



IOWA DEPARTMENT OF HUMAN SERVICES

DIVISION OF ADULT, CHILDREN AND FAMILY SERVICES



TITLE IV-B CHILD AND FAMILY SERVICE PLAN

FFY 2013 ANNUAL PROGRESS AND SERVICES REPORT

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Title IV-B Child and Family Service Plan FFY 2013 Annual Progress Services Report

State of Iowa

Iowa Department of Human Services

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INTRODUCTION

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

Iowa revised the CFSP goals through the FFY 2012 Annual Progress Services Report (APSR) to reflect the 2010 Child and Family Service Review (CFSR) results and the work to be undertaken as outlined in the 2011 Program Improvement Plan (PIP). With this APSR, Iowa removes the CFSP goal "Implement new case plan format that meets the needs of children and families" from its CFSP. Implementation of a new case plan format is not part of Iowa's PIP, which is the focus for Iowa at this time. However, Iowa will request T/TA from the Children's Bureau to develop a new case plan format, which will meet consumer needs while still meeting federal requirements.

The Child and Family Services Improvement and Innovation Act (P.L. 112-34) added several new requirements, which are added to Iowa's CFSP and reflected in this year's APSR. These new requirements are:

- A description of the activities undertaken by the State to reduce the length of time that young children under the age of five are in foster care without a permanent family;
- A description of the activities the State undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs;
- Outline of how the State will monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings;
- Outline of protocols for the appropriate use and monitoring of psychotropic medication;
- A description of the sources used to compile information on child maltreatment deaths and, if applicable, why certain sources of information from the State vital statistics department, child death review teams, law enforcement agencies or offices of medical examiners or coroners are excluded, and how the agency will



- include the information; and
- A description of how the State identifies which populations is at the greatest risk of maltreatment and how the State targets services to the populations at greatest risk of maltreatment.

Iowa's APSR provides an annual update on the progress made toward accomplishing the goals and objectives identified in the state's CFSP for the previous fiscal year (2011-2012) and the planned activities for next fiscal year (2013).

Iowa began implementation of its Program Improvement Plan (PIP) on October 1, 2011, which addresses areas needing improvement identified in Iowa's 2010 CFSR. The APSR includes PIP updates for the first two quarters of the PIP implementation period.

To gauge Iowa's performance on safety, permanency, and well-being outcomes for children and families, Iowa utilizes administrative data from the State Automated Child Welfare Information System (SACWIS), case readings for the PIP conducted by Quality Assurance staff, and program specific data provided through contract performance measures.

Budget Situation:

The DHS continues to experience a reduction in funding for operations and services. With passage of the DHS' SFY 2013 budget by the Iowa legislature, the DHS does not anticipate any major changes to its operations. There may be a few alterations to DHS's functions reflective of the budget. However, at this time, analysis of the impact of the SFY 2013 appropriation continues.

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



SECTION A: PROGRAM SERVICE DESCRIPTION

The Stephanie Tubbs Jones Child Welfare Services Program

(title IV-B, subpart 1)

On July 1, 2011, Iowa aligned many of its service array contracts around the safety, permanency, and well-being outcomes for children and families and included contract performance measures for each contract around these child and family outcomes. The enhanced service array is the next step to continuously improving Iowa’s child welfare service array that initially began several years ago with implementing community-based supports for families through performance based contracting and other child welfare systemic changes. Iowa’s child welfare service array provides enhanced flexibility and embraces strength-based, family-focused philosophies of intervention. The goal of the service array is to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. Contractors have the flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety, permanency, and well-being. Additionally, contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the service area or county(ies) and describe their plan to tailor services to serve families of different race/ethnicity and cultural backgrounds.

Iowa utilizes child maltreatment data to determine the populations at greatest risk of maltreatment.

Table A1: Percentage of Child Maltreatment By Category for Confirmed or Founded Assessments

| Calendar Year | Denial of Critical Care (Neglect) | Exposure to Manufacturing Meth | Mental Injury | Physical Abuse | PID | Sexual Abuse | Cohabit with Sex Offender | Allowing Access to Sex Offender | Other | Total |
|---------------|-----------------------------------|--------------------------------|---------------|----------------|-----|--------------|---------------------------|---------------------------------|-------|-------|
| 2011 | 79% | 1% | < 1% | 10% | 5% | 4% | - | 1% | < 1% | 100% |
| 2010 | 81% | 1% | < 1% | 9% | 4% | 3% | - | 1% | < 1% | 100% |
| 2009 | 81% | < 1% | < 1% | 9% | 4% | 4% | 1% | 1% | - | 100% |
| 2008 | 79% | 1% | < 1% | 11% | 4% | 4% | 1% | - | < 1% | 100% |
| 2007 | 79% | < 1% | < 1% | 9% | 7% | 4% | 1% | - | < 1% | 100% |
| 2006 | 76% | 1% | < 1% | 10% | 9% | 4% | 1% | - | < 1% | 100% |
| 2005 | 76% | 1% | < 1% | 10% | 8% | 4% | 1% | - | < 1% | 100% |

PID = Presence of Illegal Drugs; Other = child prostitution, bestiality in presence of minor, and allowing access to obscene material

Data Source: SACWIS

The table above shows that over the past seven years Denial of Critical Care (Neglect) remains the predominant category of maltreatment followed by physical abuse,



presence of illegal drugs in a child’s body, and sexual abuse. Denial of Critical Care (Neglect) is the failure to provide adequate food, shelter, clothing, supervision, medical treatment, mental health treatment, or other necessary care. Neglect cases may involve parental mental health issues, substance abuse or domestic violence.

The following table shows that over the past five years approximately half of children maltreated are five or younger.

| Table A2: Age of Child by Categories for Confirmed and Founded Assessments | | | | |
|---|------------------|-------------|------------|--------------|
| Calendar Year | 5 or < | 6-10 | 11+ | Total |
| 2011 | 51% | 27% | 22% | 100% |
| 2010 | 51% | 26% | 23% | 100% |
| 2009 | 52% | 26% | 22% | 100% |
| 2008 | 53% | 25% | 22% | 100% |
| 2007 | 51% | 27% | 23% | 100% |
| 2006 | 49% | 27% | 24% | 100% |
| 2005 | 49% | 26% | 25% | 100% |

Data Source: SACWIS

Iowa utilizes the information above to provide the appropriate services to this population. Iowa provides children and families a multitude of services from its service array, described below. An assessment of the family and child’s strengths, needs, and individualized circumstances guides decisions in regards to services. These services include child abuse prevention services through community-based agencies, assessment services, Community Care, and formal child welfare services, such as case management, family centered services, foster care services, adoption services, etc.

All services described in this APSR under title IV-B, subparts I and II, below will be provided in FFY 2013, unless otherwise indicated.

Child Abuse Prevention Services: *Please refer to Promoting Safe and Stable Families (PSSF) below*

Child Abuse Assessment Services:

DHS provides child abuse and Child In Need of Assistance (CINA) assessments for families who come to the DHS’ attention. These assessments examine the family’s strengths and needs in order to support the families’ efforts to provide a safe and stable home environment for their children.



Table A3: DHS Child Abuse Assessments (2005-2011)

| Calendar Year (CY) | Total Assessed Reports | Assessments Unconfirmed (Percentage) | Assessments Confirmed & Founded (Percentage) | Source |
|--------------------|------------------------|--------------------------------------|--|---|
| 2011 | 30,747* | 21,035 (68.4%) | 9,712 (31.6%) | Iowa Department of Human Services – Administrative Data |
| 2010 | 26,413 | 17,432 (66.0%) | 8,981 (34.0%) | |
| 2009 | 25,814 | 16,947 (65.7%) | 8,867 (34.3%) | |
| 2008 | 23,236 | 15,255 (65.7%) | 7,981 (34.3%) | |
| 2007 | 23,798 | 14,712 (61.8%) | 9,086 (38.2%) | |
| 2006 | 24,948 | 15,169 (60.8%) | 9,779 (39.2%) | |
| 2005 | 25,689 | 16,205 (63.1%) | 9,484 (36.9%) | |

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

The total number of “Confirmed/Founded” reports decreased nearly 2.5% from 2010. Not reflected in the chart specifically is the number of children who were subjected to either a “founded” abuse or a less serious “confirmed” abuse, which was 11,747 in 2011, down nearly 7% from the 2010 total of 12,595. While it is difficult to pinpoint a specific reason for this trend, one factor is likely an improved economy in Iowa. Additional factors for this trend reflects the efficacy of efforts through strengthening Community Partnerships for Protecting Children (CPPC) and other public awareness activities, which have heightened awareness of child abuse among community members and their responsibility to report suspected abuse. DHS will continue to utilize report information to examine future trends.

Iowa’s numbers continue to be consistent with national trends. Nationally in FFY 10, 66% of abuse assessments resulted in no finding of abuse, compared to 68% in Iowa. Of all abuses nationally, 75% were due to neglect, compared to 79% in Iowa.

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

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



In addition, a sixth CPC in Cedar Falls (Allen CPC) opened its doors in July of 2010. This facility currently provides forensic interviewing services and makes referrals to the St. Luke’s CPC for medical exams, when necessary. The center received a start-up grant from DHS to get off the ground and is working toward full accreditation as a Child Advocacy Center through the National Children’s Alliance. For SFY 2013, the Iowa legislature appropriated \$100,000 in funding.

