Iowa Department of Health and Human Services

Child Welfare

Final Report of Findings and Recommendations

C!A
Change & Innovation Agency
a vimo company

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1.0 INTRODUCTION

With an unwavering dedication to the welfare of children and families across Iowa, the Department of Health and Human Services (HHS) has consistently made transparency and improving outcomes its top priorities. This assessment exemplifies the agency's commitment and courageously posed the question: Are children and families better off because of HHS intervention? While this inquiry might seem straightforward, it reveals the intricate nuances of the child welfare system and its profound impact on the lives it touches.

Navigating the multifaceted landscape of the child welfare system and its effects on individuals demands a careful exploration of perspectives. The collective response to this question is thoughtfully woven into the fabric of this final report, capturing a holistic view of the agency's efforts and outcomes.

It has been a privilege of the highest order for our team to collaborate with HHS in seeking answers to the pivotal "better off" question. As we traversed the state, engaging with and truly understanding the myriad of dedicated public servants who invest their professional skills and emotional energy to safeguard children and strengthen families, a resounding truth emerged: The positive initiatives undertaken by HHS far outweigh the challenges it faces.

Are children and families better off because of HHS intervention?
How does HHS ensure children are better off throughout an open case to permanency? Quantifying and measuring interventions and associated services through the life of a case is a national challenge. While the availability and use of evidence-based practices and performance-based contracts seek to ensure children and families are better off, it is important to recognize that there are some factors that are outside of the control of HHS. The goal, however, remains the same to provide safety, permanency, and well-being for children and families.

While some families are better off after addressing the abuse and neglect factors that led to the initial confirmed finding, it is essential to recognize that ongoing support, preventive measures, and holistic interventions are crucial for sustaining positive outcomes and ensuring the continued well-being of the families involoved.

For children who do not return home and continue onto adoption or other permanency options answering the question of whether children are better off requires an analysis of placement stability, access to service array, and achievement of permanency. If a return to home is not feasible, then finding these children a forever family, where possible, will ensure their safety and wellbeing resulting in children being better off following placement in a permanent environment.

As one can see, this question of whether children are better off is complex and challenging to address, and we believe that this final report does indeed contribute to answering this core question. This Final Report, presenting the fourth and final deliverable for the Child Protective Assessment, contains our findings and recommendations. This Final Report of Findings and Recommendations is the fourth and final deliverable for the Child Protective Assessment. This report—based on a thorough review of data, policy, practice, and artifacts provided by the state, as well as focused discussions with staff and leadership throughout the entire assessment process — provides an evaluation of the operational areas. It is intended to detail the most common observations based on widely held beliefs among key stakeholders, internal and external across HHS and provide nationally informed strategies that can be leveraged to help bridge the gap between current performance and leadership expectations. Throughout this process, we took into consideration the diverse experiences and outcomes that various child and family populations might encounter within the system.

To the extent that the comments or findings pass any judgment or infer a cause, it is merely subjective based on our experience, or the feedback provided by the staff and leadership guiding operations. The process mapping and analysis groups considered this information during their review of processes and systems as part of their work to identify gaps and recommendations.

Honoring the details outlined within the contract, the assessment included four areas detailed in this report:

- Workforce and Workload
- Policy and Practice Review
- Quality and Accountability
- Technology and Data Integration

For the purpose of our analysis, we recommend separating workforce from workload so that workforce covers elements such as people, staffing, organizational structure, vacancies, etc. In contrast, workload addresses processes, capacity, time studies, caseloads, etc. Additionally, we added a section titled “Community Partners and Stakeholders” that serves as a grouping for the collection of both internal and external customer and stakeholder voice summaries

2.0 OVERVIEW

2.1 Executive Summary

The executive summary represents our comprehensive analysis and strategic recommendations for optimizing each identified functional area within HHS. This summary encapsulates a diligent examination of HHS's functional areas including organizational wide, intake, assessment, case management, adoption/kinship, and licensing. By addressing the unique challenges and opportunities within each functional area, we have formulated targeted strategies and actionable recommendations aimed at increasing operational efficiency, fostering innovation, enhancing impact, and elevating overall performance. As you delve into the following pages of the report, you will gain insights into the customized approaches designed to propel HHS toward improved outcomes in working with Iowa's children and families.

Final Recommendations

Functional Area	Recommendations and Strategies
Organizational Wide	**Recommendation:** Create a culture that provides resources to support families and staff through: • Transparently using data and QA practices for decision-making and CQI that promote equitable experiences and outcomes • Clear, timely, consistent, and bi-directional communication pathways • Quality and consistent supervision • Compliance-oriented casework combined with critical thinking that encourage and support a thoughtful and analytical examination of each unique situation in the lives of children and their families.[1] • Maintain appropriate staffing levels to meet the goals of the organization • Expansion of the service array to provide timely/immediate access to appropriate services • Effective contract management practices, processes, and procedures
	Strategies: • Develop Statewide Data Informed Process Maps • Increase Understanding of FFPSA and Expand Prevention Services • Improve Consistency Across Supervisor and Mentor Support • Expand the Service Array to Address Critical System Gaps • Promote Equitable Experiences and Outcomes • Enhance Hiring and Retention Practices
Intake	**Recommendation:** Develop a consistent and standardized intake process that is responsive to reporters and reduces unnecessary child welfare involvement and trauma.
	Strategies: • Develop a More Structured/Formal Intake SDM Tool • Establish a "Warmline" as an Alternative to Intake Referrals • Improve Timeliness of Completion of Intake and Assignment to Assessment
Assessment	**Recommendation:** Develop an assessment process that reduces trauma to families through a holistic quality assessment that leads to equitable and timely safety decisions resulting in the least intrusive and most culturally appropriate level of agency involvement.
	Strategies: • Build a Central Consult Model that Combines Consultation and Documentation • Develop Differential Documentation for Safe Cases • Standardize an Expedient Family Handoff Within 5-days • Local Offices Can Modify Child Abuse Assessment to Family Assessment
Case Management	**Recommendation:** Develop equitable and consistent case management practices that promote child safety, concurrent planning, expedient permanency decisions, and wellbeing.
	Strategies: • Develop a Case Set-up Unit • Develop Decision Based Staffings • Train and Support to Achieve Consistent Case Management Practice • Improve Role and Relationship of County Attorneys in CW Cases

[1] Common Errors or Reasoning in Child Protection Work: Eileen Munro: 1999, and ^1 Eileen Munro, Effective Child Protection (2019)

Functional Area	Recommendations and Strategies
Adoption/ Kinship	**Recommendation:** Assure children and youth have timely permanency with forever families who reflect their diverse cultural, clinical, and wellbeing needs and are trauma-informed and well-supported.
	Strategies: • Develop Clear and Consistent Concurrent Planning System • Improve Matching of Children's Diverse Cultural Needs with Adoptive Homes • Enhance the Structure of the Adoption Support System
Licensing	**Recommendation:** Build capacity and structure to efficiently license well trained, prepared, supported, and safe (non)relative placements and meet the diverse cultural, clinical, and wellbeing needs of children in care.
	Strategies: • Build Streamlined Licensing Process that Supports Prospective Applicants • Increase Bed Capacity that Supports Different Levels of Care

2.2 Phased Approach

In the realm of project planning and leadership, the phased implementation approach emerges as a prudent and strategic choice. A phased approach supports the ability to mitigate risk, enhance flexibility, promote incremental progress, optimize resources, facilitate iterative refinement, capitalize on timing opportunities, and engage stakeholders, making it a compelling option for leadership seeking to achieve overall implementation success. By embracing this approach, leaders demonstrate their commitment to efficient, adaptive, and goal-oriented project management.

To support a phased approach to implementing the recommendations, we have identified opportunities for immediate (within the next 12 months) and long-term (12+ months) opportunities. We have put forth the recommendations that our team believes sets you up for phased implementation success, detailed in section 2.3.

2.3 Implementation Plan Priority List

To support Iowa's HHS vision for safe and thriving children and families, the following short-term (within 12 months) and long-term (greater than 12 months) strategies should be considered.

Implementation Plan Priority List

Organizational Wide	**Short-term**	• Begin the process to expand the service array to address critical system gaps • Enhance hiring and retention practices • Develop Statewide Data Informed Process Maps
	Long-term	• Complete and procure necessary services to address identified systems gaps • Increase Understanding of FFPSA and Expand Prevention Services • Improve Consistency Across Supervisors and Mentor Support • Promote Equitable Experiences and Outcomes
Intake	**Short-term**	• Develop a More Structured/Formal Intake SDM Tool • Establish a "Warmline" as an Alternative to Intake Referrals • Improve Timeliness of Completion of Intake and Assignment to Assessment
Assessment	**Short-term**	• Build a Central Consult Model that Combines Consultation and Documentation • Develop Differential Documentation for Safe Cases • Standardize an Expedient Family Handoff Within 5-days • Local Offices Can Modify Child Abuse Assessment to Family Assessment
Case Management	**Short-term**	• Develop a Case Set-up Unit • Develop Decision Based Staffings • Train and Support to Achieve Consistent Case Management Practice
	Long-term	• Improve Role and Relationship of County Attorneys in CW Cases
Adoption/Kinship	**Short-term**	• Develop Clear and Consistent Concurrent Planning System • Improve Matching of Children's Diverse Cultural Needs with Adoptive Homes • Enhance the Structure of the Adoption Support System
Licensing	**Short-term**	• Build Streamlined Licensing Process that Supports Prospective Applicants
	Long-term	• Increase Bed Capacity that Supports Different Levels of Care

3.0 METHODOLOGY & APPROACH

To ensure that children and families benefit from child welfare services, we must look at a systems structural components and each aspect of the work.

- **Is practice sound and used with fidelity?**
- **Does practice align with policy?**
- **Do processes align with policy and practice?**
- **Do workers have capacity to do the work, and do it well?**
- **Does technology support practice, workers, and the family?**
- **Are services effective in lowering risk, improving safety, and culturally appropriate?**
- **Are all systems functioning in a way that is accountable to the child and family's that lead to them being better off?**

To engage in this work, Change and Innovation Agency (C!A) utilized the seven-step methodology outlined in the Strategic Plan and Roadmap provided on November 30, 2022. Each step has a clear objective and, before execution, is confirmed with leadership via the deliverables and biweekly touchpoints so that it can be managed to completion. It is easy for projects to get caught up with extensive analysis that results in endless recommendations. We, therefore, use this methodology to remain focused on the goals and achieve them in a timely manner.

Child welfare systems can face various structural issues that may contribute to poor outcomes for families involved in the child protection system. These structural issues can vary by jurisdiction and may include:

1. **Underfunding and Resource Shortages:** Insufficient funding and resources for child welfare agencies can lead to overworked staff, high caseloads, and limited access to essential services for families. This can hinder timely and effective interventions.
2. **Lack of Coordination:** Fragmented or poorly coordinated services across agencies (e.g., child protection, mental health, substance abuse treatment, juvenile justice) can result in families not receiving comprehensive and integrated support, leading to poor outcomes.
3. **Caseworker Turnover:** High turnover rates among child protection caseworkers can disrupt continuity of care and relationships with families, making it challenging to provide consistent support and services.
4. **Inadequate Training and Support for Caseworkers:** Caseworkers may not receive sufficient training or ongoing supervision to effectively assess and address complex family dynamics, leading to misjudgments and potentially harmful decisions.
5. **Racial and Cultural Disparities:** Structural racism and cultural insensitivity within child welfare systems can result in disproportionate interventions and poor outcomes for minority families due to bias and discrimination.
6. **Overemphasis on Removal:** Some systems may prioritize child removal over family preservation due to policies or a lack of resources for in-home support services, potentially leading to unnecessary family separations and poor outcomes.
7. **Lack of Preventative Services:** Limited access to preventative services, such as parenting education, mental health support, and substance abuse treatment, can result in families reaching crisis points before receiving assistance.
8. **Legal and Procedural Delays:** Lengthy legal processes, including court hearings and paperwork, can lead to delayed decision-making and service provision, potentially causing harm to children and families.
9. **Inadequate Data Systems:** Outdated or inadequate data systems can hinder information sharing and collaboration among agencies, making it difficult to track and address systemic issues.

10. **Inadequate Family Engagement:** Child protection systems may not effectively engage families in the decision-making process, reducing the likelihood of families participating in and benefiting from services.
11. **Insufficient Oversight and Accountability:** Lack of oversight and accountability mechanisms can result in substandard practices within child welfare agencies, which may contribute to poor outcomes.

It's important for systems to be aware of and acknowledge how well they are working and most important if those families they serve are better off. Child welfare systems often use the following measures to aid in answering these questions:

1. **Child Safety and Well-Being:**
    - **Child Maltreatment:** The occurrence or recurrence of child abuse or neglect.
    - **Child Injuries:** Physical, emotional, or sexual harm to the child.
    - **Developmental Delays:** Delays in a child's cognitive, social, emotional, or physical development.
    - **School Performance:** Poor academic performance, truancy, or school dropout.
    - **Health Outcomes:** Physical and mental health issues, including chronic illnesses or mental health disorders.
2. **Family Stability and Functioning:**
    - **Reunification Rates:** The rate at which children are successfully reunified with their families after removal.
    - **Repeat Cases:** Families re-entering the child protection system after prior involvement.
    - **Substance Abuse:** Substance abuse issues persisting within the family.
    - **Parental Engagement:** Lack of parental engagement in case planning and services.
    - **Domestic Violence:** Continued exposure to domestic violence in the home.
3. **Placement and Permanency:**
    - **Time in Foster Care:** Lengthy stays in foster care without achieving permanency.
    - **Multiple Placements:** Frequent placement changes for children in foster care.

- **Adoption Rates:** Low rates of successful adoption for children unable to return home.

4. **Cultural and Racial Disparities:**
    - **Disproportionality:** Overrepresentation of certain racial or ethnic groups in the child protection system.
    - **Disparity in Outcomes:** Differences in outcomes based on race or ethnicity.
5. **Quality of Services:**
    - **Service Delivery:** Timeliness, effectiveness, and appropriateness of services provided to children and families.
    - **Caseworker Engagement:** The quality of relationships between caseworkers and families.
    - **Access to Services:** Barriers to accessing needed services, including cultural competency.
6. **Legal Outcomes:**
    - **Court Decisions:** Court determinations that may or may not be in the best interests of the child.
    - **Legal Delays:** Lengthy legal proceedings that prolong case resolution.

Section three below, details our seven-step analysis methodology:

3.1 Documentation and Data Review

Data and document requests were submitted to the state for each functional area (Intake, Assessment, Case Management, etc.) to be included in the assessment. The request was focused on work volume, time, decision paths, staffing, turnover and vacancies, and success factors. This data provided a baseline for current operations as well as contextual comparison to understand volume and the current performance levels of each of the systems of work. Additionally, establishing a baseline set of data serves as a starting point from which to measure success if changes are implemented and allows the C!A team the ability to have a lens through which we can better understand HHS when engaging in subsequent assessment activities across the state.

All data presented within this report was provided directly from the state, unless otherwise indicated. Supplementary data sources have been cited in the end notes of this document for reference purposes.

3.2 Interviews with Leadership

C!A and Health Management Associates (HMA) met with department leadership as identified by the Service Business Team (SBT) to discuss the current environment, perceived strengths and challenges, customer relationships, interpretation of any data anomalies, and generation of the desired assessment outcomes for their specific areas. The conversations were conducted in-person when possible and virtually when requested. Summaries and insights from these conversations are captured in the subsequent sections of this report. See Appendix A for additional detail.

3.3 Staff Focus Groups

C!A/HMA team members traveled across the state to meet with over 100 staff with lived experience who engage daily in HHS work. These in-office, functional area focus groups were designed to meet with representative samples of staff from a variety of office types and geographic areas. Facilitators gathered input on current operations and led discussions designed to uncover trending issues in capacity and practice quality and explore potential root causes of any issues. Facilitators also asked about future technological needs and inquired about the most desirable attributes and features of a new system.

Group Composition
Focus groups consisted of diverse staff within specific functional areas and included a mixture of newer and experienced individuals.

Assessment and Case Management

- Six to fifteen staff from identified service areas and surrounding offices
- Four to six supervisors from identified service areas and surrounding offices

Adoptions and Licensing/Kinship

- One meeting per service area as applicable
- Six to eight total workers and supervisors from that service area

Social Work Administrators (SWA)

- One meeting per service area as applicable

A table summarizing focus group meetings can be found in Appendix A.

3.4 Process Mapping and Analysis

C!A uses a mapping tool that captures the functional areas needed to complete work, the activities and tasks that take place, and the work time needed to perform each task and complete the total transaction. A map was produced for each major area—and, at times, the significant variations within those areas. The primary purpose of the analysis was to determine workloads, staffing needs, and gaps between current and desired performance.

Group Composition
The system mapping groups were divided into functional areas and each group was comprised of eight to ten staff and three to five supervisors who conduct and engage in the work of the respective segment. The group composition was diverse and included a mixture of newer and experienced individuals.

3.5 Customer Focus Groups

A list of the organizational groups interviewed to inform the assessment can be found in the Appendix A. The evolution of this list was based on meetings with participants and assessment findings, the relevance and approach were designed to best meet organizational needs. Additionally, the method of engagement was informed by the data, assessment findings, and leadership interviews. See Appendix A for a full list of participating organizations, staff, and points of contact.

3.6 Policy and Practice Review

A collection and thorough review of policy and practice documentation was conducted as part of the assessment. This review included legislation, regulation, policy manuals, standard operating procedures, and any additional assessments or reports we received. Identification of additional relevant material was aided by focus group conversations. The results of the policy and practice review including recommended policy change updates can be found in the Appendix.

3.7 Technical Capabilities Review

Throughout each step, C!A/HMA collected employee reviews of the current technology strengths and challenges, as well as amassed a list of desired features for a system replacement. This is in addition to the more thorough analysis that can be found in the Technology and Data Integration portion of this report.

4.0 ASSESSMENT

4.1 Workforce

Leadership Perspectives

During interviews with state leadership, Service Area Managers (SAMs), and Social Work Administrators (SWAs), four common themes regarding the workforce of HHS emerged, including: 1) cohesiveness and positive projection among leadership, 2) strength in longevity of staff, 3) concerns with recruitment and retention of new staff, and 4) a growing disconnect between central office leadership and local offices.

The general positive outlook on the vision, mission, and direction of HHS is a foundation on which both the workforce, and children they serve, rely on. At each level of interview, staff spoke of their innate motivation to help ensure child safety. This intrinsic desire is evident in the extra hours staff are willing to put in, how they cope with the inherent stress of the work, and why they remain optimistic about the direction of the agency.

Local offices are encouraged by the recent approvals for additional staffing allocations and initiatives coming from the director's office and SBT. They are, however, aware that additional allocations come with recruitment challenges and are not an instant fix to capacity issues. They also recognize that central leadership is working on their behalf to represent their issues to legislators and budget officials. However, growing workloads (14 percent more calls, 8 percent more allegations, and 6 percent increase in time in care) have local offices concerned that demand is, or has already, surpassed their ability to keep up.[2] Their optimism is challenged by the reality of the workload and many report feeling as if the current level of performance is beginning to diminish.

In child welfare, each functional area (Intake, Assessment, Case Management, Licensing, etc.) is the primary customer of the previous function. For example, Assessment is the primary customer of Intake's reports. Case Management is the primary customer of Assessment when they use Assessment's findings. Additionally, Intake may be a customer of Assessment when there have been previous assessments completed as they review assessment history. Intake and Assessment may also be customers of Case Management as they review service history, whether cases are currently open or recently closed, and why. SAMs and SWAs reported a positive and collaborative working relationships across functional areas as well as across service areas. Supervisors and staff in the local offices, when asked about their level of customer satisfaction, were less positive.

Almost universally Assessment workers reported perceived inconsistencies in what constitutes a screen in versus a reject, categorization as a child abuse assessment versus a family assessment, and the response timeframes. Internal customer frustration stems from disagreement with the screening decisions, direction, and the inability for local offices to challenge or alter the direction without the risk of missing deadlines. In other words, it is timelier to just do the work than to question another unit's decision. While there was no outward animosity toward other units, there was a universal feeling that the silos created in each were built for self-protection and not necessarily for what is most effective and efficient for their customers, or for the families they collectively serve. Overall, the positive and optimistic tone outweighed the challenges.

The second theme, longevity and retention, was highlighted by leadership, specifically regarding staff who have been with the department for three or more years. In many local areas, tenured staff provide a level of stability regarding outcomes and increase supervisor confidence in decision-making. While longevity is not always a projector of quality outcomes, high turnover and low staff experience can almost always be a contributor to poor outcomes.

[2] Lumen/Cisco - Total # of contacts to the intake unit
JARVIS- Total # of contacts that became a new assessment/investigation
AFCARS- Average days in Foster Care

Intake has the lowest turnover at 18 percent, and having experienced people screening the allegations should positively impact the consistency and quality of reports.[3] However, despite this experience, local Assessment staff continue to challenge some of the allegations accepted for assessment, the quality of information in the report, consistency in how policy is applied, and policies that limit Intake's ability to screen-out allegations that Assessment workers feel will clearly close without a finding. It is important to note that Intake and Assessment workers both acknowledged the difference between the required acceptance criteria of Intake (there is a child victim, a caretaker and an allegation that falls under an Iowa abuse category), and the required preponderance of evidence needed to support a finding in Assessment. Assessment workers stated that the dissonance is a result of perceived inconsistencies in screening results that are interpreted as individual worker decisions rather than alignment with policy.

While Assessment staff report 25 percent turnover overall, there is much variation depending on the location of the office.[4] Offices in proximity to larger population centers (Polk, Ames, Pottawattamie) reported a higher level of turnover and recently hired Social Worker III (SW3) staff with no experience in child welfare, while more rural counties reported a much lower level of turnover. The rural teams did note that despite staff remaining in their SW3 jobs, newly vacant positions have been difficult to fill, with sparse interview lists and less experienced professionals applying. Many offices can exploit the experience of supervisors and assessors who have been with the department for extended periods of time. This likely accounts for the unusually high confidence from central leadership that workers routinely make the right safety decision.

Ongoing Case Management was reported as having the highest percent of annual turnover (+30 percent) and the highest number of staff with less than one year of experience (ninety-six).[5] This attrition is compounded by the fact that Social Worker IIs (SW2s) are the lowest classification of social workers in the state. This turnover is likely a contributing factor to the 6 percent increase in "time in care" as less experienced workers tend to keep cases open even when the family has shown progress and may be able to close.[6] Reunifications over the past two years have averaged almost two years to complete while workers reported knowing the direction of the case around the three-to-six-month mark.[7]

[3] HR data- Intake annual turnover

[4] HR data/Vern's Report- Assessment annual turnover

[5] HR data/Vern's Report- Case Management annual turnover
FTE report- Total # of Case Management Staff less than 1 yr.

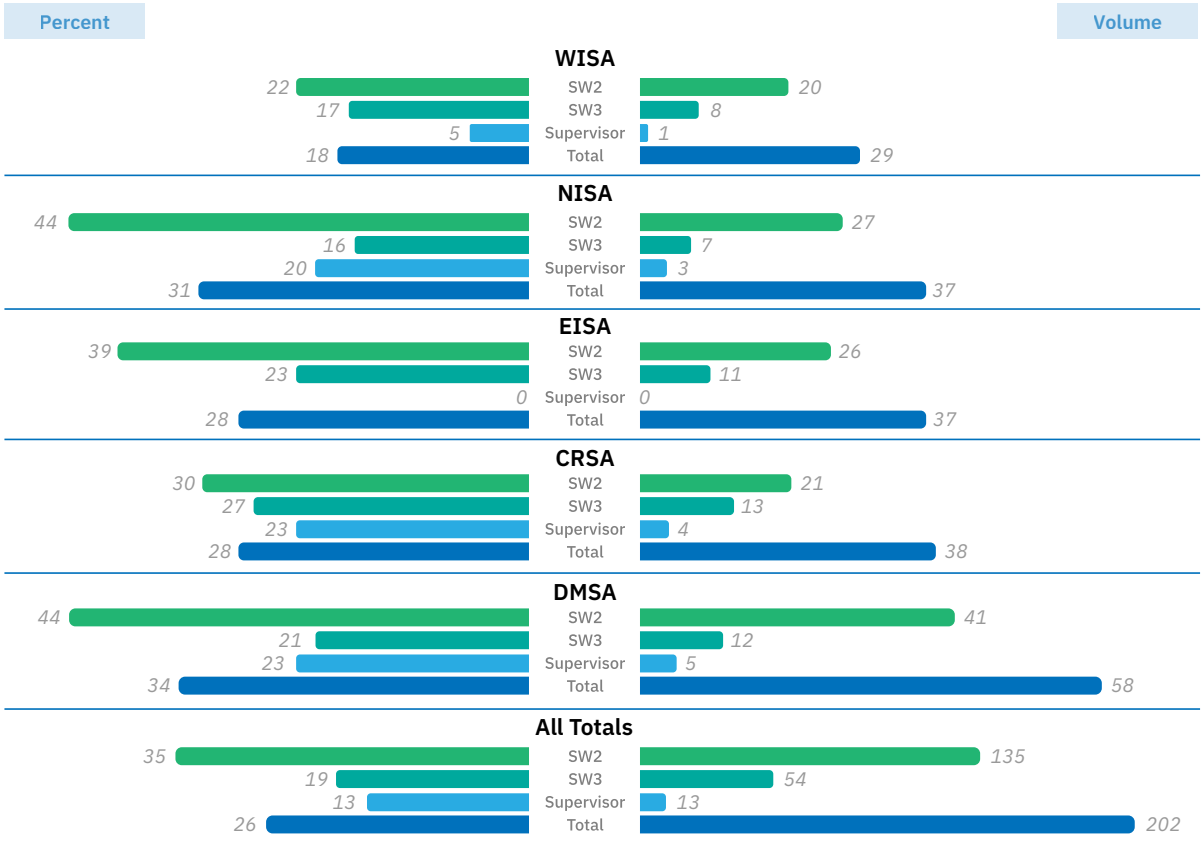
[6] AFCARS- Average days in Foster Care

[7] Average Days to Closure- Reunification: Years (Average)

Turnover in child welfare is a national issue with twenty-seven states reporting percentages equal to or greater than Iowa, according to the Quality Improvement Center for Workforce Development.[8] A 2019 report published by the Annie E. Casey Foundation lists the emotional toll and stress of working with families experiencing trauma, job satisfaction, and lack of leadership as the primary contributors to turnover.[9] Local interviews suggested staff are leaving due to the stress caused by the work process, deadlines, and mounting workload, not the trauma or leadership.

The third theme, also a national issue: the ability to recruit and retain a qualified workforce. While longevity is a strength, the 18 to 34 percent turnover rate is causing challenges throughout the state and is particularly difficult for offices in the Northern and Des Moines Service Areas. These areas that reported 44 percent turnover in SW2 staff in 2022. It is important to note that the data shows a significant change in the stability of the Northern service area workforce with an increase of number of exits from 9 to 37 vacated positions in 2022 compared to 2020.

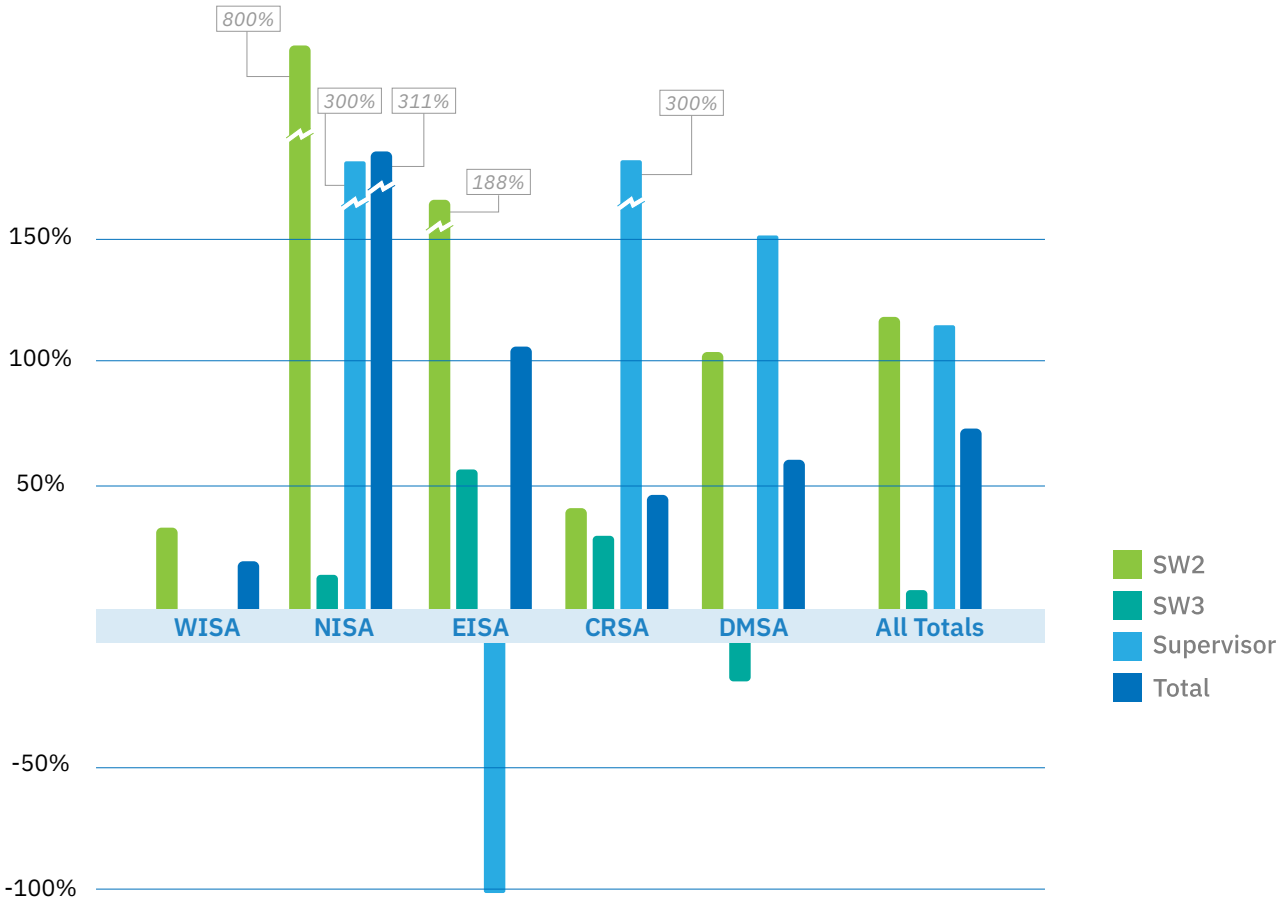
Attrition Rates for 2022



[8] January 24, 2022, "Worker Turnover is a Persistent Child Welfare Challenge – So is Measuring It," Quality Improvement Center for Workforce Development, Worker Turnover is a Persistent Child Welfare Challenge - So is Measuring It | Quality Improvement Center for Workforce Development (qic-wd.org)

[9] "Top Causes of Staff Turnover at Child Welfare Agencies—and What to Do About It," Annie E. Casey Foundation, March 4, 2019, https://www.aecf.org/blog/top-causes-of-staff-turnover-at-child-welfare-agencies-and-what-to-do-about

Percentage Increase in the Number of Staff Exiting By Service Area in 2022 When Compared to 2020



When staff numbers are stretched too thin, the remaining workers are forced to take a higher workload and inherit a partially completed caseload, often requiring significant rework, and imposing new trauma on the children and families involved. This new work demand was often listed as a demotivating factor and job stressor.

When fewer candidates are applying for job postings, the need to rely on, and retain, existing staff becomes vital. One area that has likely helped Iowa maintain the agency's solid performance is the amount of overtime offered and the willingness of the local staff to sacrifice their personal time to the workload. While there was discontent with who is eligible for overtime, the overall sentiment was that without overtime, the system would breakdown and there would be no way for the workforce to keep up with the workload. For the last three years the SW2 and SW3 OT expenditures have hovered between $1.6 and $1.8 million.[10] Des Moines and Western service areas consistently account for 40-50 percent of annual OT expenditures.[11]

[10] OT and Cost

[11] OT and Cost

Both workers and supervisors reported that when new candidates are hired, there has been a recent trend in offering higher starting salaries within the salary range than current employees. This has resulted in some new workers being paid more than some existing employees. Whether this is accurate due to the demands to recruit new staff, and/or only happening in pockets around the state, the practice is a demotivating factor and local staff and supervisors voiced their protest.

The last theme is a growing disconnect between central office leadership and local offices. Just as longevity does not cancel out the recruitment and retention challenges, local office support of leadership does not negate a growing disconnect about the work being done to meet the goals of the agency.

Service Area leaders regularly reported that deadlines were being met and they had a high degree of confidence in the quality of the major decision points at each functional area. Conversations in the service areas shared a slightly more tumultuous process with staff reporting assessments sitting on supervisors' desks for weeks awaiting supervisor review or waiting until the last possible moment to minimize the opportunity for supervisor feedback. The data also pointed to the fact that Case Management is experiencing growing delays resulting in extended case duration. Workers across the state report an enormous stress to try to keep up and meet deadlines, they admit that work sits for weeks to free up time to see new families and work new reports, and that many times the process that ensures quality decisions is being reserved for only the most complex cases. Supervisors are reporting less time to mentor and coach, while workers are feeling more pressure to make decisions that will be reviewed through documentation only. Feedback was unanimous in stating that paperwork and compliance related activities leave less time for staff and supervisors to work with families and give/receive coaching and mentoring.

The theme was clear: The closer you get to the daily work with families, the more the capacity issue plays out in the pressure staff are under.

Staff Perspectives

Intake

Iowa's Intake workforce is an identified strength, with the lowest percentage of turnover and highest levels of experience and job classifications of the major functional areas.[12] Workers reported that the transition to working remotely has been beneficial but has also created some challenges. Benefits include higher worker satisfaction and the ability to recruit for positions from experienced staff statewide. However, without the proximity to one another and supervisors, knowledge transfer and communication has suffered. The success of technologies such as "electronic chat" to replace proximity has proven inadequate in managing queues, shifting staff, and getting quick questions answered. This was reported by both workers and supervisors.

[12] HR data - Intake annual turnover

Staff report a high degree of confidence in their understanding and application of the policies that guide screening but admit that those policies still appear to result in a disproportionate number of one-hour response priorities being assigned. Recognizing the stress that this places on Assessment, they feel unable to adjust their conclusions while maintaining the integrity of the policies.

Assessment

The workforce in Assessment reports feeling overwhelmed and overtasked. The stress of the work is matched by their innate desire to help children and work with families. Despite the reported issues, they remain committed to this charge, and all levels of supervisors and leadership reported confidence in their ability to assess families and make quality safety decisions.

Local offices reported the pay gap caused by eligible overtime employees is a major demotivating factor that contributes to low morale. Workers can make up to a reported $30,000 more than their supervisor due to the overtime rules. Supervisors report they, too, must work overtime to keep up, but they are not eligible for the overtime pay. This demotivates employees to look for promotions into supervising positions and has forced the agency to hire fewer experienced people to oversee more qualified workers who do not want to take a cut in overall pay. SW3 staff also consistently identified frustration at being classified at the same pay level (SW3) as Intake staff, despite their roles required in-office work, family visits, and being on-call throughout the year.

In the metro areas of Polk, Ames, and Pottawattamie Counties, turnover is a considerably larger issue than the other areas of the state.[13] Workers reported frustration at growing workloads, increased stress of carrying more reports and cases, and fear that struggling staffing levels may be the new normal.

Case Management

Case Management has the highest level of staff with less than one year of social work experience, equaling an average of ninety-five new workers per year.[14] As a result of the 33 percent turnover, nearly 5,050 children will have at least one new caseworker prior to their permanency decision.[15] This issue is exacerbated by the fact that SW2s are the lowest classification of social worker in the state. Workers reported the biggest challenge with the turnover, and the ensuing transfer of cases, is the lack of direction and the need to reevaluate and form a new plan each time a case is transferred.

Typically, supervisors would fill the continuity role and ensure a family remains on track throughout a caseworker transfer, but many local offices reported that updates are often court driven and that local consults focus more on immediate problems and impending deadlines than family progress.

[13] Turnover

[14] FTE report- Total # of Case Management Staff less than 1 yr

[15] HR data/ Vern's Report - Case Management annual turnover
FACS - Total number of children opened in Case Management

Adoptions

There was a clear disconnect between Adoption staff and Social Work Case Managers (SWCMS). SWCMs reported they feel responsible for all aspects of the case, from just after initial assessment to permanency, and that roles are added often. SWCMs felt that they did all the work to get the family through the child welfare system and hand the case off to Adoption ready for finalization. This sentiment was not shared by the Adoption team, who reported cases were often transferred without necessary documentation, including Social Security cards, medical records, and quality child studies. Adoption workers reported having to complete this work or refusing case transfer (which delays adoption completion) until these tasks are complete. Adoption staff also noted concurrent planning is not completed with earnest, and they have seen an increase in relatives requesting to be the permanent adoptive placement late in the case, necessitating an adoption selection.

Adoption workers and supervisors noted that the transfers from SWCMs are a point of frustration. One of the reasons reported by workers indicates it is rare to receive a complete packet from SWCMs, and supervisors are not holding SWCMs accountable due to their workload. It was also stated that some barriers to a file being complete could be that medical records have not come in, birth certificates have not been requested, or birth certificates are requested from another state.

Licensing

Most HHS Licensing workers have several years of experience within various divisions of the agency. This experience comes in handy because these staff are responsible for not only licensing, but a variety of duties, such as childcare compliance checks, across the department. Unfortunately, the workload forces staff to prioritize tasks and there are times when licensing foster homes is a lower priority. HHS Licensing workers function as a liaison to the contracted providers (Four Oaks and LSI) and conduct documentation reviews. Staff report typically completing around eighty to ninety initials, renewals, and relicenses per year, and the workload varies from month to month because renewals are due at different times.

In the area that Four Oaks serves, the Licensing supervisors have bimonthly meetings with Four Oaks supervisors and leadership. Case Managers are also able to attend these meetings and ask questions or present concerns. In some instances, staff feel lucky because they have great relationships with Four Oaks and partner well together. However, this sentiment was not consistent across the state. Staff report there is a high rate of provider turnover, which leads to challenges in getting to know foster families and building relationships. Additionally, staff feel that HHS is not receiving quality home studies or even basic professionalism at times from the contracted licensing providers.

Workforce Policy and Practice Observations

Workforce stability challenges exist in pockets across service areas and among certain roles. The SW2 job classification was noted as having the most acute turnover challenges. We heard this at all five service areas across the state. In most of the western counties visited, however, staff reported less turnover and workforce instability than was noted in eastern counties. Staff in the western counties also noted that they have strong office relationships and colleague and supervisory support; they were clearly committed to the work and seemed reasonably content. Because the workforce was relatively stable, staff interviewed also had greater state tenure and practice knowledge. This was not the expressed experience in eastern counties or in the Des Moines service area, where turnover is a significant issue and has tremendous impact on practice.

Across the state, several themes emerged as workforce pain points that impacted worker morale or their ability to do their jobs effectively and efficiently, including the following:

- **Workload Stress.** Staff reported the overwhelmingly large stress they manage daily is their mounting workload. Staff reported four main areas of stress that they believe are the primary factors in staffing leaving the agency 1) feeling enormous pressure to meet deadlines 2) the volume of work the Case Management SW2s have to accomplish is more than can fit into a 40-hour work week 3) feeling a lack of support starting from initial training, mentoring and coaching, and managing current workload demands, and 4) a fear driven process that results in "dings from being late, dings from not having answers, dings for grammar issues, dings from reviews" - they constantly feel like they are under performance pressure.
- **Job Classification and Compensation.** Compensation was consistently noted as a problem. This has been heightened recently due to compensation rates of other departments within the alignment initiative. The current classification system for child welfare functions was a consistent pain point across the state. The state's classification system, which rates Intake and Assessment workers (SW3s) at a higher job classification and resulting pay grade than ongoing Case Management workers (SW2s) was of significant concern in every meeting with the social work Case Management staff and even some meetings with Assessment staff and supervisors. Staff also described the changed perception and experiences of working for the state, noting that having a state job was previously highly respected and competitive; a good place to retire from. In recent years, that has become less so, with some staff leaving the state and social work field to work in completely

different industries, including retail and insurance (these two areas were specifically cited). Limited opportunities for pay increases and the impact of tenured staff reaching salary caps within their job classification were particular concerns that were raised. In addition to state wages, it was also reported that benefits have been scaled back, including increased costs to employees for health care. On a positive note, the continued availability of the state pension was listed as a benefit that helps retain staff.

- **Secondary Traumatic Stress.** Staff also mentioned the secondary stress and trauma they experience from an event, or fear of making a decision that could result in injury to a child. Limited resources are available to help the workforce manage the issues that result from the unique stress of working in the child welfare field. While a debrief may occur after a death, it does not focus on the trauma experienced by staff or address the fear of having a fatality on their watch. At times, staff are referred to the Employee Assistance Program, but it was noted that this resource is ineffective in addressing secondary stress and trauma. This was mentioned in the Northern service area only.

4.2 Workload, Processes, and Capacity

C!A's review of workload, processes, and capacity began with leadership insight interviews to gain a broad view of current operations as well as guidance regarding specific elements to look for in subsequent assessment engagements. Additionally, the review included interviews with more than 100 staff and supervisors in ten offices across all five service areas.

The following section serves as a summary of those engagements and highlights consistent themes.

Functional Area	Observation
Leadership Insights	• Leadership communicated a positive outlook regarding the state's ability to maintain targets regarding timeliness and quality. • Leadership recognized significant variations in process across service areas used to achieve key performance indicators (KPIs). • Challenges were noted among service and functional areas resulting from operational silos. • Leadership perspective regarding frontline operations and processes used by supervisors and workers to keep up with the growing workload demand are not in alignment.

Functional Area	Observation
Intake	• System latency and outages have significant impacts on the Intake unit and are compounded by the rapid turnaround time of reports. • The Intake supervisor review bottleneck represents one factor in the gap from call completion to assignment to Assessment. • The different lenses used by Intake and Assessment result in some confusion at times in understanding screening decisions.
Assessment	• There is clear dedication to the mission of keeping children safe and producing quality/professional work at all levels. • Capacity issues are resulting in significant frustration, exhaustion, attrition, and, ultimately, declines in quality of certain work. • The supervisor bottleneck is resulting in some significant delays in the completion of assessments, challenges in using best practices, and a lack of coaching and mentoring.
Case Management	• Significant capacity issues were reported to be the main driver in the 32 percent attrition rate among SW2s in 2021 and 35 in 2022. • Challenges exist with the transfer of cases between units. The transfer of cases from Assessment to Case Management, and Case Management to Adoptions both report missing information in transferred files and a lack of quality communication that can lead to delays in access to services and finalization of permanency. • Relationship with courts and contracted providers were consistently noted as areas of opportunity with regard to the best interest of children and families.
Adoption/ Kinship	• Staff reported significant delays in achieving permanency resulting from a lack of permanent placement options specifically for older youth and children identified with high needs. • A lack of, or delay in, concurrent planning is causing some delays in identifying and accessing permanent placement options. • A lack of transparency within the first sixty days of a case specifically regarding permanency options results in missed opportunities and delays in permanency.
Licensing	• Staff outlined a lengthy and duplicative licensing process with a multiple approval bottleneck. • Staff reported variations in relationships, quality, and effectiveness among service providers. • A lack of available placement options is resulting in an over reliance on shelter beds.

Leadership Perspectives

Interviews with state and service area leadership were positive, optimistic about the future, and honest about current operations. It was clear that senior leadership has invested a considerable amount of intentional effort to form a cohesive team. While a wide range of operational differences were acknowledged across service areas, the open running dialogue at the leadership level is a positive sign. During interviews with state and service area leadership, there were four common themes regarding workload, processes, and capacity of statewide operations in HHS: 1) There was a positive outlook by leadership regarding the state's ability to maintain timeliness and quality targets. 2) There was a recognition of the significant variations in processes across service areas utilized to achieve those targets. Leadership shared a clear desire to standardize operations, acknowledging that variations should be a result of a

specific family need rather than individual supervisor interpretation of processes and policies. 3) Operational silos among service areas and functional areas. 4) A disconnect between leadership beliefs regarding front line operations across service areas and local processes used to keep up with the growing workload demand. This section offers additional details regarding each of these themes.

