23%	107
	Urban	11	67	44%	37	44%	23	49%	33	59%	160
	Metro	1	35	23%	18	21%	11	23%	10	18%	74
	All Counties		153		85		47		56		341
Eastern	Rural	2	1	1%	0	0%	0	0%	0	0%	1
	Urban	6	63	48%	28	52%	9	35%	8	31%	108
	Metro	2	66	51%	26	48%	17	65%	18	69%	127
	All Counties		130		54		26		26		236
Cedar Rapids	Rural	6	17	10%	4	5%	3	8%	8	16%	32
	Urban	9	60	34%	30	38%	9	25%	15	30%	114
	Metro	2	97	56%	45	57%	24	67%	27	54%	193
	All Counties		174		79		36		50		339

Table 1: Children in Licensed Foster Family Placements at the end of State Fiscal Year 2013 by Service Area, County Size and Age group.

Service Area	County Size	# of Counties	Age at end of period								Total
			a) 0 to 5		b)6 to 11		c)12 to 15		d)16+		
			#	%	#	%	#	%	#	%	
Des Moines	Rural	8	9	5%	4	4%	3	6%	6	12%	22
	Urban	6	40	22%	18	16%	12	25%	20	38%	90
	Metro	1	133	73%	88	80%	33	69%	26	50%	280
	All Counties		182		110		48		52		392
Total	Rural	46	108	13%	62	14%	31	14%	43	17%	244
	Urban	45	299	36%	156	35%	84	38%	102	40%	641
	Metro	8	424	51%	225	51%	107	48%	112	44%	868
	All Counties		831		443		222		257		1753

Source: 2013 Kids Count Report

**Table 2: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Race.**

Service Area	County Size	# of Counties	American Indian / Alaskan Native #	%	Asian #	%	African American #	%	Hawaiian / Pacific Islander #	%	White #	%	Multi-Race #	%	Unable to Determine #	%	Total
Western	Rural	15	3	14%	1	25%	0	0%	0	0%	84	21%	1	4%	3	30%	92
	Urban	13	5	23%	0	0%	10	63%	1	50%	152	39%	5	20%	3	30%	176
	Metro	2	14	64%	3	75%	6	38%	1	50%	155	40%	19	76%	4	40%	202
	All Counties		22		4		16		2		391		25		10		470
Northern	Rural	15	2	67%			3	7%	0	0%	100	35%	2	13%	7	58%	114
	Urban	11	1	33%			16	35%	1	100%	144	50%	9	60%	3	25%	174
	Metro	1	0	0%			27	59%	0	0%	45	16%	4	27%	2	17%	78
	All Counties		3				46		1		289		15		12		366
Eastern	Rural	2			0	0%	0	0%	0	0%	2	1%	0	0%	0	0%	2
	Urban	6			0	0%	19	41%	0	0%	87	49%	9	39%	2	50%	117
	Metro	2			5	100%	27	59%	1	100%	87	49%	14	61%	2	50%	136
	All Counties				5		46		1		176		23		4		255

Table 2: Children in Licensed Foster Family Placements at the end of State Fiscal Year 2013 by Service Area, County Size and Race.

Service Area	County Size	# of Counties	American Indian / Alaskan Native #	%	Asian #	%	African American #	%	Hawaiian / Pacific Islander #	%	White #	%	Multi-Race #	%	Unable to Determine #	%	Total
Cedar Rapids	Rural	6	10	100%	1	100%	0	0%			23	9%	3	10%	0	0%	37
	Urban	9	0	0%	0	0%	0	0%			114	44%	3	10%	2	33%	119
	Metro	2	0	0%	0	0%	59	100%			120	47%	24	80%	4	67%	207
	All Counties		10		1		59				257		30		6		363
Des Moines	Rural	8	2	50%	0	0%	2	2%	0	0%	18	8%	0	0%	0	0%	22
	Urban	6	2	50%	1	13%	10	12%	2	50%	68	29%	9	39%	5	8%	95
	Metro	1	0	0%	7	88%	71	86%	2	50%	146	63%	14	61%	57	92%	295
	All Counties		4		8		83		4		232		23		62		412
Total	Rural	46	17	44%	2	11%	5	2%	0	0%	227	17%	6	5%	10	11%	267
	Urban	45	8	21%	1	6%	55	22%	2	50%	565	42%	35	30%	15	16%	681
	Metro	8	14	36%	15	83%	190	76%	2	50%	553	41%	75	65%	69	73%	918
	All Counties		39		18		250		4		1345		116		94		1866

Source: 2013 Kids Count report

Table 3: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.

Service Area	County Size	# of Counties	Ethnicity						Total
			Hispanic		Non-Hispanic		Unable to Determine		
			#	%	#	%	#	%	
Western	Rural	15	7	11%	80	21%	5	22%	92
	Urban	13	16	25%	154	40%	6	26%	176
	Metro	2	42	65%	148	39%	12	52%	202
	All Counties		65		382		23		470
Northern	Rural	15	16	36%	94	30%	4	33%	114
	Urban	11	21	48%	148	48%	5	42%	174
	Metro	1	7	16%	68	22%	3	25%	78
	All Counties		44		310		12		366
Eastern	Rural	2	0	0%	2	1%	0	0%	2
	Urban	6	15	58%	97	44%	5	71%	117
	Metro	2	11	42%	123	55%	2	29%	136
	All Counties		26		222		7		255
Cedar Rapids	Rural	6	5	12%	32	10%	0	0%	37
	Urban	9	12	29%	101	33%	6	40%	119
	Metro	2	25	60%	173	57%	9	60%	207
	All Counties		42		306		15		363
Des Moines	Rural	8	2	5%	19	6%	1	2%	22
	Urban	6	3	7%	87	28%	5	8%	95
	Metro	1	36	88%	201	65%	58	91%	295