The following table includes data on the services provided through a contract with the four fully accredited Iowa centers and IDPH. Annual data for Allen CPC was not yet available.

| Table A4: IPDH End of Year Report State Totals (SFY 2011) | | |
|--|-----------------------------|------------|
| Children Served: | | |
| Age of children: | 0-6 yrs | 1438 (48%) |
| | 7-12 yrs | 1017 (34%) |
| | 13-18 yrs | 547 (18%) |
| Total number of new children served: | | 3002 |
| Categories of abuse: | | |
| | Sexual abuse | 2051 (66%) |
| | Physical abuse | 292 (9%) |
| | Neglect | 70 (2%) |
| | Witness to violence | 103 (3%) |
| | DEC (drug endangered child) | 581 (19%) |
| Services provided: | | |
| | Medical/Physical exam: | |
| | <i>Initial</i> | 2059 (41%) |
| | <i>Follow-up</i> | 647 (13%) |
| | Counseling/Therapy: | |
| | <i>In-house (hrs.)</i> | 584 (12%) |
| | <i>Number referrals</i> | 1598 (32%) |
| | Forensic interviews: | 1881 (38%) |
| | Drug testing only: | 646 (13%) |
| | Foster Care/removal exams: | 268 (5%) |
| Cases founded/reason to believe: | | 501 |

The following table includes data on the services provided through a contract with the fully accredited Nebraska center (which serves Iowa children) and DHS. Data from Project Harmony is collected only for the calendar year and the 2011 statistics are not currently available. DHS and IDPH are currently working in collaboration to assure consistent reporting across all CPC contracts.



| Table A5: Project Harmony Calendar Year 2010 Annual Statistics | | |
|---|---|----------|
| Children Served: | | |
| Age of children: | 0-6 yrs | 1201 52% |
| | 7-12 yrs | 685 29% |
| | 11-15 yrs | 331 14% |
| | 16+ | 106 5% |
| Total number of new children served: | | 2323 |
| Categories of abuse: | | |
| | Sexual abuse | 1327 57% |
| | Physical abuse | 201 9% |
| | Neglect | 695 30% |
| | Sexual and Physical abuse | 89 4% |
| | Pornography | 11 1% |
| Services provided: | | |
| | Forensic interviews: | 1323 |
| | Medical/Physical exam: | 1206 |
| | Advocacy service contacts provided to victim: | 3689 |
| | Triage Center: | 804 |
| Total service contacts | | 7022 |
| Unduplicated children served | | 2323 |

During the assessment process, child protection assessors may determine that the family needs **Safety Plan Services**, which began in 2007, in order to ensure the safety of the child(ren). **Safety Plan Services** provide oversight of children who are assessed by the DHS worker to be conditionally safe and in need of interventions (services and activities) to move them from conditionally safe to safe status during a DHS' time limited child protective or Child In Need of Assistance (CINA) assessment. Safety Plan Services include culturally sensitive assessment and interventions. Services assure that the child(ren) will be safe and that without such services the removal of the child(ren) from the home or current placement will occur. These services are provided in the family's home and/or other designated locations as determined by the DHS Safety Plan. This service remediates the circumstances that brought the child to the attention of DHS. These services are to keep the child(ren) safe from neglect and abuse and maintain or improve a child's safety status.

Safety Plan Services began a new contract cycle, effective July 1, 2011. As a part of the new contract, there were two contract performance measures implemented:



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

The following data is available for these services:

Table A6: Safety Plan Services (July 2011-December 2011)

| | YTD | YTD – PM1 | YTD – PM2 |
|---|------------|---------------|---------------|
| | # cases | Removed | Maltreatment |
| Total Year to Date (YTD) | 214 | 4 | 13 |
| Percent YTD - no removals/maltreatment | | 98.13% | 93.93% |

Numbers are based on cases that closed July through December 2011 (Statewide)

Given the limited amount of data, no in-depth analysis can be conducted at this time.

At the conclusion of the DHS child protective assessment, DHS child protection assessors may refer the family for an ongoing DHS service case or may refer the family to **Community Care**. Community Care, a single statewide performance-based service delivery contract, is a voluntary service with the purpose to strengthen families by building on the family’s resources and developing supports for the family in their community. Decisions on service eligibility are based on the age of the child, outcome of the child protective assessment, and identified levels of risk in the home as determined through completion of the DHS family risk assessment. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by DHS, including removal of the child(ren) from the home. Goals of Community Care include the following:

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

The table below shows the number of referrals made to Community Care, the number of families who accepted services, the acceptance rate for the year, and the number of cases closed in that year.



Table A7: Community Care

| Calendar Year | Community Care Referrals | Accepted Services | Acceptance Rate (Percentage) | Community Care Cases Closed |
|-------------------------|--------------------------|-----------------------------|---|-----------------------------|
| 2011 | 1,571 | 1,088 | 69.26% | 1,541 |
| 2010 | 1,922 | 1,439 | 74.9% | 1,439** |
| 2009 | 2,303 | 1,731 | 75.2% | 2,140 |
| 2008 | 2,397 | 1,537 | 64.1% | 1,634 |
| 2007 | 2,376 | Specific data not available | MIFTC* randomly sampled – average rate 75-79% | 1,259 |
| 2006 | 2,627 | | | 2,271 |
| 2005 (March – December) | 1,936 | | | 867 |

*Mid-Iowa Family Therapy Clinic, Inc. (MIFTC)

**This includes cases referred in 2010

The decline in Community Care referrals may be due to a lack of awareness on the part of DHS' staff regarding the specific services provided through Community Care, staff not acquiring signed Releases of Information which are required to complete a referral, and staff referring families to local community resources in resource rich counties. In addition, the decline in acceptance of Community Care may be due to families not understanding the available services in and benefits of Community Care and families agreeing to accept Community Care services to end DHS involvement but then decline services when contacted by Community Care staff. In response, the DHS' Community Care program manager and service provider staff are presenting information and answering questions on Community Care across the state of Iowa.

The following table shows the Community Care Contract Performance Measures for July through December 2011.



Table A8: Community Care Contract Performance Measures

| Performance Measure | July | August | September | October | November | December | Six Month Average |
|---|--------|--------|-----------|---------|----------|----------|-------------------|
| The percent of families referred that have a child adjudicated CINA and the Department ordered to provide supervision or placement within six months of the date of referral for Community Care will be five percent or less. | 1.29% | 1.33% | 1.55% | 1.23% | 1.65% | 3.25% | 1.72% |
| Data to support percentage | 2/155 | 2/150 | 3/194 | 2/163 | 2/121 | 4/123 | |
| The percent of families referred to Community Care with a confirmed or founded report of child neglect or abuse within six months of the referral to Community Care where the actual incident occurred after the date of referral to Community Care will be five percent or less. To receive fifty percent of the PM, the Contractor will have more than five percent, but ten percent or less. | 7.64% | 9.33% | 8.85% | 8.16% | 6.61% | 11.38% | 8.66% |
| Data to support percentage | 11/144 | 15/164 | 17/192 | 12/147 | 8/121 | 14/123 | |
| The Community Care Contractor will make contact with all families referred to Community Care and receive responses back from at least eighty percent of the families within fourteen calendar days of the date of referral from the Department. | 83.70% | 81.74% | 83.70% | 83.21% | 88.47% | 83.40% | 84.04% |
| Data to support percentage | 77/92 | 94/115 | 113/135 | 114/137 | 85/95 | 121/145 | |
| The Contractor will achieve an eighty-five or greater positive satisfaction rating from families referred regarding access, convenience, helpfulness and benefits of services and support. | | | | | | | 96% |
| Data too large to enter into grid. | | | | | | | |

Ongoing Services:

When an ongoing DHS service case is opened for an eligible family, based on the age of the child, outcome of the child abuse assessment, and level of risk, the family receives **Case Management Services**. DHS staff in local offices provides case management and connects the family to services provided by community agencies. These services are provided on a voluntary basis or under the supervision of the Juvenile Court. Whenever possible, services are provided to the child and family in their home. Case management services also include conducting ongoing safety and risk assessments during the life of the case to assure the child(ren)'s safety. In calendar year (CY) 2011, there were 383 DHS case managers, down from 385, who had an average monthly child welfare caseload of 26. In state fiscal year (SFY) 2011, a monthly average of 5,114 families (with at least one child) received family centered services.

Families receive **Family Safety, Risk, and Permanency (FSRP) Services**. FSRP services are targeted to children and families with an open DHS child welfare case, following a child protective or Child in Need of Assistance (CINA) assessment or Juvenile Court action. Regardless of the settings in which a child or children reside, these services are designed to provide culturally sensitive interventions and supports to achieve safety and permanency for children. Contractors provide interventions and supports for children and families who meet DHS criteria for child welfare services because of their:

- Adjudication as a Child in Need of Assistance (CINA) by Juvenile Court; or



- Placement in out-of-home care under the care and responsibility of the DHS; or
- Need for DHS-funded child welfare interventions, based on one of these factors:
 - A child in the family is under six (6) years of age and is a founded victim of child abuse or neglect, regardless of whether the child’s assessed risk level is low, moderate, or high; or
 - A child in the family is six (6) years of age or older, is a founded victim of child abuse or neglect, and the child’s assessed risk level is moderate or high.

Family Safety, Risk, and Permanency (FSRP) Services are designed to deliver a flexible array of culturally sensitive interventions and supports to achieve safety, permanency, and child and family well-being in the family’s home and/or other designated locations as determined by the family case plan. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for contractors to deliver services based on child and family needs in exchange for greater contractor accountability for positive outcomes. These services are individualized to the unique needs of the child and family.