During interviews with leadership, there was a consistent ring of hope regarding the outlook of operations in the state of Iowa. The level of alignment that the SBT has been able to garner is evident in leadership's belief that positive changes are not only possible but inevitable. That same level of optimism strives to reach every level of the organization.

The variation in processes and outcomes across service areas was a concern raised by leadership. While some level of variation will always exist because the state serves a diverse population, those variations should be driven by specific family needs rather than individual's interpretation of processes and policies. One driving reason for the variation is the significant autonomy reported at the supervisor level. While supervisors need the flexibility to make complex decisions based on the expertise and the information available, a resulting side effect has been some variation of process and practice, even within a service area in the same region.

The third theme was operational silos among service areas and functional areas. The amount of variation between service providers and contractors across the state was highlighted by leadership and reported to be an issue in all five service areas. Each service area was also reported to vary in organization, structure, and outcomes. While some best practices have been identified and the Quality Improvement (QI) team has worked with the service areas to standardize, when possible, many times state leadership is unaware of these projects/variations due to a lack of transparency and communication. Additionally, transfers between functional areas were highlighted as a point of loss of quality and continuity in the case life cycle as well as a point of tension.

The fourth theme was a disconnect between leadership beliefs regarding front-line operations across service areas and local processes used to keep up with the growing workload demand. While leadership has confidence in the staff decisions being made they are somewhat unclear and/or unaware of the processes used in the decision. Leadership was confident that the work was being done by the deadline, and that the local offices were adequately managing the workflow as well as the workload. The data suggests that leadership can remain fairly confident that assessments are being completed timely, although there are areas where the data would suggest capacity is currently limiting worker's abilities to complete thorough assessments and engage with preventative services. The capacity challenge suggests that alternative options may need to be explored as to how assessment engages with a large portion of their workload. Although 70% of cases are not substantiated, a high volume of cases are being investigated - not assessed - and underlying needs are not being addressed

(housing stability, food stability, health care, employment, education, transportation, etc.), such as connections that should be made with the Community Access Division. Efficiency would include closing cases that are clearly safe, and also connecting families to services/supports they need so they are not reported to intake again.[16] As the assessment focus was localized during visits to local offices, themes of workload stress, juggling priorities, and expressed concerns permeated the conversations. This suggests that while the decisions may still be of high quality, the path to get to a decision may be more chaotic and pressure filled than leadership may realize and the data shows.

Staff Perspectives

Intake

During interviews with Intake staff, SW4s, and supervisors, there were three common themes regarding workload, processes, and unit capacity: 1) the impact of system latency and outages, 2) issues arising from the different lenses used by Intake and Assessment 3) the supervisor bottleneck in the report approval and reject process. The following section provides additional details regarding each of these themes.

Overall, staff, SW4s, and supervisors shared a positive outlook regarding the current technology at their disposal. However, a consistent theme raised by each group was the significant impact latency and system outages have on their work. Because of this, many workers have processes outside of the system to mitigate the loss of information while others request recordings of calls to recreate lost work in the event of a system outage. This leads to rework and delays reports getting to the local offices.

Most of those interviewed reported previously working in Assessment or Case Management prior to coming to work at Intake. However, the staff interviewed unanimously agreed that the challenge they first experienced occurred when changing lenses from “what can be founded” to “what does policy say must be accepted for assessment”. Intake workers and supervisors frequently referred to the policy requirements for screening decisions and acknowledged the intentional difference between the Intake lens and that of Assessment.

While supervisor-to-staff ratios in Intake were reported to be just under 1:5, all Intake groups interviewed reported issues that stem from a supervisor bottleneck in approval and rejection of reports. This bottleneck results in delays from the end of the call to assignment to Assessment. This delay can be a result of many factors due to the volume of intakes a supervisor must review, the timing of the call, and other competing priorities such as training and meetings. Intake supervisors are responsible for reviewing 42,556 accepted intakes of child abuse and neglect per year and consulting

[16] HHS Website- CW data report- Total # that resulted in finding of “not confirmed” / Total # of Assessments closed (2021: 8,543 / 28,866)

17,498 rejected intakes.[17] A recent change that allows SW4s to approve and reject intakes has provided some much-needed support; however, that comes at the cost of pulling SW4s off their assigned responsibilities and is frequently unplanned.

Assessment

During interviews with SW3 staff and Assessment supervisors across the state, three common themes regarding the workload, processes, and capacity of the Assessment unit arose: 1) a clear dedication to the mission of keeping children safe and producing quality, professional work at all levels. While this level of commitment is admirable, it also revealed the underlying second theme: 2) capacity issues, frustration, and exhaustion in managing the workload. These capacity issues are in constant tension with the desire to meet expectations, produce quality work, and meet the needs of children and families. All units described a third theme as well: 3) bottleneck created by supervisors in moving workflow through review and approval after work is complete. The following section details these themes gathered during focus group interviews.

Assessment staff in Iowa are assigned approximately 43,000 family assessments and child abuse assessments from Intake annually.[18] Of those, 36,000 were opened as new reports, which are further categorized into 29,000 child abuse assessments, 7,000 family assessments, and approximately 7,000 are new allegations that come in on current open assessments and are linked to existing reports.[19] Though staff and supervisors generally share understanding of the policy for acceptance of an allegation, there is dissatisfaction in the quality of information and decision-making on screened-in reports. Assessment staff and supervisors noted inconsistency in the determination of family assessments versus child abuse assessments, citing similar allegations may receive different distinctions depending on which Intake staff and supervisors make the final decision. Staff noted similar inconsistency in the quality of the information provided in the report. Focus groups frequently stated that some intakes are received with sufficient information to begin work immediately and others require a review of internal data systems to add missing demographic information, phone numbers, addresses, and correct family participants. This may result from a lack of information provided by the reporter or even the result of system downtime preventing the automated look ups that populate much of this information.

During interviews, staff highlighted clear capacity issues within Assessment, including a lack of time to complete the safety model to full fidelity and all required documentation.

[17] JARVIS- Total # of contacts that became a new assessment/investigation report; JARVIS- Total # of contacts that did not become a new assessment/investigation report

[18] JARVIS- Total # of contacts that became a new assessment/investigation report

[19] HHS Website- CW data report- Total # of reports opened in Assessment; Total # of Child Abuse Assessments; Total # of Family Assessments; Clarified the difference between Total # of contacts that became a new assessment investigation report and Total # of reports opened in Assessment in data feedback sessions as linked reports

This was especially clear when assignments reach twenty or more cases per month, during peak times or staffing shortages. Staff and supervisors noted a feeling of immense pressure to complete assessments timely and shared that there are only a small number of assessments that miss the deadline. It was commonly reported that assessments "never" go overdue, however, this commitment was reported to come at a cost to the quality of work and work-life balance. Staff reported prioritizing initial contact with victim children and families while completing tasks such as contacting noncustodial parents and interviewing collateral contacts as secondary activities.

It is important to note that staff did not report the majority of pressure coming from the ten-day family assessment deadline or the twenty-day child abuse assessment deadline. Rather, the capacity issues came in managing the workload regarding the number of reports, the volume of documentation, and the challenge of finding the cadence to follow up on tasks that were not completed during the initial assessment. Focus groups across the state shared that most safety determinations are made in the first three to five days of an assessment. Additionally, supervisors reported agreeing with staff safety determinations 95 percent of the time, indicating quality decisions are made in the timeframe allotted. When asked why assessments wait until the tenth or twentieth day for closure, staff reported prioritizing child contact over documentation and commonly setting aside safe assessments after family contact until the due date, when they are forced to complete compliance activities and documentation.

To begin to analyze work time and flow among cases being assessed, we asked workers to identify how many assessments they found to be "clearly safe" during the initial contacts. As an example, a clearly safe case would be one where an allegation was made, e.g., unsanitary living conditions, and when responding the home is found to be clean, adequately furnished, and safe. Staff believed up to 60 percent of their total volume of assessments fell into this category but noted despite the clarity of the decision the same amount of documentation is required in the system, causing these assessments to linger for the full timeframe instead of being documented and closed immediately. Additionally, staff and supervisors around the state reported that when assessments are turned in to supervisors early for approval, the assessments are batched until the due date because of the number of reports supervisors are asked to read daily. This disparity between when a safety decision is made and the time it takes to close an assessment indicates a capacity and workflow issue, not necessarily an issue with the timeframe allotted to complete a family or child abuse assessment. While a variety of reasons were offered for this supervisor delay, the most common revolved around urgent matters such as disruptions, safety issues, and full schedules that are constantly being shuffled around that result in completed reports being pushed to the back burner until deadline.

Another important element discussed in focus groups was access to supervision, consultation, coaching, and mentoring. Across the state, staff and supervisors reported a strong desire to have more time for regular supervision, coaching, and mentoring. While the style of supervision varied, many staff and supervisors reported only having time to staff "as necessary." Some supervisors and staff stated that they have access to supervision more regularly, and routinely engaging in the immediate "safety check," however, even in those circumstances supervisors reported rarely, if ever, going with staff to complete assessments and almost no time for proactive professional coaching and mentoring. Supervisors reported the reason behind the lack of coaching and mentoring was the volume of reports that must be approved timely, noting up to 50 percent of their work hours are spent reading, reviewing, editing, and approving family assessments and child abuse assessments.

Despite these challenges significant strength was found in assessment teams, including their longevity and dedication to children and families. Staff members and supervisors often brought questions and conversation back to "what is best for the families we serve" and noted time and again that they chose their role as a SW3 to help the greater community. Staff reported a strong belief in doing what is best for families and despite frustration with aspects of the job, and many were hopeful for the future and the state's ability to support their roles and ultimately the well-being of those they serve.

Case Management

Case Management social workers and their supervisors were interviewed to determine what themes were present regarding workload, capacity, and processes within the Case Management unit. The largest themes identified were those related to capacity to manage the workload, a bottleneck in work related to handoffs between Assessment to Case Management and Case Management to Adoption, as well as inconsistent control of the case related to the courts and contracted providers.

During interviews, staff discussed the amount of work that is required to be done on each case that is assigned to them. In 2021, each SW2 had an average caseload of twenty-five children, although staff reported that caseloads vary greatly across the state and are sometimes measured by case and other times by the number of children depending on whether the case is voluntary or involuntary.[20] For each child, the SW2 is required to complete one visit with the child, each parent, and placement if the child is in an out-of-home placement. These visits are in addition to completing court reports, case plans, and entering all information into the JARVIS and Family and Children Services System (FACS). Staff report a desire to work more with the families; however, due to staffing shortages among the SW2s, the number of cases and the geographical area being covered has increased. In some parts of the state, a child visit

[20] VERN SW2- Current Average Caseload per worker

can require a two- to three-hour drive. Children in out-of-home care are also required to have visitation with parents and, due to perceived limitations of the current contract, SW2s are responsible for covering visitations that contracted providers are unable or unwilling to facilitate. The two- to three-hour drive now must be done to transport children both ways in addition to supervising needed visits.

SW2 staff experienced a 57 percent increase in turnover from 2019 to 2021, which was attributed to several factors, including capacity issues and the ability to promote to SW3 positions.[21] While promotional opportunities are generally seen as positive, promotions out of Case Management SW2 positions take away experienced staff who are knowledgeable about systems and processes and leaving few behind who are able to mentor incoming staff. Supervisors who are generally responsible for coaching and mentoring new workers are also stretched beyond their capacity, and while regular monthly meetings were reported, staff said, at times, they feel unsupported and disconnected from leadership and would like to see that improve. Supervisors in some areas oversee the life of the case and dedicate a substantial amount of time to Assessment staff and spend limited time with SW2s. Supervisors with dedicated Assessment and Case Management units report having inadequate ability to support staff due to the geographical size of the service area. Due to more work, fewer staff, and workers having less experience, there's not enough time for staff to finish necessary paperwork. Usually, this information doesn't get put into the system until supervisors are about to pull the monthly report or need it for a court report. Additionally, there were some expressed concerns around the availability of accessing overtime. Iowa HHS does allow overtime with prior approval by a staff's supervisor and is in line with current employment agreements. There may, however, be some inconsistencies of practice from supervisor to supervisor within and across regions that cause confusion, although policy is clear that overtime is permissible.

This friction between units can also be felt in the transition from Assessment to Case Management. A transition checklist has been developed but is dependent on multiple reviews for the official transition to happen in JARVIS, and the checklist can get lost in the process, sometimes sitting in unread emails. When an SW3 has completed the checklist and sent it on, they report that those cases are pushed to the backburner to focus on incoming allegations of child abuse. SW2s report not seeing families because the case hasn't officially transitioned, resulting in missed timeframes for contact and not ensuring the ongoing safety of children. It was noted that the case teams in some areas of the state managed this transition with less conflict and more willingness to negotiate case transfer duties; however, the theme of the transition being a stressful time period internally for staff and externally for families was found statewide. When the case is transitioned, SW2s reported disagreeing with case type about 20 percent

[21] HR data/Vern's Report- Case Management annual turnover

of the time, feeling that voluntary cases were opened with the threat of court or a child on a safety plan who should have been removed. SW2s reported removing children once transitioned into the Case Management unit, which impacts the relationship with the family. The delay in court involvement also has an impact on the length of time the agency is involved with a family.

The push for children to enter the system in a voluntary status can be linked to the perceived level of control the courts possess over cases once involved. HHS does have the ability to make service recommendations to the court through their court reports and case plans, but in many areas of the state courts are setting the direction and pace of cases. Case plans developed by SW2s were reported to be, at times, duplicative and unhelpful to families, and most court systems require SW2s to complete a document of the court's choosing to provide the status of the case. These other documents and court reports do not set conditions to return home, resulting in inconsistent messaging to the family about what they need to do to get their children back and get out of the system.

The services that are ordered by the court require HHS to work with contracted providers to deliver supervised visitation and home visits. SW2s reported limited assistance with services from these contracted providers and felt that the contractors are looking at the minimum required to comply with the contract and maximize profit while the department is thinking about families first and providing what they perceive the family needs to succeed. This discrepancy can lead to tense court hearings where SW2s have to answer for services not offered by the contracted agency. SW2s report delays in some permanency cases due to missed service delivery. With the courts and HHS basing progression toward permanency on the court's schedule of three-month review hearings, limited-service delivery can prolong the life of a case by months.

Adoptions

During interviews with Adoption staff and supervisors across the state, there were three common themes regarding workload, processes, and capacity of the unit: 1) the lack of permanent placements resulting from a lengthy and duplicative licensing process, including the approval bottleneck. 2) the lack of, and delay in, concurrent planning. 3) the lack of transparency regarding permanency options early in the case. The following section provides additional details regarding each of these themes.

After the first few office visits, a clear theme developed regarding the lack of permanent placement options resulting in challenges to finalizing adoptions in a timely manner. It was evident from workers across the state that the goal for children in foster care is to safely reunite with birth families. Adoption workers strive to complete the adoption process as close to the finalization of Termination of Parental Rights (TPR) as possible. However, this can become challenging for workers due to the lack of permanent placement options. This is specifically challenging for older youth and children who are exhibiting higher levels of need. Adoption workers reported that there are teenagers on

their caseload who will likely never be adopted because there are no foster/adoptive families willing to or able to care for them long-term. As a result, there are older youth living in residential facilities solely due to a lack of a permanent placement option.

The second theme was lack of, and delay in, concurrent planning. If the child is in their selected permanent placement home, the family is licensed, and there is no appeal, adoption can occur timely. However, if all those conditions are not met, significant delays can result. Adoption staff acknowledge that Case Management workers have a high caseload and as a result these issues are not typically identified in a timely manner and the cases that are sent are incomplete. Case Management workers are not getting the supervision they need, so when things are not getting done by the time termination occurs, it's up to the Adoption worker to complete the work.

SW2s and supervisors reported that concurrent planning is happening late if it is happening at all. SW2s reported they generally know the direction of the family somewhere between three to six months, but the Adoption workers typically do not get involved until after the first year, or even later. The state's practice is to have concurrent planning begin sixty days after removal from the home. SW2s reported this is not consistently happening during that time period. The purpose of a concurent staffing meeting is to gather important information like birth certificates and Social Security numbers; to ask about what relative notices have been sent and which relatives are potential placements; determine whether siblings are placed together; and address paternity testing, court issues, and ensure the family truly understands why HHS is involved and why the child(ren) was removed. This meeting is typically the last formal staffing around concurrent planning that occurs until after the one-year mark. Several supervisors acknowledged that they could do better with concurrent planning but that they simply do not have the capacity to dedicate the additional resources that would be required.

At TPR, the challenge of aligning Case Management and Adoptions continues. Staff reported a new transfer process was only put into place at the start of the year and as a result, feedback is still early. This process is now statewide and replaces the service area–specific processes that were used previously. SW2s have a checklist of things that need to be completed to transfer the case to Adoption. SW2s reported that the checklist is large and that the new process doubled the amount of work that needs to be done. The SW2s reported spending significant amounts of time completing the checklist; however, Adoption stated that the checklist is only fully completed about 35 percent of the time. Adoption staff stated, that at times, they feel like the "cleanup crew."

Official transfers are supposed to be completed within forty-five days of receiving the TPR order from the courts. There is significant variation in when courts issue orders with some being same day and others taking up to a year. While waiting for the TPR order, adoption processes are not being completed because the transfer has not occurred. With the new process, there is a meeting within twenty days of TPR filing

to help with completion of outstanding tasks for adoption, but there is no adjustment to the official transfer timeline. Staff expressed frustration with delays in scheduling transfer meetings due to the supervisor bottleneck.

The third theme is the lack of transparency regarding permanency early in the case. Delays in concurrent planning also result in a lack of clarity and transparency in developing alternative permanency plans. Adoption workers reported that efforts to locate parents, genograms, and ecomaps are seldom exhaustive due to the capacity issues of SW2s. Workers believe this could be because of the delay in family engagement during the first sixty days of a case, SW2s not being comfortable or familiar with concurrent planning questions, and many workers simply giving "a packet to the family instead of doing an interview with them."

Licensing/Kinship

During interviews with Licensing/Kinship staff and supervisors across the state, there were three common themes regarding the workload, processes, and capacity of the unit: 1) issues resulting from a lengthy and duplicative licensing process, including an approval bottleneck, 2) inconsistent processes and relationships with providers, and 3) challenges with the availability of placement options. The following section offers detail regarding each of these themes.

Staff and supervisors shared an overview of the lengthy and duplicative licensing process that begins with an inquiry or application for licensure. The contracted providers then complete initial fingerprinting, preservice training, and home studies for families. HHS workers then receive a paper licensing packet to review for each family to decide whether the family is approved or denied. The contracted providers will typically batch the initial license packets, and HHS receives these at varied times each month. If HHS identifies concerns with approving a family, the contracted provider must meet with the family again to re-do the home study, which can delay the licensing process for several months. Once the HHS worker completes the review, it is then sent to the Licensing supervisor to review. After the supervisor review, the packet is sent to the SWA to sign. Once the SWA's review is complete, the licensing packet is returned to the HHS Licensing worker to enter the data into FACS, and the family is then issued a license. If a family is licensed for adoption in addition to foster care, the information must be entered into the computer system again on a separate screen for the adoption approval. Staff reported it takes six to nine months for a family to obtain a foster care license. Licensing staff do not typically have contact with foster families unless there is a concern with a licensing packet, a complaint, or a new hotline report involving a currently licensed home.

Regarding general licensures as well as relative or kinship care, staff and supervisors reported inconsistencies both within service areas and across the state. When licensing child-specific families for relative or kinship care, all requirements are the same as the foster and adoption licensing. However, it is possible to waive the training

requirements via SWA approval. Some offices are less inclined to waive training because the Licensing supervisor believes the National Training and Development Curriculum (NTDC) is well done. Also, there are portions of the NTDC curriculum that can be changed to address relative and kinship issues more specifically. Staff reported that an average training class consists of at least half child-specific or relative/kinship families and half non-relative families.

HHS received a kinship navigator grant, so when a child is placed with relatives or suitable others, HHS makes a referral to a kinship navigator. There are two kinship navigator providers contracgted by HHS in each service area who are assigned to a relative placement for four months, during which time they help connect the relative family to services and to the contracted provider for licensing. However, the kinship navigators are a new program that is not running as efficiently as it ultimately might. Assessment workers are placing most removed children in relative or kinship care and finding that many may not get out to the home to assist the family in a timely manner. Kinship families are eligible for six months of caretaker financial assistance, set at $10 per day, and are encouraged to become licensed. The kinship financial assistance is limited to 6 months. If the family is still not licensed, they may apply for FIP (Iowa's TANF cash assistance) however, no other concrete support is provided if this family is receiving these funds.

The lack of availability of licensed placements was a significant and repeatedly stated concern among supervisors and staff across the state. While placement in foster care is an absolute last resort, staff reported "not expecting good results" when they must contact the contracted provider to secure foster placement. Staff expressed concerns over the lack of overall foster home capacity, and local placement options causing some cases to wait longer than ideal for a foster home.

Presently, CareMatch does show all available foster home options, however, some staff continue to use their own spreadsheets to track availability of beds for placement purposes and are not leveraging CareMatch's information. In some instances, assessment workers who have working relationships with foster families contact the foster homes directly for placement, and then provide the placement information to the contracted provider. Assessment workers understand the process is not ideal, but often feel forced to circumvent the standard process in order to find placement opportunities timely. Staff reported that around ten years ago, when licensing was done within the state, workers knew the names of families, how many beds they had, and their strengths and weaknesses for placement alignment.

Staff estimate that Iowa is losing 25 percent of their foster homes each year, primarily due to adoption and divorce. More foster families leave for these reasons rather than HHS revoking or encouraging families to self-remove. Staff reported that recruitment

is in the provider's contract but expressed concerns about the effectiveness of these efforts. There are also not enough foster parents to take children with high needs and difficult behaviors, and there are not mental health services to support certain behaviors. If a foster family provides a ten-day notice, HHS attempts to complete a stability staffing that includes foster parents, the Case Management worker, a caseworker from the contracted provider, and an HHS Licensing worker or supervisor, if possible. However, SW2s state that the stability staffing does not typically occur, and several seasoned SW2s were unaware this was a requirement. The impacts of a disruption are significant on both the child and the foster family, and this alignment is a crucial preventative step.

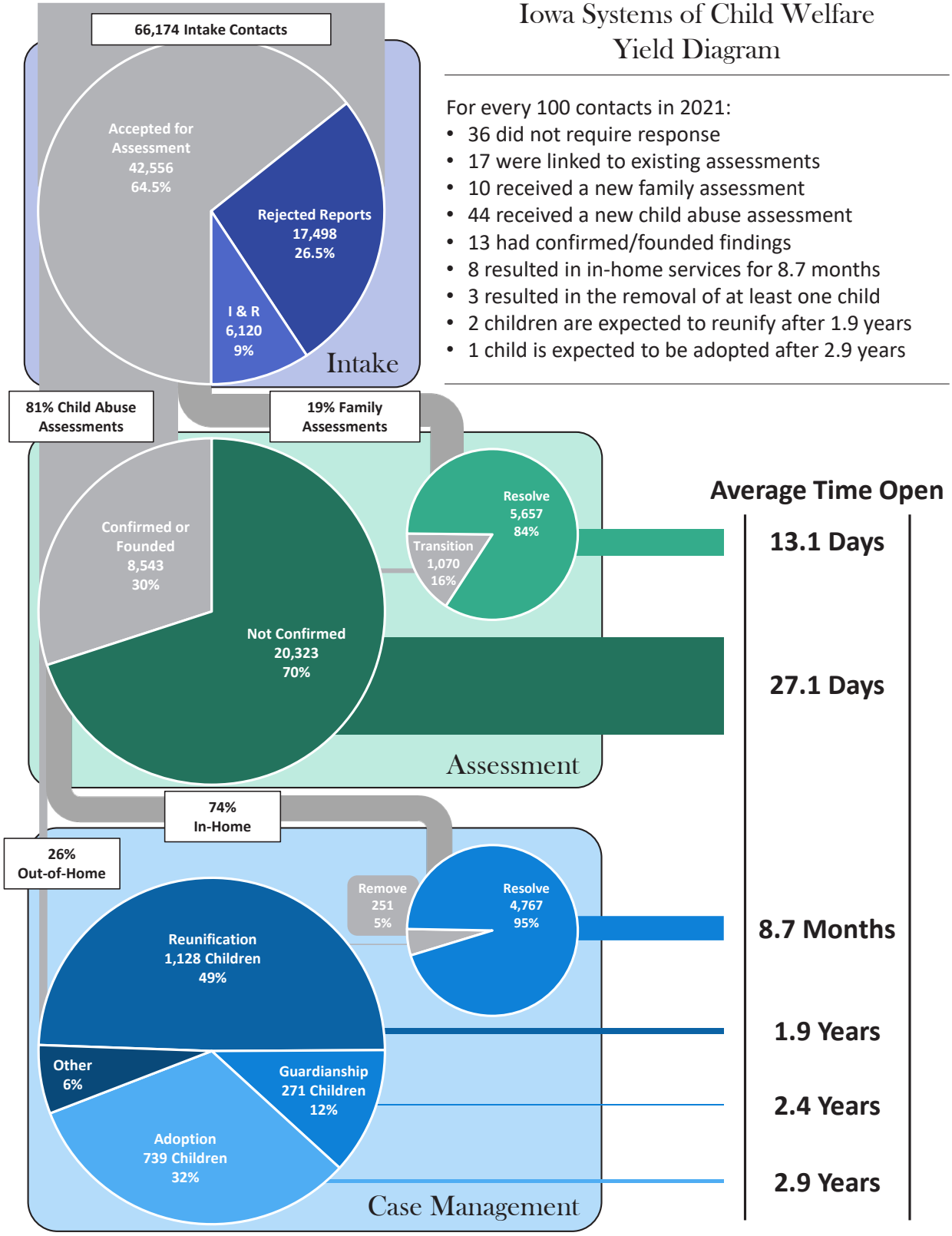
Insights from Data Reviews

To better understand the key metrics of HHS, we worked with data specialists to develop a chart that represents the flow of work through the existing system. C!A submitted a data request to the state to establish baseline data. The data below, and throughout this report, was provided by the state from JARVIS, NCANDS, AFCARS, FACS, ROM, Lumen/Cisco, JARVIS, HHS Website, Care Match, Workday, FTE reports, HR data, and other sources as available. All the data provided in this report has been vetted by the state for accuracy and will serve as the baseline for the assessment. This chart provides a common view of the workload that helps the team compare across systems. It also provides the base values used to determine capacity opportunities for both work time and elapsed time.

Iowa Systems of Child Welfare Yield Diagram

For every 100 contacts in 2021:

- 36 did not require response
- 17 were linked to existing assessments
- 10 received a new family assessment
- 44 received a new child abuse assessment
- 13 had confirmed/founded findings
- 8 resulted in in-home services for 8.7 months
- 3 resulted in the removal of at least one child
- 2 children are expected to reunify after 1.9 years
- 1 child is expected to be adopted after 2.9 years



**Data used to develop this diagram was provided by the state and is located in the Appendix of this report.*

Functional Area	Key Data Observations
Intake	1. Report volume is increasing, and 2021 data shows an 9.6 percent increase over the 2018/2019 average[22] 2. 57 percent of all reports of neglect and abuse of children are from mandated reporters.[23] 3. An average of 70 percent of child abuse report calls result in an accept decision and are assigned for assessment. Information and Referral (I&R) calls equal 7.9 percent of calls to intake.[24] 4. Between 2018 and 2021, the state experienced a 3 percent growth in intake contacts, and an 8 percent growth in contacts resulting in a new assessment.[25] 5. Of the 42,556 intakes accepted for assessment, 35,593 are opened as new reports, while 6,963 will be new allegations reported on an open assessment and linked to those existing reports. Of the accepted reports, 8,543 will have at least one substantiated finding.[26]
Assessment	1. The substantiation rate on reports opened in assessment has hovered around 30 to 33 percent over the past 4 years.[27] 2. The average number of days to safety decision and closure is 24.5.[28] When compared to other states, Iowa's timely closures is a clear strength. Often, states report that safety decisions average approximately ten to thirty days past the policy deadline, or closer to forty-five to ninety days. While this is a strength for Iowa, there is room for improvement. Multiple states using best practices to conclude safe reports have seen average time of just twelve to fifteen days. 3. At any given time, the state has about 7.5 percent of total work open in assessment, which is less than one month's volume. This is well below what we have seen in other states prior to business process redesign (BPR).[29] 4. At any given time, only 2 percent of cases are in backlog/late.[30] This is well below what we have seen in other states prior to BPR. 5. The number of out-of-home cases opened in a calendar year has decreased 31 percent.[31] 6. The total number of open out-of-home cases has decreased by 27 percent.[32] This decrease is almost double the national average that all other states experienced during COVID.[33]

[22] JARVIS- 2021 Total # of contacts that became a new assessment/investigation report + Total # of contacts that did not become a new assessment/investigation report / Average Totals for 2018 and 2019 (60,054 / Average of 51,330 and 58,228) Note: I&R contacts are not considered in this calculation because historical I&R counts were not provided

[23] JARVIS- Total # of contacts made by mandated reporters / Total # of contacts to the intake unit (37,682 / 66,174)

[24] JARVIS- Total # of contacts that became a new assessment/investigation report / Total # of contacts to the intake unit (42,556 / 66,174)

[25] JARVIS- Total # of contacts that became a new assessment/investigation + Total # of contacts that did not become a new assessment/investigation; JARVIS- Total # of contacts that became a new assessment/investigation

[26] JARVIS- Total # of contacts that became a new assessment/investigation; NCANDS- Total # of closed reports with at least one substantiated findings; JARVIS- Total # of contacts that became a new assessment/investigation minus; HHS Website- CW data report- Total # of reports opened in Assessment (42,556 – 35,593)

[27] NCANDS- Total # of closed reports with at least one substantiated finding / Total # of Assessments closed (2021: 8,543 / 28,866; 2020: 7,935 / 23,701; 2019: 8,514 / 26,461; 2018: 8,743 / 28,071)

[28] NCANDS- Average days to report closure

[29] ROM- Current number of open assessment as of today / Total # of reports opened in Assessment (2,691 / 35,593)

[30] ROM- Current number of open assessments overdue / past deadline / Current number of open assessment as of today (50, 2,691)

[31] AFCARS- FC Entries- Total # of Out-Of-Home children opened (2,285 / 3,301)

[32] FACS- Total # of Out-of-Home children (7,956 / 10,920)

[33] There was an average 14 percent national reduction in the number of children in care during the first year of the COVID-19 pandemic (https://www.acf.hhs.gov/cb/report/trends-foster-care-adoption).

Functional Area	Key Data Observations
Case Management	1. The average number of days in foster care increased by 6 percent over the past 4 years.[34] 2. On average, a child spends 30.8 months in foster care, out-of-home case closure occurs at 22 months, and in-home cases are closed at 8.8 months.[35] 3. There is approximately a ten-month difference between TPR and adoption finalization.[36] 4. Children reunifying are spending almost two years in care. (23.7 months)[37] 5. Adoptions are taking almost 3 years to complete (34.9 months)[38]

4.3 Policy and Practice Review and Observations

The policy and practice review began with the evaluation of polices, documents, and other related artifacts to determine whether current policy and practice support an integrated, equitable practice model that helps achieve permanency. Additionally, the review included an assessment of the accessibility of services for families and the sufficiency of worker training to ensure access to the tools necessary to successfully fulfill job duties. To date, more than 175 policies, documents, and artifacts have been reviewed and cataloged, including policy documents, reports, submissions to the US Administration for Children and Families, former assessments, and relevant internal documents.

Based on meetings with leadership and following the policy and document review, site visit interviews were used to validate policy, evaluate consistency in practice, and understand priorities, such as Family First Prevention Services Act (FFPSA), court system relationships, disproportionality, and relationships with key partners like contracted providers, foster families, kinship caregivers, etc. Site visits focused on the implementation of policy, the impact on practice, and how it is carried out in the field from the perspective of the local state supervisors and staff. In sum, we interviewed more than 100 staff across all five service areas and all functional and staffing levels to validate, expand on, and address findings from the policy and practice review.

As expected, there are differences across supervisors, but more surprising are the significant differences between service areas and across counties within a service area. Although there is awareness that issues and needs may vary from area to area, and that what works in O'Brien County may work differently in Polk County, these differences have tremendous impact on the implementation of policy and its impact on practice and outcomes. At a high level, this manifests itself in more

[34] AFCARS- Average days in Foster Care (924 / 869)

[35] AFCARS- Average days in Foster Care; FACS- Average days open for Out-of-Home cases; FACS- Average days open for In-Home cases

[36] Data Request- Average number of months from Removal to TPR; Avg Days by Closure- Adoption

[37] Avg Days by Closure- Reunification

[38] Avg Days by Closure- Adoption

consistency, stability, and general happiness in some portions of the state. However, there is significant frustration and turnover in the eastern side of the state, and a high percentage of new, inexperienced staff and significantly different practices in certain service areas. In general, policy and practice observations and findings are summarized in the table below and detailed further in the sections that follow. Where practice findings were present in only one or a few areas of the state, we have made a note.

Functional Area

Topic	Observation
Intake	• Intake policy is comprehensive and represents a strength for the organization; however, the tension coming from Assessment highlights the differences in interpretations of policy that may result in inconsistencies in the type and pathway of cases being screened in. • There is a great deal of dissonance between Intake and Assessment related to function, role clarity, policy, and practice. • Race/ethnicity or other differences are not identified or recognized in Intake. • Intake policy and practice results in screening in 70 percent of reports (only 30 percent are founded) resulting in unnecessary intrusions and potential trauma for up to 70% of families interacting with the agency.
Assessment	• A perceived lack of consistency in how cases are assigned results in staff confusion. • There is a lack of consistent, formal agreement on how Assessment and Case Management staff work together. • Staff use voluntary kinship as permissible within the safety plan avoiding court intervention. • Inconsistent and differing policy and practice interpretations result in conflict between Assessment and Case Management.
Case Management	• Service areas varied widely in their understanding, communication, and implementation of the practice model. • SW2s indicate safety plans require immediate update following case transfer to remain effective.
Licensing Adoption	• Staff reported effective vendor relationships in some service areas, yet this varied significantly across the state. • Staff reported improved placement stability when they are able to leverage prior relationships/knowledge about families to assist with arranging placement. • Staff reported licensed homes are not representative of the child population in need of placement. • The state reported having no current initiatives related to special populations, including children of color, older children, or sibling groups. • Incomplete case files from staff who held the case previously consistently result in significant delays in finalizing adoptions.

System Level

Topic	Observation
Communication	• Inconsistency in how and when policy changes are communicated and why changes are necessary results in inconsistent deployment of policy and practice changes. • There is tension in communication between functional areas. This tension was amplified significantly when supervisory units were specialized.
Supervision	• There is wide variation in the frequency and type of supervision resulting in varied access to support and consultation from supervisors. • Best practices related to supervision are viewed as guidelines and supervisors openly admitted to inconsistent practices and not meeting minimal requirements.
Case Assignments and Transfers	• Staff from each stage of the life cycle of a case reflected on receiving incomplete information or incomplete work from previous workers, resulting in a decline in quality and efficiency. • A lack of clarity regarding roles and responsibilities during the case transfer process creates gaps in services when nobody is seeing the family.
FFPSA	• Inconsistent application and understanding of FFPSA across the state with staff and key stakeholders, including Guardian ad Litem (GALs), attorneys, and judges resulting in varied interpretations of FFPSA and outcomes for children and families. • The lack of availability of FFPSA qualified services (evidence-based services) throughout each of the service areas creates challenges. • The level of need a family must present to qualify for access to prevention services in Iowa was described as a barrier.
Service Array	• In some areas across the state, there are extreme service gaps for mental health services for youth and adults—both with and without child welfare involvement. • Inconsistent availability of services across the state results in workers "scrambling to fill the gap with whatever service is available." • Significant delays were reported with regard to accessing services, resulting in delays with service delivery.
Training	• Some staff indicated that training, mentoring, and shadowing were inadequate before they were assigned a full caseload. • Supervisors indicated not having adequate time or training needed to effectively coach and mentor.
Staffing	• It was reported that ineffective communication with human resources has resulted in difficulties in filling current vacancies. • Turnover was reported as a challenge in certain areas, including the Northern and Des Moines service area. • While it may be more difficult to fill vacant positions in the western service area, the workforce is described as very stable, and this offers tremendous benefits to the state. • The difference in classification with Intake and Assessment was consistently identified as an area of concern.
Secondary Trauma	• Staff in the Northern service area mentioned a lack of resources available to assist with dealing with secondary stress/ trauma.
IT Systems	• Staff expressed general dissatisfaction with the use of legacy systems with regard to locating information and reliability that creates unnecessary complexity and duplication.
Service Contracts	• Significant challenges were identified with several contracted partners, the current contract with Family Centered Services (FCS) providers was highlighted as problematic as well.
Courts/County Attorneys	• The experience and relationship with courts and county attorneys varies by jurisdiction. • Challenges were noted regarding who the county attorney represents and the impact that has on alignment with the department. • Disagreement, confusion, and conflict result due to the difference of opinion in roles and responsibility with court involved cases.

Functional Area Observation Summary

Responding to child abuse and neglect involves protecting children from harm and supporting families to reduce the risk of future harm to children. When a family comes to the attention of child welfare services, various assessments of risk, safety, child and family functioning, and trauma occur during the initial interactions with an Intake worker. Deciding whether to move a case forward for investigation, assessment, or service referral is one of the most important roles of a child protection agency. While Iowa's system is designed for staff to conduct a full family needs assessment, the reality, due to capacity issues, most workers concentrate on the policies and practice guidelines around completing the risk and safety assessment and are likely missing opportunities to offer additional supports to help stabilize families and are likely missing opportunities to offer supports to help stabilize families. The following sections detail the observations from policy review and practice implementation across the functional areas of Intake, Assessment, Case Management, Licensing, and Adoption.

Intake

Policy. The policy framework for Intake appears to be robust, comprehensive, and reflective of a responsiveness to current environmental, policy, and practice imperatives impacting Iowa's child welfare system. The Intake policy framework reflects a focus on structured decision-making, and a policy driven independence from assessment outcomes. While this framework is designed for good practice and consistency, local assessment workers often question the screening decision. There are consistent practices outlined within the Intake team to monitor workflow, volume, quality of Intake, and provision of staff support. In addition, there are risk mitigation strategies built into the Intake acceptance and review practices such as: supervisory review, consultation with SW4s, and monthly Intake Advisory Council meetings with Intake and Assessment supervisors. In addition, Quality Assurance (QA) mechanisms are in place to review accepted and rejected referrals and Information and Referral calls.

Practice. Although policy is clear and QA practices are in place to review screening decisions, interviews in the field, revealed some tension from non- Intake staff on the numbers and types of cases that are being screened in. Non-Intake staff identified concerns regarding a lack of consistency across Intake referrals resulting in an undue number of reports that end up unfounded.

Intake historically accepts just under 70 percent of reports, while the founding rate at Assessment hovers just above 30 percent. Assessment staff included in the focus groups almost universally complain about the quantity of accepted reports from Intake that should not have been accepted. Additionally, the inconsistency in the screening decision and the level of information provided in the Intake report were consistent themes. Assessment staff articulated that this is a result of:

- Screening in cases as a pathway to receive in-home services.
- The appearance that Intake staff have gone beyond the scope of the report and caller's content and have generated additional reports and/or appear to be looking for other issues or factors to warrant screening in a call.
- Personal biases and judgments of Intake workers and supervisors influence Intake decisions as opposed to policy guidelines.
- Not having the same long-term buy-in on the case as Assessment makes Intake workers less rigorous/discerning in the cases they screen in.

Assessment indicated a strong desire to communicate with Intake over what they perceive as case overreach. It was noted that at times Intake workers add "victim" children to the case record who were not identified by the reporter, miss key information, provide reports that should not have been accepted, and receive new intakes on the same case. Intake staff did not perceive an overreach, rather they believe their work is thorough and they are experienced, understand their job, and routinely apply QA/QI practices to ensure that the accepted or rejected referrals are appropriate and in alignment with policy requirements.

Presently, there are limited venues for staff from across the system to collaborate, deepen understanding of roles, and work collectively to build protocols that may help mitigate this dissonance. Interestingly, Intake staff who had previously worked in other parts of the system acknowledged that they, too, had misconceptions about the parameters and policies under which Intake screens in or screens out cases. It was only after working in Intake that these staff realized the differing criteria applied to substantiate abuse or neglect. There is a monthly meeting between Intake and Assessment supervisors, however, SW2s and SW3s are not a part of this meeting.

Assessment

Assessments in child welfare are designed to support sound decision-making on child safety, permanency, and well-being for children and families, but must reflect a balance between protecting children and preserving the rights of parents and family members.

Policy. In Iowa, reports made to the child abuse and neglect hotline and screened in for action have two pathways: child abuse assessment and family assessment. Child abuse assessment policy is consistent with best practice, Iowa law, and HHS policies.

This includes:

- Evaluating the safety of the child named in the report and any other children in the same home as the parents or other person responsible for their care.
- Taking necessary steps to increase the safety of the child named in the report and any other children in the same home.
- Identifying appropriate services or support for the family.

When evaluating child safety and the potential need for formal child welfare involvement, the HHS assessment policy includes the primary factors SW3s must consider, including:

- The risk of harm to any of the children
- Underlying conditions and contributing factors that may affect the risk of harm
- Factors related to any of the children's vulnerability
- The family's protective capacities.

Practice. Iowa has clearly articulated timeframes and rationale for initiating both child abuse and family assessments, however, meeting those timelines was noted as a challenge, particularly as it relates to the one-hour response timelines. There were two noted contributors to delays in response: assignment delays and travel times. Delays in assignments were mostly attributed to assignments from Intake to the field. Travel times in Iowa's rural service areas presented a notable barrier across the state.

According to staff, timeframes for completing the assessment are almost always met across service areas, with Polk County being the one outlier, likely due to the higher volume of cases and staff turnover. Staff noted that not meeting timelines was not an option, but the pressure associated with meeting the timelines resulted in documentation that was not always high quality or limited additional contacts that could have been made if more capacity was available. Despite these noted concerns, staff reported that additional time during the assessment period would not substantively impact the quality of the work done in assessing child safety and arriving at a sound decision.

Case Management

Policy. SW2s appeared confident that Iowa's policies keep kids safe when reports are made; however, practice application is incredibly inconsistent across service areas. More specifically:

- SW2s indicated a recent change requiring workers to visit all siblings that creates additional work and is not directly related to safety.
- The family risk assessment appears to cause confusion and requires additional documentation with less of a flexible timeline.
- The policy of "gross failure to meet emotional needs" is incredibly difficult for staff to interpret.
- Confusion exists related to TPR timelines/criteria, and staff reflected that TPR decisions are sometimes driven by the court and county attorneys rather than based on recommendations from HHS.
- There appears to be confusion between the approach for voluntary and involuntary in-home services.
- The practice model does not offer clear guidance/hope for when/how to return children in placement to the family home.

Practice. There was inconsistency across the state among supervisors and workers in valuing and prioritizing family-centered practice. Some service areas reported being unanimously onboard with family-centered practice and appeared to go to great lengths to keep children in families. Staff also noted systemic factors that impacted their orientation toward keeping kids with families, including placement shortages.

SW3s in all counties visited reported that a significant share of their cases were for reports that did not appear to meet the legal standard for assignment to Assessment. It was the perception of SW3s across service areas that additional factors were considered when assigning reports to Assessment, including extra research done by the Intake worker, resulting in additional and/ or unnecessary reports screened in for assessment. An additional identified pain point was the assignment of reports under the category "gross failure to meet emotional needs." This category is perceived as being interpreted too broadly, resulting in assessments that often involve parental discipline that does not constitute child abuse or neglect. Despite concerns that families are sometimes needlessly assessed, there was little expressed concern that cases were assigned a lower level of assessment than the family circumstances suggested.

Licensing/Adoption

Policy. Policies related to licensing and adoption procedures appear current and aligned with practice model expectations. Monitoring ongoing foster parent expectations, training requirements, and recruitment activities are managed by a

contracted partner, but licensing decisions, appeals, and approvals of home studies are managed by HHS staff. Recent policy additions, including access to kinship funds and kinship navigator services, are well aligned with the practice model.

Practice. The time it takes to locate suitable kinship and foster placements appears to be a barrier for some workers. In addition, having the contracted partner conduct foster parent recruitment and home studies has been met with mixed reception. Although staff indicated there are positive benefits, there was general agreement that the lack of relationships with families is a barrier when placement is needed. In the past, workers could contact families for a placement based on knowledge and relationships and were able to get a placement.