**Table 3: Children in Licensed Foster Family Placements
at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.**

Service Area	County Size	# of Counties	Ethnicity						
			Hispanic		Non-Hispanic		Unable to Determine		Total
			#	%	#	%	#	%	
Total	All Counties		41		307		64		412
	Rural	46	30	14%	227	15%	10	8%	267
	Urban	45	67	31%	587	38%	27	22%	681
	Metro	8	121	56%	713	47%	84	69%	918
	All Counties		218		1527		121		1866

Source: 2013 Kids Count Report

**Table 4: Licensed Foster Families at the end of State Fiscal Year
2013 by Service Area, County Size and Ethnicity.**

Service Area	County Size	# of Counties	Race									Ethnicity	
			American Indian / Alaskan Native	Asian	African American		Hawaiian / Pacific Islander	White		Multi-Race		Hispanic	
Western	Rural	15	0	0	0	0%	0	131	30%	2	20%	2	17%
	Urban	13	0	0	0	0%	0	154	36%	5	50%	4	33%
	Metro	2	0	0	3	100%	0	145	34%	3	30%	6	50%
	All Counties		0	0	3		0	430		10		12	

Table 4: Licensed Foster Families at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.

Service Area	County Size	# of Counties	American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Hispanic	
Northern	Rural	15	0	0%	0		0	0%	0		108	30%	0	0%	1	14%
	Urban	11	1	100%	0		2	100%	0		195	55%	5	56%	6	86%
	Metro	1	0	0%	0		0	0%	0		54	15%	4	44%	0	0%
	All Counties		1		0		2		0		357		9		7	
Eastern	Rural	2	0	0%	0	0%	0	0%	0	0%	11	5%	1	13%	0	0%
	Urban	6	0	0%	0	0%	1	20%	1	100%	98	47%	2	25%	2	67%
	Metro	2	1	100%	1	100%	4	80%	0	0%	100	48%	5	63%	1	33%
	All Counties		1		1		5		1		209		8		3	
Cedar Rapids	Rural	6	0		0	0%	0	0%	0		42	11%	1	9%	0	0%
	Urban	9	0		0	0%	2	13%	0		158	41%	0	0%	3	33%
	Metro	2	0		2	100%	13	87%	0		190	49%	10	91%	6	67%
	All Counties		0		2		15		0		390		11		9	
Des Moines	Rural	8	0		0	0%	9	18%	0		40	9%	0	0%	1	7%
	Urban	6	0		0	0%	2	4%	0		165	39%	3	38%	2	13%
	Metro	1	0		2	100%	38	78%	0		217	51%	5	63%	12	80%
	All Counties		0		2		49		0		422		8		15	

Table 4: Licensed Foster Families at the end of State Fiscal Year 2013 by Service Area, County Size and Ethnicity.

Service Area	County Size	# of Counties	Race American Indian / Alaskan Native		Asian		African American		Hawaiian / Pacific Islander		White		Multi-Race		Ethnicity Hispanic	
Total	Rural	46	0	0%	0	0%	9	12%	0	0%	332	18%	4	9%	4	9%
	Urban	45	1	50%	0	0%	7	9%	1	100%	770	43%	15	33%	17	37%
	Metro	8	1	50%	5	100%	58	78%	0	0%	706	39%	27	59%	25	54%
	All Counties		2		5		74		1		1808		46		46	

Source: Iowa SACWIS

Specific strategies to reach out to all parts of the community
Service area recruitment plans are developed to cover the entire area; however, prioritized areas are identified based on the demographics and geographic location of children coming into care. Service areas analyze data to determine which geographic locations children are removed from, and prioritize those areas to have a sufficient number of foster/adoptive families, while also recruiting throughout the area.

Research and experience has shown that the best form of recruitment is family to family. Iowa KidsNet staff consistently engages current foster and adoptive parents to act as ambassadors for foster care in their home communities. Ambassadors use their personal and professional networks to raise aware ness of the need for foster families in their communities.

Strategies common to all service areas include:

- Engaging faith based organizations and houses of worship in all communities, especially non-white communities;
- Partnering with local media outlets, especially non-white;
- Partnering with local businesses and civic organizations;
- Reaching out to schools, child care providers, and other agencies that serve families.
- Family to family events such as "Fosterware" parties and picnics;

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information
Recruitment plans combine general recruitment activities with targeted recruitment activities based on the needs of the service area. Examples of general recruitment activities are:

- Recruitment teams engage local media outlets by providing staff or resource families for interviews;
- Use of print and electronic media for general recruitment such as the use of public service announcements (PSAs), and promotions for upcoming events;
- Providing brochures to businesses, churches, child care centers, medical facilities or other entities who serve families;
- Utilizing Why Foster Teens campaign to increase the number of foster and adoptive families willing to care for teens.

Child specific recruitment through the recruitment and retention contract for a child in foster care is more difficult due to the time it takes to license a family. The child's team, including the contractor, works together to identify any currently licensed families, relatives, or other people in the child's life who may be placement resources. If a placement resource is identified and licensing is required, non-safety licensing require

Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community
Orientation sessions and PS-MAPP are offered regularly throughout the state. PS-MAPP trainings are held in the evenings over a 10 week span.

Between 63 and 65 PSMAPP classes are held during the year. Classes allocated by service areas depending on need and recruitment targets. The chart below indicates the number of PS-MAPP classes held in each service area in SFY 2014.

Table 5: Service Area & PS-MAPP	
Service Area	**#PS-MAPP**
Western	13
Northern	11
Eastern	10
Cedar Rapids	15
Des Moines	15
Total	64

PS-MAPP is most often scheduled in urban or metro areas as those areas are where the greatest number of children are removed from. Service area recruitment teams meet no less than quarterly to review data, discuss and revise strategies, and determine areas of need. PS-MAPP locations may change based on those local discussions. If a more rural area is identified as focus area, recruitment efforts are made and a PS-MAPP session may be moved to that area to accommodate those families.