FSRP services began a new contract cycle, effective July 1, 2011. As a part of the new contract, there were four contract performance measures implemented:

- Performance Measure 1 (PM1): Children are safe from abuse during and after service provision.
- Performance Measure 2 (PM2): Children are safely maintained in their own homes during episodes of services and for six (6) consecutive months following the conclusion of their episode of services.
- Performance Measure 3 (PM3): Children are reunified without reentry. (Data is not available).
- Performance Measure 4 (PM4): Adoptive or Guardianship placement within twenty-four months of removal. (Data is not available).

The following data is available for these services:

Table A9: Family Safety, Risk and Permanency Services Performance Measures (PM)

| Number of eligible cases for safety incentives | PM1: Safe from Abuse Incentive Earned | | Number of eligible cases for stability incentives | PM2: Family Stability Incentive Earned | |
|--|---------------------------------------|------------|---|--|------------|
| | Percentage | Count | | Percentage | Count |
| 229 | 94.32% | 216 | 164 | 94.51% | 155 |

July 2011 is the only month included in this data report for PM 1 and PM 2. These incentives are earned six (6) months following the end of services. (Statewide)

Given the limited amount of data, no in-depth analysis can be conducted at this time.



Families also may receive the following services, depending upon their circumstances:

Substance Abuse Services:

- **Drug Testing:** DHS continues to fund drug testing of parents in open child welfare cases. Currently, there is a workgroup tasked with reviewing drug testing research, Iowa law, DHS child welfare drug testing policies, protocols, and practices, and Iowa's drug testing contracting. The group will be making recommendations to DHS leadership regarding changes in DHS' drug testing contract, policies, procedures, and practices, and the need for a drug testing guide. These recommendations, if approved, will be implemented in FFY 2013.
- **Joint Substance Abuse Protocol:** DHS, Iowa Department of Public Health (IDPH), and the judicial departments developed a collaborative statewide approach to child abuse and families struggling with substance abuse. A joint protocol, screening tools, a joint release of information and substance use evaluation form along with the on-line training curriculum have been placed on the intranet site for child welfare workers and substance abuse providers to access and utilize. DHS utilized a supervisory webinar to discuss the protocol, findings, recommendations and placement of the tools on the share. In addition, a communication strategy and technical assistance is offered to counties and/or substance abuse providers who may want support or guidance in implementing the protocol. With these supports in place, policy and practice will be improved thereby improving outcomes, such as reducing the incidence and impact of child abuse, including denial of critical care, and interventions with families by the child welfare system, wholly or partially caused by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care. *(See this section, Progress in CFSP Goals/Objectives through Iowa's CFSP PIP, for more information about expanding this initiative.)*

Services through Decategorization: Decategorization is a process by which flexible, more individualized services can be provided at the local level. It is designed to redirect child welfare and juvenile justice funding to services, which are more preventive, family centered, and community based in order to reduce use of restrictive approaches that rely on institutional, out of home, and out of community care. Projects are organized by county or a cluster of counties. Currently, there are 40 decategorization projects across the state of Iowa, covering every county.

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

The Decategorization Governance Board also oversees the development and submission of an annual progress report for the Decategorization project that meets



specific requirement of rule, including a summary of the key activities and progress toward reaching the desired outcomes during the previous state fiscal year. The Decategorization annual progress report is submitted by December 1 of each state fiscal year.

Child Welfare Emergency Services (CWES): CWES broaden Iowa's child welfare service array by providing short-term, temporary interventions that focus on the child(ren)'s safety, permanency, and well-being. CWES are intended to immediately respond to the needs of children under the age of 18 and their families. This program generally serves children beginning at age 12 since the target population for these services are children who would otherwise be referred for placement into emergency juvenile shelter care, and shelter care is generally not encouraged for children under the age of 12. However, some juvenile shelters provide care for children under age 12, including placement into a shelter bed when an out of home placement is necessary and there is no other placement option available. CWES approaches range from offering referrals for the least restrictive "crisis interventions" that can be used, e.g., family conflict mediations or in-home services provided before children require removal from their home, to more restrictive "emergency" services including out-of-home placements with relatives, foster families, or emergency juvenile shelter care (as permitted by the Iowa Code). The DHS, juvenile court services, and law enforcement refer eligible children to CWES.

Regarding outcome measures and program evaluation, state fiscal year (SFY) 2012 is the first year under a competitive procurement (Request for Proposal) process for CWES and the first year for contractual outcome measurements that focus on safety, permanency, and well-being. These measurements will provide data after the conclusion of the first fiscal year and during the second year of the new contracts. The measures are related to contractors:

- preventing abuse in care;
- identifying a baseline for critical incidents of children in shelter care (one of the CWES service components) and subsequently setting targets to reduce them;
- demonstrating the ability to divert a child from an out of home placement by providing appropriate services;
- assuring that educational needs of all children in shelter are addressed, children attend school, and it is reported that a child's school records are transferred appropriately after discharge; and
- demonstrating timely response to child welfare-related crises, offering appropriate and least restrictive interventions, and showing that children and families were better off after CWES engagement.

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

Relative Placement: "Relative placement" means placement of a child in the home of an adult who is a member of the child's extended family.



Family Foster Care: “Foster family care” means foster care provided by a foster family licensed by DHS or approved by the placing state. The care includes the provision of food, lodging, clothing, transportation, recreation, and training that is appropriate for the child’s age and mental and physical capacity.

Foster Group Care: Foster group care includes residential group care facilities and emergency juvenile shelters (the latter is the most restrictive part of a Child Welfare Emergency Services array). Foster group care and shelter care are both important parts of the foster care system providing twenty-four hour substitute care for children who are unable to live in a foster family home or relative home (residential group care) or short term and temporary care in a physically unrestricting facility during the time a child awaits final judicial disposition of the child's case (emergency juvenile shelter care).

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

SFY 2012 is the first year under a competitive procurement (Request for Proposal) process for foster group care and the first year for contractual outcome measurements that focus on safety, permanency, and well-being. These measurements will provide data after the conclusion of the first fiscal year and during the second year of the new contracts. The measures are related to contractors:

- preventing abuse in care;
- identifying a baseline for critical incidents of children in care (and subsequently setting targets to reduce them);
- facilitating face to face visits between children in care and their families and maintaining connections to a child’s home community; and,
- assuring that educational needs of all children in placement are addressed, children attend school, and it is reported that a child’s school records are transferred appropriately after discharge.

Supervised Apartment Living Foster Care: Supervised apartment living foster care offers youth who have a need for foster care the opportunity to transition to an apartment in the community while still receiving supervision and assistance. Supervised apartment living is an arrangement where the youth lives in an



apartment unit, shops for food, prepares individual meals, and manages time for cleaning and laundry.

The following are SAL performance measures and data for July 2011 through March 2012, the first three quarters of SFY 2012:

- Safety Outcome: There will be no founded cases of abuse or neglect of the children in the SAL contractor's care by the contractor or by other children in the program.
 - Contractor Performance: Cumulative average for the 7 SAL contractors for the first 3 quarters of the contract (SFY '12): 100%.
- Permanency Outcome 1: The contractor will ensure a least twice a month contact with a member of the child's positive support system for 60% of the children served during year one (70% for year two).
 - Contractor Performance: Cumulative average for the 7 SAL contractors for the first 3 quarters of the contract (SFY '12): 83.56%.
- Permanency Outcome 2: The Contractor will ensure that 60% of children served are regularly participating (at least weekly) in an organized community activity (e.g., extracurricular school activities, faith based activities, clubs, community organizations, volunteering) during year one (70% for year two).
 - Contractor Performance: Cumulative average for the 7 SAL contractors for the first 3 quarters of the contract (SFY '12): 49.98%.
Although this appears to be the most difficult outcome for the contractors to meet, contractors have increased their performance from 30.93% to 52.76% to 66.25%.
- Well Being Outcome: 70% of children served are complying with satisfactory school attendance (defined in Code) leading to a high school diploma or GED or have already obtained a high school diploma or GED during year one (75% for year two).
 - Contractor Performance: Cumulative average for the 7 SAL contractors for the first 3 quarters of the contract (SFY '12): 84.04%.

The table below shows the number of children in foster care by placement setting. As the table shows, Iowa continues to decrease placing children in foster care.



Table A10: Number of Children in Foster Care by Placement Setting

| Period Ending - September 30 th | Foster Family Home (non-relative) | Foster Family Home (relative)* | Group Home ** | Institution | Pre-Adoptive Home | Runaway | Supervised Independent Living | Trial Home Visit | Total |
|--|-----------------------------------|--------------------------------|---------------|-------------|-------------------|---------|-------------------------------|------------------|-------|
| 2011 | 2182 | 1422 | 987 | 290 | 187 | 52 | 53 | 1128 | 6301 |
| 2010 | 2259 | 1445 | 1025 | 299 | 176 | 46 | 45 | 1206 | 6501 |
| 2009 | 2239 | 1358 | 1097 | 337 | 156 | 82 | 82 | 1231 | 6582 |
| 2008 | 2362 | 1296 | 1202 | 364 | 174 | 79 | 65 | 1305 | 6847 |
| 2007 | 2755 | 1634 | 1272 | 414 | 261 | 86 | 66 | 1599 | 8087 |
| 2006 | 3120 | 1818 | 1395 | 484 | 216 | 95 | 66 | 1730 | 8924 |
| 2005 | 3164 | 1950 | 1383 | 609 | 195 | 95 | 84 | 1653 | 9133 |

Source: AFCARS Extract

*Largely unlicensed relative homes with some licensed relative homes included

**Includes shelter placements

Transition Services: Please refer to Section N, Chafee Foster Care Independence Program (CFCIP) Report

If the child(ren) cannot be reunified safely with the parent from whom he or she was removed, the child(ren) may experience permanency through guardianship or transfer of custody through district court. DHS continues to reimburse **legal fees** associated with achieving permanency for a child through guardianship or a modification of a prior custody order between parents in district court. In SFY 2011, Iowa paid \$26,666 in legal fees associated with achieving permanency.