Additional observations related to Licensing and Adoption include:

- Efforts to recruit families to match the diversity of children and needs, while intentional, is not meeting current needs.
- Additional recruitment is needed for kids with special needs, teens, and sibling groups.
- Kinship funds are only available for 180 days. Although access to the new kinship placement funds was perceived as progress within the system, staff indicated the payment is too limited and cannot be accessed quickly enough for those who may rely on this payment to accept a kinship placement. In addition to the payment, kinship families need more resources to help stabilize placements during the first sixty days.
- Licensing practice between HHS and contracted partner is complex and results in delays.
- There is no real step-down program into permanent placement for children in residential facilities.
- There is a lack of permanent options for older youth, resulting in an overreliance on shelter beds.
- The addition of the adoption checklist, while comprehensive, is perceived as a barrier in timely case transfers.
- The ability for SWAs to waive curriculum requirements for kin based on life experiences and the opportunity for the contractor to provide kinship navigator services for four months was reported as working well.
- Some concerns were raised that staff often get cases where the previous worker did not request or get the birth certificate, send relative notices, delays in court hearings, attorney preferences, and access to medical records resulting in delays in licensing and permanency.

System Observation Summary

Communication

In large, decentralized, complex organizations communication is always a challenge. Administrative and legislative coordination with the field was reported as not working as well as it should. There is inconsistency in how and when policy changes are communicated. Supervisors and staff repeatedly made comments about the central office in Des Moines and "wonder what they were thinking" when creating changes. Often, staff do not understand the "why" behind the change even if they understand the "what." Staff provided some examples of instances where they did not understand the impact of a decision such as risk reassessments that are duplicative, restructuring the provider contracts regarding visitations, and the Intake policy that now accepts many referrals some staff felt could have been dealt with differently.

Disproportionality

HHS has invested in approaches to address the needs of populations disproportionately impacted by the child welfare system, including establishing equity teams, a Cultural Equity Alliance, training focused on cultural humility, and contractor performance metrics. Based on these investments and stakeholder interviews with HHS leadership, it is clear that reducing disproportionality is a priority at the highest levels of the organization. However, practices to address disproportionality are not implemented statewide. With few exceptions, when asked about whether and to what extent inequities were showing up in Iowa, workers identified poverty as the primary driver and not race or ethnicity. Staff who identified disproportionality as an issue noted it in the context of reporters, particularly school officials. There were also comments made about the need to "educate" immigrant families on "how we do things in America," suggesting a lack of cultural humility, at minimum. Workers and supervisors were consistently unable to articulate where and to what extent disparities or disproportionality exist in the state.

Supervision

Supervision support is widely variable across the state, with some staff feeling like they receive adequate and supportive supervision and others relying more on their peers. The inconsistencies in supervision may also be impacting the quality of assessments and case management provided to families. Individual one-on-one supervision was described as occurring anywhere from weekly to every other month, with some supervisors ensuring they staff every single case and others relying on workers to identify cases to staff. For "Life of the Case" supervisors, there appears to be greater difficulty balancing the different needs, timelines, and sense of urgency of SW2s and SW3s, resulting in inconsistent practices in formal supervision staff meetings. "Life of the Case" supervisors consistently reported providing "as needed" supervision for SW2s and more regularly scheduled supervision for SW3s. Conversely, specialized units reported higher levels of dissonance between SW2s and SW3s due to the operational/organizational silos that create an "us versus them" perception.

The use of peer mentors as an additional training and support vehicle for new workers was noted by workers during our site visits. The deployment of the mentorship program across service areas appears inconsistent. In some service areas, the program was not well understood and was perceived as only available to select staff from certain functional areas, rather than an option to utilize peer mentors in areas with the greatest need. Staff who serve as mentors articulated the value to new workers, but also described the additional burden it places on the mentor's workload, effectively increasing their caseload. Staff also noted that they are "voluntold" when they become mentors and receive no additional compensation for serving in this capacity.

Case Assignment and Transfers

At a high level, the case assignment practice is perceived as a mystery across the state. Staff get single cases or a significant quantity of cases at irregular intervals that are relatively unknown to them until they are emailed, texted, or called by their supervisor. In addition, there is a reported delay of up to two hours, while intakes are waiting to be reviewed by supervisors, in receiving reports from Intake that often makes meeting timeframes near impossible. Once cases transfer, there are no formally communicated internal protocols for how SW2s and SW3s work together. Staff from each stage of the life cycle of a case complain about incomplete information or incomplete work from previous workers (Assessment complains about Intake and the lack of information and incorrect information, while SW2s complain about incomplete work and how that impacts their workload). The system appears to be almost entirely driven by timelines versus quality and complete work. The case transfer practices from Assessment to Case Management often result in a gap in services to and visits with families. It is important to note that in some service areas, staff indicated intentional delays to avoid the policy timeline from kicking in. It was also stated that around Polk County, there is some finger pointing and miscommunication about visits and role confusion related to who does what within case transfers. The case transfer checklist is perceived as duplicative, time intensive, and generally unhelpful. In addition, the system appears to lack consistent practice related to concurrent planning resulting in unnecessary delays in permanency. That being said, it is also notes that case transfers where reported as gong well in the Dickinson County area.

FFPSA

Across service areas, staff and supervisors indicated a high-level understanding of FFPSA; however, implementation of FFPSA core principles varies across service area as well as by stakeholder (GALs, district attorneys, judges, and others) in terms of the interpretation of dangers versus risk. Staff explained that in some areas, FFPSA prompted the use of a four-question pilot for court cases, but this practice does not appear consistent and seems subject to judge preference. It is important to note that in some service areas, FFPSA was indicated as a primary factor used in determining the need for placement.

Service Array

In the assessment phase, SW3s and supervisors recognized the importance of involving families in services, particularly for assessments where findings were unlikely but family needs were still identified. Significant challenges were identified in the array of available community-based services. In many counties across the state, there are limited community-based services to address the underlying poverty-related needs of families. In addition, there are gaps for mental health services for youth and adults—both with and without child welfare involvement. These gaps significantly limit the ability of SW3s to connect families to needed services early on and potentially mitigate their need for formal involvement and case oversight. Other concerns identified include:

- Extended stays in shelters and hospitals are an issue with limited access to Qualified Residential Treatment Programs (QRTPs).
- Family preservation funds are a big positive, but they are too limited and not flexible enough according to staff and supervisors.
- Lack of access to behavioral health services for youth weighs down the child welfare system.

Service Contracts

There was a consistent theme about the challenges presented by contracted FCS providers, including:

- A lack of timeliness on the part of the providers in assigning workers to families
- State staff have to go out and complete visits when FCS staff have reached their cap.
- Workers who were not qualified to provide a high-quality service to families.
- Staff turnover among the providers.
- Provider staff not meeting with families in a timely manner.
- Provider staff inability or unwillingness to work with families to develop and implement specific goals to address family needs.

The current contract does not appear to be fulfilling requirements nor meeting the needs of families, especially when it comes to a solution-based casework. Despite updates in contract language, prescribing specific tasks and timelines, best practices are not routinely being achieved. The tension between contractual requirements, profit margins, and authentic and needed practice was noted by staff and supervisors consistently across the state. The provider routinely does not complete visits, leading to extra work for HHS staff. SW2s are held accountable in court and at times are being ordered to do visits because of “lack of reasonable efforts.” It also appears that the contract terms

are not flexible enough to accommodate the varying needs of families. Given the size of current caseloads, this is an additional pressure point in the system. A great deal of frustration was expressed by staff and supervisors related to this contract.

Courts/County Attorneys

The relationship with the courts and state staff varies greatly across areas resulting in places where Attorney General (AG) may be asked to assist. In some areas, there appears to be confusion related to FFPSA and its use in making case-related decisions, resulting in permanency delays. Specifically, in one jurisdiction, the county attorneys use their access to intakes to drive case recommendations instead of relying on the practice model. Two areas that continue to be a source of tension include changes made to language in the safety plans and changes made to chapter 232. Significant turnover among judges (reported at 60 percent) and SW2s (35 percent) are also resulting in additional challenges with court and state alignment.

4.4 Quality and Accountability

Although some structure and standard practice exists as it relates to quality and accountability, the implementation of these practices appears to be inconsistent across the state and generally attributed to supervisor and SWA preference/practice. For example, in some areas, supervisors review cases for best practices and training opportunities whereas in other areas, workers were unclear whether supervisors were reviewing case plans prior to signature, creating risk with the fidelity of the practice model. Some areas appear to utilize the QA/QI team to assist with the creation of reports and performance management, but this practice also appeared to be inconsistent across service areas.

Training

Staff shared they are/were not given adequate time to train, shadow, and be mentored before getting a caseload. Staff indicated some new workers resigned due to being overwhelmed by their caseload and lack of training. In many service areas, new SWCMs are training new SWCMs. Across the state, supervisors do not typically go out on cases with new staff, rarely join them in court, and typically do not have enough staff to allow for shadowing and appropriate, tiered caseload growth. Supervisors also reported having very little time to dedicate to coaching and mentoring staff. Staff reported that many supervisors prefer to interact through documentation rather than conversation and several staff noted they had only communicated with their supervisor via email for weeks or months at a time.

4.5 Technology and Data Integration

During interviews with staff and supervisors across the state, there were five common outcomes identified regarding CCWIS (Comprehensive Child Welfare Information System) technology and data needs. The following section provides details about each of these themes.

1. A successful CCWIS needs to integrate information between teams, programs, and systems.

   JARVIS is generally perceived as an effective system that is easy to navigate and user friendly. However, staff must access several additional systems to effectively do their jobs, and, in some instances, staff were unaware of all of the systems they could or should use in the performance of their particular child welfare role. In addition, users indicated that for many cases, the agency is aware of additional information about the families being served but that they do not have access or know how to obtain the information, and that the opportunity to improve in this area may be most apparent for families being served by multiple programs. Specific features requested under this category include:

   - Granting necessary access to all systems at once with a single request
   - Providing easy access to related information, such as linked individuals or cases
   - Prefilling forms and fields with known data from other systems
   - Integrating systems
   - Reporting capabilities of the multiple programs and services accessed by families

2. A successful CCWIS needs to streamline data entry.

   The most common feedback received in user interviews was a request to minimize or automate repetitive and seemingly unnecessary tasks. Additionally, users stated that their equipment does not have internet capabilities that enable them to effectively use the equipment in the field and that they struggle with integrating laptops into family engagement activities, identifying tablets as potentially more practical for field work. Specific features requested under this category include:

   - Eliminating duplicate data entry
   - Easily splitting reports or copying shared information between separate records

- Quickly finding and linking family member information
- Developing specific apps targeted to common processes, such as drug testing
- Using mapping technology to confirm county assignments
- Creating collapsible sections for extensive data entry forms
- Providing mobile and remote hardware and access

3. A successful CCWIS needs to manage documents effectively.

   Users reported that processes for storing, managing, and extracting documents are cumbersome and ineffective. This has resulted in incredibly large case files where the right document cannot be found, or large amounts of worker time being spent navigating through multiple screens to gather needed information. Workers desire a documentation strategy that optimizes the use and availability of content in vast libraries of documents to reduce data entry and improve decision-making. Specific features requested under this category include:

   - Easily finding documents related to contextual system activities
   - Improving document search capabilities
   - Implementing paperless case files
   - Developing a repository for master form template storage
   - Generating documents automatically using stored system information

4. A successful CCWIS needs to inform end-user decisions.

   Users reported that some information recorded in the current system is not updated in a timely manner resulting in a lack of trust and usability. As a result, supervisors and staff report keeping their own spreadsheets for tracking activities and data metrics used to inform leaders and team decisions. The agency reported regularly utilizing SharePoint and other tools to bridge the gap in documentation collection. Specific features requested under this category include:

   - Providing metrics in real-time
   - Providing information at appropriate times that support the flow of work
   - Implementing timely and meaningful notifications, such as new criminal activity

5. A successful CCWIS needs to operate reliably.

   Almost all teams expressed frustration with the frequency of planned and unplanned system downtime. Workers also indicated that they regularly use methods external to their CCWIS system to record or manage information relevant to their processes in an effort to mitigate gaps in system functionality. Some JARVIS users indicated that they would be happy with the capabilities of their existing system if those capabilities could only be relied on to work when needed. Specific features requested under this category include:

   - Reducing system downtime
   - Providing system backups or other mitigation during downtime
   - Eliminating loss of data due to error processing or inactivity
   - Preventing updates from drastically changing procedures
   - Fixing reported issues quickly

While these five outcomes were identified by interviewed staff and supervisors as technology needs, it is critical to analyze the impact of process, policy, and community prior to committing to any improvements as part of a CCWIS project. Many of the items described may need to be evaluated for potential efficiencies and simplifications prior to technology implementation to ensure complexity is minimized, all solutions are considered, and business needs are met. In most cases, we typically find that some issues can be resolved without technology modifications.

5.0 COMMUNITY PARTNERS AND STAKEHOLDERS

The work of child welfare does not occur in isolation. Rather, it requires a system of internal partners and key community stakeholders working in collaboration to ensure child safety and family well-being. Engaging key stakeholders in the assessment of the child welfare system will allow for a robust evaluation of the ecosystem in Iowa, including the implementation of policy and the impact on the practice model. To date, focus groups and interviews with the following stakeholders have occurred, (see Appendix A for a full list). A summary of their system observation and perspective is highlighted in this section.

5.1.1 Behavioral Health (BH) and Disability Services (IDD) Division

Partners working within the BH and IDD system indicated a lack of standard operating procedures between the divisions. Although leaders across divisions connect to problem solve and address critical incidents, there is perception that child welfare does not recognize disability or put services in place to keep families intact. Late or delayed diagnosis and identification frequently interfere with eligibility for waiver services. Additionally, workers are often not familiar with Managed Care Organizations (MCOs), resulting in a barrier to access.

5.1.2 Medicaid Partners

Partners working in this area of the system indicated significant improvement in recent years but noted barriers that still exist with extracting timely and relevant data due to the age of the system. The extraction of foster care data is complex and includes fourteen sets of data across fourteen regions. As a result, it was noted that the interactions are typically very reactive in nature even though there is a shared desire to develop a more connected proactive approach with child welfare even for children without an active removal. This could result in an increased ability to address parent mental health issues to support reunification efforts. A lack of opportunity to recognize unmet services that could be identified by Medicaid history and diagnoses was highlighted as a potential factor in delaying family stability. Interviewees recommended that the following questions be addressed:

1. Who is on Medicaid?
    a) Do they have a diagnosis?
        i. They are receiving services. (Ok)
        ii. They are not receiving services.
            A. Any sign that they should be? (Take action)
            B. No sign that they should be. (Ok)
2. Who is not on Medicaid? Should they be?
    a) Yes (Take action)
    b) No (Ok)

5.1.3 HHS Quality Improvement Team

The goal of this team is to find best practices and build fidelity within practice. SBT drives priorities, but service area leadership identifies areas of focus. Team members are located in the service area they support and are available to share information,

best practices, and create reports as requested. Team members use service area performance and performance improvement plans (PIP) to track performance. Members of the quality team indicated that they participate in the equity alliance, however the current QI approach does not consider factors related to disproportionality.

The team noted that there were several barriers to optimizing the benefits that could come from the QI team, specifically, cultural barriers in pockets of each service area, turnover among staff and supervisors, time to dedicate to QI initiatives, and the availability of targeted data. The team also highlighted specific areas for improvement, including more consistency across service areas and increased focus on the development and documentation of best practices.

5.1.4 Transition Planning Specialists (TPS)

The role of TPS is to partner with the caseworker on federal IVE cases for youth in foster care aged fourteen and older. Responsibilities include facilitating team meetings for youth in transition, supporting workers to make referrals, partnering with MCOs and Integrated Health Home (IHH) providers and making referrals to adult placement providers. TPS staff monitor metrics and train to keep cases moving through the development of quality case plans. Additionally, TPS staff are an additional resource for high needs cases and build relationships with key resource agencies within the community. The team also works with Case Management SW2s to assist with or review the following:

- Life skills assessments
- Youth planning meetings
- Case permanency plans
- Staffing Independent Living (IL)cases
- Educating workers regarding transition resources
- Facilitating youth in transition meetings
- Transition committee reviews
- Providing proof of foster care for youth for FAFSA (Free Application for Federal Student Aid)

The team noted the discrepancy between their current job description as SW2s and the services they are providing to Case Management SW2s and indicated that the role they play feels like it more closely aligns with SW4 roles and responsibilities. This team also reported challenges with the current caseloads and the capacity to complete the necessary work at the appropriate point in time in the life of a case. The team reported that they are typically brought in to help address situations that may have

been prevented with earlier engagement. Staff noted that this is often a result of Case Management SW2s being behind on work that should have been completed earlier in the life cycle of the case. Specifically, the team identified gaps in services and progress for children with intellectual disabilities.

5.1.5 HHS Service and CWIS Help Desks

The Service Help Desk team members adjust their approach depending on the new practice guidelines being pushed out to the field. The Service Training team members indicated that they host lunch and learns to assist with policy interpretation, create videos and webinars, and host refreshers as needed. Each Service Help Desk team member receives between five to fifteen calls per day and varying numbers of email requests for assistance. Some requests for assistance are able to be quickly addressed, many are significantly more complex and take hours or days to complete. Service Help Desk team members indicate an aligned and trusting relationship with policy. CWIS Help Desk team members utilize specific subject matter experts (SMEs) for system improvements to ensure changes are responsive (the SBT approves all system changes). Service and CWIS Help Desk team members work from a prioritization matrix, and therefore complete the work with the highest risk to impact practice first. The tech modernization team is nimble and responsive. The Service Help Desk team members reported being underutilized by some service areas, indicating there is inconsistency in the application of policy and practice across the state.

5.1.6 Child Welfare Partners Committee (CWPC)

The primary focus of this committee is to bring together system partners, including tribal, state university, providers, and other relevant agencies to work on addressing system issues. This committee hosts discussions related to practice and policy issues, such as implementation of FFPSA, solution-based casework, and other system challenges like the lack of residential placement options, disproportionality, and difficulty accessing or lack of community resources. Current discussions have focused on the workforce challenges and their impact on the system, role confusion between agencies and contracted partners, contract incentives, and emphasis on kinship placement. Recent changes in contracts allowing agencies to receive compensation even for open beds was reported to have assisted in aligning financial goals with agency goals. The over reliance on, and extended stays in, shelter beds continue to be a challenge and an area for significant improvement.

The areas that the CWPC noted the greatest opportunity for improvement were development of preventative resources/supports, placement options, reunification resources and support like step downs from higher levels of care, and the overreliance on the 102 shelter beds across the state. The CWPC also noted challenges in sharing information about potential policy challenges, IT firewalls, and silos across the state that may result in delays in identification of specific needs. Additionally, the CWPC noted issues with incentives offered by the state, specifically pointing to the challenge of meeting an 80 percent success rate on children returning to home if 30 percent of their children have APPLA as a primary permanency goal.

5.1.7 Court Partners

Relationships between the courts and the department were reported to vary considerably by jurisdiction, but most service areas seem to have amicable working relationships. However, two areas that continue to be a source of tension between the courts and the state were mentioned: 1) changes made to language in the safety plans and 2) changes made to chapter 232. The perception is that the language changes to the safety plan communicate that when the parties agree, they can ignore the direction of the court. It was noted that while this may not be the intention of the language change, it has resulted in tension between the court and the agency. Changes made to chapter 232 were seen as being completed in isolation without involvement from the Court Advisory Committee or the Multiple Disciplinary Advisory Committee. Additionally, turnover rates of judges and SW2 staff (Judges reported at 60 percent, SW2s at 35 percent), result in notable challenges with court and state alignment.

5.1.8 Juvenile Justice

Feedback received from participants indicated that the relationship between the Juvenile Justice system and the Department varied across different counties within the state. Challenges were identified when children were simultaneously involved in both systems, making it exceedingly difficult to ensure the provision of appropriate services to the children. Currently, there are no established mechanisms for addressing cases involving youth within dual systems. Consequently, efforts are being made at the state level to enhance the effectiveness of a dual system by fostering improved communication between the Chief Juvenile officers and SAMs. Enhancing communication channels is crucial for optimizing service delivery to families.

The issue of residential services has been a longstanding crisis. Residential placements are being utilized for children exhibiting severe behavioral issues, while other children

who do not require such placements are being admitted and subsequently exhibiting worsened behaviors upon release. Reports from residential treatment centers to the Juvenile Justice system indicate difficulties in reaching case workers and obtaining timely responses. It is widely recognized that Social Workers and Case Managers (SWCMs) are currently overwhelmed with excessive caseloads. Moreover, it is important to note that Iowa lacks comprehensive mental health services, and the existing services are showing to be inadequate.

5.1.9 Cultural Equity Alliance

This group was formed with the aim of formulating recommendations to implement systemic changes targeting the reduction of minority and ethnic disproportionality and disparity within the child welfare system. The group observed that children from various identity groups are disproportionately represented within the child welfare system and receive disparate services, leading to disparate outcomes.

The group highlighted several concerns. Initial discussions on this matter began over a decade ago, yet little progress has been made. Additionally, Iowa predominantly comprises a white population, with pockets of limited diversity. While the group agreed on the necessity of a more diverse workforce within the state and among service providers, they expressed uncertainty regarding the feasibility of achieving this goal given the current demographic composition. The group also expressed concerns about the proficiency and quantity of attorneys involved in the child welfare system.

5.1.10 Parent Partners

Iowa has turned to Parent Partners program as a potent strategy for promoting family engagement and empowerment within the Iowa child welfare system. This program involves parents who have firsthand experience with the child welfare system in Iowa, providing mentorship and support to other parents entering the system. Parent Partners acts as an intermediary between families and the state, facilitating navigation of the system and fostering communication and trust-building with the state.

The group identified several successful aspects of the program. For instance, it effectively assists women facing domestic violence situations by encouraging them to seek shelter and sharing personal stories to provide support. Parent Partners possesses a deep understanding of addiction and exhibits considerable empathy, having undergone experiences similar to those encountered by parents entering the system.

However, the group also identified several areas that require improvement. Current family services were criticized for their ineffectiveness, providing minimal benefits.

Barriers to accessing services were attributed to the lack of transportation options to other counties. High staff turnover and excessive workloads were identified as significant problems, resulting in the unavailability of workers for families in need. The group reported that SWCMs were not accessible for problem-solving when required, emphasizing the need for increased availability to families. Additionally, incarcerated parents were perceived to be lost within the system, and Black families expressed a sense of being looked down upon by case managers. The group advocated for greater diversity among case managers and foster homes to address this issue.

5.1.11 Iowa Attorney General

Upon interviewing a representative from the Attorney General's office, they emphasized the importance of minimizing child removals unless absolutely necessary. They expressed concern over the high turnover rates in larger counties, where Social Workers and Case Managers (SWCMs) are burdened with excessive workloads. Families are experiencing hardship due to the inadequate quality of services provided. For instance, some parents are not receiving visitation as intended, necessitating state workers to facilitate visitation due to the overwhelming referral volume faced by service providers. They acknowledged the Department's positive intentions and its desire to assist families. Notably, they identified strong relationships between workers and families as a positive aspect of the system.

5.1.12 Foster Care Review Board

The Foster Care Review Board consists of approximately seven members who meet every six months for each case involving court proceedings. The board members maintain constructive relationships with stakeholders, but they encounter several barriers. The primary concern raised was the insufficient support provided to children transitioning out of the foster care system. Additionally, the review board consistently identifies gaps in case management and incomplete tasks, attributed to SWCMs being overwhelmed by their excessive caseloads. High turnover exacerbates these issues, particularly when new case workers are assigned. Insufficient support for parents navigating the system and an insufficient number of foster homes were also highlighted as significant challenges. Despite these challenges, the review board acknowledged certain strengths, such as cases being consistently handled by a single judge throughout the process, and the motivation of workers to promote the well-being of families. However, these intentions are often impeded by the challenges associated with service provision.

5.1.13 Court Appointed Special Advocates (CASA)

The Court Appointed Special Advocates (CASA) organization reported generally positive working relationships with the HHS. However, the experiences vary across different regions within the state, with some areas presenting greater difficulties. CASA identified the support of judges as a notable strength. In Iowa, CASA is not automatically appointed but requires a worker to request their involvement. However, workers do not perceive CASA as a necessity and sometimes view them as an additional burden or an extra reporting obligation. According to CASA, new workers experience overwhelming workloads and lack comprehensive training, limiting their learning opportunities. High turnover further hampers the development of meaningful relationships. CASA expressed the need for better services for children and families, as well as greater diversity among workers. Another concern raised by CASA pertained to some workers feeling uncomfortable making court recommendations, thereby relying on CASA to provide recommendations that hold more weight with judges. CASA highlighted the tendency for court reports to contain standardized recommendations rather than tailored, individualized suggestions.

5.1.14 African American Case Consultation Team

The African American Case Consultation Team was established eight years ago and consists of community members and other stakeholders who voluntarily participate in the group. The team's primary mission is to equip workers with resources aimed at assisting black families and fostering a shift in their thinking processes. The team has set goals, including increasing the identification of kinship placements, promoting in-home care for children, and facilitating the development of informal community supports. Members of the group collectively acknowledged that the existing services do not adequately meet the needs of the families they serve.

During team meetings, when a worker presents a family case, a specific case tool is employed and completed, ensuring that the worker departs the meeting with a filled-out tool. One noteworthy strength lies in the investment demonstrated by leadership, as they actively support the group and are committed to effecting meaningful change for black families. The team expressed a desire for increased referrals, particularly from young, newly appointed workers, as engagement with families currently remains suboptimal. The team attributed this challenge primarily to caseworkers facing time constraints that hinder effective engagement efforts.

5.1.15 Bureau of Refugee Service

The Bureau of Refugee Services maintains a statewide presence and receives requests for services from members of the Child Protection Services team, where they aid families. Of notable strength, is that all staff working in the Bureau are former refugees themselves. The range of services offered encompasses language support, housing assistance, transportation facilitation, and guidance in navigating school systems. The Bureau aims to foster improved trust between the different systems involved in families lives.

5.1.16 HHS Ombudsman

The Ombudsman for the Department of Health and Human Services (HHS), handles complaints from the community, primarily pertaining to court-related matters, child abuse assessments, and foster care. The most prominent grievance lodged against the Department pertains to its inability to provide an adequate number of visits for families. Service providers offer only a limited number of visits, leaving the Department to shoulder the additional responsibility.

The Ombudsman contends that the quality of services can be subpar, resulting in families deriving minimal benefit from the services rendered. Despite these challenges, several strengths were identified. The Ombudsman's office maintains a positive relationship with the administration and staff, who readily offer their assistance when complaints arise. Furthermore, efforts to secure suitable placements for children in need of removal have proven effective, eliminating the necessity for them to spend the night in office settings. Opportunities for improvement were also identified, particularly regarding safety plans. Families often struggle to comprehend and adhere to these plans due to their complex and challenging nature. Additionally, families frequently do not receive a copy of the safety plan, exacerbating the issue further.

5.1.17 Iowa County Attorney's Association

The Iowa County Attorney's Association (ICCA) is a cohort of county attorneys that meet on a regular basis and work to raise thematic concerns with HHS as well as amplify messages or engage in surveys when requests. During our interview several notable and current strengths where identified. For instance, there exists a positive relationship with the Department, wherein the attorneys acknowledge the genuine care and dedication exhibited by workers, despite the formidable challenges they face. Additionally, the level of oversight provided by the Guardian ad Litem (GAL) and judges is commendable.

However, the county attorneys have also identified a range of concerns. One prominent issue is the heavy workload imposed on Statewide Child Welfare Managers (SWCMs), who face numerous demands while striving to perform to the best of their abilities given the available resources. County attorneys attempt to provide guidance, but workers often seek more extensive support and prefer not to bear the burden of providing definitive answers. The group believes that new workers require enhanced training, and supervisors should be more proactive in delivering comprehensive training programs to their subordinates, as the lack of knowledge among workers becomes apparent during court proceedings. The high turnover rate within the Department poses an ongoing challenge, resulting in frequent changes of case workers. In cases involving substance abuse, the county attorneys hold a different perspective from the Department. They assert that families should not be granted repeated opportunities, especially when issues of substance abuse or any form of abuse are involved. This disparity in views often leads to tension and disagreements between workers and attorneys. Frustration with services is another area of concern, as the county attorneys perceive existing services to primarily cater to victims rather than addressing the needs of perpetrators. The issue of visitation poses a significant problem, as workers are compelled to compensate for the limitations of service providers.

5.1.18 Families First Counseling Services

Families First Counseling Services (FFCS), is an organization committed to providing comprehensive support to families, has identified several strengths within the system. The agency prides itself on fostering excellent relationships with various stakeholders, ranging from central office personnel to frontline staff members. FFCS boasts a diverse array of services that they can offer to families when fully staffed. They have developed and implemented evidence-based curricula, such as SafeCare and solution-based casework, which contribute to the holistic development and well-being of children and families. With four master trainers on board, FFCS can provide robust training and mentorship to their new staff members. Moreover, the supervisory team exhibits a commendably low turnover rate of 2%, ensuring consistent and stable oversight by directors and managers.

The agency primarily handles cases related to mental health and substance use disorders, which comprise 98% of their caseload. However, the limited availability of mental health providers poses a significant challenge, as demand often exceeds the capacity to provide assistance to all in need. Domestic violence is another major concern, with services disproportionately oriented toward victims rather than perpetrators. While FFCS collaborates with local domestic violence advocates for consultations, the range of ongoing services offered to victims far surpasses

the available options for perpetrators. The expansion of virtual services due to the COVID-19 pandemic has proven beneficial, particularly in extending support to rural areas. Although FFCS makes efforts to maintain a full staff complement, they face ongoing difficulties in achieving this goal.

It is expected that FFCS initiates contact with families within 24 hours of receiving a referral and completes a face-to-face warm handoff with the HHS within five business days. However, monitoring conducted in February indicated that approximately 75% of cases received a warm handoff, suggesting room for improvement in this area. FFCS identifies the need for clear definitions of reasonable efforts and transportation within their contract, similar to the state's defined interactions. Referrals present challenges due to transportation limitations across a vast geographical area, which imposes constraints on the number of interactions that can be completed. The agency often feels perceived as mere transporters rather than agents of meaningful change. Workers spend more time traveling for visitation purposes than engaging with families and delivering evidence- based services. Moreover, FFCS perceives a lack of recognition and support from legal staff and HHS personnel, undermining their efforts. The workload is considerably higher than the available staffing resources, demanding extensive hours from employees.

Finally, perceived disparities within some county courts, regarding the intention of Families First Prevention Services Act (FFPSA) has created obstacles for families. Divergent perspectives on the law have resulted in precarious situations for families, with discordant views affecting progress. Obstacles related to family connections, including HHS staff, frequently hinder advancements, often influenced by factors such as race, criminal history, or previous involvement with the system.

5.1.19 Native American Unit

The Native American Unit comprises six staff members, with additional part-time assistance during periods of high caseloads. Once a case is determined to be founded and designated for ongoing services, if the family self-identifies as Native American, it is assigned to an ongoing case manager within the unit. Given the presence of a significant Native population in their area, the unit provides services to families who self-identify accordingly. When a family self-identifies, the unit reaches out to the respective tribe, seeking to establish connections and ensure compliance with applicable procedures. In voluntary cases, parents are requested to sign a Release of Information for their affiliated tribe, whereas in court cases, adherence to the Indian Child Welfare Act (ICWA) becomes mandatory. The unit has observed increased tribal worker participation in court proceedings, often through telephonic means.

The primary challenge faced by the Native American Unit relates to managing caseloads effectively. Alongside the typical case management responsibilities, unit members must fulfill additional tasks such as special staffing, community events, and ICWA-specific training. Despite being held to higher standards due to active efforts for ICWA compliance, the unit faces higher caseloads compared to their counterparts.

Relative placements and supportive services pose a steeper uphill battle for the unit, necessitating additional meetings with Guardian ad Litem (GAL) representatives and the acquisition of new processes for tribal customary adoption. Regarding staffing decisions, internal consultations occur initially among the supervisor, worker, and attorney general. Subsequent staffing involves parents' attorneys, GAL representatives, and county attorneys. Whenever feasible, tribal services and resources are utilized, although tribes do not participate in visitation processes. The unit does not exclusively handle all ICWA cases but offers consultation and practice advice on other ICWA cases across the state. The Attorney General provides legal guidance, when necessary, while the supervisor advises on the practices employed by their staff. In situations where licensing Native homes or utilizing them as relative placements is necessary, the unit makes exceptions and accommodations, seeking waivers to facilitate the process. Geographical factors often lead to relatives residing on reservations outside the state, requiring the unit to request home studies through the Interstate Compact on the Placement of Children (ICPC). Although ICPCs are expected to be returned within 60 days, this timeline can vary across different states.

The unit takes pride in its advocacy efforts and has invested substantial time in building trust with Native families. Relative placements feature prominently within their caseload, and Native Americans experience a disproportionately higher number of removals, intakes, out-of-home care, and termination of parental rights primarily attributed to substance abuse. Curiously, there is also a higher rate of successful reunification with Native families, although the underlying reasons remain unknown. Since the appointment of the new Assistant Attorney General (AAG), the unit has observed a shift in court dynamics, feeling supported and represented in judicial proceedings. Cultural responsiveness has significantly improved in recent years, as evidenced by the presence of a native therapist, specialized parenting programs like "Fatherhood and Motherhood is Sacred" for Native families, substance abuse evaluations, and treatment options available at local offices, as well as Native programs for teenagers. The school system also incorporates the Indian Education Department. The unit encounters a waiting list for services provided by community providers, as these are not contracted providers and state referrals do not receive priority. Nevertheless, the quality of community resources is regarded as satisfactory by the unit.

The Native American Unit benefits from the presence of two Native Liaisons who serve as bridges between the HHS, families, and tribes. They engage with families during the assessment stage, remain assigned to the case throughout its lifecycle, reach out to tribes for eligibility-related information, accompany workers during field visits, and explain processes to families using culturally appropriate terminology. This unique process is exclusive to these two workers within the unit. Monthly community-wide meetings are held with providers and stakeholders to discuss Native topics, child welfare issues within the community, and provide updates on current events. These meetings facilitate transparency with the community, allowing for questions and the presentation of relevant data. Furthermore, the Native community maintains a Community Advisory Board. Initially led by the state, these meetings and committees have successfully transitioned to the leadership of natural community leaders.

In cases involving ICWA-related issues, such as waiver services or Medicaid services, the unit can rely on its chain of command for support in overcoming barriers. If granted the opportunity, the unit would request additional case aid and more time to fulfill their responsibilities. Additionally, they express a need for contracted service providers who possess comprehensive knowledge of active efforts and ICWA requirements. The unit believes that contracted providers currently lack the necessary proficiencies and competency and could benefit from enhanced training programs.

5.1.20 Public Health Equity Coordinator

The Public Health coordinator indicated that having a regionally diverse state has made disproportionality efforts more complicated. There are significant disparities that exist for multiple populations. The coordinator has given thought to the workforce issues; why are people leaving, what does compassion fatigue look like and how to address, what inclusion and belonging look like, and how HHS may go about getting people to stay once they are hired. Iowa is not the most diverse state, but is diversifying, however the workforce does not reflect those they are serving.

5.1.21 Medical Examiner

The medical examiner (ME) reported only being in the role for 6 months and limited experience working with the child welfare system, however, believes there are potential opportunities for collaboration, but there has not been any intentional collaboration historically or currently. For example, the State Medical Director may provide guidance on health-related issues affecting children who are involved in the

child welfare system or may work with the system to develop policies and programs aimed at improving the health and well-being of children in Iowa. Additionally, the State Medical Director may collaborate with healthcare providers who work with children in the child welfare system to ensure that they receive appropriate medical care. The ME indicated there is also room for review of policies (physical forms) for childcare providers to ensure they have the physical ability and capacity to safely take care of children. The ME indicated that the role could provide education and training for child welfare professionals on topics such as child development, recognizing signs of abuse and neglect, and responding to medical emergencies. In addition, improvements could be made by advocating for policies and programs that support the health and safety of children, such as promoting access to healthcare services and addressing social determinants of health.

Iowa's Child Welfare system works closely with MEs to investigate the circumstances surrounding child deaths and to ensure that appropriate action is taken to protect other children who may be at risk. The Child Death Review Team also helps to assist in identifying causes and contributors of death as well as system failures or gaps.

Public health interventions can have a significant impact and opportunity on preventing and addressing the risk factors that contribute to child abuse and neglect. For example, public health efforts to prevent and respond to domestic violence, substance abuse, and mental health issues can reduce the incidence Some of the services that are of high quality and well-resourced in Iowa's child welfare system include:

- **Family support services:** These services are designed to provide support to families to prevent the need for out-of-home placement or facilitate reunification.
- **Foster care services:** Iowa has made efforts to improve the quality of foster care services, including implementing trauma-informed care and ensuring that foster parents receive adequate training and support.
- **Permanency planning services:** Iowa's child welfare system has placed a greater emphasis on achieving stable permanency outcomes for children, including adoption and guardianship. Permanency planning services may include legal support, case management, and adoption subsidies.

Some of these gaps include:

- **Mental health services:** Iowa has struggled to provide adequate access to mental health services for children and families involved in the child welfare system, which may impact their ability to address underlying issues that contribute to maltreatment.

- **Substance abuse treatment:** While Iowa has made efforts to expand substance abuse treatment services, there is still a significant need for these services, as substance abuse is a common contributing factor to child maltreatment.
- **Kinship care support:** Iowa has prioritized family preservation and reunification, which has led to an increase in the use of kinship care placements. However, there is a need for more support services for kinship caregivers to ensure that they have the resources and support needed to provide stable, nurturing care to children.

Finally, increased involvement of community-based organizations that can provide valuable support and services to children and families, and by partnering with these organizations, the CW system could provide more culturally responsive and community-centered care that better meets the needs of families.

5.1.22 Local Public Health Agency

Public Health (PH) was involved in doing social determinants work before the integration of departments. PH reports that they are still too early in the integration process to see any changes in conversations about high-level outcomes. Post integration PH is hoping to create formal structures between PH and CW to work together to address inequities through various formal and informal mechanisms. PH has a strong prevention orientation and believes that the true return on investments lies in prevention work for children and families. The goal of PH is to invest in prevention and then to translate the opportunities and outcomes generated by that investment to the public. A key example of this approach is the intersect between teen pregnancy and the child welfare system. PH indicated a no wrong door approach is needed to drive the value proposition of prevention.

PH reflected the belief that the system is generally good about talking about inequities rather than acting to address them. Often the workforce challenges around recruiting and retaining a competent and well-trained diverse staff is a challenge. PH indicated that the staff in IA do not reflect the clients they serve and that there is significant compassion fatigue as the public agencies emerge out of the COVID-19 pandemic. PH reflected that ensuring staff approach their work with cultural humility and can translate lived experiences amongst the clients they serve is a struggle. Turnover amongst staff leads to practice inconsistencies and disillusionment and lack of trust for families.

5.1.23 Public Safety/ Law Enforcement Survey Results Summary

The public safety / law enforcement survey was deployed to 11 participants, 5 participants completed the survey. The survey indicated that 80% of Law Enforcement (LE) responders believe their relationship with Child Welfare (CW) is good or very good, 20% provided a neutral response. Of those that responded, 80% work with child welfare on fatality investigations and 60% complete forensic investigations through CACs with CW. In some locations there are Memorandums of Understanding (MOUs) in place defining the relationship between law enforcement and CW, however this does not appear to be the norm.

Respondents indicated that behavioral health issues for parents, children, and youth are having the largest impact on the system. 50% indicated they have co-response models in place related to BH and that cross over into CW. Respondents also indicated specific neighborhoods that have more significant issues.

Respondents indicated, there is some shared training around Crisis Intervention Team (CIT), including, crisis intervention, behavioral health, homelessness, child abuse and neglect, and other types of crises. Respondents indicated they engage with community-based service providers along with CW. Recommendations for opportunities for improvement include enhanced collaboration with CW, creating more positive youth development programs and opportunities, and willingness to explore more joint investigations when needed. Respondents also reflected that the relationship with the CW system has been less successful with decreased CW staffing and the ongoing turnover.

5.1.24 State Public Defender/ Parent Attorney

The State Public Defender's Office (SPD) reported a good partnership with HHS and alignment with family-centered practice and FFPSA. The SPD noted that across the state, the attorneys, and GALs are not all aligned around this vision, however work continues to close gaps. One recent shift includes attorneys having mixed caseloads as parent council and GALs to help shift their lens toward thinking of families involved in child welfare in a holistic way. There are opportunities to provide ongoing education for the judiciary on best practice for child welfare. Additionally, racial disproportionality is an issue in some counties that is not consistently prioritized. Attorney shortages and resulting high caseloads are impacting kids and families. The SPD reported being involved in getting legislation passed to ensure that judges actively consider (and include in their orders) the trauma impact of removal on children and youth long-term. The SPD also recommended that cases be assigned to a different judge for termination of parental rights hearings.

6.0 STRENGTHS & OPPORTUNITIES

According to Annie E Casey Iowa ranks 9th in the country for child well-being. As has been documented in the previous sections, along with multiple references in the upcoming recommendations section, we found many strengths in the Iowa child welfare system that contribute to the well-being of children in Iowa and their families.

A real strength is that Iowa has multiple levels of quality assurance and quality improvement built into its system through its use of the LEAN approach to policy and practice changes. In addition, Iowa leverages a Foster Care Review Board to conduct case reviews and provide recommendations for improvement. Iowa also trains staff and partners on critical topics such as trauma informed care.

In addition, a real significant strength is how the Service Business Team (SBT) has an intentional approach for identifying and communicating policy and practice changes. Ideas flow to the SBT for consideration from the field and if a change is made, then an implementation plan is developed along with a plan for communicating with the people doing the work. There is a consistent template for this process, and it highlights the "why" and "who" are impacted.

Of significant strength are the multiple efforts to address disproportionality in the system. There is a Cultural Equity Alliance that creates feedback to the system, an emphasis on kinship care, and a Parent Partners Program that embeds support for families in the system from families with lived experience. In addition, the African American Case Consultation Team and the culturally specific process for Native Families are great foundational groups to build upon as Iowa looks to reduce disproportionality in the CW system.

In addition, the Family Centered Services are a great start to prevention and early intervention services that are designed to keep families out of the courts. Partnerships with many providers and organizations such as law enforcement, service providers, and agencies such as the Bureau of Refugee Services are strengths as well.

However, in large, decentralized organizations change management can be a challenge. To support the implementation of recommendations, we suggest the following change management considerations:

Create and communicate clear organization strategy and direction: A high functioning organization requires clear, aligned strategies, direction, and shared accountability. From leadership to frontline employees, all must have a shared understanding of the organization's priorities, goals, and values, consistently reinforced through timely communication methods and approaches, such as weekly leadership communication, monthly newsletters, and town hall meetings.

Support transparency through clear communication approaches and pathways: Inconsistencies in the delivery, timing, and thoroughness of communication can create disbelief and distrust amongst and across the organization. Throughout our assessment, supervisors and staff repeatedly reflected "wonder" and failure in understanding "why" changes were occurring.

- Address breakdowns in the communication chain by developing communication strategies and structures. Create consistent communication approaches and pathways for policy, practice, and organizational communications, including the reason for the change and anticipated outcome.
- Engage frontline staff as change champions engaging them in designing processes and practices to honor their understanding of issues and problems, as well as ideas about how to make improvements.

7.0 RECOMMENDATIONS BY FUNCTIONAL AREA

The subsequent section provides an overview of the present state of various functional areas within Iowa's child welfare system, including Organizational Wide, Intake, Assessment, Case Management, Adoptions, and Licensing. This information builds on the insights provided in the "Preliminary Findings Progress Report". Each section is structured to outline the purpose of the functional area, a concise summary of the current environment, and proposed recommendations and strategies aimed at enhancing outcomes based on baseline data provided by the department. The strategies are accompanied by rationale, anticipated outcomes, and any other considerations that would apply, such as policy implications, dependencies or intersections with other agencies, and any disproportionality considerations. The appendix contains an implementation task list, outlining specific steps required to support the successful implementation of each strategy. Each section concludes with a section on Goals/Performance Metrics including details to assist tracking and reporting progress and an estimated ROI and cost analysis, where financial impact applies, to assess the potential benefits and financial implications of the proposed strategies.