Data is consistently used to try to balance the need for homes in close proximity to the removal homes of children. Iowa KidsNet is provided weekly report of all children who enter or exit foster care. The proximity of the foster home to the child's removal home is included in that data. This provides Iowa KidsNet with a constant source of timely data to assist in recruiting and retaining homes in the areas of most need.

In addition to the 64 PS-MAPP trainings held, two pilot sessions of Caring for Our Own were held at the end of SFY14 and will be completed in early SFY15. Caring for Our Own is PS-MAPP modified for relatives who are becoming licensed foster parents for children placed in their care. One session was held in Des Moines and one session was held in Cedar Rapids. DHS and Iowa KidsNet will evaluate the sessions and determine if this training should be expanded across the state. Caring for Our Own would likely replace a PS-MAPP session so no additional sessions would be added throughout the year due to funding.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations
Please see the DHS training plan for department staff training on working with diverse communities.

Contractor staff receives ongoing training provided by experts or specialists in areas of racial, ethnic, and cultural diversity. Examples of these trainings include LGBTQ training by an advocacy and educational organization, or representatives from refugee communities who discuss the culture specific to their homeland.

Heather Craig-Oldsen in partnership with DHS and tribal representatives in Woodbury County is working with the Children's Alliance to modify the PS-MAPP curriculum to make it more culturally sensitive to the Native American community. Contractor staff will be trained in this curriculum.

The Winnebago Tribe of Nebraska received a diligent recruitment funding award to assist Nebraska and Iowa in recruiting and retaining American Indian foster and adoptive families. Iowa DHS serves as an advisor on this grant. The Winnebago Tribe has contracted directly with Four Oaks, the lead agency of Iowa KidsNet, to hire a recruiter specific to the grant. The recruiter will target Woodbury and Pottawattamie Counties, the counties with the highest number of Native American children, to recruit Native American foster and adoptive homes. The states of Nebraska and Iowa will also collaborate with the involved tribes to reduce barriers to licensing Native American families.

Strategies for dealing with linguistic barriers
PS-MAPP forms are available in Spanish and English.

Interpreters are available through the Recruitment and Retention for Resource Families contractor for all language groups, from inquiry through completing the licensing/approval process.

Non-discriminatory fee structures
Families who apply to become foster parents or adoptive parents through the DHS are not charged any fees. The cost of record checks and home study are paid through the recruitment and retention contract. Families may have some fees for water testing. Families receive a stipend each year to help cover the costs of required ongoing training, however, most of the training offered by the Iowa Foster and Adoptive Parent Association (IFAPA) is free.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.
The Recruitment and Retention provider is responsible for child specific recruitment for waiting children. Examples of these recruitment activities include:

- Registering waiting children on the national adoption exchange through AdoptUSKids;
- Displaying the Heart Gallery throughout the state;
- Partnering with a local television station to present a waiting child on a regular segment called "Wednesday's Child"; and
- Partnering with Wendy's Wonderful Kids.

DHS is responsible for selecting the adoptive family that will best meet the needs of the child, not the race or ethnicity of the family in relation to the child. Transracial adoptions are common and children do no not wait for a home based on the race or ethnicity.

Children who are in need of an adoptive home are photolisted on the Iowa Adoption Exchange on the Iowa KidsNet website, as well as on the AdoptUSKids website. A child must be registered on the Iowa exchange within 60 days of termination of parental rights unless the child meets a deferral reason. Reasons to defer a child are:

- The child is in an adoptive placement.
- The child's foster parents or another person with a significant relationship is being considered as the adoptive family.
- The child needs diagnostic study or testing to clarify the child's needs and provide an adequate description of them which is limited to 90 days.
- The child is receiving medical care or mental health treatment, and the child's care or treatment provider has determined that meeting prospective adoptive parents is not in the child's best interest and deferral is limited to 120 days.
- The child is 14 years of age or older and will not consent to an adoptive plan, and the consequences of not being adopted have been explained to the child.
- The termination of parental rights is under appeal by the birth parents and foster parents or other persons with a significant relationship continue to be considered as the prospective adoptive family.
- The court prohibits registration and orders the child placed in another planned permanent living arrangement.

Iowa KidsNet works with DHS staff to arrange photos for registration on AdoptUSKids, for the Heart Gallery, and to photolist children on the IowaKidsNet website. DHS staff are responsible for referring children to Iowa KidsNet for photolisting.

In the next five years, DHS will work in partnership with the current Recruitment and Retention contract provider, Iowa Foster and Adoptive Parent Association, foster and adoptive parents, and any other interested partners to strengthen recruitment and retention of foster and adoptive families. Data, lessons learned and working the Diligent Recruitment Navigator tool will not only guide the work of the next two years, but also the re-procurement process and the years following under the new contract. Re-procurement will go hand in hand with the stakeholder group and the Diligent Recruitment Navigation tool with the goal of the new contract incorporating as much of the work of the stakeholder group as possible.

Below is a more detailed timeline of activities to be completed over the next five years.

Table 6: Strategies and Activities to Develop Diligent Recruitment Plan

Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.		
Year	**Strategies**	**Activities**

FFY 2015 (10/1/14 to 9/30/15)	Use the Diligent Recruitment Navigator tool to guide discussion towards identifying goals and strategies that build on strengths and improve areas of need and incorporate all requirements for the diligent recruitment plan.	• Form a stakeholder group to work through the Diligent Recruitment Navigator tool. Members may include representatives of:
		  o DHS social workers
		  o DHS supervisors
		  o DHS program management staff
		  o DHS Quality Assurance
		  o Recruitment and Retention Contractor
		  o Iowa Foster and Adoptive Parent Association
		  o Foster care youth or foster care alumni
		  o Parent Partners
		  o Meskwaki tribe and/or tribal representatives from western Iowa
		  o Wendy's Wonderful Kids
		  o Other identified community partners
		• Gather data from DHS, contractor and/or other sources
		• Analyze data to identify trends, strengths, needs and gaps
		• Identify strengths and needs related to the recruitment and retention of families for targeted child populations (i.e. teens, sibling groups, non-white children)
		• Partner with the Winnebago tribe in the diligent recruitment grant.