For some children, termination of parental rights and adoption is the pathway to permanency. When a child adopted from the child welfare system has a special need, DHS provides on-going support and services through the **adoption subsidy program**. Post-adoption support services may be provided to any of the current 5,320 families who have adopted one or more of the 9,620 special needs children who currently have a signed Adoption Subsidy Agreement. These services are available statewide. The Navigator Program, named by Iowa KidsNet (IKN) for post-adoption services provided through the network, served 473 families and 618 children so far in FFY12.

In the time period of July 1, 2011 through March 31, 2012, 120 families completed the approval process for adoption. These families accounted for 28.7% of all newly licensed/approved resource families. Families who apply through DHS to only adopt and not foster are typically interested in adopting young children. While families are strongly encouraged to foster, they can be resources for young children in need of permanent homes.



Iowa Foster and Adoptive Parents Association (IFAPA), a contract provider of the DHS, also has a unique support role with foster parents and adoptive families. IFAPA provides vital peer support. They have peer liaisons throughout the state of Iowa who are experienced foster and adoptive parents. IFAPA has a variety of foster parent trainings they offer throughout the year. They have offered trauma trainings since 2011, and CPR and First Aid trainings that are required for foster parents since 2010. Foster parent in-service trainings offered by IFAPA have more new trainings available along with a library of new DVDs added for foster parent support group trainings or for individual foster parent trainings. In October 2011, IFAPA had a “training of the trainers” of 34 trainers for the National Child Traumatic Stress Network’s *“Caring for Children Who Have Experienced Trauma, A Workshop for Resource Parents”* curriculum that is in-service training offered across the state for foster parents. From January 2011 to August 2012, 595 foster parents have taken this specific training. The other trauma trainings offered by IFAPA during this same time period had 618 foster parents completing those trauma trainings. The Weekly Word is an electronic newsletter sent out each week by IFAPA on many topics, resources, and information for foster and adoptive parents. In addition to the weekly electronic newsletter, a quarterly newsletter is mailed out to all foster and adoptive parents.

The following are contract performance measure data for the IFAPA contract:

- Performance Measure 1: Resource families will have increased knowledge and skills. Seventy-five (75%) or more of Resource Families that are surveyed will report that the training improved their knowledge and skill level.
 - Of 884 attending classes, 871 (98.5%) reported that they training improved their knowledge and skill level.
- Performance Measure 2: Resource Families are satisfied with the in-service training and support they receive. The Contractor will receive a seventy-five (75%) or greater satisfaction rating from Resource Families that receive training and other support services offered by the Contractor.
 - 68 out of 69 were satisfied or very satisfied (98.5%) with IFAPA training
 - 96 out of 99 were satisfied or very satisfied (96.9%) with the IFAPA support services

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

DHS works with the Iowa Juvenile Court to educate judges about the procedure for a Priority Home Study that is due in 20 business days. This speeds up the placement



process for children who will be placed with parents or relatives. Iowa's ICPC office handles placements of children across state lines, including court placements with parents or relatives, foster care and adoptions. The Compact Administrator works with field social workers to assist with the ICPC process that establishes safety and permanency for children that need to be placed across state lines. In SFY 2012 thus far, the ICPC office processed over 1,300 requests and handled 471 new placements. Of the 471 new placements, 171 were for children placed outside of Iowa, and 308 were children placed into Iowa. The ICPC program works with Native American tribes that desire to place children across state lines. Technical assistance for ICPC is received from the National Association of Administrators of the ICPC.

Table A11: FY 2012 ICPC Home Studies (July 1, 2012 – June 30, 2012)*

| Home studies | |
|------------------|--------------------|
| ICPC Foster: 33 | ICPC Adopt: 99 |
| ICPC Parent: 105 | ICPC Relative: 111 |

Table A12: FY 2012 ICPC New Placements (July 1, 2012 – June 30, 2012)*

| Type of Placement | New Out-of-State Placements | New In-State Placements |
|-------------------|-----------------------------|-------------------------|
| Adoption | 60 | 48 |
| Foster Care | 12 | 9 |
| Parents | 27 | 24 |
| Relatives | 53 | 45 |

*Includes projections because APSR is due June 30, 2012.

Supports:

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



Promoting Safe and Stable Families Programs (PSSF)

(title IV-B, subpart 2)

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

PSSF Planning

Community Partnership for Protecting Children

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

Community Partnership sites collect performance outcome data on the implementation of all four strategies. One of the most important aspects of CPPC is engaging community members in helping to create safety nets in their own communities. Statewide, there are approximately 1,906 professionals and 1,537 community members involved in the implementation of the four strategies. In 2011, sites held 422 events and activities with 57,218 individuals participating in community awareness that engages, educates and promotes community involvement in safety nets for children and increasing and building linkages between professional and/or informal supports.

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

- 1) *Shared Decision-Making (SDM)*
 - **100%** the sites had community members representation involved with SDM



- **80%** of the sites had representatives from public and private child welfare agencies, substance abuse, health care, and education, and faith-based organizations
- 2) *Neighborhood/Community Networking*
- **100%** of the sites were involved in community awareness activities. (level 1)
 - **92%** of the sites were involved in activities that increased linkages between professionals and informal supports. (level 2)
 - **60%** of the sites developed organizational networks to support families. Networks to date include: 17 Parent Partner Networks; 8 Circle of Supports; 2 Neighborhood Partner; and 11 Transitioning Youth Initiative sites. (level 3 & 4)
 - 6 Parent Partner trainings with an approximate total of 150 participants.
 - 3 Dream Team training with an approximate total of 75 participants
- 3) *Family Team Meetings (FTM) and Individualized Course of Action*
- 100 % of the 99 counties offer family team meeting for families involved in the child welfare system.
 - Over 55 % of the 99 counties offer family team meetings in the community (non-DHS involved families).
 - 859 family team meetings were held in the community with non-DHS involved families
 - 5 FTM trainings with an approximate total of 100 participants
 - To date (including IDHS courses): approximately 2,190 have attended FTM training and over 1,000 are approved FTM facilitators.
 - See chart below for the number of FTM for families involved with DHS

Table A13: Family Team Meetings

| SFY2011, 4b - FACS Family Team Meeting, Program Goal 25% | | | |
|---|---|---|-----------------------------|
| | Number of Child Cases Open Anytime During the SFY | Number of Cases with a FTM during the SFY | % with a FTM during the SFY |
| Western | 3562 | 1457 | 40.90% |
| Northern | 3070 | 1580 | 51.47% |
| Eastern | 2409 | 1392 | 57.78% |
| Cedar Rapids | 3507 | 1109 | 31.62% |
| Des Moines | 3384 | 1216 | 35.93% |
| State SFY11 | 15932 | 6754 | 42.39% |

Data Source: SACWIS

- 4) *Policy and Practice Change*
- 100% of the sites have identified a policy and/or practice change. (level 1)
 - 76% of the sites developed plans to address policy and practice changes. (level 2)



- 29% of the sites implement policy and practice changes. (level 3 & 4)
 - Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; and transportation needs.

CPPC Educational forums:

- CPPC Immersion: 20 participants
- CPPC statewide meetings: 2 with an average of 100 participants per meeting
- CPPC regional meetings; 6 (2 meetings in 3 regions) with 20-30 participants per meeting

In addition to PSSF funding for CPPC, Iowa utilizes Community Based Child Abuse Prevention (CBCAP) funds, which fit well within the structure of CPPC. Two-thirds of the funding is awarded competitively through a Request for Proposals (RFP) to CPPC sites to strengthen local child abuse prevention activities. CBCAP funds require sites to implement activities aimed at preventing child abuse and neglect before it ever occurs. Additionally, grantees are moving in the direction of providing evidence-based and evidence-informed programs with funding allocated through CBCAP.

Service numbers for FFY 2011 are listed in the table below.

Table A14: FFY 2011 CBCAP Information

| | |
|---|-----------|
| CBCAP Grant Allocation to CPPC Sites | \$302,825 |
| CBCAP Grant Allocation for Respite Care | \$90,000 |
| CBCAP Grant Allocation for Crisis Care | \$50,000 |
| Number of Parents/Caregivers Served | 3,421 |
| Number of Parents/Caregivers with Disabilities Served | 233 |
| Number of Children Served | 3,976 |
| Number of Children with Disabilities Served | 427 |
| Number of Hours of Respite and Crisis Child Care | 50,281 |
| Number of Group Parent Education Sessions Held | 697 |
| Number of Home Parent Education Sessions Held | 3,805 |
| Number of Family Support Group Meetings Held | 449 |

Service numbers for FFY 2012 thus far (October 1, 2011 – March 31, 2012) are listed in the table below.



Table A15: FFY 2012 CBCAP Information

| | |
|---|-----------|
| CBCAP Grant Allocation to CPPC Sites | \$258,519 |
| CBCAP Grant Allocation for Respite Care | \$74,932 |
| CBCAP Grant Allocation for Crisis Care | \$41,213 |
| Number of Parents/Caregivers Served | 1,315 |
| Number of Parents/Caregivers with Disabilities Served | 111 |
| Number of Children Served | 2,260 |
| Number of Children with Disabilities Served | 234 |
| Number of Hours of Respite and Crisis Child Care | 25,693 |
| Number of Group Parent Education Sessions Held | 411 |
| Number of Home Parent Education Sessions Held | 1,356 |
| Number of Family Support Group Meetings Held | 24 |

Parent Partners

The Iowa Parent Partners seeks to provide better outcomes around re-abuse, and reunification. Parent Partners are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. Parent Partners provide support to parents that are involved with DHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families' success and strengths, exemplify advocacy, facilitate *Building a Better Future* (BABF) trainings and presentations, and collaborate with DHS and child welfare professionals.