Additionally, you will notice that within each section, we have cross-referenced every recommended strategy with the seven essential contract questions, as indicated by the corresponding table, whether they would have an impact on addressing the specific issue or not. The seven questions where:

- "Are children and families better off because of IOWA HHS intervention?"
- Where are the opportunities to improve our practices within our staffing structure?
- How can we maximize our resources?
- What is the right structure to balance the needs of the agency, the employees, and our clients?
- What are the root causes of issues within the system related to?
- What structural issues within the system may cause poor outcomes for families?
- How can we measure our progress and impact and use data to inform our practice?

While this alignment of strategy with each question is identified in this section of the report, a complete table detailing the alignment is available for your review in the appendix.

7.1 Organization Wide

Current environment: The current environment of child welfare in the state of Iowa is characterized by a mix of a positive outlook and challenges. Interviews with state leadership, Service Area Managers (SAMs), and local supervisors and staff revealed several common themes. First, there is a general positive outlook on the vision, mission, and direction of the Department of Health and Human Services (HHS), which motivates the workforce to ensure child safety. While local offices encouraged by recent approvals for additional staffing allocations and initiatives from the director's office and Service Bureau Team (SBT). However, the workload in local offices is increasing, leading to concerns that the demand is surpassing their ability to keep up. Despite the optimism, many staff members feel that the current level of performance is starting to diminish due to the workload pressure.

Second, longevity and retention are seen as strengths in some areas, providing stability and confidence in decision-making. However, the high turnover rates of 18 to 34 percent, much higher in the Northern and Des Moines Service Areas, pose challenges for the agency. The strain on remaining staff due to stretched numbers leads to increased workload stress and demotivation. The workload stress on staff is a significant factor contributing to turnover, as they face pressure to meet deadlines and juggle multiple priorities.

The third theme revolves around a growing disconnect between central office leadership and local offices. While leadership expresses confidence in meeting targets and decision-making processes, local staff report inconsistencies, juggling priorities, and a lack of support. Variations in processes across service areas and operational silos contribute to this disconnect. Leadership recognizes the need for standardization and desires more transparency and communication.

The fourth theme was the lack of easily accessible and interpretable data in Iowa. This was made clear in conversations across the state resulting in challenges in understanding the workload, workflow, and production of the agency, and leading to a lack of transparency into its operations. This lack of operational transparency was reported as having significant consequences, including cases being shifted to the back burner and extended intrusions on children and families.

Overall, there is a positive and optimistic tone from leadership, while challenges persist. The mounting workload stress, recruitment and retention difficulties, variation in processes, and disconnect between leadership and local offices impact worker morale and effectiveness. The agency acknowledges the need for improvements in communication, standardization, and support for staff to ensure better outcomes for children and families.

Recommendation: Create a culture that provides resources to support families and staff through:

- Prioritize reducing disproportionality and disparities where they exist for different subpopulations of children and families
- Transparently using data and QA practices for decision making and CQI that promote equitable experiences and outcomes
- Clear, timely consistent bi-directional communication pathways
- Quality and consistent supervision
- Case work that emphasizes compliance, coupled with case workers' critical thinking skills, encourages a careful and analytical examination of each unique situation in the lives of children and their families.[39]
- Maintain appropriate staffing levels to meet the goals of the organization
- Expansion of the service array to provide timely / immediate access to appropriate services
- Effective contract management practices, processes, and procedures

[39] Common Errors or Reasoning in Child Protection Work: Eileen Munro: 1999, and ^1 Eileen Munro, Effective Child Protection (2019)

Strategies:

7.1.1 Develop Statewide Data Informed Process Maps

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
	•	•	•	•		•

Developing standardized data visuals that highlight workload, workflow, and production is crucial for effective child welfare management in the state of Iowa. By creating clear and easily understandable visual representations of process flows, child welfare agencies can gain valuable insights into their operations. These visuals can provide a comprehensive overview of the workload, allowing agencies to identify patterns, trends, and areas of concern more efficiently. This enables them to allocate resources effectively, make informed decisions, and enhance overall productivity.

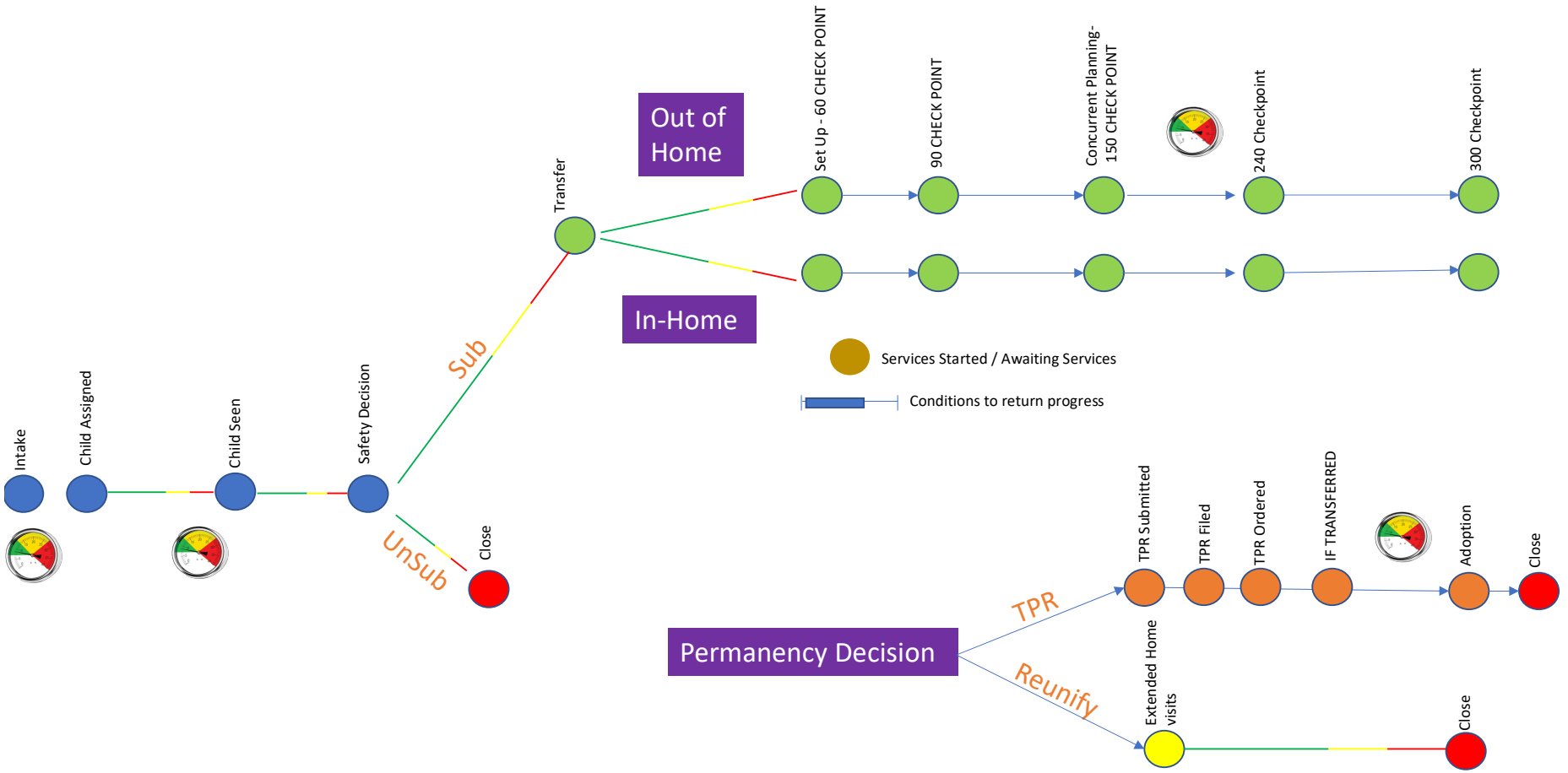
Standardized data visuals can also improve communication and collaboration among child welfare professionals. By presenting information in a visually appealing and accessible format, stakeholders across different levels of the system can easily grasp the current workload and understand how it impacts workflow and production. This shared understanding fosters better coordination, alignment of goals, and a more holistic approach to addressing child welfare challenges.

Additionally, implementing measures and strategies for when workload exceeds capacity is crucial in ensuring the well-being and safety of children and families involved in the child welfare system in Iowa. When agencies face a high volume of cases or a surge in demand for services, it is essential to have plans in place to prevent potential delays and caseloads spiraling out of control. These measures should include time-bound interventions that will be implemented once certain thresholds have been surpassed. By proactively developing plans to address capacity issues, employees feel more supported, and agencies can feel more confident that children and families receive timely and appropriate services, reducing the risk of harm or prolonged wait times.

Ensuring that children and families are not waiting on the department or court, but rather that cases flow at the pace that youth and families can support is a fundamental principle of child welfare practice in Iowa. It is essential to prioritize the well-being and needs of children and families by minimizing unnecessary delays and ensuring timely decision-making. Delays in case processing can have significant negative consequences for children, including increased instability, prolonged separation from families, and potential harm.

To address this issue, Iowa can develop statewide process maps that highlight process concerns and opportunities to move action closer to decisions by identifying when work is not flowing. Ultimately, the goal is to create a child welfare system in Iowa where cases progress at a pace that supports the best outcomes for children and families.

Sample Visual of Statewide Data Informed Process Map



This diagram is an example of a data informed process map. Each circle represents a milestone for a family, and the lines in-between note the agencies capacity between steps. The goal is to inform leadership when families begin to pile up and spur conversation about what may be needed to support the staff and family to move forward.

The strategy to develop statewide data informed process maps is centered on improving child welfare management in Iowa. These standardized data visuals provide a comprehensive overview of the workload, workflow, and production within child welfare agencies. By analyzing the data represented in these visuals, agencies can gain valuable insights into their operations and identify areas of concern or improvement. This enables agencies to allocate resources effectively, make informed decisions, and enhance overall productivity.

The use of standardized data visuals also promotes better communication and collaboration among child welfare professionals. By presenting information in a visually appealing and accessible format, stakeholders across different levels of the system can easily understand the current workload and its impact on workflow and production. This shared understanding fosters better coordination, alignment of goals, and a more holistic approach to addressing child welfare challenges. Ultimately, the development of statewide data informed process maps empowers agencies to streamline their operations and ensure that they are providing the best possible services to children and families in need.

Implementing measures and strategies for when workload exceeds capacity is another crucial aspect of effective child welfare management. By proactively addressing capacity issues and having plans in place for high volumes of cases or increased demand, agencies can prevent delays and maintain manageable caseloads. This not only supports the well-being and safety of children and families but also boosts employee morale and confidence in delivering timely and appropriate services. By prioritizing capacity planning, Iowa can ensure that children and families receive the support they need without unnecessary wait times or potential harm.

Lastly, the principle of ensuring that cases flow at a pace that youth and families can support highlights the importance of timely decision-making in child welfare. Unnecessary delays in case processing can have detrimental effects on children, including increased instability and prolonged separation from families or securing permanency. By developing statewide process maps and identifying process concerns and opportunities for improvement, Iowa can create a child welfare system where cases progress efficiently, minimizing delays, and maximizing positive outcomes for children and families.

With this strategy, we would anticipate the following outcomes:

- **Enhanced Management of Workload and Workflow:** The implementation of standardized data visuals and statewide process maps will lead to improved operational efficiency within child welfare agencies in Iowa. These visuals will provide a clear and detailed representation of workload, workflow, and production, allowing agencies to identify bottlenecks, inefficiencies, and areas of improvement. This insight will enable the agency to optimize processes, allocate resources more effectively, and streamline operations.
- **Informed Decision-Making:** The availability of comprehensive data visuals will empower the agency to make informed decisions based on data-driven insights. By analyzing the visual representations of processes, the agency can identify trends, patterns, and potential issues. This data-driven decision-making approach will contribute to more effective resource allocation, timely interventions, and strategic planning.
- **Improved Communication and Collaboration:** Standardized data visuals and process maps can facilitate better communication and collaboration among staff and leadership. This will serve as a step in the right direction of changing the culture from managing to a deadline to managing at the pace of the family. A visually appealing and accessible format of the information will ensure that individuals across different levels of the system can easily understand the current workload's impact on workflow and production. This shared understanding will foster improved coordination, alignment of goals, and a more holistic approach to addressing child welfare challenges.
- **Proactive Capacity Management:** Implementing measures and strategies for addressing workload capacity issues will result in a proactive approach to managing high caseloads and demand surges. Having predefined plans in place for when workload exceeds capacity will prevent delays and potential overload on agencies. This will help maintain manageable caseloads, ensure the well-being and safety of children and families, and boost employee morale by providing them with the necessary support and resources.
- **Timely and Effective Services:** Prioritizing timely decision-making and minimizing unnecessary delays through the use of statewide process maps will lead to more timely and effective

services for children and families involved in the child welfare system. By identifying process concerns and opportunities for improvement, agencies can ensure that cases progress efficiently, reducing the risk of instability, prolonged separation from families, and potential harm to children.

- **Positive Impact on Children and Families:** The implementation of these recommendations will have a positive impact on the lives of children and families in Iowa's child welfare system. Timely decision-making, efficient case processing, and proactive capacity management will contribute to better outcomes for children, including increased stability, reduced trauma, and improved chances of securing permanency within their families or appropriate placements.
- **Enhanced Transparency and Support:** The development of standardized data visuals and process maps will promote greater transparency and improved support within the child welfare system. The agency will have a clearer view of operations and outcomes, making it easier to track progress, identify areas needing improvement, and demonstrate the effectiveness of their efforts to stakeholders and the public.
- **Long-Term System Improvement:** The adoption of data-informed process maps and capacity management strategies can drive ongoing improvements in Iowa's child welfare system. The insights gained from these visuals will inform continuous refinements to processes, leading to a more efficient, effective, and responsive system that adapts to evolving challenges and best serves the needs of children and families.

While this strategy does not have any external agency dependencies, it would require dedicated resources internally from IT to develop statewide data informed process maps and/or an external vendor.

In addition, using data to inform decision-making is a critical lever in effective child welfare practice. Implementing such equitable approaches will require identifying ways to highlight demographic variables to understand whether and to what extent they impact cases, including how quickly kids and families move through key child welfare decision-points. A number of studies have identified age, race/ethnicity, and gender differences in child welfare experiences and outcomes for every major decision-point in the life of a case. When designing and implementing process maps, including the ability to disaggregate by age, race/ethnicity, gender, county/service area will be critical in monitoring whether and to what extent demographic variables impact case flows.

7.1.2 Increase Understanding of FFPSA and Expand Prevention Services

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•			•	

The Biden Administration has permitted the amendment of Family First Prevention Services Act (FFPSA) state plans to expand prevention-oriented candidacy definitions as well as Evidenced-Based Practice (EBP) menu expansion for drawing down Federal IV-E dollars. The creation of an alternative voluntary prevention pathway would reduce the entry of children into foster care and provide opportunities for strengthening families. Expanding the array of prevention related services would improve availability of resources statewide. In addition, the Department should review candidacy and IV-E claiming related trend analysis to monitor federal fund capture for these EBPs.

There is an opportunity to submit an amended FFPSA prevention services plan to support growth in this area. There has been inconsistent application and understanding of FFPSA across the state with both staff, key stakeholders, and Guardian ad Litem (GALs, attorneys, and judges) which has resulted in varied interpretations of FFPSA and outcomes for children and families. The current lack of availability of FFPSA qualified services, evidence-based services, exists throughout each of the service areas, creating an array of challenges. The level of need a family must present to qualify for access to prevention services must also be addressed.

With this strategy, we would anticipate the following outcomes:

- **Expanded FFPSA State Plan to Increase Federal IV-E Capture.** Once approved, the amended plan could support an increase to the Federal Fund Participation formula and result in drawing down intended IV-E prevention dollars aligned with several states that have amended and approved FFPSA state plans and increased capture of federal IV-E dollars. Once the plan is approved, a modification to the cost allocation plan, workflows, and protocols within IV-E eligibility unit would be necessary. Finally, the development of a process to track quarterly IV-E claims submission would be required to improve penetration and fund capture.

- **Alternate Voluntary Prevention Pathway.** HHS has already implemented structured decision-making and revised in-home prevention services contracts. The logical next step is to create an alternate voluntary prevention pathway. Families where children are not at imminent risk of removal enter into the voluntary prevention pathway in partnership with a prevention focused community-based organization contracted with the state to provide services. There is not a formal child welfare case opened and the intervention stabilizes the family, reduces risk for child abuse and neglect. The creation of a voluntary pathway also allows HHS the efficiency of focusing on the families who truly need the resources and support of the formal child welfare system including orders of protective supervision and foster care placements while stabilizing and offering supports to others outside of the child welfare system.

Critical to the success of an alternate voluntary prevention pathway are the following program components:

- Inclusive and culturally appropriate
- Applicability in urban and rural areas as well in tribal nations
- A multi-disciplinary approach
- Cross-agency collaboration and encourage deep partnerships with the community and families.
- Clear eligibility criteria and referral pathways (and internal processes that support those pathways)
- HHS staff or contract agency staff are supported in delivering services in a way that best meets the needs of families in that community
- Involvement of all parents, if possible, and an understanding of the key roles of non-parents
- An initial and complete holistic assessments of family needs and referral to appropriate supports
- Extensive data collection and assessment to determine the program's efficacy
- Alignment with and access to Economic Assistance programs, housing supports, employment services, and any other supports identified
- Mental health and/or substance use screenings, if needed and possible
- Funding to support the program

Two models for consideration are Minnesota's Parent Support Outreach Program (MN PSOP) and Dakota County's Pathways to Prosperity and Well-Being. Referrals for PSOP come through self-referrals by parents or guardians, Community Based Organizations (CBOs)s, or screened-out child welfare reports. Caseworkers then assess and triage family needs — using the Family Strengths and Needs assessment — before working with the family to develop the goals for their detailed service plan and connection to services, including key other HHS services.[40] In Dakota County, residents come to the program via agency internal, external, or self-referral. An initial Integrated Services Assessment Tool (ISAT) is completed with the family, along with the Economic Stability Indicator (ESI) to map any potential upcoming fiscal cliffs. Finally, data sharing agreements are put in place to assure supportive and seamless delivery of an integrated service plan.[41]

- **Expanded Service Array and Improved Availability of Resources/Funding Statewide.** HHS recognizes that there are gaps in the service array and is working to build out the service menu. Combined with the mental health crisis and the workforce challenges post COVID, this is a challenging task. There are several things that child welfare can do in partnership with Medicaid and Behavioral Health. These strategies include, use of virtual visits, identifying service array gaps and leveraging the managed care plans to provide some of these services under network adequacy. Evaluating rate structures to incentivize high quality provider participation. In addition, there is an opportunity to partner with hospitals and managed care around community benefit requirements to address need.

To expand the FFPSA candidacy definition and related service array requires a revised acceptance of the definition of family resilience and protective factors that are not predicated solely by poverty. It also recognizes the importance of reducing trauma from child welfare involvement for high-risk Iowa families. The Legal System, Public Safety, Mandated Reporters Schools, Community Based Organizations and Advocates will all need to be trained in the new risk threshold that will be built in the amended FFPSA Prevention Services Plan.

[40] https://mn.gov/HHS/people-we-serve/children-and-families/services/child-protection/programs-services/parent-support-outreach.jsp

[41] https://www.co.dakota.mn.us/Government/BoardMeetings/CSCommittee/CSCommitteeMtgMaterials/Pathways%20to%20Prosperity%20and%20Well-being%20Overview%20-%20Feb2020.pdf

In addition, there are demonstrated disparities in outcomes for black and brown children, youth, and their families in Iowa. This family preservation and family strengthening approach will reduce removals, provide access to services and improve equitable outcomes for all families who encounter the child welfare system. This will move concurrently with efforts to train staff to not view poverty as a reason for child welfare involvement. Rather Iowa will follow a two-generation model to stabilize and strengthen families and improve protective factors.

7.1.3 Improve Consistency Across Supervisor and Mentor Support

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
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Significant disparities among supervisors across the state were present during the course of our assessment. Inconsistency prevails in the support provided by supervisors and mentors to staff, including staffings, professional development, coaching and mentoring, and 1:1 check-in meetings. To address these inconsistencies, we recommend that HHS clarify written expectations for supervisors for staff support, conduct a thorough review of supervisor activities, then establish and enforce guidelines and requirements. In addition, HHS should create a formalized mentorship structure, compensate mentors for their efforts, and implement practices to develop mentors and supervisors from underrepresented groups.

It became evident, there is a wide variation in the frequency and type of supervision which results in varied access to support and consultation from supervisors across regions. Best practices related to supervision are often viewed as guidelines as supervisors have openly admitted to inconsistent practices which often resulted in not meeting minimal requirements.

A formalized mentorship structure must include Memorandums of Understanding (MOUs) or contracts, clearly defined expectations, and measurable goals for both mentors and mentees. A designated director for the mentorship program should be appointed, and mentors should receive coaching support and training. Compensating mentors for

their efforts and reducing their workload proportionally to reflect their responsibilities will ensure their commitment and dedication to the mentorship program.

Finally, HHS should develop and implement practices aimed at fostering the development of mentors and supervisors from underrepresented groups, ensuring equitable representation and support within the organization. By implementing these recommendations, HHS can create a more consistent and supportive environment for staff and promote professional growth and development for both mentors and mentees.

With this strategy, we would anticipate the following outcomes:

- **Improved Case Outcomes.** A consistent approach to mentorship and support, including regular case consultation and a focus on professional development will mean that social workers will more consistently apply practice, have more support, and have regular opportunities to learn how to improve. The Department should see an improvement in outcomes for families and conformity with federal child welfare requirements.
- **Improved Consistency Across Social Worker Practice.** Case reviews (as well as case outcomes) should demonstrate an increased consistency in practice as uniform support and guidance are provided to social workers.
- **Improved SW Morale.** One of the ways to increase employee morale is to provide targeted, strategic, consistent, genuine supervisory support. Leadership should see an increase in social worker morale with increased supervisory support, in partnership with access to mentors.
- **Improvements in Controllable Exit Reasons.** While there are both controllable as well as reasons outside of the control of the Department for why people leave, changes to the supervisory and mentor processes should result in reductions in exit interview data where staff list “supervisory support” (or equivalent) as the reason for leaving.

While this strategy does not have any external dependencies with other agencies, child welfare leadership will want to be in close communication with HR to ensure alignment with HR practices and/or discuss needed changes to practices.

7.1.4 Expand the Service Array to Address Critical System Gaps

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
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Expanding the service array and evaluating the effectiveness of current contracts is essential in addressing critical gaps in the system. There are system gaps surrounding children with behavior needs, inconsistencies in service deliveries, and implementation concerns that should be addressed. The inconsistent availability of services across the state has resulted in workers "scrambling to fill the gap with whatever service is available." This has also caused significant delays with accessing services, resulting in delays with service delivery.

- For example, youth with behavioral health needs may wait in local Emergency Rooms while waiting for placement option best suited their presenting needs.

An increase in service offerings should be delivered across all age groups and need types (such as foster, QRTP, shelter) for children with behavioral health needs who require residential placements. While the legislature recently approved a rate increase for PMICs, there are some areas across the state, where there remain service gaps for mental health services for youth and adults—both with and without child welfare involvement.

- With the goal of expanding and supporting least restrictive placements, HHS should consider increasing financial support to relative/fictive kin and foster parents which have not been increased for over a decade.

- Youth can enter the foster care system through a CINA Assessment despite the parents not being neglectful or abusive. In this case, foster care ends up serving as the behavioral and mental health system for youth with high needs. HHS should eliminate CINA as an entry pathway and enhance the availability of community-based resources for mental health and behavioral services to support foster families and post-adoptive supports.

With this strategy, we would anticipate the following outcomes:

- **HHS achieves the outcomes they are paying for.** Review contracts to assure they are structured in a way to focus on outcomes and impact versus outputs and processes, with quantifiable and accountable performance measures will help improve timeliness in access to services.
- **Better alignment of services.** Assuring access and availability of service are in alignment with identified needs presented by children, youth, and families. This may also result in a reduced need for more intensive and often more costly services.

This strategy has the following dependencies on external agencies. School, health, justice, and community-based systems of care rely on the behavioral health system having the appropriate continuum of services for families. Partnering with leaders of these agencies to work together to build out these systems is critical to getting the appropriate care for people that often end up in child welfare because referral sources from systems do not have other appropriate choices.

Expanding access to behavioral health services for children and adults will support parents and children to get the help they need without entering or staying in the child welfare system. Building a culturally competent behavioral health provider system will specifically improve utilization of these services.

7.1.5 Promote Equitable Experiences and Outcomes

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
●	●	●		●	●	●

Promoting equitable experiences and outcomes includes enhancing both means and processes for understanding the experiences of children and families across demographic groups and ensuring the interventions used account for differences in needs. Some approaches to consider include the following:

- Disaggregating of data (or the ability to drill down into subpopulations) at key decision-points throughout the child welfare system (e.g., reporting, screening, assessment,

substantiation, placement, etc.). Once the data has become available, clear expectations will need to be established for regular use of the data by service area managers, minimally.

- Establish service area multi-disciplinary teams focused on equitable child welfare practice and outcomes. These teams will take a data-driven approach and be responsible for identifying service area inequities, designing targeted universal interventions, and monitoring outcomes. It is recognized that Iowa has had equity teams throughout the state for over a decade, but these service area teams have not yet produced outcomes that can be replicated to date.
- Train all staff on targeted universalism. Targeted universalism defines a common societal goal such as, "families with young children have the resources they want, when they want them". But instead of creating a singular strategy, intervention, or policy to achieve this goal, targeted universalism recognizes that different populations may need to be treated uniquely in order to achieve this common goal. Targeted universalism suggests that everyone in society deserves a given aspiration but recognizes that individuals are positioned differently in relationship to that aspiration and therefore, tailored approaches must be implemented in order to ensure all are able to reach it. This approach could be applied to Iowa's rural populations as well as disproportionately impacted racial/ethnic groups.
- Implement targeted universal approaches that are designed to improve experiences and outcomes for all children and families includes using strategies to address the unique experiences and needs of children and families from diverse backgrounds. Some targeted universal approaches that could be considered include Family Connects Durham[42], SEEK[43] and Healthy Steps[44]
- HHS should engage in additional trauma-informed training and provide resources and support deemed necessary to address the secondary stress of working in child welfare. There are

[42] Family Connects Durham (formerly Durham Connects) is a community-wide nurse home visiting program for all parents of newborns, regardless of income or socioeconomic status, https://www.ccfhnc.org/programs/family-connects-durham/

[43] Safe Environment for Every Kid (SEEK) is a child maltreatment prevention approach that aims to strengthen families and support parents, https://seekwellbeing.org/

[44] HealthySteps is a national child maltreatment prevention model of enhanced pediatric primary care that improves children's lives by integrating a child development specialist into the primary care team, https://www.bluemeridian.org/our-investments/healthy-steps/

national resources and best practices from other child welfare agencies who are confronting this challenge.[45] [46]

- Expand the use of tribal agreements focused, similar to the agreement with the Meskwaki Nation, with the Tribal Nations along the western border to reduce the number of Native American children in foster care.
- Implement additional training options to increase organization-wide competencies in understanding and disrupting bias in child welfare systems. Examples of training topics could include:
    - Understanding the impact of reporter biases on children and families
    - Systemic oppression in child welfare and other systems
    - Microaggressions and its impact on children, youth, and family interactions with child welfare.
    - Implementing Annie E. Casey's 7 Steps for Advancing Equity[47]

Children and families of color encounter different experiences with child welfare systems across the country. Iowa appears no different. Black, Hispanic, and Native children and families are disproportionately involved with child welfare and once involved, have poorer outcomes. For example, Non-Hispanic Black children comprise 6% of the child population in Iowa but represent 17% of the children entering and in foster care[48] [49]. Additionally, in foster care, children of color are most likely to experience multiple placements. In 2021, 35% of American Indian, 28% of Black, and 26% Non-Hispanic White children experienced more than two placements in foster care[50].

With this strategy, we would anticipate the following outcomes:

- **An Organization-Wide Understanding of Who is Being Served and What their Experience is.** A well-developed

[45] https://ncwwi.org/wp-content/uploads/2022/09/Centering-Child-Welfare-Worker-Well-being.pdf

[46] https://ncwwi.org/trauma-informed-practice/

[47] The Annie E. Casey Foundation, Embracing Equity: 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization, https://assets.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf

[48] The Annie E. Casey Foundation, KIDS COUNT Data Center, https://datacenter.kidscount.org

[49] https://hhs.iowa.gov/dashboard_childwelfare

[50] The Annie E. Casey Foundation, KIDS COUNT Data Center, https://datacenter.kidscount.org

and executed data assessment should show exactly who the Department is serving and how the experience, services, and interactions with those families look for those who are/have been on the receiving end of inequities. Using the data will inform where disparities and disproportionality are introduced or exacerbated as well as enable monitoring whether any attempts to reduce inequities have been effective. This will allow the Department to develop targeted strategies to address historical inequities in practice and services.

- **A Clear Understanding of the Need to Provide Equitable Treatment, Experiences, and Outcomes for all Families.** Current commitments espoused at the leadership level have not resulted in systemic changes throughout the agency, resulting in persistent disparities in experiences and outcomes for children and families. Making intentional changes around communication, developing a unified vision regarding the purpose for understanding bias/disproportionality in practice, and providing consistency in department wide communications regarding current initiatives will improve outcomes of all children.
- **Well-Trained Staff who Understand the Impacts of Disproportionality.** Improved training opportunities — understanding the Department is not in a position to require some trainings because of legislative mandates — will help address gaps in the awareness and consistency of efforts to address disproportionality.
- **Reduced Inequities Across Interventions.** Promoting practices that improve experiences and outcomes at the decision-points where children and families currently experience disparities and/or disproportionality will result in more of a move toward interventions achieving their desired outcomes. In addition, designing targeted universal interventions, and monitoring outcomes will address the inconsistent deployment and underutilization that is currently reducing the impact of interventions.

For this strategy, there are dependencies and agency interactions to be conscious of with County Attorneys, Community-based providers, other HHS departments providing financial assistance, behavioral health services, and other supports for children and families at-risk for or involved with child welfare.

7.1.6 Enhance Hiring and Retention Practices

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

Improving hiring and retention practices is key to reducing staff turnover. To meet the critical need of retaining the workforce, HHS should:

- Monitor cost of living indices and employment competitors at least annually and include pay issues in future budget discussions, so the department will be able to stay competitive.
- Address and remove demotivating factors that lead to staff turnover, such as addressing supervisor inconsistencies, improving communication, offering promotional and professional development opportunities, showing genuine appreciation for staff, limiting after-hours work, and developing resiliency support. The latter includes training to understand who is at risk, what secondary trauma and stress (STS) looks like, how individuals and organizations experience STS, and implementing strategies to address STS and improve resiliency.
- Adopt promising practices — and standardize, as needed — from one region across another. This helps to build consistency among practices.
- Implement hiring practices, training supports, and engagement initiatives to recruit, support, and retain a culturally inclusive, responsive and diverse workforce.
- Develop targeted recruitment strategies aimed at, and through strategic partnerships with, college and university campuses statewide. This includes developing a relationship building plan with college professors in social work programs
- Establish a student loan repayment program, for example, at 25% per year of service after degree completion or some level of escalating percentage increases (i.e., 15% repayment for Year 1, 20% Year 2, 25% Year 3, 40% Year 4)
- Establish a sign-on bonus for new hires (that is contingent upon staying for some number of months (12, 18, or 24 months)).

It is worth noting that we believe that the restructuring of classifications and capacity building of proposed process redesigns will have the largest impact on retention.

Addressing turnover, retention, and other staffing challenges can have a tremendous impact on the work the department does as well as the outcomes.[51] It was reported that ineffective communication with human resources have resulted in difficulties in filling current vacancies. Turnover was also reported as a challenge in certain areas, including the Northern and Des Moines service area. While it may be more difficult to fill vacant positions in the western service area, the workforce is described as very stable, and this offers tremendous benefits to the HHS.

With this strategy, we would anticipate the following outcomes:

- **Reductions in Turnover.** As the Department looks to implement and/or improve such practices as ensuring staff are paid appropriately for the work that they do and in line with other states, address demotivating factors, and provide improved and more consistent support, the Department should see a reduction in staff turnover.
- **Improve Job Satisfaction.** For those staff who would stay regardless, focused efforts related to addressing supervisor inconsistencies, improving communication, offering promotional and professional development opportunities, demonstrating genuine appreciation for staff, limiting after-hours work, and developing resiliency support will support an overall improvement in job satisfaction – something that the Department should be intentionally and specifically measuring each year.
- **Increased Staff Resiliency.** As social workers stay longer and are generally happier in their roles, the number of social workers who have ownership for a given case during its lifecycle should decrease. According to the National Child Welfare Workforce Institute, the number of social worker assignments has been shown to impact child welfare outcomes; for example, children are more likely to achieve permanence if they are assigned fewer workers over the course of their stay in foster care.

Finally, child welfare staff will want to work closely with HHS Human Resources (HR) as well as state HR (as needed) to ensure practices can

[51] https://ncwwi.org/retention/

be implemented successfully and visions are aligned. A list of additional examples of what other states are doing to recruit and retain staff can be found in appendix F.

<u>Goals/Performance Metrics and Plan for tracking and reporting goals/ performance metrics:</u>

- Goal: Ensure the department has the resources, skillsets, tools, and capacity to fulfill their key functions of intake, assessment, case management, and permanency while connecting families to the benefits, programs, and services they need.
    - Outcome Measure: Increase the percent of families with a successful agency engagement.
        - Key Performance Metrics:
            - Align resources and workflow to increase timeliness and reduce the percentage of families recurring interactions with HHS (coming back through intake) from ___ to ___ within one (1) year (data not available)
    - Outcome Measure: Expand service array and access to prevention services and EBPs.
        - Key Performance Metrics:
            - Reduce the time families wait for available services from ___ to ___ within one (1) year (data not available)
            - Increase the number of families receiving preventative services from ___ to ___ within one (1) year (data not available)
    - Outcome Measure: Improve hiring, retention, and consistency in supervisor support.
        - Key Performance Metrics:
            - Reduce turnover from 26.68% to 20% by 2025.
            - Increase the percentage of positions filled from 77% to 85% within one (1) year

Estimated ROI & Estimated Cost for Implementation

Organization Wide							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Develop Statewide Data Informed Process Maps	Better management of workload and workflow and begin to change the culture from managing to deadline to managing at the pace of the family.		0	0	0	0	0
Increase Understanding of FFPSA and Expand Prevention Services	More children and families will receive preventative and supportive services versus a traditional child protection assessment thus reducing overall trauma on all involved.		0	Fewer cases in the assessment bucket. Less time spent on cases.	Yes (TBD)	Approved prevention services are reimbursable	# of diverted cases against the average cost of a CP case
Improve Consistency Across Supervisor and Mentor Support	Less turnover and cost of turnover. More experienced and better trained staff.		Yes	Yes	Yes	Yes	Reduce turnover - cost per FTE in orientation and training.
Expand The Service Array to Address Critical System Gaps	Right services for children and families reduces deeper end involvement and prolonged time within the system.		Reduced worker time locating placements with access to more levels of care	Yes	Yes (TBD)	Yes	Avoided cost, of costly placement options versus use of appropriate level of care.

Organization Wide							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Promote Equitable Experiences and Outcomes	For several outcomes kids of color fare worse. Intentionally and sys-temically addressing inequities will reduce the disproportion-ate amount of trauma experienced by youth and families of color.		0	0	Yes	0	0
Improve Hiring and Retention Practices	Less turnover and cost of turnover in addition to well trained, experienced and com-petent staff managing cases .		0	Yes	Yes - staff turnover equates to a "risk factor" toward possible outcomes at times	Yes	Yes

7.2 Intake

Purpose Statement:
The purpose of the Intake unit is to provide a quality screening of abuse and neglect allegations and, when appropriate, generate an accurate report that can be used by Assessment workers to begin timely engagement with families.

A successful intake results in:

- Timely and courteous receipt of calls regarding suspected abuse and neglect.
- Accurate documentation of information gathered from reporters and required systems look ups captured in the intake document.
- Accurate documentation of case participants, demographics, and contact information
- Clear documentation of allegations to be assessed that are properly screened and appropriately prioritized for response
- Accurate and consistent accept/reject decisions in alignment with policy, statutes, rules, and regulations
- Timely turnaround of information to the local offices in accordance with policy
- Making appropriate referrals. (Law enforcement, Foster Care licensing, child care home and center compliance, DIA, community resources, etc.)

Current environment: Intake staff manage approximately 66,000 contacts annually. Of those, 42,500 were accepted for assessment, 17,500 were screened-out, and 6,000 were information and referral only. The State of Iowa's Child Welfare Intake team faces challenges despite having experienced and stable staff with low turnover rates. While the experience of Intake workers positively impacts the consistency and quality of reports, the high call volume, 100% supervisor review process, and the different lens between Assessment and Intake as prescribed by policy results in delays and dissonance between Intake and Assessment.

The Intake workforce is highly experienced, has low turnover, and staff express a high degree of confidence in their understanding and application of screening policies. However, Assessment staff report a disproportionate number of one-hour response priorities assigned, causing stress on the Assessment team. Intake workers feel unable to adjust their conclusions while maintaining policy integrity. Additionally, the transition to remote work has both benefits and challenges. While it increases worker satisfaction and allows recruitment from experienced staff statewide, it can hamper knowledge transfer and communication, particularly in managing queues, shifting staff, and obtaining quick answers to questions.

Latency and system outages significantly impact the Intake unit, further compounded by the rapid turnaround time for reports. A bottleneck in the Intake supervisor review process, due to the volume of intakes and other competing priorities, causes delays in assigning reports to Assessment. While recent changes allowing SW4s to approve and reject intakes provide support, it often requires diverting them from their assigned responsibilities and lacks proper planning.

Delays in routing reports to Assessment for assignment were reported as creating significant challenges for both supervisors and staff. Supervisors shared that reports can, at times wait in a pended status for hours awaiting a secondary review and are often batched to Assessment in the afternoon resulting in significant challenges with timely initiation.

The Intake policy framework appears comprehensive and responsive to current imperatives, emphasizing structured decision-making and policy-driven independence from assessment outcomes. However, differing reports from Assessment workers regarding how that policy is interpreted and applied suggest further clarification is warranted. Monthly meetings between Intake and Assessment supervisors exist, but Intake and Assessment workers are not involved in these discussions.

Recommendation: Develop a consistent and standardized intake process that is responsive to reporters and reduces unnecessary child welfare involvement and trauma.

Strategies:

7.2.1 Develop a More Structured/Formal Intake SDM Tool

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

Developing and implementing a more robust structured decision making (SDM) model and intake tool to support workers in making consistent, equitable decisions to best determine if children can remain safely at home.

While intake policy is comprehensive the tension coming from Assessment combined with the data of screened in reports that are unfounded highlight the differences in interpretations of policy and decision making that result in inconsistencies in the type and pathway of cases being screened in.

Differing reports from Assessment workers regarding how that policy is interpreted and applied suggest further clarification is warranted. There is also a great deal of dissonance between Intake and Assessment related to function, role clarity, policy, and practice.

With this strategy, we would anticipate the following outcomes:

- **Improved Consistency in Screening Decisions.** Because SDM is a data-driven, structured tool it is objectively more consistent than the current decision-making approach made by each individual social worker at each individual report, especially when those decisions rely on unclear policy. When it is used correctly, SDM assists with eliminating human bias and provides methodical guidance about how to proceed with a case. This structured tool will improve the consistency in screening decisions and will reduce the number and frequency of unnecessary intrusions and potential trauma for families.
- **Improved Alignment and Understanding between Intake and Assessment.** One of the most significant current pain points for the organization is currently the friction that exists between Intake and Assessment; much of that friction comes from Assessment who report significant inconsistencies in decisions from Intake (including across single cases and individual workers). An SDM will improve the alignment, transparency, and understanding between these two groups because of the uniformity inherent with the tool.

We would recommend HHS look to realign current screening tools and decision trees to support the SDM. Several of the current tools available to staff (CPS and CINA Intake Decision Tree, Intake Screening Tool, and CINA guidance tool) would need to be consolidated and/or updated to further support development and implementation of an SDM – many could be absorbed into the SDM.

Finally, we would suggest the development of policies to reduce the number of referrals that end in either a ruled out or an unfounded upon completion of the assessment.

7.2.2 Establish a "Warmline" as an Alternative to Intake Referrals

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

In Iowa the highest volume category of abuse is Denial of Critical Care (neglect). Nearly all of these cases have substance abuse and/or domestic violence as the reported concern. HHS should establish a new warmline phone line — and staffing model with a staffing mode to support it — that proactively supports families and provide information on, and referral to, services to reduce the number of families entering or reentering the CPS system through a report to Intake. Through the warmline, HHS is afforded the opportunity to address critical risk factors that can potentially reduce at least some proportion of families who have or are at risk for child welfare involvement. This is different than alternative response in that it is not assigning families down a pathway when entering the child welfare system. The warmline will offer families help and support with a wide variety of needs while "feeling" substantively removed from the child protective services intake process. The warmline can have two entry points:

1. It provides an alternative to CPS Intake when addressing reporter concerns about children that are not at risk of abuse/neglect. This may also include families who have had previous unsubstantiated reports who continue to have new reports made on them. Of course, if a new report is made that has a child or caregiver and fits a category of abuse, HHS need to accept and complete an Assessment. In addition, for families who are already known to HHS and touching the HHS system, and in risk of entry/re-entry to foster care, voluntary prevention pathway services could be more applicable. It is worth noting that there may be some service-level alignment between these and warmline referral services.

2. It can alternatively be marketed directly to/for families to use themselves when they need services or supports and provides an alternative "front door" through which families can access services that may be more comfortable for them and allow them to bypass the child welfare system.

Regardless of entry point, the warmline aims to proactively identify and correct the underlying issues that (could potentially) lead to child welfare involvement. We reviewed warmline, or warmline-like programs in five (5) states (Florida, Louisiana, New York, Oklahoma, and Pennsylvania) to develop the below considerations, including:[52]

- Separating the warmline from the traditional child welfare or Intake organizational structure creates a different power dynamic which is less intrusive and traumatic to families.
- Using lived experience to ground the work, through the staffing model, development of Standard Operating Procedures, and/or operational process development.
- Utilization of staff who are knowledgeable about state and local resources who provide information, referral, and navigation support services to families.
- Establishing clear processes that are designed to identify and support families in or before crisis, not after.
- Implementing an IT system for closed-loop referrals and information provided back to Iowa HHS staff.
- Developing a process to connect all families with resources available through the warmline at the conclusion of Assessments, especially when the allegation is unsubstantiated.
- Thinking broadly, creatively, and beyond the traditional Intake I&R about what "services" are needed by and offered to callers. This can include:
    - More traditional resource and referral needs such as: school supplies, furniture, transportation, car seats, rent support, and accessing (or restoring) SNAP, WIC, Medicaid, and/or child care subsidy benefits. But more intensive services can also be provided to callers.
    - Navigators who can help families to ascertain what help they might even need, coordinate entry/access to those services, and nurture solutioning to address complex issues.

[52] https://www.myflfamilies.com/hopeflorida; https://www.myflfamilies.com/hopeflorida, https://vialink.org/preventing-child-abuse/, https://vialink.org/preventing-child-abuse/, https://okwarmline.org/, https://ocfs.ny.gov/programs/cwcs/hears.php, https://tryingtogether.org/dap/parenting-warmline/

  - Therapists/ Counselors to who are knowledgeable of behavioral health and community/state resources to address mental health and crisis needs.
  - Assignment of a Community Health Worker (CHW) to improve outcomes for families and address critical unmet needs. CHWs are especially adept at helping families to minimize the negative impact of social factors on their children's health both by connecting families to needed health and human services, but also because they are part of the communities they serve.
  - Partnering for more intensive assistance to help addressing school suspensions/expulsions, provide legal services for evictions, breastfeeding support, employment services, Sexually Transmitted Infections (STI) screenings, and a myriad of other needs.

- To be an effective intervention, services must be provided timely, meet the specific needs of the family, not have access barriers, and be aligned with other services (i.e., child care is paired with transportation). In addition, HHS will want to build in a rigorous data collection and evaluation process to determine the efficacy of the model/pilot.
- Whether, and for what components, would HHS engage in contracts to support the warmline.