Benchmarks
- Team members will be identified by 12/1/14
- Goals and strategies will be identified by the team by 7/1/15
- Provide recommendations to DHS leadership on how to strengthen targeted and overall recruitment and retention efforts by 9/30/15.

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Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.

Year	Strategies	Activities	Benchmarks
FFY 2016 (10/1/15 to 9/30/16)	• Continue the stakeholder group to develop a Diligent Recruitment Plan in order to implement the agreed upon recommendations of the group • DHS will begin planning for re-procuring the statewide contract for the recruitment and retention of resource families.	• Develop targeted goals • Develop strategies to achieve goals • Develop a methodology and establish benchmarks to monitor progress towards meeting goals • Incorporate findings, recommendations and other pertinent information from the stakeholder group to the extent possible while maintaining the integrity of the procurement process. • Complete a Request for Proposal (RFP)	• Finalize a comprehensive plan by 9/30/16. • Future benchmarks will be incorporated in the plan.
FFY 2017 (10/1/16 to 9/30/17)	• Continue to monitor progress toward achieving goals identified by the stakeholder group • DHS will complete the re-procurement process	• Review data • Assess effectiveness of strategies • Make modifications to the plan and strategies based on monitoring • Release an RFP before 12/31/16 • Select a contractor before 5/1/17 • Execute a contract by 7/1/17 • Begin implementation of the contract requirements	• To be determined
FFY 2018 (10/1/17 to 9/30/18)	Continue implementation of the new contract	• Make contract changes through amendments as needed • Monitor performance • Continue to engage the stakeholder group to monitor progress toward the identified goals.	• To be determined

Goal: To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.

Year	Strategies	Activities	Benchmarks
FFY 2019 (10/1/18 to 9/30/19)	Continue implementation of the new contract	• Make contract changes through amendments as needed • Monitor performance • Continue to engage the stakeholder group to monitor progress toward the identified goals.	• To be determined

Iowa Department of Human Services

Iowa Child and Family Service Plan

Federal Fiscal Years 2015 – 2019

Health Care Oversight and Coordination Plan

June 30, 2014

Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Health Care Oversight and Coordination Plan

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

Contact Person

Name: Heather Davidson

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-3012

FAX: (515) 281-6248

E-Mail: hdavids@dhs.state.ia.us

Health Care Oversight and Coordination Plan

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice
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. After the initial physical, children in foster care have physicals on an annual basis, or in accordance with applicable Medicaid periodicity schedule for health exams, according to the age of the child. The social work case managers (SWCMs) ask the foster home or foster group care facility at monthly visits about the foster child's health care. If the provider sends them a report or "summary of the visit" report, it is included in the case file.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home
Any child's health needs identified through screenings are met as the SWCM may assist foster families by scheduling the applicable health care appointments and therapy appointments. SWCMs monitor the ongoing treatment and their outcomes. For foster group care, the SWCM assures the group care provider addressed the identified health needs of the foster child. The SWCM monitors the child's health care treatments and therapy by the foster group care provider's health reports sent to them and at their monthly visits.

In addition to the SWCM receiving copies of the Physical Record form and/or the "summary of the visit", the SWCM may receive other health care appointment information from the foster care provider. The SWCM reviews the health information received, adds it to the case file, and updates the child and family's case permanency plan. The SWCM addresses the health care information with the child's parents, if they did not attend the appointment, especially if any medication is prescribed or changed. The SWCM also addresses the child's health care during monthly visits with the child and/or parents. When SWCMs receive notification of a medication review, they participate in this review as available and follow-up with the foster care provider if they were not available to attend.

The Iowa Foster and Adoptive Parent Association (IFAPA) continues to educate our foster parents with trainings on trauma and assure they address the effects of trauma on the brain and the behavior of a child. Their trainings on child development include child physical and emotional development that assists foster parents in recognizing any developmental issues of a child and addressing them.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record
The concept of a "medical home" was new to SWCMs and some foster care providers. Now that more electronic records are completed at many medical offices, it is easier to

have a medical home for foster children in addition to our mental health providers focusing on medical homes.

For health care providers who have electronic medical records, the foster care provider may ask for a "summary of the visit" or discharge/referral form at the end of the health care visit, if it is not automatically provided. If the health care provider does not have electronic medical records, the foster care provider can give the provider the Physical Record form and request it be completed and returned to them. The Physical Record form includes a list of previous diseases that can be checked and dated, chronic illnesses and an area to list medications prescribed, physical examination information including vision, hearing, dental and mental health, and an area to complete preliminary diagnosis and recommendations, including any recommendations for further assessment or evaluation. The foster parent provides the Physical Record form, "summary of the visit", and other additional documentation of the child's health care to the SWCM.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care
The DHS continues to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care. The IFAPA sends a weekly electronic newsletter to foster, adoptive and kin parents, which DHS utilizes for educating foster parents on the need for them to keep the child's SWCM informed of the health care services received by the foster child and providing the child's health care information they have to the SWCM at the time the child leaves their home. In addition, IFAPA has provided 20 unique courses that included elements of trauma informed care in their ongoing trauma training for foster parents and will be adding trainings in 2015-2016 for foster parents that include:
- A training to assist foster parents in understanding the unique needs of Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ) youth in care. IFAPA collaborated with DHS and the National Resource Center for Permanency and Family Connections to develop and implement this training, which is the first of its kind in the nation and starts in FY 2015.
- Working with children who have been sexually abused
- Parenting children who are sexual offenders
- Working with birth parents who have substance abuse issues
- Personality Disorders
- Child development
- Child mental health
- Specific diagnoses, especially in the areas of Reactive Attachment Disorder (RAD), Oppositional Defiance Disorder (ODD), Conduct Disorder (CD) and Anxiety Disorders

Medicaid has a newer 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.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications
When SWCMs receive notification of a medication review, they participate in this review, as available, and follow-up with the foster care provider and the child's parents if they were not available to attend.