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

If a person chooses or does not meet Parent Partner criteria, s/he can be involved as a Parent Partner Aide or Ally to support the program and parents by attending and/or developing birth parent orientation and support groups, participating in curriculum, policy, and internal organization, creating and implementing recruitment strategies, sharing experiences and administrative support.

In July 2009, DHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to expand the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six original Parent Partner sites to 20 Parent Partner sites over five years. New Parent Partner sites that are selected may receive funding for coordination of up to \$20,000 per year, for up to three years. Seven new Parent Partners sites received this funding in FFY 2011.



MCWIC is conducting an extensive evaluation of the Iowa Parent Partner program as part of the grant agreement. The MCWIC evaluation is currently underway and includes a substantial examination of child and family outcomes of Iowa DHS families that choose to participate with a Parent Partner compared to similar families that do not. The child and family outcomes to be examined as part of this evaluation include: length of time in foster care, length of time in the system, system re-entry, and reunification. The child and family outcome evaluation is a quasi-experimental design of matched Parent Partner and non-Parent Partner families through propensity score matching. Data used for this evaluation will cover a 4.5 year time period (beginning in 2009); this data is being collected from the Iowa DHS Child Welfare Information System in combination with activity tracking and Parent Partner fidelity measurements collected at Parent Partner sites.

Scope of Parent Partner Activities

The Parent Partner Approach completed its fourth full year of implementation in 2011 including the addition of seven new sites. Currently there are 20 Parent Partner sites serving 68 counties.

- Cherokee, Lyon, Plymouth, Ida and Sioux
- Buena Vista, Clay, Dickinson, O'Brien, and Osceola
- Polk
- Linn
- Madison, Marion, and Warren
- Wapello and Mahaska
- Woodbury
- Johnson
- Webster, Pocahontas and Calhoun
- Black Hawk, Bremer, Butler, Franklin, and Grundy
- Cerro Gordo, Hancock, Winnebago, Worth, Floyd, Mitchell, and Chickasaw
- Humboldt, Hamilton and Wright
- Monroe, Appanoose and Davis
- Scott, Cedar, Muscatine, Louisa, Des Moines, Henry and Lee (new)
- Dubuque, Clinton, Jackson (new)
- Jasper, Tama, and Poweshiek (new)
- Story, Boone, and Dallas (new)
- Buchanan, Delaware, and Fayette (new)
- Adair, Adams and Union (new)
- Clarke, Lucas, Decatur, Ringgold and Wayne (new)

As of the annual reporting period ending September 30, 2011, there are 90 Parent Partners currently assigned to 428 families. The types of support and number of times each was provided to families this year by Parent Partners includes, but is not limited to:

- Attend Family Team Meeting – 924



- Support family at court – 1,575
- Attend other child welfare meeting – 962
- Accompany parent to counseling session – 250
- Number of times assisted a parent to access needed services – 6,783
- Support parent before/during/after visitation – 802
- Face-to-face contact with a family – 6,584
- Other (non-face-to-face) contact with a family – 22,303

Table A16: Parent Partners

| Cumulative Service | FY 2007 | FY 2008 | FY 2009 | FY 2010 | FY 2011 | Cumulative Total |
|-----------------------|---------|---------|---------|---------|---------|------------------|
| # New Parent Partners | 17 | 39 | 23 | 26 | 77 | 182 |
| # New Families Served | 15 | 152 | 237 | 289 | 491 | 1184 |

The Statewide Steering Committee continues to guide implementation of the Parent Partner Approach through a shared decision-making process. The committee has diverse representation including Parent Partner coordinators, DHS, Parent Partners, program administrators and BABF trainers. The committee has developed an implementation and start-up guide; collected data and tracked outcomes; updated BABF curriculum; defined expectations and responsibilities of coordinators, Parent Partners, and local steering committees; and established criteria for participants and BABF trainers.

As the number of Parent Partner sites increase, the Steering Committee will change to incorporate the additional sites and provide an avenue for statewide representation. Statewide Parent Partner conversations were held as a transition strategy. Focus was to revise the Handbook, develop standard evaluation forms and begin work on a practice guide to accompany the Handbook.

Training Capacity

The core training requirement for the Parent Partner Approach is *Building a Better Future (BABF)*. This three day workshop is designed develop a greater understanding of the child welfare process. It is also designed to provide participants with tools and skills to assist parents to move through the DHS child welfare system more successfully.

All Parent Partners must complete the *BABF* training as well as training in Mandatory Reporting, Boundaries and Safety Issues, and DHS 101 prior to being assigned a family to mentor. Additional training will cover the topics of Domestic Violence, Mental Health, Family Team Meeting Overview, Cultural Competency, and Substance Abuse.



Projections for the Future

The framework for expansion is based on the current funding subsidy from a grant administered by the Midwest Child Welfare Implementation Center (MCWIC). We are currently working on developing a statewide structure and funding stream to support this program. If appropriations are received in 2013, the new structure and funding will start July 2013.

Domestic Violence Activities are funded by Iowa's Child Abuse Prevention and Treatment Act (CAPTA) funds and are therefore include in Iowa's CAPTA report, submitted separately from this APSR.

Transitioning Youth Initiative (TYI) and Iowa Youth Dream Teams

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

- IYI and IYDT to date:
- 11 counties involved in various stages of implementing TYI and dream teams.
 - 10 youth have participated in the IYDT process
 - 7 facilitators trained and are approved or in approval process
 - 3 IYDT Coaches (developing skills and building expertise – formalizing coaching pool)
 - 3 IYDT Trainers, 2 IYDT Youth Co-Trainers

Youth state that being able to have Iowa Youth Dream Team (IYDT) meetings enabled them to have a support system of people as they transitioned into adulthood, other than DHS or their provider:

- One youth went from not wanting ANY connection to any DHS, such as FSRP, AMP or any other service, but by the end agreed to do the community graduation reception and is willing to be a youth advocate.
- Another youth had not had any college application, FASFA knowledge, but his team supported him. He connected with many community supports. He



improved his grades from C/D to A/B and made the honor roll. He had additional supports to help him maintain and emotional/physical support through a high profile time in his life.

- Another youth, since her first gathering, has gotten off isolation (ITS) in group care, which she had remained on for 6 months prior. She gained a step and may be on her final step in the next 2 weeks. She improved her grades from Cs to all As with one B and made the honor roll. She seems to have gained insight into her needs and through accountability has been able to make positive changes.
- One youth's goal was to become a chef and attend Le Cordon Blue. He met a chef that attended Le Cordon Blue and was able to connect with the chef. He and the chef built their connection from mentor to allowing him to work at his restaurant. Ultimately, the youth moved in with the chef and his wife after turning 18, where he continues to reside. The youth graduated from high school, maintained employment and has built a "family" support system all developed and strengthened by IYDT.

Future plans include tracking the IYDT youth who choose to go into an aftercare program and seeing how they fare in comparison to non-IYDT. It will be tracked through their state identification number to preserve confidentiality.

The DHS' central office position that provides leadership for this initiative has been vacant for approximately a year. Recently, the position was filled and the focus of the position will be expansion of these efforts.

Minority Over-Representation in the Child Welfare System

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



Table A17: Minority Confirmed/Founded Assessments and Entry into Placement

| County | Confirmed & Founded Assessments | | Entries to Placement | |
|--------------|---|------|----------------------|------|
| | 2010 | 2011 | 2010 | 2011 |
| Black Hawk | 2.26 | 2.11 | 3.61 | 2.53 |
| Dallas* | 1.23 | 1.67 | 2.15 | 2.32 |
| Des Moines | 1.36 | 2.08 | 3.11 | ** |
| Dubuque | 6.21 | 6.88 | 11.07 | 5.08 |
| Johnson | 11.65 | 4.76 | 12.60 | 6.51 |
| Linn | 4.31 | 3.99 | 3.48 | 4.71 |
| Webster | 1.92 | 3.38 | 2.31 | 0.69 |
| Woodbury | 1.14 | 1.23 | 2.23 | 1.96 |
| Woodbury(NA) | 6.72 | 6.52 | 7.32 | 4.26 |
| Polk | 2.66 | 2.54 | 3.68 | 3.54 |
| | *Relative rates (RR) for Dallas county are for Hispanic, Woodbury NA is for Native American; other RR are for African American ** There were zero entries to placement for African American children in 2011. Population estimates provided by Woods and Poole. | | | |

To provide support for continuing and expanding these efforts, ACFS has contracted with University of Northern Iowa (UNI). UNI staff will assist DHS statewide by assessing current practices and policies, identifying successful new implementation strategies, providing organizational technical assistance and training, and developing a framework for statewide systemic approach.

Assessment and Recommendations: To begin this work, UNI staff is evaluating current practice and policy strategies implemented through the MYFI and BSC initiatives. They also are researching nationally, successful implementation strategies. Once this process is completed, a written assessment and recommendations for policy and practice change will be submitted to DHS.

Steering Committee Coordination and Support: In May 2012, a steering committee met for the first time. The membership was selected by DHS and coordinated by UNI. This steering committee serves as the PIP committee as well. The steering committee will review the written assessment to determine implementation feasibility of proposed recommendations, address items identified in the PIP, and develop a statewide framework to guide local strategic planning and implementation.

Learning Session Coordination and Facilitation: UNI will coordinate two Learning Sessions involving community teams addressing minority over-representation in the child welfare system. These teams currently include the two MYFI and eight BSC sites with the possibility of adding more teams in the future.