This model supports families who do not meet the definition of becoming an accepted report but who are at-risk of future child welfare involvement. Making the shift to a more supportive and prevention-focused society can improve well-being and prevent families from coming to the attention of the child welfare system. Whether intended or not, there is a stigma and mentality-shift that comes with being subject to child welfare involvement that can be extremely traumatizing for families and children. By making the shift to a more prevention-focused, and supportive, process for those families whose situation does not rise to the level of acceptance, HHS can lay additional groundwork to improve overall child well-being and prevent more families from formal engagement with the child welfare system.

One way many communities are creating such a shift is by instituting "warmlines" as a strategy to transition toward support and away from surveillance[53]. The warmline offers callers an alternative to the child protective service hotline when addressing community concerns about a child and family. Warmlines are a holistic approach that offer families voluntary help with a wide range of issues, rather than subjecting them to an unnecessary CPS investigation, which can expose the family to additional stress and trauma.

With this strategy, we would anticipate the following outcomes:

- **Reduction in Calls to Intake.** By offering an alternative to the traditional child welfare system for families whose situation does not rise to the level of acceptance, the Department will reduce the number of calls – and overall workload – of the Intake and Assessment team.
- **Decrease in Substantiated Reports of Neglect and Subsequent Reports of Maltreatment.** Through prevention efforts and by connecting families with critical resources, the Department will decrease the frequency with which those families will eventually return, more formally, to the child welfare system. Reductions in poverty-related issues, and improvements in health and stability of families is critical for keeping children out of care.

7.2.3 Improve Timeliness of Completion of Intake and Assignment to Assessment

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

Timely transfers from Child Welfare Intake to Investigations are an invaluable aspect of safeguarding children's safety and well-being. It's impressive to note that the current average transfer time is only 2 hours, despite the policy allowing for up to 12 hours. This achievement reflects the dedication and efficiency of the team involved, as it ensures that

[53] Administration for Children and Families, Doing Things Differently; Shifting from Cultures of Surveillance to Communities of Support (2023) at: https://www.acf.hhs.gov.

cases receive immediate attention and assessment, minimizing potential risks or harm to children.

The positive impact of timely transfers cannot be overstated. By swiftly moving cases from intake to investigations, child welfare agencies can promptly address any safety concerns. This allows investigators to gather relevant information, conduct thorough interviews, and accurately assess the level of risk involved. Early intervention significantly increases the chances of identifying potential abuse or neglect, enabling the implementation of appropriate measures to protect the child.

While supervisors have reported some cases waiting for hours during the review and assignment process, it's essential to recognize the proactive steps being taken to address this issue. The involvement of SW4's in the supervisor review process is a commendable measure that can expedite case assignments and alleviate workload burdens. This collaborative approach ensures that the team can continue to provide efficient services to children and families in need.

In order to maintain both efficiency and quality assurance, it is recommended to modify the current Intake Supervisor review process and implement a representative sample size for approvals while still maintaining review of all denials. Currently accepted reports of abuse and neglect are reviewed by 5 individuals prior to an investigation leading to unnecessary delays in response times.

1. Intake Worker
2. Intake Supervisor or SW4
3. Assigning Supervisor
4. Assessment Supervisor
5. Assessment Worker

By transitioning to a representative sample size for approvals would increase the capacity of supervisors and result in a more timely transfer to Assessment. The change ensures that the review workload remains manageable, and supervisors are available for coaching and mentoring of Intake staff. This strategy maintains 100% review for denied reports as they are not transferred to Assessment for three additional reviews.

In addition, shifting to a representative sample size review of screened-in reports of abuse and neglect will assist in the facilitation timely transfers from assessment and increase supervisor time for mentoring and

coaching. This approach streamlines the process by continuing the focus on thorough review of all denials, which are not transferred to another unit, while ensuring the quality and timely transfer of critical cases for further investigation and intervention. By reducing unnecessary reviews, child welfare agencies can improve response times, allocate resources efficiently, and prioritize the safety and well-being of vulnerable children.

After Intakes are transferred to Assessment, case assignment should be approached with a focus on what is best for the child and family. It is essential to consider various factors that can contribute to the well-being and stability of the individuals involved. In order to make informed and thoughtful case assignments, the following considerations should be taken into account:

1. **Current workload and open assessments:** The number of open assessments on a worker's caseload remains an important factor to consider when making case assignments. Overburdening workers with excessive caseloads can lead to decreased quality of service and increased risk of errors or oversight. The common practice of setting "caseload limits" has proven to be an ineffective strategy due to the inability to staff up when limits are exceeded. A more successful strategy is to know the amount of work needed to be completed on each open case. Numerous C!A studies of open caseloads have consistently uncovered that many cases being carried as open, are either "ready to close" and the worker needs to find time to complete documentation, or "nearly ready to close" with the worker missing only supporting information to support their decisions. Monitoring the work allows supervisors to offer a variety of supports ranging from coaching to assigning support work that does not require a social worker to be completed to administrative support staff.

   Caseload indicators should be developed to ensure timely supports are provided before workers have too many assigned cases that adversely impacts their ability to see families timely. As a general guideline, the appropriate caseload should amount to approximately two weeks of average assignments. Beyond that point, the worker is typically at full capacity.

When average case assignments surge, (typically when schools go back into session or after media attention) supervisors should develop strategies to pull workers from other areas, and monitor workload more closely. One of the largest mistakes child welfare agencies routinely make is to get behind during a surge, and then spend months trying to catch up with no change to staffing or process.

2. **Number of recent assignments:** Considering the number of recent assignments a worker has completed is crucial to ensure equitable distribution of cases. By avoiding excessive consecutive assignments, workers can have the necessary time and resources to complete thorough assessments and provide comprehensive services to families. Distributing cases in a well thought out manner among workers helps prevent burnout and promotes better outcomes for children and families. This should include data beyond the calendar month to ensure time away from the office is not a negative factor in case assignment nor used as a strategy to avoid case assignment.
3. **Number of removals on active caseload:** The number of removals on a worker's active caseload should also be considered during case assignment as this significantly adds to the workload. Workers who have recently handled multiple removals may require additional support or time to recover before taking on new cases. Recognizing the potential emotional and professional impact of removals and allowing for appropriate caseload adjustments ensures that workers can provide the best possible support to children and families in need.
4. **Individual abilities of the worker:** In addition to workload, each worker's unique skills, expertise, and strengths should be considered when assigning cases. Taking into account the individual abilities of the worker can lead to better alignment between the needs of the case and the worker's strengths. Assigning cases based on worker competencies promotes effective interventions and enhances the overall quality of services provided. The goal of case assignment should not be to ensure every worker has received the exact same number of cases but rather to ensure work is distributed in a manner that is best for children and families and meets workers where they are currently regarding performance capabilities. It is the responsibility of supervisors to assist workers in reaching their maximum potential.

Incorporating worker skills into case assignment and considering factors such as workload, recent assignments, and removals, child welfare agencies can promote better outcomes for children and families. This approach ensures that cases are assigned in a manner that optimizes worker capacity, supports worker well-being, and ultimately prioritizes the best interests of the child and family. This is a particular challenge in smaller offices where workers must have a generalist approach, and support is limited. In these offices, a supervisor will be best served by understanding workload and knowing when to offer supports to close those cases where the safety decision has been made.

Iowa's average transfer time of a commendable 2 hours from Child Welfare Intake to Investigations highlights the commitment and dedication of the team involved. The inclusion of SW4's in the supervisor review process is a positive step towards expediting case assignments and enhancing efficiency. Implementing a representative sample size for approvals maintains quality control while optimizing workflow management.

Additionally, every attempt to complete cases as close to a decision as possible and equitably assign new cases timely reduces stress on both families (who receive more timely responses), and staff (who no longer have the burden of incomplete cases on their caseload). These efforts collectively contribute to the agency's ability to provide timely and effective interventions, ultimately promoting the safety and welfare of children in the child welfare system.

Equitable case assignment must be viewed through the lens of the best interests of children and families involved in the child welfare system and supporting the workers that conduct vital safety assessments. Fairness must not be limited to an even number of case assignments per worker but rather include each worker's current capacity, skill sets, and caseload. By considering factors such as the number of open assessments, recent assignments, removals on active caseloads, and individual worker abilities, agencies can ensure that cases are distributed in a balanced and manageable manner among workers.

Equitable case assignment helps prevent excessive workloads and burnout among workers, enabling them to provide quality services and interventions. It also promotes continuity of care and builds trust with families when they have consistent and well-supported workers throughout their involvement with the child welfare system. By prioritizing equitable case assignment, child welfare agencies can enhance outcomes for children and families, foster worker well-being, and improve overall system effectiveness.

With this strategy, we would anticipate the following outcomes:

- **Faster Response and Early Intervention:** Implementing a representative sample size review for approvals during the intake process will expedite the transfer of cases from intake to assessment. This change will improve finding response times and early intervention, allowing the agency to promptly address safety concerns and gather essential information to assess risks.
- **Efficient Workflow and Quality Assurance:** Shifting to a representative sample size review while maintaining review of denied reports will streamline the intake process and improve workflow management. The focus on quality control for denials ensures that cases that do not require further attention are thoroughly evaluated while reducing unnecessary reviews on cases that are screened in for an assessment. This will optimize supervisors' time for mentoring and coaching. This balance between quality assurance and efficient workflow will lead to quicker response times.
- **Equitable Case Assignment and Reduced Workload Burden:** Considering factors such as workload, recent assignments, removals, and individual worker abilities, will result in a more equitable distribution of cases among workers. This approach prevents overburdening workers, reduces burnout, and ensures that each case receives the necessary attention and support. A balanced case assignment, factoring in many realities of the work should promote worker well-being and enhances outcomes for children and families by enabling workers to provide comprehensive and focused services.
- **Improved Outcomes for Children and Families:** The child-centered case assignment approach ensures that cases are matched with workers who possess the appropriate skills and abilities. This alignment between case needs and worker strengths leads to more effective interventions, higher service quality, and ultimately, better outcomes for children and families involved in the child welfare system.
- **Improved Worker Morale and Professional Growth:** By considering individual worker abilities and capacities, agencies will support workers in performing at their best potential. This approach recognizes and nurtures each worker's unique strengths, fostering a sense of empowerment and

job satisfaction. Workers who feel valued and supported are more likely to remain engaged, motivated, and committed to continuous professional growth, resulting in a more skilled and resilient workforce.

- **Strategic Resource Allocation:** Shifting to a representative sample size review for approvals allows supervisors to allocate their time more strategically. This change ensures that supervisors can focus on coaching, mentoring, and supporting intake staff, which, in turn, should enhance the quality of their work.

Expediency without active and ongoing consideration of the impact of policy and practice changes on different populations of kids and families risks introducing or exacerbating disparities or disproportionality. While ensuring timely completion of assessments is critical, it is equally important to ensure decisions made by workers are thoughtful and appropriate.

Research has demonstrated that expediency in decision-making can increase the likelihood of bias. Decision makers who are rushed, stressed, distracted, or pressured are more likely to apply stereotypes – recalling facts in ways biased by stereotypes and making more stereotypic judgments – than decision makers whose cognitive abilities are not similarly constrained[54]. Ongoing monitoring of disaggregated data on assessment decisions can flag the extent to which changes in assessment practices introduce new or exacerbate existing disparities. Additionally, supervisor review and approval can provide a second set of eyes on cases to counterbalance quick, and potentially biased, worker decisions. For this practice to be effective, however, supervisors must be trained on bias and inequities in child welfare and have sufficient protected time for case consultation and review.

Technology and Data Integration (CCWIS):

Goals/Performance Metrics and Plan for tracking and reporting goals/ performance metrics:

- Goal: Ensure consistent and standardized intake process that is both responsive to reporters and reduces unnecessary child welfare involvement and trauma
    - Outcome Measure: Incoming calls and/or reports are referred to the appropriate pathway

[54] Bodenhausen, Galen V., and Meryl Lichtenstein. "Social Stereotypes and Information-Processing Strategies: The Impact of Task Complexity." Journal of Personality and Social Psychology 52, no. 5 (1987): 871–80. https://doi.org/10.1037/0022-3514.52.5.871.

- Decrease the percentage of referrals to the hotline that were categorized as Child Abuse assessments and could have been Family Assessments by 5% within one (1) year
- Increase the number of families that are engaged in prevention services through the warmline from ___% to ___% within in one (1) year (data not available)

- Outcome Measure: The percentage of correctly screened calls assigned to a worker within 2 hours.
  - Key Performance Metrics:
    - Decrease the % of abandoned calls from ___ to ___ within one (1) year (data not available)
    - Increase the number of reports taken by intake and assigned to local offices within one (1) hour to 95% within one (1) year
    - Decrease the minutes of unplanned system downtime from ___ to ___ within one (1) year (data not available)

Estimated ROI & Estimated Cost for Implementation

Intake							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Develop a More Structures/ Formal Intake SDM Tool	Families with children are appropriately triaged to community resources if they need family preservation and family strengthening services.		SW time saved with reduced foster care caseloads	Yes	Yes		Reduce unnecessary assessments and removals
Improve Timeliness of Completion of Intake and Assignment to Assessment	Better response timeliness, less stress on assigners, and better practice		0	1 to X hours	0	0	0

7.3 Assessment

Purpose Statement:
The purpose of Assessment is to evaluate family safety and risk, imminent danger, and determine the appropriate services needed to ensure child safety.

A successful assessment result in:

- Clear identification of the safety issues, risk factors, and needs of the family
- Clear and concise documentation of the Assessment
- Timely next steps for children and families who require ongoing attention and interventions/services
- Timely conclusion of the assessment once safety decisions have been made and in accordance with policy
- Warm handoff into services or to a case manager, as assessed needs are identified.

Current environment: Assessment staff in Iowa handle approximately 43,000 family and child abuse assessments per year. Of those, 36,000 were opened as new reports, which are further categorized into 29,000 child abuse assessments, 7,000 family assessments, and approximately 7,000 are new allegations that come in on current open assessments and are linked to existing reports. Capacity challenges were universally reported resulting in challenges maintaining full fidelity to the safety model, complete and meaningful documentation, and the ability for supervisors to provide quality coaching and mentoring. Pressure to meet deadlines compromises the quality of work and work-life balance, with staff prioritizing initial contact with victim children and families over other tasks. Clear capacity issues contribute to delays in closing assessments and hinder effective workflow. Workers feel that the existing silos and lack of collaboration between units hinder effectiveness and efficiency.

The disparity between the time workers spends on documentation compared to direct engagement with children and families highlights the need for change across the child welfare system. Workers have reported that the current documentation process, designed for complex cases, does not align with the majority of cases, as up to 80% are not highly complex and 70% are ultimately unsubstantiated. As a result, workers find themselves spending significantly more time in front of computers rather than directly interacting with children and families. Additionally, neither workers nor supervisors can add an additional allegation if discovered during the course of an investigation. Leadership believes this has a direct impact on Adoption and Foster Care Analysis and Reporting System (AFCARS) data regarding rates of repeat maltreatment.

The lack of capacity has resulted in a significant increase in turnover, particularly in offices near larger population centers. Workloads and capacity issues contribute to exhaustion, attrition, and declining quality of work. While the desire for regular supervision and mentoring is strong among staff and supervisors, access to supervision, consultation, coaching, and mentoring is limited, with supervisors lacking time for proactive support. The bottleneck created by supervisors in the review and approval process delays the completion of assessments and hampers the use of best practices.

Compounding the issue is the limited engagement supervisors have with the documentation due to capacity challenges and bottlenecks. As a result, the time and effort invested in completing documentation may not yield the necessary guidance and support from supervisors. Supervisors also reported these challenges are also a result of the inability to modify a report of abuse or neglect to a Family Assessment after the worker has had the opportunity to visit the family and speak with meaningful collaterals. This imbalance in workload allocation, with excessive time dedicated to documentation, creates inefficiencies and prevents workers from prioritizing meaningful interactions and interventions with children and families.

Case Managers reported significant challenges with the case transfer process which is consistently not resulting in a warm handoff and often results in delays in access to services and general confusion of the family. Workers reported families sitting in limbo for weeks without access to services and inadequate visitation with their children. Assessment and Case Managers both acknowledged a need for consistency statewide.

Despite these challenges, workers and supervisors demonstrate commitment to the well-being of children and families. Several data points provide insights into the current state of assessments in Iowa, including a substantiation rate of approximately 30 percent, an average of 24.5 days to safety decision and closure, and a low percentage of work in backlog. Additionally, the state has made progress in reducing out-of-home cases by 31 percent. Overall, Assessment in Iowa is striving to balance child safety with preserving the rights of parents and family members.

Recommendation: Develop an assessment process that reduces trauma to families through a holistic quality assessment that leads to equitable and timely safety decisions resulting in the least intrusive and most culturally appropriate level of agency involvement.

Strategies:

7.3.1 Build a Central Consult Model that Combines Consultation and Documentation

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

The keys to regaining capacity include successfully triaging each report and then setting a clear path to closure based on the specific needs of each type of child. Screened-in priority reports will still come to Assessment from Intake and will need a timely investigation period that should culminate in a child falling into one of three categories:

1. Clear Safe – In accordance with the current safety model, the Assessment worker discovers no signs of abuse or neglect, no heightened risk factors, and no need for further state involvement.

2. Clear Unsafe – There are clear indicators that the child is not safe in the current environment and immediate action needs to be taken to mitigate safety and risk factors. The vast majority of Substantiated cases are known within the first visit.

3. Need More Information – After the initial safety staffing, there is not enough evidence to determine child safety and further assessment must be conducted.

This triage, which already happens informally, can be used to determine three different paths to closure which follow the current safety model and assure timely consultations and closure.

1. **Path 1 - Clear Safe:** When an Assessment worker believes they have a clear safe decision, they will place a call to a central call center staffed by experienced supervisor-level workers, available during regular working hours, to conduct a staffing and document their findings as soon as the worker is ready. This process will result in either the closure of the report, clear direction on next steps needed to close, or redirection to a local supervisor. The goal of Path 1 is to close up to 65% of Safes during the first call and in the first five working days.

2. **Path 2 - Clear Unsafe:** When an Assessment worker comes to an unsafe, or substantiated safety decision, they follow path two. This path directs them to a staffing with their local supervisor. Because services, legal, and court requirements can vary between areas, it is important that these children be staffed locally and that immediate supervisors are available for consult, coaching, and final decisions. This process is much like it is done today.
3. **Path 3 - Need More Information:** While the worker continues to assess the family and collect their supporting material, they will work with their local supervisor for direction and mentoring until a time they feel they can make a safety decision. To ensure that no case sits, safeguards will be put in place to make local supervisors aware of all assessments/investigations going more than five days without an initial staffing. This provides them with the ability to quickly inquire about these cases and determine next steps based on the family. When a worker feels they are ready to present a safety decision, they can staff locally, or call the central unit for safe cases. Once the case is closed, staff will still need to assure proper referrals for support services, as potentially identified during the assessment are made promptly.

The benefits of the three-path approach include significant time savings and improved quality of decisions and consistency of documentation. The team, who reported that the average safe assessment takes 12.5 hours, estimates that Path One will reduce work time to an average of 9.5 hours by combining staffing with documentation. This also aligns with other states using this model as a small group can become experts in completing documentation in a shorter amount of time. This savings frees up time for workers to spend with families that need them the most, and states have seen a 15%-30% increase in in-home preventative services when this time is returned to the worker.

There is no significant change to the workload on Path Two and Three as these steps are all critical to making a final safety decision and determining next steps.

Implementing a central consult model could yield a significant capacity increase allowing workers more time for quality decisions and documentation. With a smaller, supervisor-level staff conducting consultations, the change team suggests live quality assurance steps be instituted in order to monitor compliance with the state's safety model

and correct behavior at the time of staffing and not months after a case has closed.

Documentation will improve as this highly experienced central staffing unit hones their skills and captures the most pertinent information in a way that is of value to the end user. By reducing their workload to only consultations and documentation, these units will become experts in the safety model and the needs of our various stakeholders.

As safe children are closed in a more-timely process, workers will see an immediate relief from their high caseloads. By reducing open cases, this process will eliminate all non-assessment work associated with open cases, and those critical hours can be dedicated to families where a safety decision has not yet been reached.

Supervisors also reap the benefits of central staffing units by no longer spending time staffing and reviewing documentation for these cases. If Iowa kept the same supervisor to staff ratios, supervisor would collectively have 12,000 hours of work taken off their responsibilities and transferred to a central unit. (Time was calculated using the team's reported average time a supervisor spent on these tasks multiplied by the volume of cases that would likely use this path.) This time could be used to manage workload and improve coaching, mentoring, and consulting on unsafe families. The ability to concentrate in these areas will reap benefits in the quality of the work and long-term development of staff. In other areas, this dedication to substantiated reports has jump-started the "Family First" initiative by allowing staff the time to work toward finding the best solutions for children and not rushing to find new placements due to time constraints.

The family also benefits by knowing the outcome of their report quickly. For many families, the stress of an open investigation is tremendous, and the longer it stays open, the greater the stress level is.

Statewide, approximately 9 supervisor level positions would be needed to operate a central staffing which would staff all Path One reports. Using a staffing guideline, this unit would staff the call, document the findings and, when in agreement with the Assessment worker, close all of the required documentation. The goal is to combine the clinical staffing, review, and documentation steps into a 45-minute phone call and closure. (16,260 calls *45 minutes = 12,195 hours of work /1500 work hours per year = 8.13 FTE). Note: There are four states using this model and have an average call and closure time of 45 minutes or less.

During consultations, this unit will determine if additional collaterals and references are needed based on the family circumstances. This change may be concerning to some current supervisors who currently make the collection of all records mandatory for all assessment/investigations. However, the burden of justifying the safety decision is ultimately on the Central Consultation Unit and the discretion should be theirs as well.

Using data from four states currently using this model, approximately 80% of central staffing conclude at the initial contact. If that percentage held true in Iowa, 13,000 cases should close on the first call. The hope is that approximately five working days after assignment, the child of concern has been seen and the report is ready for staffing. For those unable to call within the five working days, a system to track open work and assure timely closure will be established.

Implementing the Central Consult Model in Child Welfare Assessment is a highly recommended strategy for the state of Iowa due to its potential to bring significant improvements to child welfare assessments. This model offers a streamlined approach to handling assessments, resulting in timely answers and reduced stress for families involved. This model has proven results in three other states with remarkable outcomes.

The Central Consult Model not only enhances efficiency but also improves the quality of decisions and documentation. Through centralized consultations, the model leverages the expertise of supervisor-level workers to provide guidance and support to Assessment workers, resulting in well-informed decisions. This collaborative approach fosters consistency in decision-making, reduces the burden on Assessment workers, and allows for timely closures of cases. By adapting this model, Iowa can optimize its resources, enhance the quality of services provided to children and families, improve consistency statewide, and create a more effective and efficient child welfare system overall.

With this strategy, we would anticipate the following outcomes:

- **Timely and Informed Case Closures:** Implementing the Central Consult Model will lead to more timely and well-informed case closures. The streamlined approach to handling assessments, along with the involvement of experienced supervisor-level workers, will ensure that cases are promptly reviewed, consulted upon, and closed as close to a decision as possible. This will alleviate the stress for families by providing them with timely outcomes, reducing the uncertainty and anxiety associated with open investigations.

- **Enhanced Quality of Decisions and Documentation:** The Central Consult Model brings together the expertise of supervisor-level workers to provide guidance and support to Assessment workers. This collaborative approach will result in more well informed decisions. The documentation process will improve as the central staffing unit becomes adept at capturing pertinent information in a way that is valuable to end users. The quality of the documentation is also enhanced due to the reduction in elapsed time from activity to data entry. Consistency and accuracy in documentation will improve the overall quality of the child welfare assessments.
- **Optimized Resource Utilization:** By centralizing consultations and documentation through the Central Consult Model, Iowa can effectively optimize its resources. Supervisor-level workers in the central unit can handle consultations and documentation, allowing Assessment workers to focus on their core responsibilities. This redistribution of tasks will lead to better time management, improved case quality, and reduced workload burdens on Assessment workers.
- **Reduced Stress for Families:** The swift closure of cases through the Central Consult Model will alleviate the stress experienced by families during open investigations. Families will benefit from knowing the outcome of their report quickly, allowing them to move forward and reduce the emotional burden and trauma associated with ongoing uncertainty and involvement with child welfare agencies.
- **Improved Worker Support and Development:** Assessment workers will benefit from the support provided by experienced supervisor-level workers in the central unit. This mentorship and coaching will contribute to the professional growth of Assessment workers, enhancing their skills and competencies. Local supervisors will also have much more dedicated time for coaching and mentoring and will be able to support the development of their staff more effectively, ultimately leading to a more skilled and confident workforce.

- **Consistency in Decision-Making:** The Central Consult Model promotes consistency in decision-making across the child welfare system. Supervisor-level workers in the central unit will ensure that every assessment is thoroughly reviewed, and decisions are well-founded. This consistency will improve the overall quality of child welfare services, increase trust among stakeholders, and contribute to better outcomes for children and families.
- **Increased Compliance and Quality Assurance:** The Central Consult Model will allow for live quality assurance steps during staffing, leading to immediate corrections and guidance for assessment workers. This proactive approach to compliance monitoring will ensure that assessments adhere to the state's safety model, enhancing the quality and accuracy of assessments, decisions, and documentation.
- **Strategic Focus on Family Well-Being:** The model's emphasis on moving decisions, staffings, and documentation closer together allows workers and supervisors to allocate more time to finding the best solutions for families that need more support. This shift toward a "Family First" initiative can lead to more thoughtful interventions, improved family engagement, and long-term positive outcomes for children and families involved in the child welfare system.

The staffing guide that would be designed to support the Central Consult team's decision-making should be designed to promote equitable assessment findings. Additionally, monitoring disaggregated data at least quarterly will be critical to ensure that this new process does not unintentionally produce or exacerbate inequities for child or family subpopulations.

7.3.2 Develop Differential Documentation for Safe Cases

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•		•	•	

Designing the documentation for the intended end user is critical to the success of the Central Consultation Unit. While the information does not change fundamentally for substantiations, Path One documentation should mirror the safety staffing and clearly capture the desired information detailed by Intake and Assessment focus groups: “Why did we go out?” and “What did we determine?”

The revised documentation should focus on the protective and risk factors that are relevant to the family, and not capture every detail of the staffing as a means of showing work or justifying why factors were not present. Central Consultation should be well trained on what to capture and live Quality Assurance can be used to assure consultations are thorough and complete.

Experienced, front-line staff are busy juggling multiple unsafe cases and trying to train and support new employees. While the current system does not limit staff, but it does not encourage staff to move safe, non-complex cases forward to closure. From an CPW’s perspective, documentation of a Child Abuse Assessment or Family Assessment, regardless of outcome, is fairly similar, but while unsafe cases will likely transfer within the first week, the Safe cases will stay open for 20 business days and most likely in both cases the safety decision was made in the first few days.

The designated supervisory case closure team represents an avenue for Assessment Worker’s to get safe cases off their caseload and will result in more time to spend on the investigations that do need to take 30 days. The team recommends developing documentation designed for safe children and families which represent 70% of the Assessment workload.

Designing documentation for the intended end user is critical to the success of the designated supervisory closure team to assure consistency, capture the story of the family, and add the ability to offer live Quality Assurance that can be used to assure case conferences are thorough and complete.

From a family's perspective, parents may be up every night worried about an open investigation, being traumatized by the system. Creating a timely closure and notification option for safe, non-complex cases will help reduce unnecessary pressure on employees as well. This option would help Assessment Worker's close out a safe case prior to deadline pressure, allow time to work with families who are not safe, and reconnect with their reasons and passions that led them to this work in the first place. Additionally, not having data entry tasks for Assessment Workers, when they reach out to the dedicated closure team reduces stress and enhances productivity.

From the perspective of Assessment Worker's, the current documentation process lacks incentives for closing safe cases promptly, in fact there is an inverse incentive to possibly keep safe cases open so as to not be assigned any new cases. As a result, these cases often remain open for the full 20 business days, leading to unnecessary delays and increased caseload pressures, and continued trauma overlayed on families. By developing dedicated documentation for safe cases, 70% of the workload, and establishing a supervisory closure team, Assessment Workers can expedite the closure process for safe cases, freeing up time to focus on more complex investigations.

This approach not only benefits the Assessment Workers but also alleviates unnecessary stress on families, as they can experience timely closure and notification, providing them with peace of mind. Additionally, removing data entry requirements for Assessment Workers when contacting the dedicated closure team improves productivity during regular business hours and reduces the need for excessive documentation catch-up.

Implementing the strategy of developing differential documentation for safe cases in Child Welfare Assessment could be highly beneficial for the state of Iowa.

Firstly, it will significantly improve efficiency and resource allocation. By streamlining the documentation process specifically for safe cases, Iowa allows for a more targeted and focused approach, ensuring that resources are appropriately allocated to cases that require more intensive investigation and support. The dedicated supervisory closure team will play a vital role in expediting the closure process for safe cases, enabling Assessment Workers to devote more time and attention to complex investigations.

Secondly, this strategy will enhance the well-being of families and improve their experience within the child welfare system. Timely closure and notification for safe, non-complex cases alleviate unnecessary pressure and anxiety on parents who may be concerned about an ongoing open investigation. By promptly closing these cases, after a decision has been made, families can experience a sense of relief and assurance, knowing that their case has been thoroughly assessed and deemed safe.

This approach also allows Assessment Workers to reconnect with their passions and motivations in their work by providing them with more time and energy to focus on cases that require their expertise and attention.

Ultimately, implementing this strategy improves the overall effectiveness and responsiveness of the child welfare system in Iowa, benefiting both families and professionals involved.

With this strategy, we would anticipate the following outcomes:

- **Improved Documentation Tailored to Customer Needs:** By creating differential documentation specifically designed for safe cases, Iowa's Child Welfare System will provide more targeted and relevant information to the end users of approximately 60-70% of cases (using the provided full year data; 5,657 Family Assessment would end in no further intervention, plus 20,323 non-confirmed Child Abuse Assessments = 73% of the total combined assessments. While some of these families would require more time and may likely receive voluntary services, the documentation could be used on all non-confirmed/ founded cases.) The documentation will continue to focus on key protective and risk factors that are pertinent to the family's situation. This tailored approach will ensure that the necessary information is captured efficiently, enabling more concise and tailored documentation. The documentation will provide a clear narrative that addresses the questions of "Why did we go out?" and "What did we determine?" for safe cases, enhancing the quality and usefulness of documentation for those involved in the assessment process.
- **Less Time in Front of a Computer, More Time with Children and Families:** Implementing differential documentation for safe cases will reduce the amount of time workers spend on documentation tasks. The streamlined approach allows staff to complete documentation more efficiently, freeing up valuable time that can be dedicated to direct interactions with children and

families. With less time spent on paperwork, Staffs can engage in meaningful conversations, assessments, and interventions, leading to improved family engagement, support, and outcomes. This will allow workers to reconnect with the reason they came to work for the state in the first place, to help children and families.

- **Improved Consistency in Documentation Statewide:** The strategy of developing differential documentation for safe cases will promote improved consistency in documentation practices across the state. The standardized approach ensures that all safe cases are documented in a uniform manner, capturing essential information, and reducing variability in documentation quality. This consistent documentation style will lead to clearer communication, better understanding, and improved collaboration among stakeholders involved in the child welfare system.
- **Enhanced Family Experience and Engagement:** Implementing a differential documentation approach that prioritizes timely closure and clear communication for safe cases showcases Iowa's commitment to family-centered services. Families will experience transparency, timely closure, and reduced stress. This approach builds trust and confidence among families, stakeholders, and the public, fostering positive perceptions of the child welfare system. Families will benefit from timely closures and notifications for safe cases, reducing unnecessary stress and uncertainty. Families will also experience more consistent documentation statewide. Assessment Workers will have more time to engage with families, building trust, and forming strong relationships. The enhanced focus on meaningful interactions will contribute to positive family engagement and improved outcomes for children and families.

While this strategy does not have any external agency dependencies. This would require dedicated resources in IT to develop differential documentation into CCWIS.

When implementing this approach, training and guidance should be provided to ensure workers use non-biased considerations when evaluating protective and risk factors. Additionally, regular monitoring of disaggregated assessment data and quality assurance is recommended to ensure documentation supports findings.

7.3.3 Standardize an Expedient Family Handoff Within 5-days

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
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The team reported when transferring an ongoing case, the expectations are not clear in each service area regarding the responsibilities of the Assessment worker and the Social Work Case Manager. Assessment workers reported feeling "bogged down" with ongoing work for pending transfers while trying to manage incoming investigations. The investigation and ongoing worker roles are swirled together, and investigators are doing non-investigative work due to delays in transferring cases to ongoing staff. Team members also reported this creates confusion for the family regarding who is doing what in their case. However, there are some areas in the state where transfers go smoothly, and we recommend the state standardize that process consistently statewide. Some examples of where this is working relatively well was found in Ottumwa as well as in more rural offices where they had more mixed style teams. Where the work was more specialized, the tensions between investigation and case management was more apparent.

The Team recommends Assessment Workers consistently transfer to In-Home Case Management at the Solution Focused Meeting (SFM) with the standard checklist that is utilized statewide.

There was concern that if the transfer occurs too soon, the Court may not agree, and this would cause unnecessary work. The team shared that based on historical court agreement rates, petitions are almost universally accepted by the county's judicial partners, so this impact would be very minimal.

An earlier transfer has benefits for families such as better relationships and timely support, access to services sooner, and ultimately less time between the presence of safety/risk factors and the family's ability to demonstrate change and no longer requiring state intervention. Another benefit is Assessment Worker's spend less time on non-investigative tasks and less time out of rotation. This will reduce rework and duplications for and improve the family's engagement for the case manager. Additionally, this will assist with consistent, quality, and timely transfers.

By standardizing the transfer process statewide, utilizing a checklist at critical stages such as TDM/FTM or the Preliminary hearing, the handoff can occur smoothly and efficiently.

The benefits of an earlier transfer are significant for families involved in the child welfare system. It allows for better relationships and timely support, ensuring families have access to necessary services sooner. This reduces the time between the presence of safety or risk factors and the family's ability to demonstrate positive change, ultimately decreasing the need for ongoing state intervention. Moreover, an earlier transfer reduces the burden on the Assessment Worker, freeing up their time to focus on investigative tasks. This streamlined approach minimizes rework, enhances family engagement with the Social Worker Case Manager, and ensures consistent, quality, and timely transfers throughout the state. By implementing this strategy, Iowa can improve the overall effectiveness and efficiency of the child welfare system, benefiting both families and child welfare professionals.

With this strategy, we would anticipate the following outcomes:

- **Clear Roles and Responsibilities during Case Transfers:** By standardizing the case transfer process statewide and implementing clear checklists at critical junctures, the confusion surrounding the roles and responsibilities of Assessment workers and Social Work Case Managers will be eliminated. This clarity ensures that both investigation and ongoing worker roles are distinct, leading to smoother transitions and more focused efforts on respective tasks. Families will have a clear understanding of who is responsible for their case at each stage, enhancing communication and collaboration. The implementation of a standardized expedient family handoff ensures uniform practices across the state. This consistency leads to higher-quality case transfers, improved collaboration between Assessment workers and Social Work Case Managers, and timely access to essential services for families. This streamlined approach enhances the overall effectiveness of the child welfare system in Iowa.
- **Minimized Gaps in Services and Continuous Family Support:** The standardized expedient handoff approach reduces the potential for gaps accessing services as cases transition from Assessment to Ongoing Case Management. This continuity of support translates to uninterrupted assistance for families in

need. By addressing the handoff promptly, families experience consistent and timely engagement with case managers, reducing the potential for safety or risk factors to worsen during transitional periods.

- **Timely Access to Services for Families:** Standardizing an expedient family handoff within five days ensures that families gain access to essential services sooner. This accelerates the provision of support, interventions, and resources, promoting positive change and improvement within the family environment. Families can begin working toward their goals and demonstrating positive changes more quickly, leading to a reduced need for ongoing state involvement.
- **Reduced Case Management Tasks for Investigation Assessment Workers:** A prompt handoff from Assessment to ongoing case management results in Assessment Workers spending less time on non-investigative tasks related to ongoing cases. This reduces the likelihood of Assessment Workers being pulled away from their investigative responsibilities, improving their focus on core duties and preventing the need for rework. As a result, Assessment Workers can maintain their rotation and contribute more effectively to case investigations.

7.3.4 Local Offices Can Modify Child Abuse Assessment to Family Assessment

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
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Granting assessment supervisors the authority to modify a report of abuse or neglect from a Child Abuse Assessment to a Family Assessment during case consultation is a positive step towards ensuring appropriate and effective intervention in child welfare cases. This empowerment allows supervisors to exercise their expertise and judgment in determining the most suitable level of response based on the specific circumstances of each case. By utilizing their knowledge and experience, supervisors can differentiate between situations that warrant a higher level of intervention and those that may be better addressed through a less intrusive approach. This approach is not a change in the administrative rules as much as is permission for the supervisor, once they have a more complete picture of the family situation to apply the rules locally instead of going back through Intake. The logic behind the idea is that the agency learns more once they meet the family than Intake can collect on a phone call, and based on the new knowledge, new direction could be taken.

Additionally, providing Assessment Supervisors with the ability to add a new allegation to an open investigation without necessitating a new report to central Intake is a practical and efficient solution. This enhancement streamlines the process, eliminating unnecessary administrative steps and reducing delays in addressing pertinent issues that may arise during the course of an ongoing investigation. By allowing supervisors to directly include new allegations, the agency can ensure that all relevant information is promptly considered, enhancing the accuracy and comprehensiveness of the investigation.

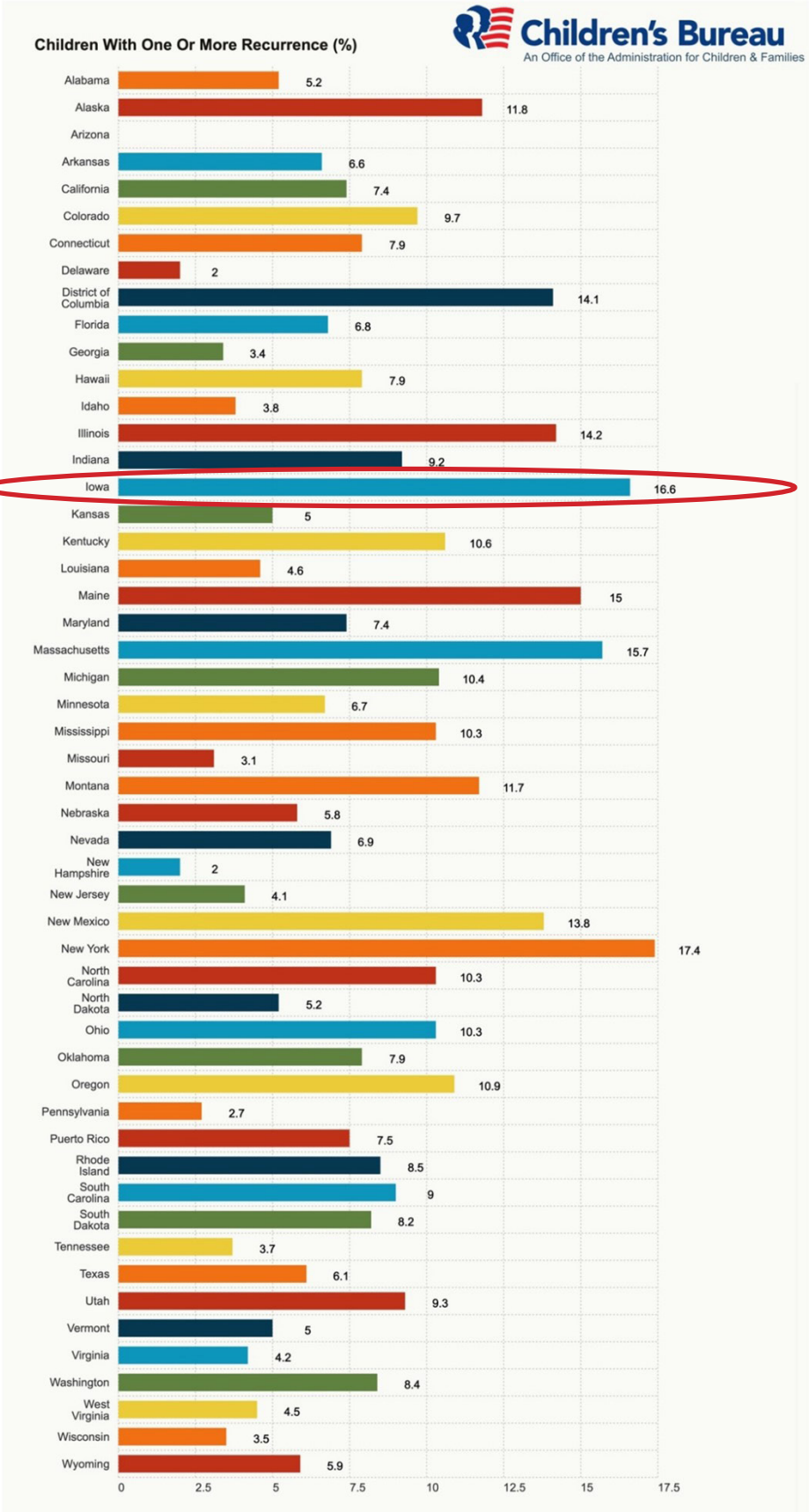
It is important to acknowledge that the current inability of local supervisors to add new allegations may be contributing to the high repeat maltreatment percentages experienced by the state, currently standing at 16.6%—the second highest rate in the nation. Eliminating obstacles and granting Assessment Supervisors the authority to address this dynamic

proactively can lead to a substantial reduction in the annual number of cases, which currently represents around 7,000 cases per year due to this limitation. This change will allow supervisors to effectively respond to evolving circumstances and take appropriate action to protect vulnerable children, ultimately working towards lowering the rate of repeat maltreatment. Currently, repeat maltreatment in Iowa is most often the result of substance use/abuse related to the denial of critical care, followed by another founded case of denial of critical care.

Granting Assessment Supervisors the authority to reassign the pathway of a report from a Child Abuse Assessment to a Family Assessment and the ability to add new allegations to open investigations is a progressive approach in child welfare practice. These enhancements enable supervisors to exercise their expertise, tailor interventions based on the specific needs of each case and ensure efficient and effective responses. By addressing limitations that contribute to high repeat maltreatment rates, the agency can work towards improving outcomes for children and families, promoting their safety and well-being.

This strategy leverages the increased knowledge of the Assessment worker and supervisor and will enhance the agency's ability to intervene appropriately and effectively in child welfare cases based on the best information available. By leveraging the expertise and judgment of supervisors, the agency can ensure that the level of response aligns with the unique circumstances of each case, striking a balance between intervention and preserving family integrity.

Furthermore, enabling supervisors to directly add new allegations to ongoing investigations eliminates unnecessary administrative steps and reduces delays in addressing emerging issues. This streamlined approach not only enhances the accuracy and comprehensiveness of investigations but also improves efficiency in handling evolving circumstances. The current inability of local supervisors to add new allegations may be contributing to the high repeat maltreatment percentages in the state. By removing this barrier and empowering supervisors to proactively address emerging concerns, the agency can take proactive measures to protect vulnerable children and work towards reducing the rate of repeat maltreatment.