Medication monitoring at the foster parent level:
A new IFAPA training for foster parents, who are our non-medical professionals, will start this fiscal year. Training content will be medications prescribed for foster children and the learning objectives will be that the training will:
- Provide medication information resources for understanding what the medication is;
- Provide information on what the medication is used to address;
- Provide information on possible side effects of the medication;
- Provide information on when to contact the child's doctor if there is a problem with the medication or the child's reaction to the medication;
- Describe what a psychotropic medication is; when to contact the child's case manager;
- Provide information on possible alternatives to medications; and
- Explain how a foster parent can advocate for the best interest in regards to the foster child's health care needs.

Foster parents are part of Iowa's collaborative team in monitoring medications and the health care needs of foster children.

Medication monitoring at the agency level:
Iowa is exploring having a quarterly report sent, from either the Iowa Medicaid Enterprise (IME) or Magellan (Iowa's Medicaid mental health contractor), to the family foster care program manager for the IV-B yearly plan update. The quarterly report also would be sent to SWCMs for monitoring at the agency and case level all foster children on medication, including a separate column shown for psychotropic medications.

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

Table 1: FY 2010-2011 Data - Psychotropic Medication Use for Foster Care Children

Foster Children FY 11 Age Range Mos.	Age range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Anti-psychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1 to 18 mos.	1-1.5 yrs	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 2: FY 2012 Data - Psychotropic Medication Use for Foster Care Children

Foster Children Age Range	Anti-convulsants	Anti-Depressant	Anxiolytics	Atypical Antipsychotic	Sedative	Stimulants	Typical Anti-psychotic	Grand Total
1-18 mos. 0-1.5 yrs.	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: 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**

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%.

Medication monitoring at the client level:
In the past, the Drug Utilization Review (DUR) Commission examined the use of multiple antipsychotics and sent notification letters to prescribers and pharmacies stating they identified a member as having a drug related issue and made a suggestion regarding medication therapy. Currently, provider notification letters are based on 6 months of pharmacy claims data and these letters are sent only to Medicaid fee-for-service providers. The DUR Commission sends these letters to providers that meet a certain set of criteria, either through regular profile reviews (which consist of 1,800 profiles over a 12 month period) or a targeted intervention (specific population, member count varies). The DUR does not send letters to **all** prescribers who prescribe two or more psychotropic agents simultaneously. Additionally, the DUR reviews 300 member (of all ages) profiles identified with the highest level of risk for a drug related issue at each meeting; a small portion is for children for whom not all are on psychotropic medications.

How Iowa actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children
A child entering the child welfare system has a physical completed either before placement or within 14 days of placement. The social work case manager is engaged with the medical information of the child and at times attends the appointment with the child and caretaker (foster parent, etc.). The case manager also has access to the Iowa Medicaid Enterprise clinicians if they have questions about a child's care or medications. Iowa has training for foster parents on their responsibility of keeping the

caseworker informed of the medical care of the foster child, including the medications. The training includes information about medications, side effects, when to consult the prescriber, etc. Group care providers have a nurse on staff and they provide updates and quarterly reports to our case managers.

As a result of last year's psychotropic medications summit, in April 2013, DHS chartered a new workgroup for client-level medication monitoring to explore existing data and processes, inclusive of but not limited to medical professional resources, in place that could be accessed to inform and guide SWCMs when children are prescribed psychotropic medication. The workgroup comprises a variety of individuals, including DHS policy and front line staff, Iowa Medicaid Enterprise – Pharmacy Director, Drug Utilization Review (DUR) Project Coordinator, a Bureau Chief, and Juvenile Court staff.

The workgroup formed and developed recommendations in response to the workgroup's charter. The workgroup submitted the recommendations to the Service Business Team (SBT) for review and approval. SBT reviewed the responses of the workgroup and returned it with questions regarding the responses. The workgroup reviewed all of the processes addressed in the charter and chose three processes felt to be the most viable to inform and guide SWCMs in regards to foster children's medications. The workgroup then submitted their recommendations for the specific processes to SBT for review and approval. The recommended processes are:

- Prior Authorization (PA) on antipsychotic medications where a PA would be required when the pharmacy submits a request for:
  o the antipsychotic medication Risperidone for all members less than five (5) years of age;
  o all other antipsychotic medications for all members less than six (6) years of age; and
  o duplicate antipsychotic therapy for members 0 through 17 years of age.
- Informed Consent (IC)
  o Assist guardians of Medicaid members in understanding the medications prescribed.
  o Assistance in making an informed decision is provided by the treating professional.
- Iowa Medical Enterprise Data Warehouse (DW) Report
  o DW would generate a quarterly report to field staff that would identify foster children receiving psychotropic medications in defined therapeutic drug categories, with preset parameters such as multiple drugs within the same category.
  o This report would provide medication information as part of monitoring the foster children's medications.

SBT will consider the recommendations and availability of resources. The workgroup will develop policy guidance, training, and implementation plans for recommendations moving forward.