Technical Assistance (TA) and Training: UNI will manage web posting of key decision-point data for each site, using a format recommended by the steering committee, and will submit reports summarizing performance trends for each site. UNI staff is available to provide sites a wide range of individualized technical assistance including but not limited to: strategic planning, training, presentations, facilitation, and assessment tools and approaches.

Leadership and Support for Race: Power of Illusion Training

Race: Power of Illusion curriculum and trainers' skill development will be coordinated and managed by UNI. Coaching and mentoring of trainers, review of training evaluations, curriculum revisions and recruitment of new trainers are included in these responsibilities.

PSSF Family Preservation

DHS allocates less than 20% of funding for family preservation services because Iowa's family preservation services are part of Iowa's family centered services, which are available statewide. Family centered services are funded through a combination of state and federal Medicaid funds.

Safe Haven Program:

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

The Iowa General Assembly passed the Safe Haven for Newborns law in 2001. The Safe Haven Act is a law that allows parents - or another person who has the parent's authorization - to leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment.

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

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

DHS maintains a website featuring links to important documents and information targeted to parents, hospitals and other designated Safe Havens, DHS child protective services, and the community, which is accessible at

http://www.IDHS.state.ia.us/Consumers/Safety_and_Protection/Safe_Haven.html

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



The Safe Haven Program Manager located in the central office provides Safe Haven support services and technical support.

Three (3) infants were surrendered in FFY 2012 through the Safe Haven Act, which brings the total to 17 children since the law was enacted. The infants were placed in approved adoptive homes with the goal of finalizing the adoption. There is no specific identifier in Iowa's State Automated Child Welfare Information System (SACWIS) that indicates the children came to DHS through the Safe Haven Act so the actual adoption dates are unknown.

PSSF Family Support

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

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

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

- The administrator was charged with assuring that ICAPP grantees, often referred to as prevention "Councils", were representative of the various stakeholders



involved in child welfare, such as: early childhood development, substance abuse, mental health, domestic violence, law enforcement, and parents/consumers.

- The administrator was required to assure that a minimum of 80% of the projects awarded funding were utilizing evidence-based, evidence-informed, or promising practices in the prevention of child maltreatment.
- The administrator was to begin implementation of a program wide evaluation tool to measure risk and protective factors of participants. The reasoning for this was two-fold:
 - To assure the target populations being served by the program included those most vulnerable to child maltreatment, and
 - To measure the effectiveness programs were having on increasing participant protective factors.

These changes were all significant movements towards implementing a statewide prevention program with a renewed focus on best practices and results oriented management and accountability. However, because many of these changes are still in the early developmental stage, much of the data demonstrating program outcomes for this year is not yet available. The program and administrative contract run on a state fiscal year, so evaluation data for this year will not be available until August 2012. As in prior years' APSR, outcomes data is available for the last full state fiscal year. The following is a summary of the various services provided in SFY 2011 (July 1, 2010-June 30, 2011) and data reflecting outcomes.

Table A18: Child Abuse Prevention Services, State Fiscal Year 2011

| <i>Program</i> | <i>Funds Awarded</i> | <i>No. of Counties</i> | <i>Parents/Adults Served</i> | <i>Families Served</i> | <i>Children Served</i> | <i>Hours of Care</i> |
|-------------------------|----------------------|------------------------|------------------------------|------------------------|------------------------|----------------------|
| Crisis Nursery | \$115,670 | 6 | | 241 | 434 | 20,264 |
| Parent Education | \$463,968 | 59 | 2,805 | | 3,942 | |
| Respite Care | \$143,690 | 19 | | 902 | 1,682 | 48,615 |
| Sexual Abuse Prevention | \$381,365 | 60 | 11,567 | | 48,088 | |
| Young Parent Support | \$123,840 | 22 | 1,062 | | 1,460 | |
| Other Funded Projects | \$6,000 | 2 | 195 | | 2,862 | |
| TOTALS | \$1,234,533 | 168 | 15,629 | 1,143 | 58,468 | 68,879 |

Crisis Nursery

Crisis Nurseries provide a temporary, safe environment for children aged birth through 12 years whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives. Crisis Nursery services are available to



families under stress 24 hours per day, seven days per week and families may utilize the services for up to 72 hours at a time.

- Reduction in family stress:
 - 80% of respondents (115 out of 144) reported that Crisis Nursery services reduced family stress *a lot*.
 - 19% percent said the services reduced stress *some*.
- Knowledge/ability to seek additional help:
 - 71% of respondents indicated that they *strongly agreed* that they know how to get help for their families as a result of using CN services.
 - 29% of respondents indicated that they *agreed* that they know how to get help for their families as a result of using CN services.
- Connection to other family support services:
 - A total of 113 respondents (79% percent of those responding to the question) said programs provided them with information about parent education opportunities in their community.
- Overall quality and satisfaction:
 - Surveyed parents gave Crisis Nursery programs very positive marks, with overall ratings of 4.81 for the quality of child care and 4.85 for overall satisfaction, on a scale of 1 (*poor or very dissatisfied*) to 5 (*excellent or very satisfied*). All of the programs had scores of at least 4.75 on both scales.
- Reasons for service:
 - Of the reasons given for the need to utilize crisis care, the most common was “high stress/needed a break” (29%). This was followed by “medical emergency” (25%), “other” (17%), and “housing problems” (9%).

Parent Education

Parent education programs prevent abuse by teaching parents what to expect from children and how to deal with difficulties. They teach parents communication and listening skills, effective disciplinary techniques, stress management and coping skills, and what to expect at various stages of development. Understanding difficult phases of development such as colic, toilet training, and refusal to sleep help lower parents' frustration and anger. Parent education programs are offered through group classes or home-based sessions, depending on the needs of the family and community. Listed below are some of the various parenting curricula that are used:

- The *Nurturing Program*: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.
- The *Love and Logic* program: a group-based program that typically is offered in six weeks.
- The *Parents as Teachers* (PAT) curriculum: a home-based, early childhood family education and support program designed to empower parents to give their children the best possible start in life. PAT follows families from prenatal times up to school age.



- *Strengthening Families*: an eight-session program for families with children in 4th to 6th grades. Both Celebrate Families and Strengthening Families help families improve their communication and functioning.
- *Active Parenting*: a group-based, six-session program that teaches basic skills to parents.
- *Boot Camp for New Dads*: a workshop taught by fathers using a dad-to-dad training approach.

Service data and outcomes reported by participants of ICAPP parent education programs include the following:

- A total of 2,805 parents with 3,942 children received instruction through 8,138 in-home sessions and 1,638 group classes.
- Parent Education programs returned completed surveys from 1,251 of the 2,805 participants (44.6%).
- Of those surveyed, the following results were reported:
 - 62% replied that family interactions improved *a lot* and another 35% said that family interactions improved *some*.
 - On average, respondents marked that their confidence in parenting had increased by 1.18 points on a 5-point scale *after* instruction.
 - Participants rated their *overall satisfaction* with programs, on average, at a 4.77 on a scale of 1 (*very dissatisfied*) to 5 (*very satisfied*).
 - Participants also identified self-reported increases in knowledge in the following areas (on a scale of 1-5):
 - Positive ways to manage my child's behavior (+1.44 points)
 - How to effectively communicate with my child (+1.36 points)
 - Ways to establish safe relationships with my family (+1.19 points)
 - Realistic expectations for my child (+1.35 points)
 - Good ways to manage my stress (+1.45 points)

Respite Care

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

Service data and outcomes reported by participants of ICAPP respite programs include the following:



- A total of 902 families with 1,682 children received 48,615 hours of respite child care.
- A total of 432 (48%) surveys were returned from parent participants in the respite care programs. Of those returned the following outcomes were reported:
 - Reduction in family stress:
 - 53% of respondents reported that Respite Care services reduced family stress *a lot*.
 - 44% percent said the services reduced stress *some*.
 - Knowledge/ability to seek additional help:
 - 40% of respondents indicated that they *strongly agreed* that they know how to get help for their families as a result of using Respite Care services.
 - 58% of respondents indicated that they *agreed* that they know how to get help for their families as a result of using Respite Care services.
 - Connection to other family support services:
 - A total of 364 respondents (84% percent of those responding to the question) said programs provided them with information about parent education opportunities in their community.
 - Of those 364 respondents, 201 (55%) reported using the resources offered.
 - Overall quality and satisfaction:
 - Surveyed parents gave Respite Care programs very positive marks, with overall ratings of 4.82 for the quality of child care and 4.90 for overall satisfaction, on a scale of 1 (*poor or very dissatisfied*) to 5 (*excellent or very satisfied*).
 - Reasons for service:
 - Of the reasons given for the need to utilize crisis care, the most common was “running errands” (26%). This was followed by “time to self” (21%), “stress relief” (19%), and “medical appointments” (15%).

Sexual Abuse Prevention – child instruction

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

Specific curricula used by ICAPP programs include: *Kid Ability* (developmentally appropriate, standardized curricula to help children ages four to ten develop self-protection skills); *Ready, Set, Know* (an Iowa State University Extension self-protection program for children preschool through third grade); and *Care for Kids* (a comprehensive program that provides early educators, parents, and other professionals with information, materials and resources to communicate a positive message about healthy sexuality to young children).