Children With One Or More Recurrence (%)
Children's Bureau
An Office of the Administration for Children & Families
Alabama 5.2
Alaska 11.8
Arizona
Arkansas 6.6
California 7.4
Colorado 9.7
Connecticut 7.9
Delaware 2
District of Columbia 14.1
Florida 6.8
Georgia 3.4
Hawaii 7.9
Idaho 3.8
Illinois 14.2
Indiana 9.2
Iowa 16.6
Kansas 5
Kentucky 10.6
Louisiana 4.6
Maine 15
Maryland 7.4
Massachusetts 15.7
Michigan 10.4
Minnesota 6.7
Mississippi 10.3
Missouri 3.1
Montana 11.7
Nebraska 5.8
Nevada 6.9
New Hampshire 2
New Jersey 4.1
New Mexico 13.8
New York 17.4
North Carolina 10.3
North Dakota 5.2
Ohio 10.3
Oklahoma 7.9
Oregon 10.9
Pennsylvania 2.7
Puerto Rico 7.5
Rhode Island 8.5
South Carolina 9
South Dakota 8.2
Tennessee 3.7
Texas 6.1
Utah 9.3
Vermont 5
Virginia 4.2
Washington 8.4
West Virginia 4.5
Wisconsin 3.5
Wyoming 5.9
0 2.5 5 7.5 10 12.5 15 17.5

With this strategy, we would anticipate the following outcomes:

- **Tailored and Effective Interventions:** Granting Assessment Supervisors the authority to modify Child Abuse Assessments to Family Assessments empowers them to exercise their expertise in determining the appropriate level of intervention for each case. This results in interventions that are better aligned with the unique circumstances of families, ensuring that the response is tailored, effective, and relevant to their needs.
- **Efficient and Streamlined Process:** Allowing Assessment Supervisors to add new allegations to open investigations without requiring a new report to central Intake streamlines the process. This enhancement reduces unnecessary administrative steps and delays, enabling supervisors to promptly address emerging concerns. The result is a more efficient workflow that ensures relevant information is considered without unnecessary bureaucratic hurdles.
- **Reduced Repeat Maltreatment Rates:** The current limitation on adding new allegations may be contributing to the high repeat maltreatment rates in the state. By enabling supervisors to proactively address emerging concerns and take appropriate actions, the agency can significantly reduce the number of additional reports stemming from this limitation. This proactive approach can lead to a decline in the rate of repeat maltreatment, improving outcomes for vulnerable children and families.
- **Enhanced Accuracy and Comprehensiveness:** Allowing Assessment Supervisors to add new allegations directly to ongoing investigations enhances the accuracy and comprehensiveness of the investigation process. This change ensures that relevant information is promptly included, enabling a more thorough understanding of the case and enabling more informed decision-making.
- **Balanced Approach between Intervention and Family Integrity:** With the ability to modify assessments, supervisors can strike a balance between necessary intervention and preserving family integrity. This approach allows for more nuanced decision-making that takes into account the unique dynamics of each case, resulting in interventions that are both supportive and respectful of families' needs.

While this strategy does not have any external agency dependencies. This would require dedicated resources in IT to develop this functionality into CCWIS.

This strategy can be especially powerful in mitigating any bias from an initial assessment finding. For this practice to be effective, however, supervisors must be trained on reducing disproportionality in child welfare and have sufficient protected time for case consultation and review.

Goals/Performance Metrics: Plan for tracking and reporting goals/ performance metrics:

- Goal: Reduce trauma to families through a holistic quality assessment that leads to equitable and timely safety decisions resulting in the least intrusive and most culturally appropriate level of agency involvement. Ensure families are not waiting on the department after decisions have already been made
    - Outcome Measure: The average number of days from safety decision to assessment closure and/or case transfer
        - Key Performance Metrics:
            - Decrease the number of days from safety decision to case closure and/or transfer from 24.5 Business Days[55] to 15 Business days within one (1) year
            - Equalize the ratio of time assessment workers spend with a family to administrative functions from 1:6 hours to 1:1 hour within one (1) year.
            - Decrease average assessment caseload size from 24.3[56] to 8-10 (based on result in other states when fully using proposed strategy) by December 2025.
            - Decrease the percentage of children in out-of-home placements after 60 days from ___ to ___ within one (1) year. (data unavailable at the time of report)

[55] NCANDS

[56] VERN SW3

Estimated ROI & Estimated Cost for Implementation

Assessment							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Build a Central Consult Model that Combines Consultation and Documentation	Reduce case-loads size to 2 weeks incoming and reduce time to close to 15 days. More time for workers to spend on the families that need us most.	Dependent on the implementation strategies chosen by the state. Indiana had no new costs as they moved existing supervisors into the central unit and adjusted the ratio of supervisor to worker to account for the time savings. Idaho hired all new positions to staff the unit, and therefore had new costs	60,969 hours (20,323 safe referrals X 3 hours)	6,774 months per year (10 days X 20,323 number of referrals)	6,774 months per year (10 days X 20,323 number of referrals)	0	To achieve the same results though the hiring of more staff, the state would need to invest $3.64M ($95,824 worker costs X 38 (1604 hours per Employee)
Develop Differential Documentation for Safe Cases	Same 10 days		Calculated above	10 days X number of referrals	10 days X number of referrals	0	Calculated above
Standardize an Expedient Family Handoff within 5-days	Allows assessment/ investigation to focus on their specific tasks and see the next family, reduce rework, assure case management eyes on the child as soon as possible.			Difference between 5 days and today's handoff	0	0	0
Local Office Can Change from Child Abuse Assessment to Family Assessment	Minimize unnecessary risk-aversion practices, shift control closer to those individuals who directly interact with the family and possess the most information		2,032 hours per year the team estimated that 20% of non-confirmed/ unfounded could be moved to Family Assessments – this saves an estimated 30 minutes on the documentation differences between types.	Difference in closure times (not available)	Difference in closure times (not available)		To get the same results, the state would have to spend $121,411 on more staff. ($95,824 worker costs X 1.67 FTEs

7.4 Case Management

Purpose Statement:
The purpose of Case Management is to coordinate services, support, guidance, and interventions to ensure well-being and safety, and facilitate permanency to support thriving children and families.

A successful Case Management system results in:

- Family connections being preserved and strengthened.
- Engagement and assessment of needs for families.
- Clear and timely documentation related to progress and barriers.
- A clear and concise case plan that is collaboratively developed with the family and supports that includes conditions for reunification and case closure with anticipated completion dates.
- The right children in the right level of care, for the right amount of time.
- Timely selection and coordination of appropriate services.
- Consistent and targeted support for families.
- Timely and informed permanency recommendations for the courts.

Current environment: Child Welfare Case Management staff in Iowa work with approximately 15,000 cases per year and are currently facing significant capacity challenges. The current environment of Child Welfare Case Management in Iowa is characterized by high turnover, inadequate staffing, heavy workloads, inconsistent application of policies and practices, and challenges with court systems and contracted providers. These issues hinder the timely and effective handling of cases, resulting in longer stays in foster care and delayed permanency for children.

Ongoing Case Management has the highest turnover rate overall and the highest number of staff with less than one year of experience. The turnover and lack of experienced workers contribute to increasing delays in children reaching permanency, with reunifications taking an average of almost two years to complete and adoptions almost 3 years. The classification and compensation of Case Managers is also lower compared to other social workers in the state and is a significant contributor to the turnover rate and lack of experienced staff. The impact is significant resulting in nearly 5,050 children having at least one new caseworker prior to their permanency decision.

Capacity issues and workload overwhelm the Case Management unit, with SW2s having caseloads of 25 children on average. Staff shortages, excessive and duplicative documentation, and geographical coverage result in more work than can fit into a 40-hour work week and significant challenges to conducting meaningful work with families. As a result, staff and supervisors report a lack of quality and appropriateness

of case plan documentation which has the potential to delay permanency for multiple months. Supervisors report significant rework in this area resulting in challenges in completing other job responsibilities and limiting the frequency and quality of ongoing case consultations. Workers in focus groups all stated they had cases open currently that were ready to close but simply did not have the time to work with the families or complete the documentation necessary to cross the finish line.

Handoffs between Assessment and Case Management, as well as Case Management to Adoption, create tension, loss of quality, and delays in accessing services and achieving permanency for children. Inconsistent control of cases by courts and contracted providers is also a concern. The courts often set the direction and pace of cases, and court requirements can be duplicative and unhelpful to families. Case Managers also reported limited access and significant delays to appropriate and meaningful services and a general lack of assistance from contracted providers resulting in extended family intrusions.

The current state of case management staffing in Iowa reveals significant challenges and inconsistencies. There is wide variation in the frequency and type of supervision, leading to uneven access to support and consultation from supervisors. Best practices related to supervision are not consistently followed, with supervisors openly admitting to inconsistent practices and falling short of minimal requirements. This lack of consistency is particularly evident in case consultation and staffing, where there is a failure to provide a standardized approach in reviewing next steps for families. These shortcomings highlight the need for a more structured and consistent approach to case management staffing in order to ensure that families receive the necessary guidance, support, and clarity in their journey towards achieving positive outcomes.

Recommendation: Develop equitable and consistent case management practices that promote child safety, concurrent planning, expedient permanency decisions, and wellbeing.

Strategies:

7.4.1 Develop a Case Set-up Unit

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

During the mapping process, the team discovered it takes approximately 27 hours to set up a case management case upon assignment. Though this time includes many vital case activities, it is more work than time

available because it should be completed in fewer than 60 days while managing an ongoing caseload. The team noted that this experience is especially difficult because case assignment is unpredictable, making every assignment a work crisis in nature and at the expense of other cases on their caseload. Despite these challenges, the team agreed the work is necessary because the success of a foster care case largely rests on the shoulder of the Case Manager to assure comprehensive case setup activities, including the development of a clear case plan, building rapport with the family, and finding/engaging relatives for concurrent planning.

The team recommends the creation of a Setup Unit comprised of experienced staff with expertise in gathering pertinent case information, completing documentation, supporting comprehensive family searches, and completing the case plan with clear conditions to return home and estimated completion dates. This unit would be assigned to the case at the same time as the Case Management, and the Case Manager and Setup Unit would work collaboratively with clearly defined roles. During this time, the Case Manager could focus on child and family intensive services, such as building a relationship, appropriate foster or relative placement, and referring for services, while continuing to manage other caseload activities and appointments. While the case manager is doing that work, the designated case set up staff would focus primarily on administrative tasks to support the placement by meeting directly with the parent(s), collect all essential information and ensure all elements of the case meet a high standard of accuracy, consistency, and uniformity, which would apply statewide.

The goal of the Setup Unit, is to meet with the family as one specific task as well as gather all necessary information for the case record, to build a comprehensive family picture, and to complete the Case Plan. The Setup Unit would clearly articulate in the Case Plan the safety concerns preventing the child(ren) from returning home and identify clear conditions to return home with an estimated date of completion. The expertise in this unit would create statewide consistency in the articulation of safety concerns, conditions to return home, and the completion of the Case Plan. The team also felt like there would be benefit in including the Case Set-up Specialist in a staffing prior to the 12-month hearing to provide additional perspective regarding current progress related to the initial Case Plan.

The team felt it important to have an additional set of eyes on cases where children have not reunified, and the case is approaching 10

months. In these circumstances, cases should be staffed with the supervisor and the Case Set-up Specialist at the 10-month mark to prepare a permanency recommendation for court. This would allow the state to compare current progress with the initial Case Plan. Also, this should help provide direction to begin preparing any necessary paperwork and begin the TPR packet prior to the 12- to 15-month mark, preventing delays in permanency.

The team also sought to ensure permanency conversations are happening upfront. Though the percentage of parents who choose not to engage in service planning is low, the team agreed that there are cases where parents disengage from the process immediately. The team recommended Case Set-up Specialist, when necessary and appropriate, have a conversation about all permanency optioins no later thn the first SFM so that parents can make the best decision on how to move forward. The team also recommended this conversation recur after adjudication/disposition when the Case Plan has been ordered by the court.

The Case Set-up Specialist involvement should only extend up until adjudication, except for their attendance at the 10-month staffing as outlined above, and their responsibilities should include:

- Schedule/conduct the transfer staffing
- Develop the initial Case Plan in coordination with CPW
- Attend the first SFM
- Present the Case Plan
- Complete research and Child Protective Services (CPS) history for the court summary
- Complete the kinship funds paperwork
- Review the dispositional court summary

The team noted that those assigned to this work must not have case carrying positions and should not be supervised from within the district to prevent being assigned other responsibilities that would prevent them from focusing on guiding the county through this important role.

Additionally, the team members reported that cases that are involved with Case Management past adjudication will be with them long-term. Prior to adjudication, the Assessment Worker, while coordinating and working with appropriate legal council, may recommend to withdraw their petition and move to a lower level of care, In-Home placement. For the

10 percent of children that the team believed could have been served in-home, this could be the difference between in-home services or two years of separation. The team believed that this may account for a small number of children each year but for each one of those special children, this could have a massive impact. The team also felt that with the additional assistance from the Case Set-up Specialist, they would be able to spend more time with children and families prior to adjudication, which should increase the likelihood of identifying these children.

The team also felt significant time savings could be gained by having an extra set of eyes ensuring the State has the right kids in the right placement with the right level of care. These cases include children with extensive mental health needs, custody issues, delinquency, and truancy. When considering these cases, the team recommended the completion of a team review to determine whether removal is necessary, or if other options are available for the child and family.

The team found several activities that are clerical in nature but could significantly increase case manager abilities to spend more time with children and families.

These responsibilities should include:

- Partner and coordinate with CPW to locate non-custodial parents (Sending absent parent letters, relative locate and contact letters, background checks)
- Complete the paternity testing
- Completing intake packets and referrals

Developing a Case Set-up Unit in Iowa child welfare is a highly beneficial approach that addresses critical challenges and enhances the effectiveness of case management. The current process of setting up a case upon assignment is time-consuming and regularly exceeds the amount of available time, leading to work crises and compromising the attention given to other cases. By creating a specialized Setup Unit with experienced staff, the agency can streamline case setup activities and ensure comprehensive documentation, clear and tailored case plans, and effective engagement with families. This collaborative approach between the Case Manager and Setup Unit allows for focused attention on child and family services while maintaining caseload management and appointments.

The establishment of the Setup Unit brings several advantages to the child welfare system. Firstly, it enables the gathering of all necessary information for the case record, providing a comprehensive understanding of the family's circumstances and needs. Clear articulation of safety concerns and the development of conditions to return home with estimated completion dates enhance consistency and guide decision-making throughout the case. Additionally, the Case Plan serves as a foundation for progress monitoring, allowing workers to communicate the family's progress to the court and relevant stakeholders. By having a dedicated Setup Unit, cases that have not reunified by the 10-month mark can be reviewed in collaboration with supervisors, to review the efficacy of the case plan, make timely informed decisions regarding modification if needed, ensure timely permanency recommendations, and prevent delays in achieving permanency goals.

Furthermore, the involvement of a Case Set-up Specialist promotes upfront permanency conversations, allowing parents to make informed decisions regarding the best course of action for their children. This proactive approach helps address disengagement from the process and provides an opportunity to explore all available permanency options and gather information vital to finalizing permanency in a timely fashion.

With this strategy, we would anticipate the following outcomes:

- **Efficient Case Setup:** The establishment of a specialized Case Set-up Unit will significantly reduce the time and effort required to set up child welfare cases upon assignment. This streamlined approach ensures that essential case activities are efficiently completed within the allotted time, preventing work crises and enabling Case Managers to dedicate more time to meaningful child and family interactions, building relationships, and maintaining their current caseload.
- **Enhanced Family Engagement:** With the burden of administrative tasks lifted, Case Managers can focus more on child and family intensive services. This approach fosters better relationships, appropriate placement decisions, and referrals for necessary services, ultimately improving family engagement and outcomes.

- **Comprehensive Documentation and Case Plans:** The Case Set-up Unit's expertise in gathering pertinent case information and completing documentation will result in comprehensive case records. Clear and tailored Case Plans, including safety concerns and conditions for returning home, will be consistently articulated, providing a strong foundation for informed decision-making throughout the case lifecycle.
- **Consistency in Safety Concerns and Case Plans:** The Setup Unit's expertise will ensure statewide consistency in articulating safety concerns and developing Case Plans. This uniform approach enhances communication among professionals, promotes clarity, and supports more effective collaboration among stakeholders.
- **Timely Progress Monitoring:** Post Custody workers can communicate the family's progress with courts and SFM meetings, providing timely updates on milestones and helping guide decisions regarding child placement and case closure.
- **Timely Permanency Recommendations:** Collaboration between Case Set-up Specialists and supervisors at the 10-month mark enables timely preparation of permanency recommendations for court. This proactive approach minimizes delays in achieving permanency goals and ensures that case progress aligns with the initial Case Plan.
- **Improved Upfront Permanency Conversations:** By having Case Set-up Specialists or permanency representatives engage in conversations about all permanency options early on, parents can make informed decisions regarding the path forward. This approach empowers parents to choose the best option for their family's needs and reduces disengagement from the process.

Having a dedicated unit that conducts the initial activities to set up cases can provide a level of consistency that mitigates disparate case handling. If implementing, consider establishing guidance on information gathered during this phase and ensure that they are limited to those factors that directly impact child safety and risk.

7.4.2 Develop Decision-Based Staffings

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•		•		•

Currently, staffings were reported to have varying levels of consistency and frequency. Workers and supervisors on the team admitted that these staffing are often the bare minimum to meet this requirement but seldom provide the real substance needed to move cases forward with purpose. The team recommends developing a standard Decision Based Staffing conversation to focus on moving permanency plans forward with purpose rather than simply on compliance. This would mean developing a standardized staffing guide that focuses on moving cases forward with purpose. The consultations would include the following questions:

1. Can the child safely go home or can the case close today?
2. If not, why (should be specifically tied to safety threats)?
    a. Is this a new issue? (if so, updated case plan)
3. What needs to happen to change that?
    a. Who will own that activity?
    b. How long will it take?
    c. How can the supervisor help?
    d. Does there need to be a permanency goal change?
4. Current family situation summary
    a. Updates from collaterals, safety network, and service providers
    b. Ongoing reassessment of needs and service referrals
5. Any special circumstances?
6. Monthly contacts and documentation complete?
7. Supervisor recommendation

These decision-based questions would provide statewide consistency and a clear focus on moving cases at the speed of child safety and family progress. The team acknowledged that they could begin using these questions now, however, due to capacity constraints they currently do not have time.

The team's assessment revealed that current staffings often lack consistency and fails to provide the substantive discussions necessary for progressing cases purposefully. By implementing a standardized staffing guide with decision-based questions, the focus shifts from mere compliance to meaningful progress in achieving permanency plans. This approach ensures that each staffing conversation addresses key aspects, such as assessing safety, identifying necessary changes, assigning ownership of activities, determining timelines, and exploring the supervisor's role in supporting progress. By providing a clear framework and standardized process, decision-based staffings promote statewide consistency, enhances case management effectiveness, and drives positive outcomes for children and families.

The adoption of decision-based staffings offers numerous benefits. Firstly, it facilitates a comprehensive evaluation of the child's safety and the family's progress toward achieving permanency goals. By addressing specific questions tied to safety threats, any new issues can be promptly identified, and updated case plans can be developed accordingly. This systematic approach ensures that all necessary actions and interventions are assigned, timelines are established, and supervisors are actively involved in supporting progress.

Additionally, decision-based staffings enable ongoing monitoring and reassessment of the family's situation, incorporating feedback from collaterals, safety networks, and service providers. This proactive approach allows for timely updates, service referrals, and the identification of any special circumstances that may require additional attention or resources. Ultimately, decision-based staffings foster a purposeful and structured approach to case management, promoting efficiency, accountability, and improved outcomes for children and families in the child welfare system.

With this strategy, we would anticipate the following outcomes:

- **Improved Case Progression and Outcomes:** The implementation of decision-based staffings will lead to more substantive discussions and purposeful actions, resulting in improved case progression. By focusing on key questions tied

to child safety and family progress, cases will move forward at an optimal pace, leading to timely and meaningful outcomes for children and families.

- **Enhanced Consistency Across Social Workers:** The adoption of standardized decision-based staffings ensures consistency in the approach taken by social workers across the state. All staffings will follow a structured framework, allowing for systematic evaluation of safety threats, identification of necessary changes, and assignment of tasks. This consistency promotes equitable and effective case management practices.
- **Improved Social Worker Morale:** The shift from compliance-focused staffings to decision-based staffings empowers social workers by providing them with a clear and purposeful framework for case management. This approach encourages a sense of ownership and accountability, contributing to increased morale among social workers as they witness more positive and tangible case outcomes.
- **Proactive Identification of Issues:** The decision-based questions enable social workers to proactively identify new issues or safety threats and promptly address them. This proactive approach minimizes delays and prevents issues from escalating, leading to a more efficient and effective child welfare process.
- **Timely Updates and Service Referrals:** The ongoing reassessment of the family's situation, along with collaterals' feedback and service provider updates, ensures that cases remain up-to-date and responsive to changing circumstances. This leads to timely service referrals, interventions, and adjustments to the case plan as needed.
- **Aligned Safety Concerns with Behavioral Changes:** Decision-based staffings facilitate alignment between safety concerns and behavioral changes. By consistently addressing the conditions required for children to return home or achieve other permanency options, staffings ensure that the case plan is purposeful and aligned with the best interests of the child.
- **Efficient Use of Resources:** The structured approach of decision-based staffings optimizes the use of social workers' time and resources. By focusing on key questions and actions, social workers can allocate their efforts efficiently, leading to improved case management practices.

- **Informed Supervisory Recommendations:** The decision-based questions provide supervisors with a clear framework to evaluate cases and make informed recommendations. This structured approach supports supervisors in offering valuable guidance to social workers, contributing to overall case effectiveness and outcomes.

This approach has the potential for reducing disproportionality as it forces discussion and justification for any barriers to moving cases to permanency. The act of articulating such rationale can help to surface if any issues unrelated to child safety have an impact on case progress. In addition to targeted queries focused on key case decisions, supervision should include reflective supervision prompts to dig deeper into worker decision-making. Reflective supervision can help make workers aware of the ways in which they may be treating families differently and provide learning opportunities that improve their case practice overall.

7.4.3 Train and Support to Achieve Consistent Case Management Practice

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
	•	•		•		

Iowa has a robust centralized training team; however, the turnover and case load demands are straining the ability of Iowa to train and achieve consistent practice. Orienting and developing enhanced case management skills based on the defined practices will be improved if supervisors are supplemented with regional mentors and tools used to assess case management skills over time. Consistency is key to successful implementation as many of these pieces already exist, however need to be implemented more consistently. Given the level of turnover it is difficult to maintain fidelity in case management practice. A consistent case management review process should be implemented.

Service areas vary widely in their understanding, communication, and implementation of the practice model which leads to inconsistencies. SW2s indicate that safety plans require an immediate update following case transfer in order to remain effective.

With this strategy, we would anticipate the following outcomes:

- **Fully Trained and Consistent Application of Practice Model.** Dedicated training and built in time for superiors to provide more case consultation in conjunction with team meeting structures that include peer-to-peer learning will accelerate case management consistency across teams. Supervisors as coaches, by creating dedicated time with supervisors as well as a process for workers to bring forth difficult and complex cases allows the team to share best practices and support one another through challenging situations. The addition of feedback mechanisms, and measures, during consultations and performance reviews that align with the practice model will further support consistency and documentation practices that accurately reflect the details of the case.
- **Improved Case Transitions and Transfers.** Consistent and timely training on case transfers —and more specifically on accurate, complete, and timely documentation practices — will help ensure case transitions and transfers are seamless and smooth between workers in different units and improve overall fidelity of case management practices.

Key for this strategy will be to build off the centralized training unit infrastructure in place. The quality assurance function should continue to monitor gaps and provide multiple means of training case managers and their supervisors. While there is a system in place, we heard repeatedly of the case management skill variance and gap. The turnover challenge makes this even more difficult, so enhancing the tools and supporting supervisors is critical along with monitoring and addressing gaps.

7.4.4 Improve the Role and Relationship of County Attorneys in CW Cases

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

Social Work Case Managers (SWCMs) and their supervisors must regularly appear in court. It is incumbent upon these caseworkers and supervisors to provide evidence that the agency has made reasonable efforts (or active efforts where cases are subject to Indian Child Welfare Act (ICWA)) to prevent removals, that it is contrary to the welfare of a child to remain in the home, and that reasonable efforts have been made to finalize a permanency plan.

Attorneys for public child welfare agencies can play a crucial role in ensuring that the child welfare agency presents evidence of its diligence in working with families, that reasonable efforts are made, and that there are not undue delays in service provision, case planning or other vital services to keep families safe, together and strong. Agency attorneys can provide valuable oversight as to whether removal or return decisions conform to the proper standards. Such oversight is critical to ensuring judges have the information requisite to make statutorily required judicial determinations. Agency representation has also been identified as a safeguard against case workers engaging in the unauthorized practice of law.

Recommendations to improve the working relationship between HHS and court attorneys in child welfare cases, include the following:

- Implement county agreements that include language on how attorneys will support HHS in child welfare cases and outline expectations for interacting with child welfare caseworkers.
- Implement annual County Attorney training consistent with HHS child welfare training to promote greater practice alignment.
- Train County Attorneys on issues related to inequities in child welfare as this was an area in which our qualitative findings identified significant inconsistencies in understanding of this issue among the legal community.

- Engage the legal community to move from a prosecutorial representation model to agency representation model for child welfare cases

In 2013, Iowa moved toward a prosecutorial model, amending its statutes to require county attorneys to represent the state, not the child protection agency as it had previously done. This change has created some challenges to best serving children and families involved with child welfare, including:

- Lack of alignment between child welfare and judicial system partners on key aspects of family-centered practice and the priority the agency has placed on keeping children with their parents.
- Differing opinions on the benefits of the Family First Prevention Services Act
- Divergent views on identifying and addressing parental needs and ensuring sufficient time for remediation of parenting concerns
- Role overlap and/or lack of role clarity whereby attorneys in some instances acting as social workers on individual cases
- Families left confused, at times, by legal processes and roles of different attorneys representing various parties
- Conflicting messages around “child’s best interest”
- Once a family is court involved the process diminishes prevention opportunities for families

Experiences and relationships with courts and county attorneys vary by jurisdiction across the state. There are challenges regarding who the county attorneys represent and the impact on alignment with the department’s goals involving children and families involved with child welfare. When disagreements are identified with county attorneys, there is significant confusion and misalignment for both families and staff, including conflicting messages around a “child’s best interest” and how to meet the underlying needs of families. The tension between county attorneys and child welfare staff also impacts an already strained workforce as staff feel their experience is not valued and are, in some instances, left to defend the agency’s recommendations in court without attorney representation. These tensions can, as a result, contribute to

worker turnover, which has an impacts both HHS's operations and child and family outcomes.

With this strategy, we would anticipate the following outcomes:

- **Consistent Agency Representation and Legal Guidance.** The implementation of agreements, expectations, and training for all attorneys will provide the foundation for an improved consistency in practice across the state. These improvements will help the Department avoid over-intervention while still protecting those children at risk. Consistent legal guidance to child welfare caseworkers will ensure they meet legal standards governing child welfare cases.
- **Reduction in Hearings and Length of Placements.** Attorneys must demonstrate professional knowledge of the legal and practice requirements that achieve the overall purposes of child welfare. Training focused on specific competencies required of child welfare attorneys that enable them to effectively perform the tasks associated with the process of moving cases through the child welfare system can reduce the overall number of court hearings required and create more focused and efficient court hearings. Improved hearings and more alignment around policy can result in a reduction in the length time children spend in foster care placements and other out of home placement settings.

With this strategy, there is a direct dependency and intersection with the County Attorneys and Iowa Attorney General's office that will need to be factored in. Training on child welfare practice, including disproportionality, will be an important step in aligning this critical partner and improving outcomes for all children and families.

Finally, in regard to policy, in 2013, Iowa amended state statute to shift the county attorney role in child welfare cases from representing the state child welfare agency to serving as an independent party. Several of the above recommended next steps can be implemented without statutory change. However, the long-term impact of the current model should be considered.

Goals/Performance Metrics and Plan for tracking and reporting goals/ performance metrics:

- Goal: An equitable and consistent case management practice that promotes child safety, wellbeing, concurrent planning, with quality and timely expedient permanency decisions.
    - Outcome Measure: The number of children in the right care for the right amount of time.
        - Key Performance Metrics:
            - Decrease the average caseload from 26 to 20 by 2025.
            - Decrease the average time in foster care from 924 days – 2.76 years (2021) to 550 days – 1.5 years by 2025. 40% reduction for average time in care. (924-550=374/924=40.5%)
            - Decrease disparity of duration of children in congregate care from ___ to ___ by (data not available)
            - Decrease the percentage of children who return to care from 14.5 percent to 11.6 percent within one (1) year.
            - Increase the percentage of children in their selected permanent placement at 6 months from ___ to ___% by April 2024. (data not available)
            - Decrease the number of children with TPR ordered awaiting adoption from 19.5 percent by 50% within one (1) year.
            - Increase the percentage of children in their permanent placement at the time TPR is ordered to 85% by December 2025.
            - Decrease the length of stay in shelter care from ___ to ___ within one(1) year (data not available)
            - Increase the availability of same race/culture placement options within one (1) year (data about foster parents not available)

Estimated ROI & Estimated Cost for Implementation

Case Management							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Develop a Case Set-up Unit	Right kids in the right care by using your limited experts across the state		18,280 hrs per year 8 hrs X 2285 children removed in 2021 = investigative savings	15% kids in care X	Yes	15% less kids in care	3 months of placement payments
Develop Decision Based Staffings	Reduce the capacity limbo and assure kids move at the pace the family can support		(time in care - 3 months) x Number of hours per month (12.8hrs) X Number of kids in care (3938 point in time)	3 months X kids in care	3 months X kids in care	15% less kids in care	
Train and Support to Achieve Consistent Case Management Practice	Consistency in practice may reduce trauma for families and children		Likely	Likely	Yes	0	Potential for less costly care decisions
Improve the Role and Relationship with County Attorneys in CW Cases	Improved relationship with county attorneys will ensure greater alignment for case planning, reduce confusion for parents, and may improve accountability for case practice.		Maybe	Maybe	Yes	0	Maybe

7.5 Adoptions

Purpose Statement:
The purpose of the Adoptions unit is to ensure that children who are post-TPR have appropriate and safe adoptive home options.

A successful Adoptions unit results in:

- Collaboration with the RRTS contractors to ensure achievement of:
    - Timely adoptions post-TPR
    - Current and complete adoptions packets for adoption finalization
    - Quality permanency options for children
    - Timely location of appropriate permanency options for children
    - Homes where children who have experienced trauma can thrive
    - Support post-adopt families with adjusting adoption subsidy when justified

Current environment: Child Welfare Adoptions staff in Iowa finalize approximately 730 adoptions per year. The current environment of child welfare adoptions in the State of Iowa is marked by a disconnect between Adoption staff and Case Managers. As established, adoption staff report receiving incomplete case transfers without necessary documentation. This lack of coordination and incomplete information creates confusion, rework, and delays in achieving permanency and adoption finalization and creates frustration among staff and families.

In addition, a lack of permanent placement options is a significant barrier to reaching timely permanency, particularly for older youth and children with high needs. Adoption workers struggle to find suitable foster/adoptive families, resulting in older youth and CINA youth residing in residential facilities due to the lack of permanent placement options. Due to capacity issues, the concurrent planning that could help with identifying permanency options early on in a case does not occur with regularity or in a timely manner. Workers reported that concurrent planning often only begins in earnest after the first year, rather than the sixty-day mark as state practice indicates. This delay is attributed to the high caseload of Case Management workers, insufficient supervision time in some cases that can results in a lack of transparency regarding permanency options early in the case. Delays in concurrent planning lead to a lack of clarity and comprehensive assessments, with workers resorting to providing families with packets rather than having enough time to conduct thorough interviews. Additionally, licensed available homes, while in short supply overall, are not representative of the child population in need of placement.

Staff also raised concerns about incomplete case files, delayed court hearings, and difficulties accessing necessary documents like birth certificates and medical records. These issues further contribute to delays in licensing and achieving permanency.

In summary, the current environment of adoptions in Iowa is characterized by a shortage of permanent placement options, delays in concurrent planning, the impact of CINA cases, and a lack of transparency in developing alternative permanency plans. Incomplete case transfers, inadequate documentation, and staff workload contribute to the challenges faced by Adoption staff in finalizing adoptions in a timely manner.

Recommendation: Assure children and youth have timely permanency with forever families who reflect their diverse cultural, clinical, and wellbeing needs and are trauma-informed and well-supported. In addition, HHS should eliminate CINA as an entry pathway and enhance the availability of community-based resources for mental health and behavioral services to support foster families and post-adoptive supports.

Strategies:

7.5.1 Develop Clear and Consistent Concurrent Planning System

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•		•	•	

There does not seem to be a consistent approach to concurrent permanency planning across the state. This can lead to children lingering in foster care. Iowa has a permanency-driven agency, but there does not seem to be consistency in practice. One solution is to create a more intentional approach to concurrent permanency planning. Models and factors that should be considered include rapid permanency reviews (RPRs), quality visitation, team decision making (TDM) and reducing worker turnover. Other factors that should be considered include enhancing and or accelerating the current practice of teaming with parents, for example the Quality Parenting Initiative that utilizes consistent use of Parent Partner Programs. Additionally, consider updating the current case planning policy, last revised in 2012 with more specifics related to the definition of concurrent planning to include expectations related to timelines, performance measures, and train staff on the tools and models consistent with new policy language to reinforce this as a priority.

When implemented effectively, concurrent planning touches all parts of the child welfare system. The main components of an actionable concurrent planning model include the development of policies and workflows that allow for the early assessment of the core conditions that led to out-of-home placement, the strengths of the family, and the likelihood of reunification within 12-15 months.[57]

With this strategy, we would anticipate the following outcomes:

- **More Timely Legal Permanency for Children.** Concurrent planning, when done well, has been shown to expedite permanency for children, reduce placements, keep more siblings placed together. To be done well, clear goals and time limits – for children in out-of-home care – beginning with initial contact, involving all invested parties, and continuing through the child's involvement, are necessary. It also requires both an ongoing assessment of both paths toward permanence and significant work to keep both moving toward viable options.
- **More Timely Adoptions.** Concurrent planning means that while reunification may be a goal for a child that work is also being done to think about and prepare for, if a child is living in a home that can also become a permanent placement, then adoption process can occur timely. It does not need to wait to start until reunification is no longer an option. This would require the Department to create and execute a dual licensure process (foster/kinship/adoption) for the placement families.
- **Increased Placement Stability.** Minimizing placement disruption and supporting youth with high behavior incidents to prevent additional placement is a key component of concurrent planning. This requires communication and planning with the birth family and foster/kinship placement to clearly understand the child's needs so that they can be met more easily and sooner. This will ultimately help stabilize the placement.

There is a critical relationship between adoption workers and the vendor recruiting foster care families. Partnering with them to develop needed families and diverse families is critical to timely support for children. Concurrent permanency planning also requires a new type of partnership with the legal system (judges, county attorneys, parent's attorney's, Guardian at Litems, etc.) including the need for specialized consultation, representation, and staff training.

[57] http://muskie.usm.maine.edu/helpkids/rcpdfs/concurrent.pdf

7.5.2 Improve Matching of Children's Diverse Cultural Needs with Adoptive Homes

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

In 1994 Congress passed the Multi-Ethnic Placement Act (MEPA). This act was implemented to remove barriers to permanency for children in the child welfare system, and reinforced that placement, both foster and adoption, as well as permanency decisions should not be denied based on the race, color or national origin of the child, the foster, or adoptive parent. However, research after 1994 clearly indicated that placing children with culturally responsive families helps address a sense of "belonging", reinforcing kinship care as a family finding strategy and desirable placement type.

Children of color in the child welfare system often face disparities in permanency outcomes, experiencing lower rates of adoption compared to their representation in foster care.[58] Statistics show that Black and other minority children may reside in foster care longer than white children. In 2020, 57,881 children were adopted from foster care, according to the October 2021 AFCARS Report from the Administration for Children and Families. Of these, 29,325 were white; only 9,588 were Black. To improve permanency options for these children and youth, it is crucial to increase and diversify the pool of potential adoptive homes. By doing so, more opportunities will be available to find suitable and loving families for these children, ultimately enhancing their chances of finding stable and nurturing homes.

To ensure successful adoptions and support the needs of children and youth with diverse cultural needs, who have experienced child welfare, it is essential to recruit families who are equipped to meet those needs with appropriate support. Equipping adoptive parents with the necessary skills to navigate trauma-responses using culturally sensitive approaches can promote a nurturing and supportive environment for the children, facilitating successful and lasting adoptions. In addition, the availability of wrap around services, including the use of mobile crisis are essential.

[58] https://onlinedegrees.unr.edu/blog/transracial-adoption-statistics/#:~:text=Statistics%20show%20that%20Black%20and,white%3B%20only%209%2C588%20were%20Black.

Efforts to increase and diversify the pool of adoptive homes and provide support to adoptive families align with the goal of achieving better permanency outcomes for children of color in the child welfare system. By addressing the disparities in adoption rates, we can create a more equitable system that ensures all children have an equal opportunity to find permanent and loving homes. Additionally, by providing adoptive families with the training and resources needed to support children who have experienced child welfare, we can enhance the well-being and stability of these families, leading to more successful and lasting adoptions.

Staff have reported that adoptive homes are not representative of the populations in need of placement. Specifically, the lack of pre-adoption placement options for diverse children, sibling groups, older youth, and youth with serious behavioral and mental health issues causes delays for permanency and results in additional child trauma. Maintaining a diverse pool of placement options for these unique needs of the children and youth in care is critical to promoting timely permanency and child well-being for all children and youth.

With this strategy, we would anticipate the following outcomes:

- **Increased Access to Homes that are Reflective of Children.** Increasing and diversifying the pool of adoptive homes and offering training in child trauma to adoptive families are essential components of this approach. Increase in the number of foster, adoptive and kinship homes that reflect the racial and ethnic or social and gender-based composition of children entering foster care increases their sense of belonging, addresses trauma, and consequently results in a reduction in number of placement disruptions. Key to this strategy is equalizing financial support to relative and fictive kin as provided to foster parents and aligns with the desired outcomes of HHS to keep kids with family. Additionally, HHS should consider waving the pre-service training requirement for all relative/fictive kin in an effort to expedite the licensing process.
- **Improved Child Well-Being.** Achieving better permanency options for children and youth in the child welfare system, providing them with the loving and stable homes they deserve. Improved child well-being will positively impact placement disruptions, increase educational stability, and improve relationships This in turn reduces trauma, improves child well-being indicators and improves the likelihood of successful transition to adulthood.

There are dependencies and intersections with the contracted placement providers that will need to be managed for these strategy recommendations to be successful. Ensuring a larger and more diverse pool of pre-adoptive placements will create more options for matching the unique child needs with available homes.

7.5.3 Enhance the Structure of the Adoption Support System

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•	•	•	

To enhance the structure of the current adoption system, we recommend exploring a pathway for the SWCM, that allows maintaining a case through permanency, allowing the adoption worker to augment the process in a supportive/ compliance role throughout the process to minimize the handoffs. This change, although significant, is aligned with current best practices and supports the likelihood of improved timeliness of permanency and maintains the relationship between children, families, and the Department. Allowing SWCM's to keep cases through permanency, results in additional adoption worker time to reappropriate to other priorities such as pre/post adoptive supports, etc. Refer to Appendix E for a list of specific state/program models for post-adoption services that can address high levels of behavioral needs.

Staff have reported improved placement stability when they can leverage prior relationships/knowledge about families to assist with arranging placement. There is also concern regarding incomplete case files from staff who previously held the case, as they consistently result in significant delays in finalizing adoptions.

With this strategy, we would anticipate the following outcomes:

- **Improved Collaboration and Permanency Timeliness.** The addition of a pathway that allows for the SWCM to retain the case through permanency removes the issues associate with case transfers and leads to improved continuity of care for children through adoptions.

- **Enhanced Availability of Post Adoption Supports.** Enhancing the availability of post adoption resources will reduce placement disruption and increase the availability of community-based resources for mental health and behavioral services for families.

<u>Goals/Performance Metrics and Plan for tracking and reporting goals/ performance metrics:</u>

- Goal: Assure children and youth have timely permanency with forever families who reflect their diverse cultural, clinical, and wellbeing needs and are trauma-informed and well-supported.
    - Outcome Measure: The number of children achieving permanence through concurrent planning.
        - Key Performance Metrics:
            - Decrease the length of time from Removal to TPR from 25 month to 18month within one (1) year (where appropriate and in line with case best interest).
            - Decrease the average time to permanency for children with a permanency plan other than reunification from ___ months to ___ months within one (1) year (data not available)
    - Outcome Measure: The % of placements that reflect a child's cultural, racial, or specific needs.
        - Key Performance Metrics:
            - Increase the % of non-white foster homes to reflect the cultural and diverse needs of children in care.
    - Outcome Measure: % of children disrupting from adoption or guardianship reduces overtime
        - Key Performance Metrics:
            - Decrease the average time from TPR order to adoption finalization from ___ months to ___ months within one (1) year (data not available)
            - Decrease the number of children waiting for adoption with TPR ordered from 774 by 50% within one (1) year.

- Outcome Measure: Improved access to post adoption support.
  - Key Performance Metrics:
    - Decrease #of children disrupting permanency placement by receiving post adoptive services from ___ to ___ within one (1) year (data not available)

Estimated ROI & Estimated Cost for Implementation

Adoptions							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Develop Clear and Consistent Concurrent Planning System	Use of concurrent planning may reduce trauma and reduce length of placements		Maybe	Maybe	Yes	0	Likely
Improve Matching of Children's Diverse Needs with Adoptive Homes	Better matching of kids to meet their individualized needs, including their cultural needs may reduce placement disruptions and increase permanency for youth of color.		Likely	Maybe	Yes	0	Maybe
Enhance the Structure of the Adoptions Support System	Prevent adoption/ guardianship disruptions post permanency		In partnership with Medicaid and with Children's BH there are federal fund cost offsets by drawing down increased FFP	Yes	Yes - ensure that the right treatment/ services are provided to child and family to prevent disruption and reduce trauma	Expand contracts to build out service array for post-adoption services	Likely

7.6 Licensing

Purpose Statement:
The purpose of the Licensing unit is to identify quality family-like placement options and to license and support resource families ensuring sufficient options to place all children within their community of origin.

A successful Licensing unit results in:

- Resource families feeling supported through the licensing process
- Safe resource homes equipped to manage the needs of children who are placed in their homes
- Timely licensing and transparency
- Diverse local placement options for children
- Ongoing support when children are placed in the home

Current environment: Child Welfare Licensing staff and agencies in Iowa licensed approximately 900 families in 2021, representing a 160% increase from 2020. Despite this increase, licensing in the state of Iowa faces several challenges. The workload of HHS Licensing workers, who handle various tasks beyond licensing, often causes licensing foster homes to be a lower priority. The relationship between HHS and contracted providers varies across the state, with some areas having positive partnerships while others experience challenges. The licensing process was reported to be both lengthy and duplicative, resulting in bottlenecks and delays in approvals. Inconsistent practices and relationships with providers further complicate the licensing system. The lack of available licensed placements is a significant concern, leading to an overreliance on shelter beds. Staff struggle to find suitable foster homes, resulting in extended waiting periods for children. Recruitment efforts are insufficient, and the state is losing foster homes at a rate of 25% annually.

Workers and supervisors reported a lack of transparency in the licensure process resulting in an inability to quickly determine how many families are currently engaged in the licensure process beginning with an inquiry and ending with final approval. Also, the yield of inquiries that result in licensure was something that staff felt should be tracked so that targeted coaching and mentoring could occur.

The policy and practice model for licensing and adoption in Iowa are generally aligned. However, timely access to suitable kinship and foster placements remains a challenge for workers. The involvement of contracted partners in recruitment and home studies has mixed reception, as staff emphasize the importance of relationships with families in the placement process. Additional recruitment efforts are needed, particularly for children with special needs, teens, and sibling groups. The licensing practices between

HHS and contracted partners are complex, causing delays in the system. The lack of permanent options for older youth leads to an overreliance on shelter beds, further highlighting the need for improved placement options and support services.

Child welfare licensing in Iowa faces challenges related to workload prioritization, inconsistent relationships with contracted providers, lengthy and duplicative licensing processes, a shortage of licensed placements, recruitment issues, and limited financial support and services for kinship care. The system requires efforts to manage workload effectively, establish consistent and productive partnerships, streamline licensing procedures, and address the shortage of available placements through targeted recruitment. Additionally, there is a need to focus on providing more permanent options for older youth and improving the support services for foster families.

Recommendation: Build capacity and structure to efficiently license well trained, prepared, supported, and safe (non)relative placements and meet the diverse cultural, clinical, and wellbeing needs of children in care.

Strategies:

7.6.1 Build Streamlined Licensing Process that Supports Prospective Applicants

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•	•	•	•			

Work with Recruitment, Retention, Training and Supports (RRTS) to outline a supportive process that improves the following outcomes:

1. Time from Inquiry to Engagement
2. Time from Application to Training
3. Time from Training completion to Licensure

The following proposed strategy aims to enhance the licensing process for contractors, with a focus on maximizing early engagement and applicant supports. Initial inquiries should be promptly addressed within 24 hours of receipt. During the initial phone call, the initial home visit should be scheduled to occur within the next two weeks. Additionally, a pre-screening should be conducted to ensure that applicants are aware

of any categorically disqualifying concerns, home environment issues, or criminal records. This proactive approach prevents families who are not eligible for licensure from proceeding unknowingly.