Consistent with the Fostering Connections and Increasing Adoptions Act of 2008, the transition plan development process for youth in foster care age 16 and older covers, among other items, health care coverage and access to health care coverage at foster care exit; information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions; the child receives a copy of Iowa's Durable Power of Attorney for Health Care form, recognized under Iowa state law, and information about what it means to assign someone as a Durable Power of Attorney for Health Care, including instructions for completing the form. Plans are reviewed at least every six months, including during the 90 days before a child reaches age 18 and within 90 days of exit if over age 18.

Iowa put into law the Chafee option to offer Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday and meet certain income guidelines (must be below 200% of the poverty guidelines). Activities since then have included ongoing training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Effective January 1, 2014, Iowa implemented Expanded Medicaid for Independent Young Adults (E-MIYA) in accordance with the Affordable Health Care Act, which allows youth who leave foster care at age 18 or older (and who have received federal Medicaid while in foster care) to continue to receive Medicaid up to age 26, regardless of income or resources. The aptly named E-MIYA (Expanded Medicaid for Independent Young Adults) extended Iowa's existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care.

Quarterly meetings were held with interested providers, including AMP and aftercare services, to inform them about the new program and answer questions. An ongoing Questions and Answers document was created and continues to be maintained to date. Medicaid coordinators participated in aftercare meetings to collect questions and explain the changes. Aftercare providers notified youth in their services of this opportunity and some reached out to former participants as well. DHS included E-MIYA in training required for all new case managers.

Iowa continues to utilize the streamlined procedure for youth automatically continuing on Medicaid used previously for the MIYA program (reviewing first for any other Medicaid coverage groups the youth may be eligible for), once their foster care case is

closed; E-MIYA will be using a passive annual review to ensure location of the participant and any changes in household which may make the participant eligible for other Medicaid coverage groups rather than E-MIYA.

The DHS is phasing in youth currently covered under the basic MIYA coverage into the E-MIYA coverage. The phase out of MIYA is expected to occur during calendar year 2015 (note, the same rules regarding no income or resource limits apply now to the MIYA coverage group).

The DHS transition planning specialists continue to train workers on educating youth on the review procedure prior to discharge from care; additionally aftercare workers were educated on the procedure to assist those youth on their caseload with the review process as were foster families; the reapplication process is stressed in new worker training; and youth who are automatically placed on E-MIYA or any other type of Medicaid coverage group at the point of discharge receive a letter from the DHS explaining the Medicaid coverage and the renewal process. Aftercare staff continues to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This process greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage.

DHS contracted with Achieving Maximum Potential (AMP) to develop a video, which features young people in foster care and alumni. The video will raise awareness to the challenges facing young people with mental health challenges. It guides social workers and others who care about young people on ways to support them. A leading Iowa mental health professional emphasizes the challenges, in particular the impact of traumatic childhood experiences. The need to make informed choices about medication is addressed by youth and professionals. A DHS transition administrator further recognizes child welfare's obligation to provide support and details what the new E-MIYA is and how a young person who was in foster care at age 18 can apply. The video is due to be completed fall of 2014.

Iowa Department of Human Services

Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Disaster Plan

June 30, 2014

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

Contact Person

Name: Jim Chesnik

Title: Program Manager

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319

Phone: (515) 281-9368

FAX: (515) 281-6248

E-Mail: jchesni@dhs.state.ia.us

DISASTER PLAN

Reflection of Disasters under Previous Plan
In recent years, Iowa has experienced natural disasters in the form of thunderstorms and related damage and rains resulting in flooding. The DHS also has had to respond to and recover from a fire in one of its local county offices.

In 2012, thunderstorms rolled across the state of Iowa that resulted in damage significant enough for the Governor to declare two Iowa counties disaster areas. The Governor activated the state's low-income grant program to help people recover from the storm damage. Fortunately, there was no interruption in the local services DHS provides in these counties.

In December 2011, a fire destroyed the building in which the Warren County DHS was located (a county adjacent to Polk County, the location of Iowa's capitol city Des Moines). When the fire was discovered, local county officials immediately notified DHS staff in Warren County who contacted regional DHS leadership. Local fire personnel reacted promptly and DHS staff arrived at the site to assess the situation and to secure computer and other records. DHS leadership and staff were directly involved with the clean-up.

While this was an isolated local incident that neither required implementation of the DHS central office disaster plan nor changes to that plan in the aftermath, principles of that plan were followed related to securing and maintaining records and communication with others in DHS, stakeholders, and the client base. The fire did not interrupt calls to report child abuse or dependent adult abuse since that function is centrally located in Des Moines and a statewide, toll-free telephone number is available around the clock. No delays occurred in the DHS' ability to respond to questions or concerns from Warren or surrounding counties. Ongoing operations continued using alternate office locations, electronic communications, and online processes until another office location became available in March 2012.

Flooding in Iowa in 2011, although not as widespread as flooding in 2008 when some DHS local offices were closed and some local child welfare service providers had to temporarily move foster children to alternate locations, caused the DHS to use lessons learned in 2008 regarding communications and collecting and sharing information. This occurred between the DHS central office, the Department of Inspections and Appeals that performs foster group care building and licensing inspections for the DHS, local DHS service areas, and the DHS' local private provider partners. The DHS was able to use electronic email communications that allowed for easy and immediate access to weather updates, status reports of local situations, and sharing of information where it was needed.

Introduction to the Department's Child Welfare Disaster Plan
The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the DHS' Division of Adult, Children and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

The Iowa COOP/COG was re-written across state government in 2013 and was updated in 2014 as described below.

Changes to previous child welfare plans
The fundamental operating procedures of previous years remain intact with minor updates. These updates include the following:

- New staff and/or telephone numbers for the Children's Bureau Regional Office and DHS; and,
- The JARVIS data system replaced the Statewide Tracking and Reporting (STAR) system for storing child abuse data.