Service data and outcomes reported by adults involved in these child-focused sexual abuse prevention programs include the following:

- A total of 4,341 adults and 48,088 children received information about sexual abuse prevention through 5,021 child-focused presentations.
- 1,279 surveys concerning child-focused Sexual Abuse Prevention instruction were completed by adult participants and indicated the following outcomes:
 - Developmental appropriateness:
 - 74.5% of adults *strongly agreed* and 25% *agreed* that the program was developmentally appropriate for students.
 - Adequate information:
 - 69% of adults *strongly agreed* and 31% *agreed* that the program provided adequately covered information about sexual abuse.
 - Student understanding:
 - 56% of adults *strongly agreed* and 44% *agreed* that students demonstrated an understanding of sexual abuse information provided by the program.
 - Presenter engagement skills:
 - 75.5% of adults *strongly agreed* and 24% *agreed* that the presenter was able to actively engage students
 - Overall satisfaction:
 - Surveyed adults gave Sexual Abuse Prevention programs very positive marks, with overall satisfaction rating of 4.66, on a scale of 1 (*poor or very dissatisfied*) to 5 (*excellent or very satisfied*).

Sexual Abuse Prevention – adult instruction

Although, historically, sexual abuse prevention efforts have been geared toward school-based child instruction, research continues to indicate a greater need for adult focused instruction in preventing the sexual victimization or exploitation of children. As a result, ICAPP has begun, in recent years, to fund adult-focused instruction and the outcomes of this instruction can be identified through the following:

- In state fiscal year (SFY) 2011, approximately 7,226 adults received instruction about sexual abuse prevention through 330 adult-focused education sessions and 208 public awareness presentations.
- Of those who participated 697 completed and returned feedback surveys indicating the following:
 - 56% of adult respondents *strongly agreed* and 41% *agreed* that they felt better able to identify appropriate sexual behaviors in children.
 - 54.5% of adult respondents *strongly agreed* and 40.5% *agreed* that they felt better able to identify inappropriate sexual behaviors in children.
 - 58% of adult respondents *strongly agreed* and 38% *agreed* that the training improved their ability to respond to questions from children about sexuality.



- 64% of adult respondents *strongly agreed* and 33% *agreed* that they felt better able to protect children from sexual abuse.
- 67.5% of adult respondents *strongly agreed* and 30% *agreed* that they felt better able to get help for a child suspected of being sexually abused.

Young Parent Support

For many reasons, children of young parents are at greater risk of being abused. Factors that can increase the risk of child abuse include the emotional underdevelopment of their parents and the associated lack of adequate coping skills. Combined with this are other realities often associated with being a young parent, such as social isolation, single parenthood, lack of parenting knowledge, and economic instability, which also may increase the risk of child abuse.

ICAPP-funded young parent support programs work to address all of these factors. First, they provide parenting education on topics like child development, age appropriate expectations, and discipline. Second, they provide the support that many young parents are missing through meetings with others in similar circumstances. Finally, they connect participants to concrete community supports to ease stress, such as housing assistance, food, and clothing.

Service data and outcomes reported by ICAPP participants in young parent support programs include the following:

- A total of 1,062 young parents and 1,460 children were served through young parent support programs in SFY 2011.
- Of those parents, 491 completed and returned feedback surveys (46%) indicating the following:
 - On average, respondents marked that their confidence in parenting had increased by 1.15 points on a 5-point scale *after* instruction.
 - 54% of respondents *strongly agreed* and 44.5% *agreed* that they felt the group listened to their ideas and concerns.
 - 37% of respondents *strongly agreed* and 56% *agreed* that they felt more connected to other parents.
 - 61% of respondents reported their family's interactions improved *a lot* and 38% reported their family's interactions improved *some* as a result of participation in the young parent support program.
 - Participants also identified self-reported increases in knowledge in the following areas (on a scale of 1-5):
 - Positive ways to manage my child's behavior (+1.38 points)
 - How to effectively communicate with my child (+1.29 points)
 - Ways to establish safe relationships with my family (+1.19 points)
 - Realistic expectations for my child (+1.24 points)
 - Good ways to manage my stress (+1.37 points)



Future Direction of the Program

On July 1, 2011, DHS entered into a new administrative contract with Prevent Child Abuse Iowa. Some of the key changes in this procurement include a better alignment between the federal CBCAP requirements and those under this state program. This included a shift in the funding categories to include any of the core prevention services identified in the most recent CAPTA Reauthorization Act of 2010 (P.L. 111-136). For this reason some of the “categories” will look different in the 2012 annual evaluation.

The program is also increasing the expectation that local community councils use prevention programming and family support models or curricula that rely on evidence-based, evidence-informed, or promising models of practice in the prevention of child maltreatment. In order to meet this expectation, the ICAPP administrator conducted a comprehensive literature review of various program models that would meet this new standard. This information was presented to councils during SFY 2012 through a written guide as well as through interactive webinars. In addition, the competitive RFP for funding of individual projects for SFY 2013 heavily weighted areas of the application that would likely achieve this desired result, such as outcomes measurement, project evidence, and logic models.

Finally, the ICAPP administrator, with the support of a consultant, implemented the Protective Factors survey, developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, to evaluate the effectiveness of their programming. The tool has been customized for the ICAPP program and is available to families and service providers through a web-based application (available at www.iowafamilysurvey.org). The results of this evaluation will be discussed and analyzed in the SFY 2012 annual program report, due to DHS by the end of August 2012. The outcomes measured will continue to guide the program in future years to assure Iowa reaches those most in need of services and to enhance our practice by assuring we rely on program models that have been proven effective in the prevention of child maltreatment.

PSSF Time-Limited Family Reunification

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

Iowa allocates a minimum of 20% of the Promoting Safe and Stable Families (PSSF) dollars to Time-Limited Family Reunification. Dollars are allocated to the five service areas based on the number of children in out-of-home placements for the service area out of all children in out-of-home placements for the entire state. All services to children and their families are traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In several service areas, responsibility for projects funded under the Time-Limited Family Reunification is



assigned to the area Decategorization (Decat) committee. Use of funds and contract monitoring is done at the service area level.

The Child and Family Services Improvement and Innovation Act (P.L. 112-34) added two new additional categories for the usage of these funds, which were peer-to-peer mentoring and support groups and access and visitation services or activities to facilitate the foster child's visits with parents and siblings.

In the winter of 2011, DHS central office staff gathered service utilization information from the service areas to revise the "service menu" for Time-Limited Family Reunification Services. Results of this survey showed the following usage pattern of these funds:

- Parent Partners – 45.1%
- Family Team Decision-Making (FTDM) meetings – 22.1%
- Mental health services – 13.2%
- Wrap-around services – 12.2%
- Substance abuse services – 3.4%
- Individualized services – 2.5%
- Pre-Removal Conferences (PRCs)(similar to FTDMs) – 1.0%
- Transportation services – 0.4%
- Respite services – 0.2%

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

PSSF Menu of Services:

- **Family Team Decision-Making Facilitation** in order to facilitate reunification of children safely during the 15 month period that begins on the date the child is considered to have entered foster care.
- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials have demonstrated that FFT is effective and currently JCO is providing this service. Decat would be the venue with a tracking mechanism for referral and follow-up process for reporting.
- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well-being for children. When two or more parties are "stuck" on a position, mediation is used to help get them "unstuck". The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move forward. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service. Mediation services can be purchased through Decat contracts. Services would be provided to PSSF Reunification eligible children and families.



- **Substance Abuse Services (non-Title XIX)** – Testing, evaluations, and treatment via Decat with a tracking mechanism for referral and follow-up process for reporting.
- **Mental Health Services (non-Title XIX)** – Evaluations, including psychosocial, psychological, and psychiatric, and treatment, including therapy and medications, via Decat with a tracking mechanism for referral and follow-up process for reporting.
- **Substance Abuse and Mental Health Counseling Services (non-Title XIX).** Group and home substance abuse services combined with mental health services.
- **Domestic Violence Services.** Offered via Decat.
- **Respite Care.** Includes crisis nurseries
- **Parent Partners** – specifically for families meeting the PSSF Family Reunification definition
- **Fatherhood Programs, including Incarcerated Fathers** – more extensive, intensive and targeted services to assure that fathers, including incarcerated fathers, maintain an on-going presence in their child’s life.
- **Moms Off Meth** – support groups specifically for mothers with past drug usage problems with children who have been in out of home care within the past 15 months.
- **Child and Family Advocates** – individuals are like a case aide and are contracted with Decat funds. Under PSSF funding, advocates provide transportation for children to and from placements, supervise visits between the child and their siblings and/or parents, and may provide transportation to access other needed services.
- **Transportation Services**

PSSF Adoption Promotion and Support Services

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

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

In collaboration with DHS and IFAPA, a letter is sent to each newly adoptive family that provides information on post-adoption services through IKN, continued training through IFAPA, and support and resources provided by both agencies. Families can choose to



remain on the IFAPA and IKN mailing lists to receive information on training, support groups, and resources.

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

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

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

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

In the contract period beginning July 1, 2011 to date, 419 newly recruited families have been licensed or approved. Of those families, 28.6% are families who only want to adopt, 67.1% are families who are dually licensed for foster care and approved to adopt, and 4.3% are licensed for foster care only.

Post-adoption support services may be provided to any of the current 5,320 families who have adopted one or more of the 9,620 special needs children who are eligible for Adoption Subsidy. These services are available statewide. The Navigator Program served 473 families and 618 children so far in FFY12. Services through the Navigator Program are voluntary so DHS does not track which families are receiving any component of post-adoption services. Any information regarding disruptions or dissolutions would have to be provided by the family since IKN may not be involved at that time or know there has been a disruption or dissolution.