During the initial home visit, staff members will assist families in completing the application and necessary paperwork and scheduling vital tasks, such as CPR certification, medical clearance, background checks, finger printing, medical exams, fire assessments, and training. These tasks often cause delays due to availability and scheduling constraints. By maximizing early engagement, several key goals can be achieved:

- Clear expectations can be set regarding the next steps and the licensure process.
- Timely responses can be provided to questions and concerns.
- Families can receive upfront engagement and preparation for fostering children, thereby increasing the transition from contemplation to application and licensure.
- Timely requests can be made for CPR certification, medical clearance, background checks, fire assessments, and trainings

A second Home Visit should be scheduled within two weeks of training completion and no later than 2 months after the initial home visit. This allows timely follow-up of training content and proactive support for families that may be experiencing difficulty navigating the licensure process.

Moreover, families who express interest in foster care but may not be prepared at the initial contact can be connected to supportive activities, such as support groups, respite care, and mentorships.

By focusing on reducing the time from inquiry to engagement, application to training, and training completion to licensure, the strategy aims to streamline the licensing process and provide crucial support to prospective foster families. Promptly addressing inquiries and scheduling home visits during the initial contact with families ensures that immediate support is provided, clear expectations are set, and all necessary paperwork and tasks are completed in a timely manner. By conducting pre-screening to identify any disqualifying concerns early on, this prevents families from proceeding unknowingly if they are not eligible for licensure and reduces unnecessary work on licensing staff. This proactive approach minimizes delays and maximizes early engagement,

increasing the likelihood of successful transitions from contemplation to application and ultimately licensure.

Additionally, the strategy recognizes the importance of providing ongoing support to families who express interest in foster care but may not be fully prepared at the initial contact. By connecting them to supportive activities like support groups, respite care, and mentorships, the strategy ensures that families receive the necessary resources and guidance to navigate the fostering journey effectively.

With this strategy, we would anticipate the following outcomes:

- **Decreased Time to Licensure:** The implementation of a streamlined licensing process is anticipated to significantly reduce the time it takes for prospective applicants to progress from the initial inquiry to licensure. By promptly addressing inquiries, scheduling home visits, and maximizing early engagement, families can navigate the licensing process more efficiently, resulting in quicker licensure timelines.
- **Improved Yield from Inquiry to Licensure:** Tailored support in navigating the licensure process will result in fewer frustrations for families thereby improving the yield of successful licensures. Families that feel supported throughout the entire process are more likely to follow through with the tasks necessary to fulfill licensure requirements. Scheduling the initial home visit within 2 weeks of inquiry matches licensing initiative with department needs and provides timely support at the beginning of the licensure process. This will enhance the transition from contemplation to application. The strategy's emphasis on providing upfront engagement and preparation for fostering helps prospective families transition more smoothly from the contemplation stage to actively pursuing application and licensure. Families receive the necessary information and support to make informed decisions about their suitability for fostering.
- **Increased Number of Available Licensed Placements:** The streamlined process's efficiency is expected to lead to a higher number of foster families successfully completing the licensure process. This increase in successful licensures will contribute to a larger pool of available licensed placements, addressing the ongoing need for safe and supportive homes for children in the child welfare system.

- **Diversity of Available Placements:** By enhancing engagement and support during the licensing process, the strategy is likely to attract a more diverse range of prospective foster families. The upfront assistance, clear expectations, and proactive follow-up provided by the streamlined process can appeal to a broader spectrum of families, leading to a more diverse pool of available foster placements.
- **Increased Preparedness and Support:** The strategy's focus on early engagement and proactive support prepares families more effectively for the fostering journey. Families receive timely information, resources, and guidance, ensuring that they are adequately equipped to navigate the licensure process and provide quality care to foster children once licensed.
- **Timely Completion of Essential Tasks:** Maximizing early engagement allows families to promptly complete essential tasks such as CPR certification, medical clearance, background checks, and required training. This efficiency reduces delays caused by scheduling constraints, ensuring that families progress through the process without unnecessary hurdles.
- **Improved Communication and Support:** Clear expectations, timely responses to questions and concerns, and ongoing engagement with families foster improved communication and a supportive atmosphere. This communication ensures that families feel valued, informed, and guided throughout the licensure process.
- **Reduced Unnecessary Work on Licensing Staff:** The pre-screening process helps identify families who may not be eligible for licensure early on, preventing them from proceeding unknowingly. This reduces unnecessary work for licensing staff and ensures that resources are allocated to families who have a higher likelihood of successful licensure. This proactive approach of conducting pre-screening and providing clear expectations during initial contacts will ensure families will receive the necessary information upfront, ensuring that only eligible applicants proceed.

For this strategy to be successful, it will require close collaboration with the contracted foster licensing agencies. In addition, it is essential to identify and remove any barriers to culturally diverse prospective foster parents. Currently, contract requirements include benchmarks for recruiting diverse

foster parents. However, Contractors have largely not met these metrics. Efforts should be undertaken to understand the unique challenges that families of color have to becoming foster parents. Disaggregated data should be used to ensure data-driven approaches to understanding at which points foster parents get stuck or withdraw from the licensing process. Doing so will provide insights into any unique challenges or barriers experienced by certain groups of prospective foster parents.

7.6.2 Increase Bed Capacity that Supports Different Levels of Care

Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
•		•	•	•	•	

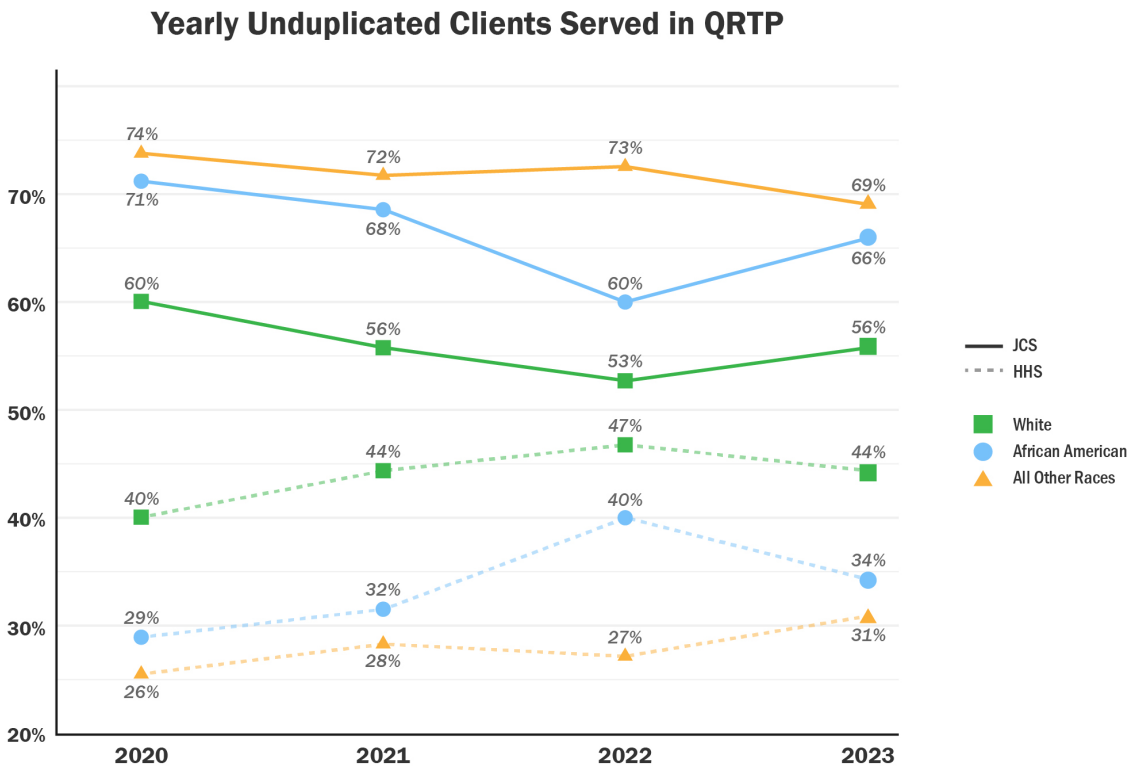
Iowa lacks bed capacity to support children in the foster care system. Specifically, options for high behavior acuity and low IQ specialized needs. The emphasis on family support and kinship care is notable, but the lack of beds in treatment foster care, and QRTPs leads to an overreliance on shelter beds, indicating a need to further develop the placement continuum of care. Explore the creation of a coordination center to augment your current process. This might look similar to the Oregon Behavioral Health Coordination Center. The Coordination Center maximizes bed availability and simplifies the process for stakeholders.[59] As part of the evolution and improvement of this system it will be important for HHS to understand payment rates that support the development of the specialized services, this could be accomplished through the use of a provider survey and payment rate analysis to better understand the incentives needed to build out these services.

Another option for Iowa to consider is to focus on a more integrated service delivery model between HHS and Juvenile Court Services (JCS) that may result in less need for placements across the system as a whole. Regardless of what door a child enters, child welfare or juvenile justice, the services and resources made available to support them and their families should be equal.

[59] https://news.ohsu.edu/2023/05/01/new-tool-allows-ohsu-partners-to-coordinate-behavioral-health-bed-capacity-across-region

Overall, integrating child welfare and juvenile justice systems can lead to a more comprehensive and effective approach to addressing the needs of at-risk youth and improving their life trajectories while ensuring public. It aligns with the idea of a more rehabilitative and less punitive approach to juvenile justice and will likely bend the curve on the need for placements into the future.

Upon the review of all placements by HHS and JCS over a four year period (see graph below), children of color are disproportionately placed in congregate settings. Ensuring a robust continuum of culturally diverse and responsive placement options can provide a wider array of options for all kids to have access to the placement type that best meets their needs. Engaging and contracting with new culturally competent provider agencies across diverse communities would provide an opportunity to address the current disparities. Trend data visualized below highlights the opportunities expressed:



Integrating child welfare and juvenile justice systems can have several significant benefits for both systems, the youth they serve, and society as a whole. Key values and advantages of such integration include:

1. **Early Intervention and Prevention:** Integration allows for early identification and intervention in cases involving youth at

risk or in crisis. By addressing problems at an earlier stage, it's possible to prevent deeper involvement in the juvenile justice system and reduce the likelihood of repeat offenses.

2. **Holistic Approach to Youth Needs:** Integration recognizes that many youth in the juvenile justice system have complex needs, including experiences of trauma, neglect, or abuse. It allows for a more holistic approach, addressing not only the legal issues but also the underlying social, emotional, and family-related concerns.
3. **Efficient Resource Allocation:** Collaborative efforts can lead to more efficient resource allocation. By sharing data and information, child welfare and juvenile justice agencies can identify overlapping cases, reduce duplication of services, and optimize the use of resources.
4. **Better Outcomes for Youth:** Integration can result in improved outcomes for youth. Youth involved in both systems may receive coordinated and comprehensive services that are more likely to address their specific needs, reduce recidivism, and promote positive development.
5. **Family-Centered Approach:** Integration encourages a family-centered approach, recognizing that family dynamics often play a crucial role in a youth's involvement with both systems. By involving families in decision-making and service planning, better outcomes for both youth and families can be achieved.
6. **Reduced System Involvement:** Integration can help reduce the unnecessary or inappropriate involvement of youth in the juvenile justice system. Youth who do not belong in the justice system can be redirected to appropriate community-based services.
7. **Data Sharing and Analysis:** Sharing data between child welfare and juvenile justice agencies allows for a better understanding of the factors contributing to youth involvement in the system. This data-driven approach can inform policy and practice improvements.
8. **Collaboration with Community Partners:** Integrating both systems often involves collaboration with community organizations, mental health agencies, schools, and other stakeholders. This broadens the support network available to youth and families and increases the chances of success.

9. **Accountability and Monitoring:** Integration enhances accountability by ensuring that all agencies involved in a youth's life work together to meet their needs. This collaborative approach also allows for better monitoring of progress and outcomes.
10. **Reduced Disparities:** Integration can help address racial and ethnic disparities that often exist in both the child welfare and juvenile justice systems by promoting equitable access to services and reducing the likelihood of biased decision-making.

On a national level, The Annie E. Casey Foundation[60] and Georgetown University McCourt School of Public Policy Center for Juvenile Justice Reform[61] have been leading this work in helping states and other jurisdictions create a collaborative approach to this work.

With these strategies, we would anticipate the following outcomes:

- **Increased Availability of Licensed Homes.** Focused efforts to increase bed capacity state-wide will help to open up more diversity, adequacy, and options for children to be placed within the state and, more ideally, within their own communities. Also, in alignment with ACF's new Kinship regulation, HHS should assure a more simplified process for kinship caregivers to become foster care providers, and assure family members receive the same financial support that any other foster home would receive. This change will help families across Iowa to care for children in their extended family, and receive the resources and financial supports they need and deserve.
- **Increased Diversity in Treatment Options.** Following the payment rate analysis and development of incentives, we would anticipate an increase in the availability of diverse treatment options across licensed homes, as well as an adequate number of beds to meet the needs and addressing the current bed capacity issue and expanding the continuum of care. In addition, a partnership with the Division of Behavioral Health, Medicaid, and Child Welfare is critical. The intersection of poverty, trauma, disparities impact children, families, and adults across systems. Integrate approaches across these systems and leverage Medicaid funding to build more resources

[60] https://www.aecf.org/work/juvenile-justice/jdai

[61] https://cjjr.georgetown.edu/

that are evidence-based, culturally competent, and would create a stronger ecosystem of care.[62]

- **A More Aligned Use of Placement Resources.** Following the implementation of an integrated service delivery model between HHS and JCS, we would anticipate an improved alignment of placement resources and a reduction in placement dependency. In addition, partnering with provider agencies on the development of new supportive placement options that include treatment will address trauma for children and take pressure off the shelter system and other parts of the foster care system.

<u>Goals/Performance Metrics and Plan for tracking and reporting goals/ performance metrics:</u>

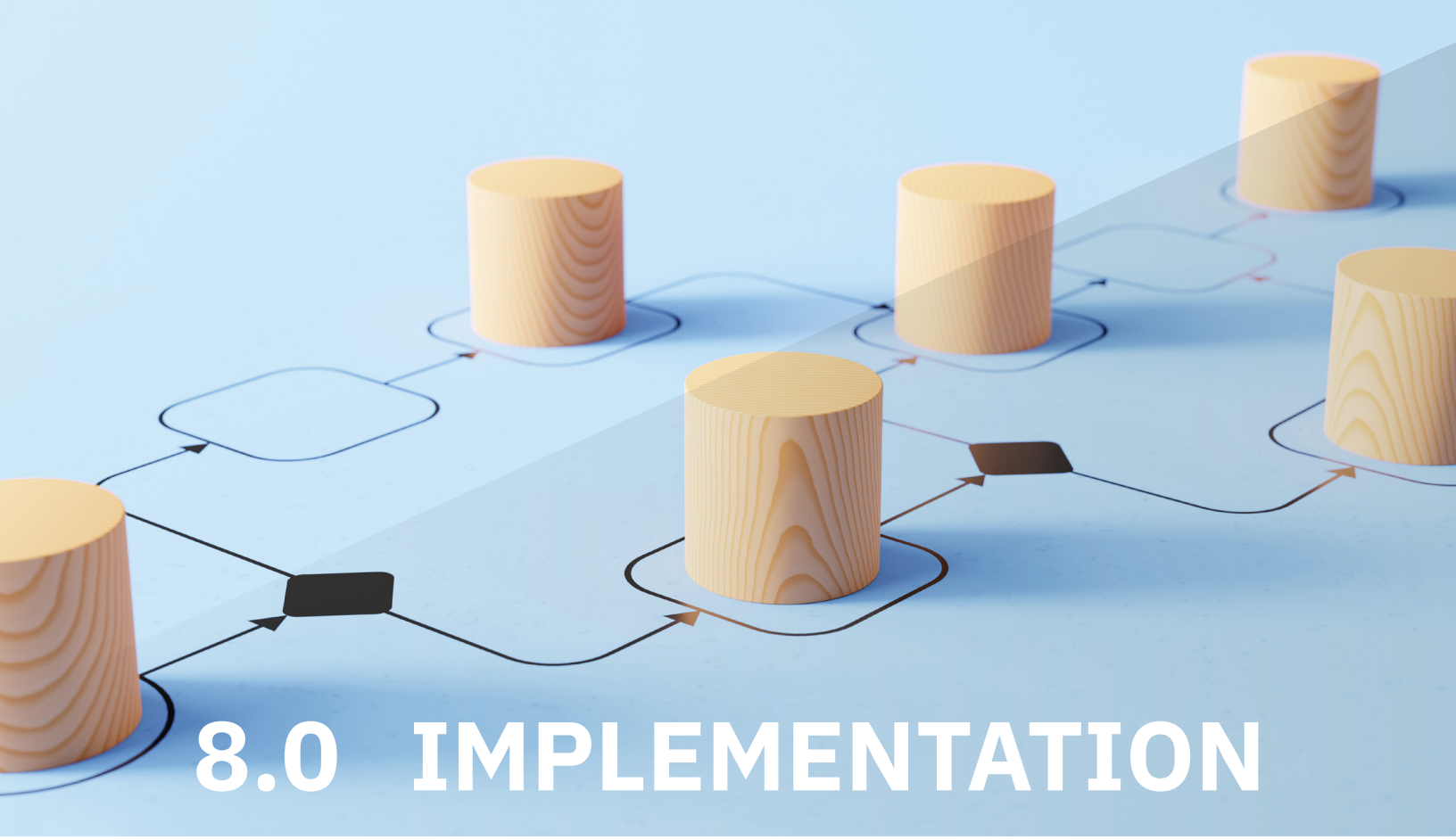
- Goal: Provide capacity and structure to efficiently license well trained, prepared, supported, and safe (non)relative placements and meet the diverse cultural, clinical, and wellbeing needs of children in care.
    - Outcome Measure: The percent of children in care located in the right level of care for their needs.
        - Key Performance Metrics:
            - Decrease the average time from Application to Decision from 164 days to 90 days within one (1) year.
            - Increase the percent of inquiries that become licensed from 30% to 40% within one (1) year.
            - Increase the total number of available foster beds from 2,109 to ___ by 2025.
            - Increase the percentage of same race/culture licensed homes from ___ to ___ within one (1) year (data not available)
            - Increase the percentage of relative placements who are licensed from ___ to ___ within one (1) year.

[62] https://www.whitehouse.gov/briefing-room/statements-releases/2023/09/27/fact-sheet-biden-harris-administration-announces-new-actions-to-support-children-and-families-in-foster-care/#:~:text=Today%2C%20HHS%20has%20issued%20a,other%20foster%20home%20would%

- An increase of ___% of placements from baseline are aligned with presenting need by 2024. (data not available)
- Increase the percent of transitional youth (IL/APPLA) in a licensed home at the age of 18 from ___ to 100% by ___ (access to the services and funds for IL/APPLA) (data not available).

Estimated ROI & Estimated Cost for Implementation

Licensing							
Strategy	**Anticipated Results**	**Initial Investment**	**Social Worker Time Savings Reinvestment**	**Customer Time Saved**	**Trauma Avoidance**	**Money Saved**	**Cost Avoided**
Build Streamlined Licensing Process that Supports Perspective Applicants	Increase the yield of families inquiring that become licensed	0	0	2,175 months waiting per year (74 days per application for 882 licensures per year, 2021 data from Care Match)	No	0	0
Build Licensing Capacity, Efficiency, and Flexibility	Increase bed capacity and improve time to permanency		Yes	Reduce paperwork and time to license ensuring family gets time back	Yes - permanency will be achieved sooner and also increase bed capacity	Need to implement CIA workflow efficiencies and add kin licensing specialists	Reduce time to licensing and unnecessary appeals and reviews



8.0 IMPLEMENTATION

The recommendations included in this report require a well-guided implementation strategy and dedicated support for success. In an effort to provide implementation support around each recommendation, we have created an Implementation Plan Task List (See Appendix C) which lays out key tasks and deliverables in addition to other relevant information. Sections such as owner, timeline, and current status will become more relevant as each recommendation is vetted for consideration for implementation.

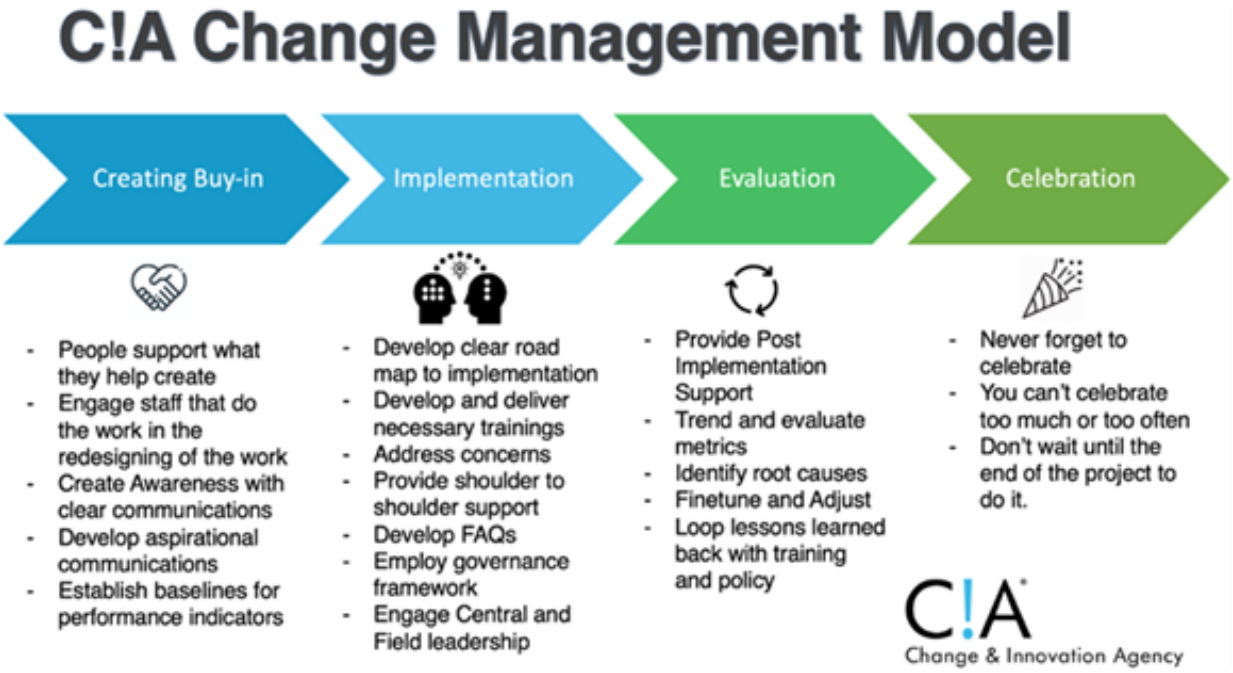
Although Implementation and Organizational Change Management activities are not within the specific scope of the current assessment contract, as part of our partnership we have included information essential toward successful next steps. In this light, valuable information is being furnished to facilitate Iowa in its implementation endeavors. This information serves as a compass, directing efforts towards effective execution and transformational change.

Recognizing the significance of a seamless transition from recommendations to tangible results, it is worth noting that the C!A team is readily available to extend support should such assistance be desired. The team's expertise in implementation support and adeptness in steering through the intricacies of change can play a pivotal role in ensuring that Iowa navigates through the necessary steps of implementation with finesse. By collaborating with C!A, Iowa stands to gain valuable insights, strategies, and resources that can pave the way for a successful implementation journey, thereby enhancing the prospects of achieving the desired outcomes and organizational advancements.

Once the recommendations have been reviewed and determined which elements will proceed, we recommend partnering together for a shoulder-to-shoulder implementation to maximize results.

C!A's proven Change Management Methodology, designed specifically for government processes and drawing from the popular Lewin's and ADKAR change management models, includes support through the Development, Implementation, and Post-Implementation phases of a successful project.

8.1.1 Our Change Management Methodology



8.1.2 Creating Buy-in

Following the approval of this report and selected recommendations, C!A recommends moving forward with the approved ideas through C!A's proven implementation approach. The first step in that process will be chartering teams by functional area to move from recommendation to implementation of the approved process changes. These teams will use this charter to begin Business Process Redesign workshops designed to develop roadmaps for a successful implementation of the approved redesign elements. These workshop sessions engage staff in the process of planning for a successful transition and adaptation of the recommended changes.

In our experience, people support what they help create. The act of engaging their hearts and minds in developing implementation plans and making critical decisions puts staff in the position of creating solutions and owning the overall success of the transition. Our approach is based on supportive and continuous training. Every concept is taught and applied on the spot. These workshops will begin with C!A's Radical Process Improvement training designed to orient participants to the following concepts that will be used throughout the workshops:

- How the System of Work applies to them
- Diagnosing a system
- Principles of process improvement

- System thinking and process mapping
- Process analysis
- Strategies to overcome obstacles to the changes
- Practical skills and strategies to help the office through transitional changes
- Expectations moving forward

Once these workshops have been conducted, action planning meetings will be held to detail deliverables, owners, and anticipated completion dates for tasks critical to the implementation of the new processes. Participants in these action planning sessions will return to their work sites with action steps and a timeline outlining the necessary tasks and deliverables required to transition to the new model. Supporting local managers with their preparation efforts during these critical weeks is essential to their success.

The preparation and support phase of the transition focuses on increasing an office's readiness to implement the new process changes. Meeting targets and completing the tasks agreed to during action planning become the focus of the support provided to local management to allow an office to have a smooth and seamless transition.

Pre-implementation communications typically fall into three main categories. The first type of communication is management briefings. We recommend updating managers and supervisors on key areas from design to allow adequate preparation to answer questions and begin preparations for implementation activities. The second type of communication is all-staff briefings. We recommend updating staff regarding the upcoming implementation and direction, including the tentative schedule, and also highlighting current and previous engagement activities—including a voice from the team whenever possible. The third communication type is logistical updates. These updates are designed to share the schedule for implementation training to assist beginning to coordinate logistics.

The purpose of the ongoing logistical communications is:

- Assess progress of the overall implementation effort
- Move through the tasks agreed upon during the action planning meeting in a timely manner
- Remove and overcome unanticipated barriers to implementation
- Inform local leaders on key management elements required to manage through the upcoming changes

8.1.3 Implementation

Because process changes can be stressful, we recommend minimizing additional disruptions to the daily schedule for workers and supervisors in the months leading up to implementation. This includes segmenting and implementing individual changes as this extends the amount of time staff are in transition from current processes to future state.

A successful implementation of the proposed process changes will be the primary focus of implementation and training efforts. These efforts will focus on the completion of tasks, deliverables, and timeline; including identifying the resources needed to operationalize the new business processes. Tasks would address the following planning areas:

- Applicable baseline performance measures
- Backlog strategies
- Management training
- Staff training

Training is typically designed as a combination of synchronous and asynchronous learning opportunities that focuses on both the new material, but also on the "why" behind each change. Our team has learned that workers more readily embrace the new knowledge when they understand how that knowledge will help them and how it came to be. While live training used to be preferred, during the pandemic our team has evolved to offer options that include virtual meetings and digitally recorded content, and is prepared to be flexible based on capacity, logistics, and in-person availability.

Training materials and tools including the training curriculum, handouts, and any other final training resources would be made available to training participants immediately following the training. A FAQ should be developed and maintained based on training feedback for consistency across the districts. Daily meetings with leadership should be conducted during the first week of implementation to review lessons learned, answer questions, and review the plan for the following day.

8.1.4 Evaluation

After the Implementation is concluded, trending data will be analyzed to determine current performance trajectories with anticipated outcomes. This data analysis will inform the appropriate level of support required to improve outcomes. As a result, post-implementation support happens in a threefold approach:

- On-site visits
- Phone calls
- Metrics development and monitoring

The results of this approach will inform next steps regarding arranging follow-up visits/phone calls, focused data monitoring observations, and/or specific management requests.

C!A will provide recommendations regarding the correct metrics that will be useful to ensure the process is being followed and thereby the success of the implementation. To assist in identifying any potential issues or concerns, C!A will continue to aid with monitoring the business process through the data post implementation. We will partner with local supervision to share any challenges that they face and work collaboratively to find the best practical solutions. We will continue to monitor all available data to identify any anomalies and work with local offices to determine root causes and workable solutions.

8.1.5 Celebration

We will provide recommended communications that management can deploy to update staff regarding key performance indicators as they are achieved post-implementation.

- Successful implementation stories or quotes from workers
- Encouraging messages from leadership
- Improvement of key performance indicators from baseline measures

9.0 STATE BENCHMARKING

State benchmarking is a vital analytical process that enables a comprehensive comparison of human services across different regions of our country and similarly populated states like Iowa. This methodology involves a systematic examination of a wide array of indicators. By evaluating and contrasting these diverse elements, state benchmarking empowers policymakers, administrators, and stakeholder to glean valuable insights, identify best practices, and make informed decisions aimed at enhancing the quality, efficiency, and impact of human services delivery.

Below are the states we feel offer up solid benchmarking for Iowa to benefit from:

Key Outcome Performance Benchmarks							
Measure	South Dakota	Missouri	Nebraska	Kansas	Nevada	Idaho	Iowa
	Pop# 895,376	Pop# 6.12 million	Pop# 1.96 million	Pop# 2.94 million	Pop# 3.14 million	Pop# 1.9 million	Pop# 3.19 million
Salary[63] (July 2023):	**$52,643**	**$56,923**	**$55,762**	**$56,884**	**$60,385**	**$55,466**	**$56,874**
Safety : Recurrence of Maltreatment within 12 months (2021):	8.2%	3.10%	5.8%	5%	6.9%	3.8%	16.6%
Placement Stability: Two or Fewer Placement (in care less than 12 months 9/30 2021)[64]	83.1%	80.4%	88.3%	79.4%	82.0%	84.9%	89.9%
Permanency: Time to reunification > 12 months (2021)[64]	29%	57.3%	54.2%	61%	32.6%	21.8%	52.7%
Permanency: Time to adoption > 24 months (2021)[64]	75.4%	65.8%	66.9%	86.9%	75%	59%	50%
# in Foster Care: (9/30 2021)[64]	1,647	13,194	3,835	7,085	4,183	1,601	4,144
Foster Care Entry Rate: (9/30 2021)[64]	4.6	4.9	4.2	4.5	4.0	2.9	3.9
# Child Maltreatment Victims: (9/30 2021)[64]	1,459	4,262	2,471	2,140	5,547	2,268	11,271[65]

9.1.1 South Dakota

Structure of Child Welfare System/Services

Infrastructure & Service Array: Department of Social Services (DSS) oversees the Division of Child Protection Services across the state of SD. Protective Services are services providing responses to reports of child abuse and neglect. They include receipt and assessment of reports and support to children and families when children are determined to be unsafe. Treatment services are provided to strengthen and preserve families and protect children from abuse and neglect. Services are available to families in which children are determined to be unsafe because of abuse or neglect. Support services include training for families in parenting skills and home management and referrals for counseling and other assistance. Strategic plan goals include reducing risk factors and enhancing protective capabilities, permanency, and

63 https://www.salary.com/research/salary/posting/child-welfare-worker-salary/IA

64 https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/iowa.html

65 https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/iowa.html; https://www.salary.com/research/salary/posting/child-welfare-worker-salary/IA

safety for children (including reunification with family whenever possible), implementing permanency round tables to expedite permanency for children in placement, services and programs are needs driven, customer responsive and culturally relevant.

Workforce: In 2019, Child Protection workers in South Dakota had a 27.7% turnover rate.

Caseload/ Case Metrics: In 2022, there were 17,158 reports made to SD Child Protection services, of those 16,195 alleged child abuse or neglect. In 2022, 970 children entered foster care and averaged 287 days from initial placement to reunification.

Relevant Infrastructure and Service Array Comparable: Comparable

Similar CW Structure: CPS is divided into seven geographical regions. Each Region is led by a Regional Manager who is directly involved with the management of staff in the Region and responsible for overseeing the region-wide provision of services in all program areas. CPS has nineteen offices statewide that provide CPS services.

Differential Response: Support services include the use of present danger plans, as an alternative to placement allowing for voluntary placement, the use of safety plans to allow for additional time to make a determination.

Prevention Services: Limited prevention programs are available in partnership with community providers and include resources available for parents and caregivers to help address a broad range of needs including mental health services, substance use and recovery services, parenting education, childcare services, and economic assistance. Independent living services and ETV funds are available for older youth. Placement supports/ options are available and include, kinship, foster care, group care, psychiatric residential treatment, and intensive residential treatment.

Legal Support Structure: Agency

South Dakota Demographics	
Total Population	895,376
White American, non-Hispanic	83.6%
Hispanic or Latino	3.5%
Black or African American	2.14%
Native Hawaiian or other Pacific Islander	0.06%
Two or more races	3.41%
Asian	1.41%
American Indian and Alaska Native	8.53%

9.1.2 Missouri

Structure of Child Welfare System/Services

Infrastructure & Service Array: Called Children's Services Division under the state Department of Social Services (under DHHS) 5 regions with a Regional Administrator. Counties have offices with a Circuit Manager. Services include, Hotline, Investigations/Assessments, Family Centered Services, Intensive In-Home Services (contract), Out of Home Investigations, Foster Care. They use SoS, Team Decision Making (TDM), Rapid Permanency Reviews (RPRs from Casey), and have an Integrated Practice Model

Workforce: Missouri has approximately 1,800 workers. In the Children's Division, there are 558 fewer full-time staff as of Aug. 31, 2022, than there were in July 2009, a reduction of almost 25%. Turnover (2022) was at 37% across Children's Services; in Kansas City, turnover was 88%. The Division has had 9 different directors in the last 10 years.

Caseload/ Case Metrics: The state removes children at a rate nearly twice the national average, even when accounting for poverty.

Relevant Infrastructure and Service Array Comparable: Comparable

Similar CW Structure: Somewhat. They have a unique court structure. Their organizational structure is grouped somewhat differently than IA at Central office, but there is a similar (5) region structure in the field.

Differential Response: Missouri was one of the first states to adopt a differential response model, and the first state to conduct an evaluation of the effectiveness of such a model. In 1994, Senate Bill 595 required the Missouri Department of Social Services to implement a differential response pilot program. Hotline calls to CPS reporting suspected child abuse and neglect were either placed into a traditional investigative track or a non-investigative family assessment track in select pilot counties. Since the late 1990s differential response has been implemented statewide. Options include Investigation, Family Assessment, Juvenile Assessment, CA/N, Non-Caretaker Referral, Preventative Services Referral.

Prevention Services: Preventive Services cases, services are provided to prevent child abuse or neglect from occurring. The parent/caretaker must voluntarily seek or accept services. Contact may originate from a child abuse/neglect investigation which was unsubstantiated, however, the family is experiencing problems, which if unresolved, could potentially

contribute to abuse/neglect. Self-referrals and referrals from other community sources may also warrant the opening of a preventive services case. To open a case on these families, all the following criteria must exist:

- The family must be receptive and want services.
- There must be at least one child under age 18, or there must be an expecting parent.
- Failure to provide services could result in some identifiable form of abuse or neglect to the child(ren) or the expected child.
- Services which are requested are necessary and are unavailable through any other agency or resource.
- Parents/caretakers do not have the capability to obtain services on their own.

Legal Support Structure: Prosecutorial, Missouri's unique court structure distributes prosecutorial responsibilities among multiple parties, notably the juvenile office. The judicial structure in Missouri is such that the Children's Division can make recommendations regarding custody. Juvenile Officers, who are officers of the court, consider recommendations from the Children's Division and ultimately are responsible for filing a petition to the court. Only the court can legally take custody. While these teams work quite efficiently and effectively in certain jurisdictions, there are other areas where communication and role clarity can be improved. These differences are evident in current outcomes data, which reveals significant disparities between many of the 46 court circuits.

Missouri Demographics	
Total Population	6.12M
White American, non-Hispanic	82.6%
Hispanic or Latino	4%
Black or African American	11%
Native Hawaiian or other Pacific Islander	0.2%
Two or more races	2.6%
Asian	2.2%
American Indian and Alaska Native	0.6%

9.1.3 Nebraska

Structure of Child Welfare System/Services

Infrastructure & Service Array: Nebraska has regional service areas like Iowa. NE has five service areas. They utilize Safety Organized Practice (SOP), a central belief of SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists to find solutions that ensure safety, permanency, and wellbeing for children. This method combines practices from solution-focused techniques, Signs of Safety, trauma-informed practice, Structured Decision Making™ (SDM), and cultural humility.

Workforce: According to the U.S.. Bureau of Labor Statistics there are 3,470 child, family, and school social workers in Nebraska. Their mean wage is $21.25/ hr. Total child protection staff as of January 2022 was 414.

Caseload/ Case Metrics: In 2021, there were a total of 36,393 reports categorized as follows: Child Abuse or Neglect Reports: 29,713 (81.7%), Reports with Multiple Allegations: 3,781 (10.2%), and No Allegation Reports: 2,881 (7.9%). Of the 36,393, 18,292 (50.3%) were screened out.

Relevant Infrastructure and Service Array Comparable:

Similar CW Structure: Partial

Differential Response: They have an alternative response model. The foundational elements of the model include:

- Assessing child safety, risk of future abuse or neglect, and parent's ability to protect their children
- Connecting families to services and/or informal supports to improve parents' ability to protect their children
- Eligibility is based on information gathered by the Child Abuse & Neglect Hotline and does not place the parent(s) on the Central Registry and has 22 exclusionary criteria
- Includes Review, Evaluate and Decide (RED) Team criteria (eight additional criteria). If they are present, further review is required to determine if the case meets the definition of Alternative Response

Prevention Services: Under Development. Lifespan Respite is in place, a service that is designed to give caregivers a break from the demand of providing ongoing care for another individual. This is provided when the caregiver lives with a person with special needs. Special needs are defined as a person of any age with needs resulting from an emotional, behavioral, cognitive, physical, or condition that necessitates receipt of care or supervision to meet the person's basic needs or to prevent harm from occurring. Such conditions include, but are not limited to developmental disabilities, physical disabilities, chronic illness, physical or mental conditions that require supervision, special health care needs, cognitive impairments, or situations at high risk of abuse or neglect.

Legal Support Structure: Agency - County Attorney. The County Attorney brings child protection cases to the court's attention by filing the petition in court. The county attorney has to prove to the judge that what they put in the petition is true. The county attorney represents the interests of the State and county.

Nebraska Demographics	
Total Population	~2M
White American, non-Hispanic	77.4%
Hispanic or Latino	12%
Black or African American	5.3%
Native Hawaiian or other Pacific Islander	.1%
Two or more races	3.95%
Asian	2.8%
American Indian and Alaska Native	1.6%

9.1.4 Kansas

Structure of Child Welfare System/Services

Infrastructure & Service Array: Child welfare services are administered by the Department of Children and Families. The department administers the following programs: Child Support Services, Economic and Employment Services, Family Crisis Response Helpline, Foster Care Licensing, Prevention and Protection Services, Organizational Health and Development, and Rehabilitation Services. The state is working collaboratively with several partners, including University of Kansas School of Social Welfare (KUSSW) and its partners, the Kansas Department for Children and Families, the state's network of privatized

providers of adoption and foster care, and the Court Improvement Program (CIP) to align all system partners on shared principles and develop and deliver a coaching model for public and private supervisors across child welfare programs to address basic social work practices in four areas:

- parent and youth engagement
- risk and safety assessment
- relative/kin connections; and,
- concurrent planning

Workforce: All Kansas caseworkers are required to have a four-year degree in a Human Services or Behavioral Sciences field of study to be employed as a Child Protection Specialist. Completion of the state's four-week Prevention and Protection Services (PPS) Training Academy is required prior to caseload assignment. Training includes online training modules, shadowing experiences, pre-training assignments, and two classroom courses. The Academy participants are expected to complete the additional training requirements within 90 to 180 days of hire. As an additional requirement, all DCF PPS Specialists and Supervisors must complete 40 hours of continuing education, including 3 hours of ethics training bi-annually.

Caseload/Case Metrics: DCF caseload ratios in assessments and investigation are one worker to 15 (1:15) for new reports monthly. DCF Assessment and Investigation caseloads are monitored and reported monthly to demonstrate trends and complement weekly tracking of retained and vacant positions.

Relevant Infrastructure and Service Array Comparable: Infrastructure is comparable. Service array is somewhat comparable, but more expansive than what currently exists in Iowa. Additionally, the contracts in place for service area providers appear to be working more effectively than those in place in Iowa.

Similar CW Structure: Similar CW Structure

Differential Response: Kansas does not have differential response, per se. However, the state has two categories of reports made to their Kansas Protection Report Center—Child Abuse or Neglect and Family in Need of Assistance (FINA).

Prevention Services: Kansas has three categories of services to support families whether their children are at risk of entering foster care. The

first category, Family Services may be offered in non-crisis situations to families in need. Family Services may include concrete goods, services, and case management to alleviate a specific situation the family is facing. Caseworkers can offer these through referrals to community agencies. Services can be provided without regard to income and may be voluntary or court ordered. Family Services may help families locate and use additional assistance through community support systems, counseling and treatment services, housing, childcare, job training, and other basic support systems.

Kansas has implemented an expanded array of services as part of the Family First Prevention Services Plan, including what they are calling Family First Prevention Services, their second category of prevention services. Services in this category include mental health, substance use disorder and treatment services, kinship navigator, and parent skill-based programs. Family First Prevention Services may be provided to families when at least one child in the home is at imminent risk for out of home placement. Providers were selected to suit the unique needs of each community. Staff and families can together craft a personalized Prevention Plan after reviewing the service menu to select programs to fit their individual needs. Services are unique to counties, regions, or catchment areas.

Family Preservation Services is the third category of prevention services and includes home-based, intensive, therapeutic and/or case management services offered to families in crisis when children are at high risk of out-of-home placement. Family Preservation services are accessible in all 105 counties in Kansas and case management crisis services are available 24 hours a day and 7 days a week. Family Preservation may also assist the family with concrete goods and services including exterminator services, head lice treatment supplies, clothes, rent and deposits, bus passes, car repairs and refrigerators.

Legal Support Structure: Agency

Kansas Demographics	
Total Population	2,937,150
White American, non-Hispanic	74.7%
Hispanic or Latino	12.7%
Black or African American	6.2%
Native Hawaiian or other Pacific Islander	0.1%
Two or more races	3.3%
Asian	3.2%
American Indian and Alaska Native	1.2%

9.1.5 Nevada

Structure of Child Welfare System/Services

Infrastructure & Service Array: State of Nevada has a state administered state supervised child welfare system except in Clark County which includes the city of Las Vegas which runs its own parallel child welfare system though policy direction comes from the State as do federal funds. There is significant disparities in resources, service array, child welfare practices and outcomes between Las Vegas (Clark County), Reno (Washoe County) and the rest of the State which is very rural.

Workforce: 665 (2025 budget) of these 246 are in the intake and assessment units statewide.

Caseload/ Case Metrics: SAFE Model Caseload Size should be 15-18 but they are currently at 17-30. CPS caseload currently is 17-26.

Relevant Infrastructure and Service Array Comparable:

As in Des Moines, Las Vegas has the most resources for children and families as it has the most diversity and density of population in the State. Unlike in Iowa, due to a prior class action that jurisdiction (Clark County) is state supervised, and county administered with significant resource investment in building a robust service array. The remaining jurisdictions in the state are state supervised and state administered. The rural parts of Nevada are thinly populated and less adequately resourced. Sometimes the placement in a foster home is almost 100 miles from the jurisdiction of removal. This places extraordinary pressure on the system to support reunification outcomes. Nevada also has many native tribes and does ICWA compliance in court really well however the lack of service array in rural Nevada impacts outcomes for native children. The Courts structure is similar to Iowa. Nevada is a 24-hour state because of gambling and mining. This affects both the economic and social opportunities and challenges in Nevada for state residents.

Similar CW Structure: Partial

Differential Response: The state of Nevada utilizes a differential response approach.

Prevention Services: Under development

Legal Support Structure: Agency, similar to Iowa. County Attorneys have independent legal standing in court and can at times take positions contrary to that of DCFS case workers.

Nevada Demographics	
Total Population	3.1M
White American, non-Hispanic	47.75%
Hispanic or Latino	30.3%
Black or African American	10.8%
Native Hawaiian or other Pacific Islander	.90%
Two or more races	5.1%
Asian	9.4%
American Indian and Alaska Native	1.7%

9.1.6 Idaho

Structure of Child Welfare System/Services

Infrastructure & Service Array: Idaho's Department of Health and Welfare's (DHW) provides oversight for child protection and child welfare programming. DHW is an integrated health and human services agency operating in 52 locations, of which 19 are publicly accessible throughout the state.