The DHS' Child Welfare Disaster Plan
This Section includes child welfare planning information for the Iowa COOP/COG Plan and descriptions of supplemental procedures that relate to the federal requirements for disaster planning. These procedures describe how Iowa would:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with other states.

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and, establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *"It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and*

provisions of essential services to the public during severe weather or emergency closings." [1]

The Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the DHS and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. Beginning in SFY12, contracts for foster group care (15 contractors statewide) and child welfare emergency services (13 contractors statewide that include emergency juvenile shelter) required contractors to collaborate with the DHS and implement written plans for disasters and emergency situations, including training plans for staff and volunteers. These contractor plans focus on situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made disasters.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or the Director's designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call Kendall Darling, Region VII Acting Program Manager in the DHHS Regional Office, at his office (816) 426-2262 or his cell (913) 963-2904, at the earliest possible opportunity.
- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children's Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Disaster Communications with Other State and National Organizations

If Iowa is affected by a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or the Director's designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call the

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[1] State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (Approved July 30, 2013)

administrative office of the American Public Human Services Association (APHSA) at (202) 682-0100 and the Child Welfare League of America (CWLA) at (703) 412-2400.

- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Charles M. Palmer, Director, Iowa Department of Human Services, (515) 281-5452
- Sally Titus, Deputy Director for Programs and Services, (515) 281-6360
- Lorrie Tritch, Chief Information Officer, (515) 281-8303
- Laverne Armstrong, Administrator of the Division of Field Operations, (515) 281-8746
- Randy Clemenson, Chief of the Bureau of Child Welfare Systems, (515) 256-4690
- The Division or Bureau Policy Team:
  o Wendy Rickman, Administrator of the Division of Adult, Children and Family Services, (515) 281-5521
  o Julie Allison, Chief of the Bureau of Child Welfare and Community Services, (515) 281-6802
  o Chad Dahm, Chief of the Bureau of Child Care Services, (515) 281-6177
- Central Abuse Hotline, (800) 362-2178

State Procedures Related To Identified Federal Requirements
The actions reported in the following table are from Iowa's COOP/COG Plan or are supplemental to the plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this Section.

Table 1: State Procedures

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers/Vendors	Documents/Vital Records Needed
Foster Care						
1 Communicate with foster care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through Deputy Director for Programs and Services.	Division/Bureau Policy Team	Foster Care Database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
2 Determine potential relocation sites (other institutions or foster care homes) to use if needed and offer assistance with placement and transportation logistics if needed.	Division Policy Team/ Institution/foster care providers (DHS Field Office responsibility)	Foster Care Database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
3 Contact IT to transfer the Central Abuse Hotline to the alternate location	Administrator of the Division of Field Operations	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
4 Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk.	Bureau Policy Team	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
5 Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for response. Respond to abuse allegations; assign local staff to respond to local site	Administrator of the Division of Field Operations, IT Manager	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
6 Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs.	IT Liaison, Chief of the Bureau of Child Welfare and Community Services	Foster Care Database	Mainframe	Telephone, Email, Internet, Intranet	Division of ACFS	Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure client/server JARVIS database and mainframe FACS application are operational); Implement paper back-up payment system if necessary.	Chief of the Bureau of Child Welfare and Community Services	Foster Care Database, FACS and/or JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	Division of Data Managemen t	Employees manual
8 Provide staffing to back-up inoperable service areas to respond to foster care providers' needs.	Chief of the Bureau of Child Welfare and Community Services	Foster care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet	DHS field staff, Juvenile Court Officers, child welfare services contractors	Employees manual

Protection of Children and Adults

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
1 Determine status of group homes or institutions in affected area; Assess the affected area and determine the nearest institution that's able to accept persons if needed.	Bureau of Child Welfare and Community Services	Foster care database		Telephone, Email, Internet, Intranet		Employees manual
2 Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site; Provide staffing to receive abuse allegations. Forward reports to the specific area where abuse may have occurred. If no local phone lines, phone assessment will be completed by policy division.	Division of Field Operations	JARVIS database		Telephone, Email, Internet, Intranet		Employees manual

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Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
3 Contact CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers; if not available, implement paper issuance system using the most recent database backup.	Division or Bureau Policy Team, Chief Information Officer	Foster care database/Main frame, payroll list, JARVIS database	Mainframe	Telephone, Email, Internet, Intranet		Employees manual
4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.	Bureau of Child Welfare and Community Services and Field Operations Offices	Foster care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
5 Ensure access to the Central Abuse Registry and MIS systems are available (JARVIS); Determine need to modify current policies regarding child abuse allegation response times.	Bureau of Child Welfare and Community Services and Division of Field Operations, Chief Information Officer	JARVIS database	Central Abuse Hotline, Servers, Mainframe	Telephone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/ Vital Records Needed
6 Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed.	Bureau of Child Welfare and Community Services and Division of Field Operations	JARVIS database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual
7 Assist new placement of children and provide transportation if required	Division or Bureau Policy Teams/ Division of Field Operations	Foster Care database	Central Abuse Hotline	Telephone, Email, Internet, Intranet		Employees manual

Attachment C - States

Title IV-B, subpart 1 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

    i. Where safe and appropriate, return to families from which they have been removed; or

    ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and

    d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.

4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.

5. The State assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: _C M Palmer_

Title: Director

Agency: Iowa Department of Human Services

Dated: June 9, 2014

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-B, subpart 2 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.

2. The State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:

    a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

    b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time limited family reunification services, and adoption promotion and support services) of:

    a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

    b. The populations which the programs will serve; and

    c. The geographic areas in the State in which the services will be available.

4. The State assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: _C M Palmer_____

Title: _____Director_____

Agency: _____Iowa Department of Human Services_____

Dated: _____June 9, 2014_____

Reviewed by:_____

(ACF Regional Representative)

Dated:_____

Title IV-E, Section 477 Certifications

Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of ___Iowa___, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];

3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];

4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];

5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and

7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];

9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State

that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

_____
Signature of Chief Executive Officer

6-25-2014
_____
Date

State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of ___Iowa_____ , I certify that the State
has in effect and is operating a Statewide program relating to the Chafee Foster Care
Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
    - ensure that the total amount of educational assistance to a youth under this and
      any other Federal assistance program does not exceed the total cost of attendance;
      and
    - avoid duplication of benefits under this and any other Federal assistance program,
      as defined in section 477(b)(3)(J).

_____
Signature of Chief Executive Officer

6-25-2014
_____
Date

CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

1. State or Indian Tribal Organization (ITO): Iowa	2. EIN: 42-6004571	
3. Address: Iowa Department of Human Services - Hoover state Office Building Des Moines, Ia. 50319-0114	4. Submission: [X] New [ ] Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$	2,741,795
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$	150,000
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$	2,341,333
a) Total Family Preservation Services		$46,000 1.96%
b) Total Family Support Services		$731,000 31.22%
c) Total Time-Limited Family Reunification Services		$544,306 23.25%
d) Total Adoption Promotion and Support Services		$519,129 22.17%
e) Total for Other Service Related Activities (e.g. planning)		$369,648 15.79%
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		$131,250 5.61%
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY).	$	147,369
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$	-
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $0, PSSF $0, and/or MCV(States only) $0.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$	268,477
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$	2,088,015
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$	110,000
11. Estimated Education and Training Voucher (ETV) funds	$	671,917
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$	150,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$	100,000

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2012.

Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official
Chief Financial Officer, Iowa Dept. of Human Services	
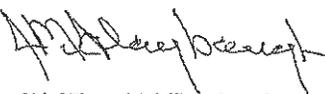
CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014
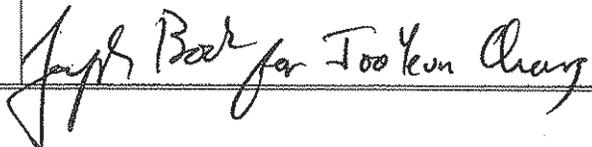
CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) Iowa

For FFY OCTOBER 1, 2014 TO SEPTEMBER 30, 2015

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II-MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	NUMBER TO BE SERVED Individuals	Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	-	731,000					2,181,324	64,280,486		23,484/mo.	families & children	statewide
2.) PROTECTIVE SERVICES	-			268,477			3,236,831	23,509,811		939/mo.	reports of abuse/neglect	statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	-	46,000					1,165,400	16,177,413		2,395/mo.	families & children	statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	-	544,306					1,886,449	25,452,647		3,817/mo.	All children in foster care	statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	-	519,129					945,541	1,711,078			adoptive families	statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	-		369,648					765,456				statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							6,247,693	27,387,242	1,804/mo.		All eligible children	statewide
(b) GROUP/INST CARE	2,591,795						3,045,063	88,936,924	1,936/mo.		All eligible children	statewide
8.) ADOPTION SUBSIDY PMTS.	-						32,071,625	41,760,681	9,503/mo.		All eligible children	statewide
9.) GUARDIANSHIP ASSIST. PMTS.	-						-	-			All eligible children	statewide
10.) INDEPENDENT LIVING SERVICES					2,088,015		-	5,796,643	659/mo.		Eligible youth	
11.) EDUCATION AND TRAINING VOUCHERS	-					671,917		159,250	235/yr.		Eligible youth	
12.) ADMINISTRATIVE COSTS	150,000	131,250					2,365,886	7,583,012				
13.) STAFF & EXTERNAL PARTNERS TRAINING	-						1,176,643	1,295,392				
14.) FOSTER PARENT RECRUITMENT & TRAINING	-						867,972	1,226,717				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING	-						745,166	1,063,235				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	-						1,321,417	6,867,868		3,477/mo.	eligible families	statewide
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	-		147,369				-	40,487				
18.) TOTAL	2,741,795	2,341,333	147,369	268,477	2,088,015	671,917	57,257,010	314,014,342				

* States Only, Indian Tribes are not required to include information on these programs

CFS-101, Part III
U.S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012

1. State or Indian Tribal Organization (ITO): Iowa	2. EIN: 42-6004571	3. Address: Iowa Department of Human Services Hoover State Office Building Des Moines, Ia. 50319-0114

4. Submission: [X] New [ ] Revision

Description of Funds	Estimated Expenditures	Actual Expenditures	Number served — Individuals	Number served — Families	Population served	Geographic area served
5. Total title IV-B, subpart 1 funds	$ 2,919,249	$ 2,905,013	est. 76/mo.		families & children	statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	$ 150,000	$ 150,000				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$ 2,516,996	$ 2,516,996			families & children	statewide
a) Family Preservation Services	$ -	$ 46,257				
b) Family Support Services	$ 731,000	$ 572,567				
c) Time-Limited Family Reunification Services	$ 553,163	$ 696,859				
d) Adoption Promotion and Support Services	$ 553,163	$ 519,129				
e) Other Service Related Activities (e.g. planning)	$ 548,420	$ 615,195				
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	$ 131,250	$ 66,989				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	159,012	159,012				
a) Administrative Costs (not to exceed 10% of Federal allotment)	0.00%	0.00%				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$ 2,135,837	$ 2,135,837				
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$ 105,000	$ 89,216	153/yr.		Youth	statewide
9. Total Education and Training Voucher (ETV) funds	$ 712,177	$ 616,779	189/yr		Youth	statewide

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	Date	Signature and Title of Central Office Official	Date
[signature]	6/25/14	_[signature]_	11/4/14
Chief Financial Officer, Iowa Department of Human Services			