Workforce: During SFY 2022, Child Family Services struggled with retention and recruitment of social workers to perform child welfare job duties. Bonuses, pay increases, and adjustments to work requirements were implemented to address a lack of social workers. Non-social worker employees were recruited to do many child welfare tasks. There are 2,972 authorized full-time employees in Fiscal Year 2022. Social Worker 1 and 2 positions are required to be licensed LSW's.

Caseload/ Case Metrics: Three years ago, the average number of cases open to assess the safety of children was approximately 2,700 on any given day. After implementing a new process and despite the hiring challenges, the current number of safety cases averages around 500. The goal is to ensure after safety decisions have been made, families are not waiting on a decision or services. Funded by kinship navigator grant funds, resource and service navigation identifies and develops resources to support families that are struggling. Families work with case workers to achieve long-term stability using customized service plans focused on family strengths and community supports.

- In SFY 2022, there were 23,131 referrals from concerned citizens. Of these referrals, 9,303 were assigned for safety assessment.

- During SFY 2022, a total of 2,756 children were served through the foster care program. In the same year, 1,293 children left foster care. Of these children, 62 percent were reunified with their parents/caregivers.

Relevant Infrastructure and Service Array Comparable: No, agency has fully implemented prevention services and new processes to address safety decisions resulting in a decline in the average number of safety related cases.

Similar CW Structure: The CFS program operates a centralized unit of LSWs to process the intake and screening of all child protection referrals. The primary responsibility of this unit is to receive and document reports of child protection concerns.

Differential Response: Idaho does not utilize differential response, rather upon receipt of a child maltreatment report that appears to fall within the definitions of child abuse, neglect, or abandonment, the referral is assigned a response priority. Priority level is determined by the Priority Response Guidelines, which classify, report, and organize responses based on the level of threat to the child's safety and well-being. The Priority Response Guidelines require social workers to respond according to the severity described in the referral.

Prevention Services: Implemented

Legal Support Structure: Agency

Idaho Demographics	
Total Population	1.9M
White American, non-Hispanic	88.41%
Hispanic or Latino	13.3%
Black or African American	0.66%
Native Hawaiian or other Pacific Islander	0.18%
Two or more races	4.28%
Asian	1.4%
American Indian and Alaska Native	1.3%

10.0 APPENDICES

10.0 Appendices

Appendix A (Interviews)

Interviews With Leadership

#	Organization Unit	Name/Email
1	Licensing/Kinship	Matt Majeski
2	Case Management	Lori Frick
3	Training Development	Matt Haynes
4	Court and Related Services	Kathy Thompson
5	Community Services	Tom Bouska
6	Assessment	Jana Rhoads
7	Division Director	Janee Harvey
8	Intake	Lori Lipscomb
9	Case Management and HHS Perspective on Court/County Attorneys (CAs)	Dawn Turner
10	Director of Field Operations	Vern Armstrong

Customer Focus Group Interviews

Organization	Point of Contact
Social Work Administrators	Jason Geyer Jason Kilby Andrea Hickman Tammi Winchester Travis Heaton Tracey White Trisha Gowin Lynn Bell Liam Healy Paige Casteel Valarie Lovaglia
Social Work Supervisors (Case Managers and Protective)	SWAs (Contacts above)
Intake Supervisors	Lori Lipscomb
Intake Staff Group 1	Lori Lipscomb
Intake Staff Group 2	Lori Lipscomb
Intake SW4s	Lori Lipscomb
IT Project Management/Software Development	Matt Haynes Tim Bartleman

Organization	Point of Contact
HHS Quality Improvement Team	Susan Godwin
Child Welfare Partnership Committee (CWPC): Provider Association Leads (In-Home, Out-of-Home, and BH Services; Wraparound and Family Supports; TAY Services)	Kristie Oliver (Head of the Coalition) Child Partnership Committee (CWPC) Natalie Clapp Mylene Wanatee Ana Clymer Linda Detteman
Behavioral Health, Intellectual/Developmental Disabilities	Marissa Eyanson DeAnn Decker Kathleen Jordan Theresa Armstrong
Transition Planning Specialists (TPS): Youth/APPLA/ Older Youth/ Activating Youth Engagement (AYE)/ Achieving Maximum Potential (AMP)	Doug Wolfe Transition Planning Specialist (TPS) staff
HHS Service and CCWIS Help Desk	Matt Haynes
Medicaid Partners	Liz Matney
Juvenile Justice	Chad Jensen
Cultural Equity Alliance	Julie Clark-Albrecht
Parent Partners	8 Attendees from across the state
Iowa Attorney General	Diane Murphy Smith
Foster Care Review Board	Steffani Simbric
Court Appointed Special Advocates (CASA)	Steffani Simbric
African American Case Consultation Team	Clarice Vincent, Julia Clark, Ms. Natalie Lamply
Bureau of Refugees	Mak Suceska
HHS Ombudsman	Jake Hainline
Iowa County Attorney's Office	Jessica Reynolds, Chandlor Collins
Families First Counseling Services	Angie Freiburger
Legislative Liaison	Carrie Malone
Native American Unit	Shane Frisch
Public Health Equity Coordinator/ Local Public Health Agencies	Olivia Walker
Medical Examiner	Dr. Klein – Email Questionnaire
Public Safety/Law Enforcement	Survey
State Public Defender/Parent Attorney	Jeff Wright

Stakeholder/Community Groups	
Juvenile Justice	Indian Child Welfare Act (ICWA) Attorney
CAs/Assistant CAs/Assistant AGs/ Multiple Disciplinary Advisory Committee	African American Case Consultation Team
Parent Attorneys (Association/Group)	Bureau of Refugee Services
GALs/CASA (Court Appointed Special Advocate)	Families First Counseling Services (family-centered service provider)
Law Enforcement	Medical Examiner
Parent Partners	Foster Care Review Board Members
Cultural Equity Alliance Team Members	Ombudsman
Tribal Nations	Health Equity Coordinator
HHS Legislative Liaison	Local Public Health Agencies (LPHA)

Appendix B (Policy Change Recommendations)

Policy Change Recommendations

	Policy/ Procedure	Functional Area	Recommended Policy Update	Rationale/ Notes
1	Intake Policy	Intake	• Implement a Structured Decision Making® (SDM) intake model and update Intake policy to reflect the integration of the model. • Implementing SDM and should be reflected in policy updates, including: ○ Continuous quality improvement to evaluate consistent application of items across subpopulations. ○ Supervision/coaching to increase awareness of application of items across subpopulations. ○ Use of aggregate data cross-tabulated by demographic data elements to examine patterns. ○ Use of findings to focus efforts to reduce disparities in practice.	Implementing an SDM intake model would support hotline workers in making more consistent decisions on whether a report requires a child protective services (CPS) assessment response and how swiftly an assessment must be initiated for those reports accepted for investigation.
2	Tools, Decision Trees, and Guidance	Intake	• Implement a Structured Decision Making® (SDM) intake model and update accompanying practice tools to ensure fidelity, consistency, and quality assurance.	Implementing a SDM intake model would improve the consistency and validity of intake decisions. The SDM model includes clearly defined standards and mechanisms for ensuring accountability and quality controls.
3	Child Support	Organization Wide	• Examine current guidance to case workers and update to reflect policy shift as detailed in the Federal Memorandum. Joint Letter Regarding the Assignment of Rights to Child Support for Children in Foster Care. pdf (hhs.gov). This letter provides clarification on when it is appropriate for a title IV-E agency to secure an assignment of the rights to the child support for a child receiving title IV-E foster care maintenance in accordance with the Social Security Act.	This policy guidance is anchored in principles to reduce harm from poverty to families whose children are in care and to facilitate reunification. This guidance gives greater latitude to the IV-E agency around referring cases to Child Support for collections based on their determination that such a referral will not negatively impact reunification efforts for children in care with their parents.

Policy/ Procedure		Functional Area	Recommended Policy Update	Rationale/ Notes
4	Kinship Care Licensing Policy	Licensing	• Federal Register: Separate Licensing Standards for Relative or Kinship Foster Family Homes – On February 14, ACF issued new proposed kinship care licensing regulations for public comment. This NPRM gives permission for title IV-E agencies to adopt foster family home licensing or approval standards for foster family homes of relatives or kin that differ from non-relative foster family home standards. It also requires that during the perioding review of licenses that kinship foster families receive the same foster care maintenance payments as non-kinship foster families • September, 27, 2023 HHS has issued a final regulation that will allow states to simplify the process for kinship caregivers to become foster care providers, and require that states provide these family members with the same financial support that any other foster home would receive. This regulation will help families across the country care for children in their extended family, and receive the resources and financial supports they need and deserve. These changes will advance the Administration's priority of equity for families who have been underserved and adversely affected by persistent poverty	The intent is to encourage more kinship placements for children who enter foster care. Research has shown that these placements reduce trauma on kids, preserve family connections and reduce the risk of multiple placements. However, kinship families often struggle to meet the burden of licensing standards that currently exists for non-kinship foster homes and are often living in poverty themselves which makes complying with standards of bedroom size for example or meeting the needs of children placed in their home a hardship. A child only TANF grant is not sufficient to meet the financial needs of this expanded household. Using a more flexible approach that does not compromise safety and gives kinship families the resources needed to raise their relative children and youth is necessary to improve outcomes for children who have experienced abuse or neglect.
5	Foster and Adoptive Parent Diligent Recruitment Plan 2020-2024	Adoption	• Recommend the addition of additional strategies to recruit non-white foster families. • Recommend the addition of requirement for contractors to provide information and training in languages that are reflective of the children in care	• Reliance on family-to-family recruitment is not a proven strategy to diversify foster family pool • Add a requirement for contractors to provide information/ training in Spanish (other languages reflective of the children in care) as it is not clear whether Four Oaks Family Connections and other subcontractors such as LSI make any information available in non-English. • Consider partnering with BIPOC led business, churches, and minority civic organizations and engaging non-white foster families to understand their journey to fostering and identify potential barriers encountered by non-white families.
6	Provider Forum Feedback	Policy and Practice	• Update Provider Manual to clearly outline roles and responsibility as it relates to both policy and practice.	This summary details feedback on the HHS funding model for contractors and the use of EBP's safety planning and transportation for clients. It indicates the reasons for removal across cases as lack of SUD services for parents, DV, and untreated BH needs. There is also indication of historical role confusion between contractors and HHS.

Policy/ Procedure		Functional Area	Recommended Policy Update	Rationale/ Notes
7	Practice Standards for Family Centered Services Contractors (12/22)	Organization Wide	• Consider the addition of flexibility for a range of visits, based on risk and need. • Recommend the addition of contract language that is in alignment with practice.	Staff and stakeholders noted that the number of visits is based on a standard number, not on need. Consider altering the contract to allow for a range of visits that are based on risk and need. More flexibility is recommended as there is a range of families who may need a bit less or may benefit from more than 20 hours. Consider recommending a follow-up discussion that is based on needs in the field. Adding contract language that is in alignment with practice would help to enhance the impact of these services.
8	Safety Assessment Guidance	Assessment	• Revise assessment guidance to add further clarity on what constitutes neglect and how to tease out chronic poverty which may require a different set of prevention and self-sufficiency strategies using FFPSA authorities. A Key Connection: Economic Stability and Family Well-being – Chapin Hall	Often for new child welfare workers, poverty equates to neglect. Some environmental issues seem to be related to chronic poverty, pursue clarity regarding reason for removal or support and assistance as some to align with the statutory goal of TANF, to support needy families so that children remain safely at home or with relatives.
9	Reunification Staffing Guide	Policy and Practice	• Confirm age at which child/ youth should be involved in permanency decision making	References to child and youth involvement are not included, needs further discussion regarding if it is in the best interest of the child/youth to be a part of the conversation.
10	Educational Stability Flow Chart	Policy and Practice	• Revise the flowchart to reflect when it is appropriate to include children and youth in school placement decision making to reflect the policy guidance: https://hhs.iowa.gov/sites/ default/files/Comm656.pdf?120220222017	A flowchart should be formed to reflect policy guidance. The guidance document is very clear: Microsoft Word - Best Interest Determination 2-3-17 (2) (iowa.gov) The workflow could benefit from additional clarity especially around how children and youth are included in decision making around school placement decisions especially when they are placed in foster care. https://hhs.iowa.gov/sites/default/files/ Comm656.pdf?120220222017
11	Permanent Placement Procedures	Adoption	• Update policy to reflect relevancy. Concurrent permanency planning (CPP) is an approach that seeks to shorten a child or youth's stay in foster care by providing more than one permanent family solution.	Concurrent planning appears to be delayed until TPR is accomplished, federal review also indicates rapid TPRs in Iowa. The assessment identified gaps in how CPP was being implemented in Iowa especially given the current practice of waiting until TPR is completed. Permanency planning begins on the day the child enters foster care and CPP should begin at the same time.
12	General Provisions	Policy and Practice	• Update policy to align and reflect current relevancy.	Policy provisions for IV-A emergency assistance funds. There is a need to inquire if any updates have been made, that may not have been posted, as it is a very old policy.

Policy/ Procedure		Functional Area	Recommended Policy Update	Rationale/ Notes
13	CW & Juvenile Justice Reform Implementation	Policy and Practice	• Revisions to the policy can be categorized as: technical changes, FFPSA changes, and substantive changes.	Implementation documentation includes timeline, action place, and the administrative rule necessary for graduated sanctions and JD home funds in order to implement HS 2507 to align with FFPSA.
14	Iowa Child Maltreatment Prevention Needs Assessment (2017)	Assessment, Policy, and Practice	• Update policy to align and reflect current relevancy.	Needs assessment completed to develop strategic plan to help guide the work of the newly combined ICAPP and CBCAP programs to support prevention. This contains an inventory of programs, EBP's used in IA, use of social indicator to identify prevalence and impact of risk factors, collection of stakeholder feedback on data and initial findings. It also details the strength and challenges of the system.
15	Youth Transition Decision Making Standards	Policy and Practice	• Recommend adding "supporting transition" before aging out at 21" as a necessary step.	Noted: if the youth is receiving services till age 21, the YTDM should be extended to support transition before aging out at 21.
16	Differential Response System: Family Assessment	Policy and Practice	• Consider the development of a more robust volunteer pathway for services could build upon the existing practice	The Iowa Child Abuse Prevention Program (ICAPP) has some funding, but service availability varies across the state. Consider the investment in a consistently funded voluntary pathway that addresses core issues such as poverty. One example is the Parent Support and Outreach Program (PSOP) in MN.
17	IA CW Procurement Processes (2018)	Procurement and Contracting	• Update the 2018 process document and measure the impact outcomes and opportunities for improvement.	There is a need to measure outcomes related to the contract. Further clarification is needed to determine if the procurement accomplished what the RFP intended.
18	Finalized contracts	Procurement and Contracting	• Consider a cross cutting strategy and reflect this strategy in policy. The 2018 RFP for ACFS (18-002) has section 1.3.6.1 – Ensure Resource Family is racially, ethnically, and culturally like the child. • Develop reporting to track progress.	There is intentional work related to their non-white capacity measures. As well as reviewing hours for contracted providers being flexible enough for family needs. There is an opportunity to engage more deeply with the African American consultation team to help build community connections and an authentic approach.

Appendix C (Implementation Plan Check List)

Organization Wide								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Develop Statewide Data Informed Process Maps	Workforce							
	Workload and Process							
	Policy and Practice	N/A						
	Quality and Accountabilty	Leverage Statewide Data Visuals to provide targeted support when workload exceeds capacity.	Targeted Support Plan					
	Technology and Data Integration (CCWIS)	Develop Standardized Data Visuals that Highlight Workload, Workflow, and Production.	Statewide Dashboard					
		For Intake, ensure technology will accurately track: Time from call answer to transfer to Assessment, Race and Ethnicity Data, and Identification of ICWA.	Data map identifying data points for process maps					
		For Assessment and Case Management, ensure technology will accurately track: Date and time of child contact, Date and time of consultations, Safety decision of consultations, Tasks identified for completion during consultations, Follow-up dates for subsequent consultation, Race and Ethnicity Data, Children removed from home on safety plan without court order.	Data map identifying data points for process maps					
		For Case Management, ensure technology will accurately track: Estimated date to return home, Estimated date for case closure, Race and Ethnicity Data, Permanent Placement Selection Date, Days from Extended home visit to case closure.	Data map identifying data points for process maps					
		For Licensing, ensure technology will accurately track: Number of pending Inquiries without an application completed, Number of currently open/pending applications, average days from inquiry to licensure, Number of applications completed in a year, average days from inquiry to withdrawal, average days from inquiry to denial, Race and Ethnicity Data, Total number of available beds for placement, Number of placements with relatives that are not IV-E, number of children in unlicensed placements.	Data map identifying data points for process maps					
		For Adoptions, ensure technology will accurately track: Time from TPR order to adoption finalization, Race and Ethnicity Data.	Data map identifying data points for process maps					

Organization Wide								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Increase Understanding of FFPSA and Expand Prevention Services	Workforce	Build on current efforts to align contracts to ensure that they are reflective of the emphasis on the delivery of EBPs and supporting the policy shift towards prevention and well-being statewide.						
	Workload and Process	Continuously monitor staff assignments to balance prevention, in-home, and out-of-home services.						
	Policy and Practice	Review candidacy and IV-E claiming related trend analysis to monitor federal fund capture.	Trend Analysis					
		Submit a FFPSA plan modification to expand candidacy definition for prevention services.	Modified plan					
	Quality and Accountabilty	Further develop FFPSA supervisory training for new supervisors (and refresher training for current sups).						
	Technology and Data Integration (CCWIS)	Recognizing that poverty is often a key predictor of child welfare involvement ensure that the CCWIS data provides a 360 view of family to facilitate family strengthening activities across all Iowa HHS programming.						
Improve Consistency Across Supervisor and Mentor Support	Workforce							
	Workload and Process							
	Policy and Practice	N/A						
	Quality and Accountabilty	Expand QA/QI to Include Practice Consistency. Develop coaching and mentoring support tools to assure supervisory consistency.						
	Technology and Data Integration (CCWIS)							

Organization Wide								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Expand the Service Array to Address Critical System Gaps	Workforce							
	Workload and Process							
	Policy and Practice	Determine the adequacy of the current service menu procured in current contracts.	Review of Contracts					
		Expand current bed capacity to address capacity gaps and address the adequacy of rates for treatment foster care, therapeutic group home, QRTPs and PRTFs.	Additional treatment and other therapeutic beds					
		Identify opportunities for cross system collaboration and resource development. An example would be Medicaid, Education, Children's Behavioral Health, and Child Welfare are blending and braiding funds to build out the system of care collaboratively.	Strategy and plan for cross system collaboration activities					
		Build out workflows across Medicaid, MCOs, and child welfare to deliver services and care to children.	Documented Workflows between system partners					
		Train workers and system partners to apply and implement the workflows with fidelity.	Trainings					
		Build out the menu of EBPs, training, fidelity monitoring, contracting, and continuous evaluation to ensure desired impact of children and families is achieved.	EBP expansion strategy and plan					
	Quality and Accountabilty							
	Technology and Data Integration (CCWIS)							

Organization Wide								
Strategy	Sub Category	Task	Deliverable	Owner	Timeline	Current Status	Last Updated	Notes/Updates
Promote Equitable Experiences and Outcomes	Workforce	Establish and fund a state commission or task force charged with monitoring disproportionality and supporting agency efforts to address key decision points and child welfare outcomes						
		Compensate bi-lingual and multi-lingual workers who are used as interpreters.						
	Workload and Process	Meet diverse language needs (monitor community/county demographic data at least annually to identify current and emerging population needs (language, services, supports)						
	Policy and Practice	Create structure and processes to use of data to monitor disproportionality and track child/youth and family outcome	Disproportionality Data Strategy					
		Establish service area multi-disciplinary teams focused on equitable child welfare practice and outcomes.	Established teams					
		Train all staff on targeted universalism	Training					
		Implement targeted universal approach	Targeted Approach Implementation Timeline/ Process					
		Engage members of disproportionately impacted racial and ethnic groups to establish a standing council to advise on organizational strategies to address system inequities.	Standing Council					
		Implement additional staff training options to increase organization-wide competencies in understanding and disrupting bias in child welfare systems.	Staff Training					
	Quality and Accountabilty	Develop training for professional reporters, particularly those with higher rates of disproportionality in reporting						
	Technology and Data Integration (CCWIS)							

Organization Wide								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Improve Hiring and Retention Practices	Workforce	Update current state classification System	New Job Descriptions and Career Ladder Pathway					Update the current state classification system to create a career ladder. An update to the classification system to address Intake and Assessment workers working at the same level — which is creating significant tension — and create incentives for staff retention and professional development. We recommend the following levels of staff. • Social Worker 1 – Entry level professional SW in any functional area • Social Worker 2 – Completed probationary period in good standing • Social Worker 3 – Lead/Mentor SW - oversees training, provides mentorship in any function • Social Worker 4 – Advanced SW – training responsibilities, specialized caseload in any function
		Recalibrate current staffing classifications within each of the functional areas (Intake, Assessment, Case Management,...)						The Department conduct a recalibration of existing social workers (2s and 3s) to spread out experience and skills and ease movement and frustration between the units.
		Conduct Staff Compensation Review						Compensation that reflects the intensity and quantity of work impacts the ability of social workers to provide the services and oversight on cases that promote positive outcomes for families. The state should review and update, as needed, compensation for social workers and social work supervisors.
	Workload and Process							
	Policy and Practice	Address and remove demotivating factors that lead to staff turnover	Staff Turnover Plan					
		Adopt promising staff support practices	Updated practices					
		Implement hiring practices, training supports, and engagement initiatives to recruit, support, and retain a culturally inclusive, responsive and diverse workforce	Training Plan					
		Develop targeted recruitment strategies	Recruitment plan					
	Quality and Accountabilty							
	Technology and Data Integration (CCWIS)							

Intake								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Develop a more structured/formal intake SDM Tool	Workforce							
	Workload and Process							
	Policy and Practice	Implement a Structured Decision Making® (SDM) intake model and update Intake policy to reflect the integration of the model. Also update accompanying practice tools to ensure fidelity, consistency, and quality assurance.	Update Intake Policy and Procedure to include SDM					
		Add race/ ethnicity element to intake and consultation framework.	Updated Intake Consultation Framework					
	Quality and Accountabilty	Develop bi-directional protocols to resolve disagreements on "accepted" referrals with warm hand offs from intake to assessment.						
		Revisit training and processes around professional reporters (mandated reporters – school, LE)						
	Technology and Data Integration (CCWIS)							
Improve timeliness of Completion of Intake and Assignment to Assessment	Workforce							
	Workload and Process							
	Policy and Practice	N/A						
	Quality and Accountabilty	Modify the current Intake Supervisor review process and implement a representative sample size for approvals while still maintaining a 100% review of denials.						
	Technology and Data Integration (CCWIS)							
Develop a Warmline	Workforce							
	Workload and Process							
	Policy and Practice	Develop warmline plan including considerations in 7.2.2	Warmline Plan					Significant additional detail can be found in the report for tasks associated with the warmline
		Develop warmline policy and processes	Policies and Procedures					
		Train staff	Training					
	Quality and Accountabilty	Develop method to track reduction in Child Protection intake calls and reductions in substantiated reports of neglect and subsequent reports of maltreatment.						
	Technology and Data Integration (CCWIS)							

Assessment								
Strategy	Sub Category	Task	Deliverable	Owner	Timeline	Current Status	Last Updated	Notes/Updates
Build a Central Consult Model that Combines Consultation and Documentation	Workforce	Hire 15 Central consultants with deep knowledge of child safety and wellbeing	Job Description, Position Posting, Central Consultants Hired					
	Workload and Process							
	Policy and Practice	Create policy to support Central Consult model and differential documentation	Policy, Guidance Document, and Sample Documentation					
	Quality and Accountabilty	Create QA plan to monitor and adjust as necessary	QA Plan					
	Technology and Data Integration (CCWIS)	Ensure technology will allow assessment entry, approval, and closure by Central Consultant Supervisors without being assigned as the direct supervisor of Assessment Staff	User Story					
Develop Differential Documentation for Safe Cases	Workforce							
	Workload and Process							
	Policy and Practice	Create policy to support Central Consult model and differential documentation	Policy & Procedure					
	Quality and Accountabilty	Create QA plan to monitor implementation and adjust as necessary	QA Plan					
	Technology and Data Integration (CCWIS)	Update technology to allow Differential Documentation	Updated system requirements					
Standardize an Expedient Warm Handoff Within 5-days	Workforce							
	Workload and Process	Standardize transfer checklist	Checklist					
	Policy and Practice	Assure policy/practice guidance is in line with expectation	Policy & Procedure					
	Quality and Accountabilty	Create QA plan to monitor implementation and adjust as necessary	QA Plan					
	Technology and Data Integration (CCWIS)							

Assessment								
Strategy	Sub Category	Task	Deliverable	Owner	Timeline	Current Status	Last Updated	Notes/Updates
Local office can Change from Child Abuse Assessment to Family Assessment	Workforce							
	Workload and Process							
	Policy and Practice	Update policy to allow local office supervisors to move cases between Child Protective Assessment to Family Assessment	Develop/ Modify Policy					
		Update policy to allow local office supervisors to update victim child designation	Develop/ Modify Policy					
	Quality and Accountabilty	Create QA plan to monitor and adjust accordingly	QA Plan					
	Technology and Data Integration (CCWIS)							

Case Management								
Strategy	Sub Category	Task	Deliverable	Owner	Timeline	Current Status	Last Updated	Notes/Updates
Develop a Case Set-up Unit	Workforce	Assess for reassignment or need for additional staff	May require updated Job Description					
	Workload and Process							
	Policy and Practice	Create policy and procedure to support practice implementation	Policy and Procedure					
	Quality and Accountabilty	Create QA plan to monitor and adjust accordingly	QA Plan					
	Technology and Data Integration (CCWIS)							
Develop Decision Based Staffings	Workforce							
	Workload and Process							
	Policy and Practice	Create policy and procedure to support practice implementation	Policy and Procedure					
	Quality and Accountabilty	Develop training for Decision Based Staffings along with QA plan to monitor and adjust accordingly.	Training and QA Plan					
	Technology and Data Integration (CCWIS)	Ensure Technology can record and track Decision Based Staffings						1.Can the child safely go home or can the case close today? 2.If not, why (should be specifically tied to safety threats)? a. Is this a new issue? (if so, updated case plan) 3.What needs to happen to change that? a.Who will own that activity? b.How long will it take? c.How can the supervisor help? d.Does there need to be a permanency goal change? 4.Current family situation summary a.Updates from collaterals, safety network, and service providers b.Ongoing reassessment of needs and service referrals 5.Any special circumstances? 6.Monthly contacts and documentation complete? 7.Supervisor recommendation

Case Management								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Train and Support to Achieve Consistent Case Management Practice	Workforce	Expand the capacity of the African American case consultation team and Native American Practice Unit. Expand their work to include upstream prevention and early intervention with families.						
	Workload and Process							
	Policy and Practice	Expand QA/QI to Include Practice Consistency	QA Plan to monitor practice consistency					
	Quality and Accountabilty	Build a case consultation and case review process that is required and consistent across the state.						
		Further develop supervisory training for new supervisors (and refresher training for current sups)						
	Technology and Data Integration (CCWIS)							
Enhance Role and Relationship of County Attorneys in CW Cases	Workforce							
	Workload and Process							
	Policy and Practice	Update county agreements that include language on how attorneys will support DHHS in child welfare cases and outline expectations for interacting with child welfare caseworkers.	Updated agreements					
		Implement annual County Attorney training consistent with DHHS child welfare training to promote greater practice alignment	Updated training					
		Develop a process, plan and timeline for to engage the legal community to move from a prosecutorial representation model to agency representation model for child welfare cases	Plan and Timeline					
		Train County Attorneys on issues related to inequities in child welfare	Training Plan and Trainings					
	Quality and Accountabilty	Look into developing a judicial map aligned to key CW outcome indicators i.e. # of kids in care, and average length of time in system, any disproportionality represented, etc.						
	Technology and Data Integration (CCWIS)	Develop dashboard for system wide visibility and accountability.						

Adoptions								
Strategy	Sub Category	Task	Deliverable	Owner	Timeline	Current Status	Last Updated	Notes/Updates
Develop Clear and Consistent Concurrent Planning System	Workforce	Hire senior social workers in each Foster Care Unit that functions as a permanency expert advising on case practice.	Targeted Hiring Plan & Accurate Job Description					
	Workload and Process	Assure consistent use of transfer checklist and ensure records are complete when transferred to the adoption worker.	QA process for transfer checklist					
	Policy and Practice	Revise concurrent permanency planning policy, training and practice so that there is support for child, work, foster/adopt family intended to shorten child/youth's stay in foster care	Updated policy, practice and training					
		Recruit dually licensed foster/adopt homes	Recruitment plan					
		Adhere to permanency timelines by ensuring that case plan, visitation, court actions are all aligned to assist with timely permanency for the child/youth	Alignment Plan					
	Quality and Accountabilty	Train and socialize the current concurrent permanency planning policy and develop a QA plan to measure and assure progress.	Training and QA Plan					
	Technology and Data Integration (CCWIS)							
Improve Matching of Children's Diverse Cultural Needs with Adoptive Homes	Workforce							
	Workload and Process							
	Policy and Practice	Update policy to reflect the priority of consistently identifying and recording the child's/youth's language, cultural, racial/ethnic, religious and other cultural needs.	Updated policy					
		Develop recruitment plan for more pre- and post-adoptive families who are equipped to meet diverse cultural needs	Recruitment plan					
		Develop resourcing and training plan to provide adoptive families with the training and resources needed	Resourcing and training plan					
	Quality and Accountabilty	Include in QA review the demographic characteristics of children in care by service area against the current pool of pre-adoptive homes and adjust recruitment targets and strategies accordingly.	Adoptive home recruitment plan					
	Technology and Data Integration (CCWIS)	Create a robust and current foster care and adoption licensed home data base including dually licensed homes.						

Adoptions								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Enhance the Structure of the Adoption Support System	Workforce	Regionalize your adoption practice to avoid the immense amount of travel currently taking place.						
	Workload and Process							
	Policy and Practice	Create a systematic process to review data to determine permanency achievement, disruption trends, strategies, and timelines including across all reunifications, guardianship, tribal customary adoption, or APPLA and adjust practice as necessary to remain in compliance.	Data Management Plan					
		Develop a two-tiered permanency planning system.	System description, updated policies and practices					
		Implement efforts to expand the pool of adoption competent mental health professionals is a desirable goal to pursue for Iowa's adoptive children and families.	List of resources/ expansion plan					
	Quality and Accountabilty	Build a post-permanency array of services and offer them to families to stabilize child in home. Assure the adoption subsidy agreement and attached Medicaid benefit are nimble to meet child and family's needs through age 18.						
	Technology and Data Integration (CCWIS)							

Licensing								
Strategy	**Sub Category**	**Task**	**Deliverable**	**Owner**	**Timeline**	**Current Status**	**Last Updated**	**Notes/Updates**
Build Streamlined Licensing Process that Supports Perspective Applicants	Workforce							
	Workload and Process							
	Policy and Practice	Create a simpler process for applicants that is easy to understand, supportive of families, and responds quicker.	Updated process					
	Quality and Accountabilty	Evaluate current licensing contracts and outcomes to determine what changes may be needed to streamline the process and support families and make those changes in the next round of contracts.	Contract Management Plan					
	Technology and Data Integration (CCWIS)	Add fields and modules to planned CCWIS system for tracking licensing transactions and information for improved case management and monitoring.						
Build Licensing Capacity, Efficiency, and Flexibility	Workforce							
	Workload and Process	Increase availability of Licensed Homes and Diversity in Treatment Options						
	Quality and Accountabilty	Look into developing coordination center for beds.						
	Technology and Data Integration (CCWIS)	Develop a registry to more quickly respond to needs. Regarding CCWIS, create a user-friendly data registry and add fields and modules to track licensing transactions for improved case management and monitoring.						
Develop and Distribute Communications								
Communication								
Complete Implementation and Support								
Implementation and Support								

Appendix D (Weighted Caseload Considerations)

Weighted Caseload Considerations

- **Examples for how case weighting/assignment might work**
  - You want to consider aligning the weighting values with your desired practice principles. For example, a case where a child is placed in a group home would be assigned a lower value weight because their care is being addressed by the placement facility. A higher value would be provided to a case where there are many challenges in the home, yet the child(ren) remain in the home with services, given how busy that worker will likely be with the case. If your practice model prioritized primary and secondary prevention, then weight those accordingly. Also, be open to adjusting the weighted score as the care progresses, such as transitioning back home from a placement, as this should lead to a higher valued score given increased work required by staff.
  - Another example is using actual time a worker codes to a case. The more time they assign to a case impacts their overall weighted score. A Likert scale is then used to assign weighted case load values to manage assigned and ongoing cases. This method does press up against the worker to case ratio guidance/policy in many jurisdictions. One staff could have half the cases of another based purely on the number of hours they work on cases in any given week. It also exposes the weakness of a case load to worker mandate and how it can be gamed.
- **Factors to consider having in place to determine the weighting and assignment**
  - Weighting values should align with your practice model priorities (prevention, intervention, placements, etc.)
  - Weighting values should reflect case complexity and intensity, not just number of cases.
  - The higher the fiscal cost for intervention on a case the lower the weighted score.
  - Having a data-driven work culture is optimal when implementing case weighting.
  - On-going adjustments to the weighted values should been seen as a positive to fine-tune the accuracy which would lead to greater credibility with staff.

- Develop a system review process, specifically to fine tune any key elements which may be contributing to certain workers ending up with a disproportionate number of cases from an overrepresented group.
- To create a case weighted assignment tool, we would recommend a design session, with engagement of practice staff, supervisors and managers to see how that evolves. We would suggest that more than 4-5 factors can get too complicated to be able to effectively model and manage. There is no perfect system. Using some measure of family complexity, complexity of case plan, level of engagement of the parents should be a good starting point.
- Weighting should use similar factors across case stages but will likely have specific measures for in-home and out-of-home that should vary from investigation assignments. Placement type and some specific factors would be examples of how this may vary.

- **Benefits that could come from this type of system. Upside and down-side**

  Upside:

  - It's important because it changes the transparency among workers toward better case distribution equity, balance, and reduces the disincentive to take on complex cases.
  - Case distribution process needs to be fair and equal for all staff. An agency needs to confront and get rid of disincentive to keep cases open or place in more restrictive setting to manage capacity.
  - Keep a balanced worker's case load reflective of the work demand vs. only case load size.
  - Respects the actual work by factoring in complexity of cases (i.e. mental health, substance use, developmental challenges, different primary language, family size, cultural differences, etc.).
  - When done accurately, it honors the hard work staff put forth versus an over focus on how many cases someone has.
  - A great tool for supervisors when making assignments to staff who have capacity and support for those who are legitimately busy.
  - When calibrated accurately, workers should have the necessary time to work with and address family's needs better than the standard case load ratio method.

- It quantifies the emotion regarding being busy.
- Management would have a more sophisticated data set to visibly see what staff are busy with and how that aligns with the agency practice model and desired outcomes.
- Branding for the effort is important, using terms such as 'equitable case assignment' or 'capacity-based tracking' that indicates that you are trying to anticipate the level of effort a family requires, and it's all about serving the family by giving staff the time they need to do their work, based on their own capacities and abilities.

Downside:

- Staff may spend unnecessary time coming up with efforts to game the weighting methodology.
- If it is not accurate or relevant, staff will dismiss the value and use.
- Need all supervisors on board to consistently use or impact will become compromised.
- It is difficult to have the methodology work perfectly for every case and worker.
- Dual managed cases could create some complexities.
- At times, case weighting may be used to focus more on back log versus case flow, resulting in staff seeing it more punitive than supportive.

- **Other implications to be aware of**
  - How does it work with time-based shift systems?
    1. Your weighed case assignment could likely be built to consider a time-based shift system. The weights are evaluated against available capacity per staff.
  - Are assignments permanent?
    1. Yes and No. A weighted assignment is a tool that should have supervisor overrides built into the use and guidance to address unique needs and circumstances. You will also want to make the overrides and reassignments the exception to the rule to establish the validity of use and methodology.
  - How can weighting systems address when social workers need to share responsibilities? (e.g., when one social worker cannot reach

a family during a shift and another shift picks it up)

1. We would caution against building a weighted case assignment and ongoing methodology that is overly precise and prescriptive or that would create a disincentive such as this into sound practice. It has to make basic sense to the staff and accurately reflect their work in the field or they may dismiss all together.
2. Case weighting is a tool and methodology to encourage preferred work, remove the case load gamming of the system, and bring transparency to staff's efforts toward greater work equality and work-life balance.
3. Ideal system would be co-created and fine tuned with staff and supervisors.

- **Implementation Suggestions**
  - For a change such as this, we recommend an incremental, iterative approach.

1. Design an initial weighting approach that can be implemented with current data.
2. Analyze current workload and assignments using the designs and implement the calculations in reports that can be used by an evaluation team.
3. Adjust and implement in a pilot – two to 3 units.
4. Monitor for 90 days and develop a system review process, specifically to fine tune any key elements which may be contributing to certain workers ending up with a disproportionate number of cases from an overrepresented group.
5. Adjust and implement more broadly.
6. Expect to adjust slightly each quarter until satisfied with results.

Appendix E (Examples of Post-Adoption Program/Services for High Behavioral Needs)

- https://professionals.adoptuskids.org/in-home-services-to-keep-adoptive-and-guardianship-families-together/
- https://professionals.adoptuskids.org/ucla-ties-training-intervention-education-and-services-for-families/
- https://professionals.adoptuskids.org/placer-county-ca-wraparound-support-model/
- https://professionals.adoptuskids.org/fosteradopt-connect-supports-parents-through-public-and-private-partnerships/
- https://professionals.adoptuskids.org/trauma-assessment-center-helps-families-and-workers-meet-childrens-needs/
- This guide has a multiple profiles of post-adoption support programs/approaches (and foster and kinship support programs)
    - https://professionals.adoptuskids.org/a-comprehensive-guide-on-supporting-families/
- National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) (now closed) has helpful resources on post-adoption support and pre-adoption preparation to help ensure post-adoption stability. They have their resources housed here:
    - https://spaulding.org/qic-ag-national-quality-improvement-center-for-adoption-and-guardianship-support-and-preservation/permanency-continuum/

Appendix F (State examples of efforts around recruitment and retention of staff)

- Oklahoma – Recruitment and retention incentives - https://oklahoma.gov/okHHS/newsroom/2022/january/comm01122022.html
    - Current OKHHS Child Welfare Specialists and Supervisors who recruit former Child Welfare Specialists who left the agency in good standing to return to employment will be eligible for the following incentives:
    - Upon hiring of the returning employee, the recruiting employee will receive $1,000.
    - Once the returning employee has completed any trainings necessary to carry a caseload, the returning employee will also receive $1,000.
    - At the returning employee's one-year anniversary with the agency, both the returning employee and the recruiting employee will receive $2,500, if both are still employed with the agency.
    - Both the recruiting and returning employee must work in CWS to be eligible for the incentives.
    - The total value of incentives is $7,000 per recruited employee, roughly 10% of the cost to hire and train a new child welfare specialist.
- Oklahoma - Competency-based Personnel Selection - https://www.qic-wd.org/oklahoma-key-findings
- NY State – State-of-the-art Human Servcies Training Center, which houses classrooms and a number of hand-on training simulations focused on child welfare workers. https://spectrumlocalnews.com/nys/central-ny/news/2023/09/15/n-y--state-works-to-recruit-and-retain-child-welfare-workers
- New Jersey DCF - Maintain staff turnover rate between 6% - 10% since 2006 by applying these six key strategies support its workforce include:
    - Positive organizational culture and peer support, including the creation of a department-wide Office of Staff Health and Wellness.
    - Concrete resources, such as manageable caseloads, salary, benefits, and equipment.
    - Opportunities for education, training, and professional development.

  - Deliberate recruitment and selection processes.
  - Connecting to community.
  - Communication and transparency.
  - https://www.casey.org/new-jersey-staff-turnover/

- Public Children Services Association of Ohio, Building a 21st Century Children Services Workforce - https://www.pcsao.org/pdf/workforce/ResearchReportWorkforceFeb2022.pdf
- Maryland Child Welfare Workforce Recruitment, Selection and Retention Study - https://archive.hshsl.umaryland.edu/bitstream/handle/10713/3540/MarylandCWWorkforceStudyReport2007.pdf?sequence=1
- West Virginia Department of Human Resources, DHHR Unveils Major New Initiative to Strengthen Protective Services - https://dhhr.wv.gov/News/2023/Pages/DHHR-Unveils-Major-New-Initiative-to-Strengthen-Protective-Services.aspx
  - Modifying the current retention bonus to a 10% increase to the base salary for those employees who experience their second- and fourth-year work anniversaries and a 5% increase to the base salary for those employees who experience their sixth- and eighth-year work anniversaries. This retention plan will apply retroactively to current employees to their benefit.
  - Establishing a special hiring rate of $50,000 for CPS workers in Berkeley, Jefferson, and Morgan counties to be more competitive with the surrounding states.
  - Increasing Youth Services classification to the same pay grade as CPS workers.
  - Creating 27 new full-time positions as paraprofessional staff to support field staff with administrative functions (coordinating travel and paperwork) that can take away time for actual casework.
  - Creating 10 new full-time positions for policy and licensing to support the increase in licensing/policy reviews and investigations at residential treatment providers, both in-state and out-of-state.
  - Purchasing tablets for field staff to access West Virginia People's Access to Help (WV PATH), DHHR's online eligibility system, in the field to help families enroll in and apply for services.

Appendix G (Essential Contract Questions and Strategy Matrix)

Strategy	Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
7.1 Organization Wide							
7.1.1 Develop Statewide Data Informed Process Maps		●	●	●	●		●
7.1.2 Increase Understanding of FFPSA and ExpandPrevention Services	●	●	●			●	
7.1.3 Improve Consistency Across Supervisor and Mentor Support		●		●	●	●	
7.1.4 Expand the Service Array to Address Critical System Gaps	●		●	●	●	●	
7.1.5 Promote Equitable Experiences and Outcomes	●	●	●		●	●	●
7.1.6 Enhance Hiring and Retention Practices	●	●	●	●	●	●	
7.2 Intake							
7.2.1 Develop a More Structured/Formal Intake SDM Tool	●	●	●	●	●	●	
7.2.2 Establish a “Warmline” as an Alternative to Intake Referrals	●	●	●	●	●	●	
7.2.3 Improve Timeliness of Completion of Intake and Assignment to Assessment	●	●	●	●	●	●	
7.3 Assessment							
7.3.1 Build a Central Consult Model that Combines Consultation and Documentation	●	●	●	●	●	●	
7.3.2 Develop Differential Documentation for Safe Cases	●	●	●		●	●	

Strategy	Are children and families better off because of IOWA DHHS intervention?	Where are the opportunities to improve our practices within our staffing structure?	How can we maximize our resources?	What is the right structure to balance the needs of the agency, the employees, and our clients?	What are the root causes of issues within the system related to?	What structural issues within the system may cause poor outcomes for families?	How can we measure our progress and impact and use data to inform our practice?
7.3.3 Standardize an Expedient Family Handoff Within 5-days	●	●	●		●	●	
7.3.4 Local Offices Can Modify Child Abuse Assessment to Family Assessment	●	●	●		●	●	
7.4 Case Management							
7.4.1 Develop a Case Set-up Unit	●	●	●	●	●	●	
7.4.2 Develop Decision-Based Staffings	●	●	●		●		●
7.4.3 Train and Support to Achieve Consistent Case Management Practice		●	●		●		
7.4.4 Improve the Role and Relationship of County Attorneys in CW Cases	●	●	●	●	●	●	
7.5 Adoptions							
7.5.1 Develop Clear and Consistent Concurrent Planning System	●	●	●		●	●	
7.5.2 Improve Matching of Children's Diverse Cultural Needs with Adoptive Homes	●	●	●	●	●	●	
7.5.3 Enhance the Structure of the Adoption Support System	●	●	●	●	●	●	
7.6 Licensing							
7.6.1 Build Streamlined Licensing Process that Supports Prospective Applicants	●	●	●	●			
7.6.2 Increase Bed Capacity that Supports Different Levels of Care	●		●	●	●	●	