Progress in CFSP Goals/Objectives through Iowa’s CFSR PIP

The following are Iowa’s CFSP goals and objectives with the corresponding CFSR PIP activity inclusive of information in Iowa’s FFY 2012 APSR:

| Table A19: CFSP and PIP Activity Alignment | |
|--|--|
| CFSP Activity | PIP Activity |
| Increase percentage of children and parents that have monthly visits with their DHS caseworker; At least 95% of children and parents will have monthly visits with their DHS caseworker. | Caseworker Visits |
| Improve engagement with both parents, including non-custodial | Increase effective use and facilitation of Family Team Decision-Making (FTDM) meetings to improve family’s engagement in case planning; Expand Responsible Fatherhood/Non-Custodial Parent (NCP) initiative ; Expand Parent Partners |
| In collaboration with Iowa Department of Public Health and Iowa Children’s Justice, expand protocol serving families involved in both child welfare and substance abuse system and improve data collection | Joint Substance Abuse Protocol |
| Expand Iowa Foster Care Youth Council | Expand foster care youth and foster care alumni youth involvement (Iowa Foster Care Youth Council) |
| Further integrate Family Interaction into practice to improve frequency and quality of parent-child visits as a pathway to permanency and to inform case work practice | Family Interaction |
| Parents and youth have a voice in all policy and practice decisions. | Expand Parent Partners; Strengthen Community Partnership for Protecting Children (CPPC) ; Expand foster care youth and foster care alumni youth involvement |
| Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures. | Align services with safety, permanency, and well-being outcomes |



| CFSP Activity | PIP Activity |
|--|--|
| Significantly improve access to mental health care for children in foster care | Support development of an array of children’s mental health services to improve capacity and access |
| Improvements in Education; Continue work with ABA Center on Foster Care and the Law, Children’s Justice and CWA subcommittees on education and foster care to improve education for children in foster care.; Achieve significant improvement in educational outcomes for children in foster care. | Enhance ability to address educational needs of children |
| Reduce child welfare disproportionality for minority children and families by at least 50%. | Increase cultural competency and responsiveness of child welfare system |
| Significantly increase retention and continuity of DHS and provider frontline staff and supervisors. | Supervision |
| Enhance other technology supports for staff and improved data for frontline staff and managers | Supervision – Results Oriented Management (ROM) |
| Complete PIP | PIP (to be completed in FFY 2014) |

PIP Updates (October 1, 2011 through March 31, 2012):

Caseworker Visits: DHS staff formed a group consisting of DHS and Juvenile Court Services (JCS) staff to complete tasks in the PIP regarding the quality, frequency, and documentation of caseworker visits.

The work group completed the following tasks:

- gathered, reviewed, and evaluated best practices to identify key concepts necessary for quality visits and documentation of visits;
- defined a quality visit, which was “A quality visit assesses the safety, well-being, and permanency of children and families while engaging them and ensuring their needs are met to achieve safe case closure.”;
- developed and adopted standards for documenting a quality visit through a standard practice document;



- developed a Visitation Note, a guide for case managers to streamline organization of narrative;
- identified ways to streamline work processes for caseworkers; and
- provided recommendations to the Services Business Team (SBT) to assist workers in freeing up time in order to conduct frequent, quality visits.

Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative: DHS staff formed a committee, including staff representing field, policy, administration, and staff from the Child Support Recovery Unit (CSRU), Parent Partners, Iowa Department of Corrections (DOC) staff, and a domestic violence advocate to complete tasks identified by the CFSR PIP. The work group completed the following tasks:

- reviewed employee manual chapters to identify updates to reflect the identification, location, and engagement of fathers and NCPs throughout the life of the case;
- reviewed the DHS' protocol regarding child welfare staff accessing the Federal Parent Locator Service (FPLS).
- Developed standard practice document;
- Conducted pilot for Federal Parent Locator Service (FPLS);
- Researched existing arrangements with DOC and began collaborations with DOC; and
- Researched and chose available father engagement curricula.

In development and implementation of the protocol for child welfare staff to access the FPLS, child welfare and CSRU staff considered the limited resources of the CSRU to process FPLS requests. Currently, there is one staff person to process all FPLS requests for the state of Iowa. Given this reality, implementation of the protocol will be strategic so that the requests do not exceed the capacity to process them.

Expand Parent Partners:

Parent Partners (PP) are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. PP provides support to parents that are involved with the DHS and are working towards reunification. PP mentor one-on-one, celebrate families' successes and strengths, exemplify advocacy, facilitate training and presentations, and collaborate with the DHS and child welfare. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry. PP expanded in 2011 by adding seven new sites. These sites are:

- Boone, Dallas and Story counties;
- Clinton, Jackson and Dubuque counties;
- Jasper, Poweshiek and Tama counties;
- Buchanan, Delaware and Fayette counties;
- Cedar, Scott, Louisa, Muscatine, Des Moines, Henry and Lee counties;
- Adair, Adams, and Union counties; and
- Clarke, Decatur, Lucas, Ringgold, and Wayne counties.



There are now 20 individual Parent Partner sites serving families in 68 counties across the state of Iowa.

Parent Partner central office staff and current Parent Partner Coordinators conducted the Building A Better Future (BABF) Train-the-Trainer training on February 1 and 2, 2012 in Des Moines, Iowa. There were 38 participants who completed the training. The training included topics such as the presentation preparation with training partners, training presentations on the curriculum sections and modules, recapping and reflecting on the curriculum on the second day, and evaluations and presentation of certificates.

Family Team Decision-Making meetings (FTDM): The FTDM process, a strength-based process, encourages families to draw upon formal and informal supports, promotes team decision-making, and provides a healthy environment for resolving conflict and solving problems. Results of the 2010 CFSR identified differences in FTDM practices as a concern. The following tasks were accomplished to address this concern:

A group of 33 public/private individuals volunteered to be part of the committee assigned to complete tasks identified by the CFSR PIP. The following tasks were accomplished:

- Examining the practice of FTDMs across the state;
- Reviewing the existing standards, the handbook for preparation of FTDMs, and barriers to effective preparation:
 - The group decided to merge some of the existing standards and to recommend two additional standards:
 - Family Interaction
 - Child/youth/other voice
 - The group reviewed the Family Team Decision-Making Evaluation Handbook which was designed to evaluate the FTDM Facilitator prior to approval. In reviewing this document, it was determined that there was a need to develop a handbook specific to the FTDM process.
 - The group identified barriers to effective FTDM preparation and will be addressing those in future work.
- Selected criteria for effective preparation of FTDMs; and
- Established recommended best practices, such as when the Life of the Case (LOC) FTDMs should be held, recommended length of time to achieve goals within the meeting, and behavioral benchmarks for moving families toward success and safe case closure.

Joint Substance Abuse Protocol: In 2008, the Iowa General Assembly passed House File 2310 (HF2310). The purpose of HF2310 was to identify effective means of reducing the incidence and impact of child abuse, including denial of critical care and interventions with families by the child welfare system caused, partially or wholly, by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care. The DHS, Iowa Children's Justice (ICJ), and the Iowa Department of Public Health (IDPH) worked together to develop a protocol



for working with these families in the child welfare system. DHS, ICJ, and IDPH will expand the Joint Substance Abuse Protocol by rolling it out in two additional counties. Counties having higher rates of abuse per 1,000 will be targeted and recruited.

Activities completed were:

- DHS staff conducted a review of the Calendar Year 2011 child abuse statistics to determine the rate of abuse per 1000 for Iowa's counties.
- The following are the counties with the highest rates of abuse per 1,000:
 - Montgomery County – 32
 - Adams County – 31
 - Union County – 30
 - Montgomery County currently is a pilot for the protocol.

Iowa Foster Care Youth Council: To improve safety, permanency, and well-being outcomes for children in foster care, Iowa believes that foster care youth and foster care alumni youth are essential partners. The Iowa Foster Care Youth Council (IFCYC) is a primary way to engage youth in the Iowa child welfare system.

The IFCYC serves as a support group for youth involved in Iowa's foster care system and foster care alumni. Local council meetings are held in approximately ten sites across the state and provide an opportunity for youth to meet other youth having similar experiences, learn about programs and services, and an opportunity to impact policy and practice change in the child welfare system. The local council meetings occur approximately two times a month. A trained, paid facilitator prepares an agenda, invites presenters, and leads the discussion.

The tasks completed were:

- Re-procurement and award of a new contract aligned with safety, permanency, and well-being outcomes in 2011;
- Trained DHS and provider staff on the new contract; and
- IFCYC developed the Youth Bill of Rights.

Family Interaction: There were no activities completed within the specified timeframe (October 1, 2011 through March 31, 2012). However, the following activities are scheduled to be completed through the rest of FFY 2012:

- Evaluate quality, safety, and risk in family interaction observations through implementing an observation tool for standardized use by DHS and service provider staff:
 - Review current best practices, Iowa tools, resources and supporting documents and revise
 - Develop plan to monitor quality of family interactions
- Utilize FI/FTDM preparation to identify relatives and other supports that can participate in Family Interaction:
 - Review current resources and best practices for locating relatives and supports, including Parent Partners, NCPs and Responsible Fatherhood



- Review current training plan and modify
- Develop plan to monitor identifying, locating, and engaging relatives within Family Interaction practice

Community Partnership for Protecting Children (CPPC): Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities and states can adopt to improve how children are protected from abuse and/or neglect. It aims to blend the work and expertise of professionals and community members to bolster supports for vulnerable families and children with the aim of preventing child abuse, reducing the number of children experiencing repeated maltreatment, safely decreasing the number of out-of-home placements, and promoting timely reunification when children are placed in foster care. CPPC is not a “program” – rather, it is a way of working with families to help services and supports to be more inviting, need-based, accessible and relevant.

- Forty (40) CPPC sites representing Iowa's 99 counties provided their plans for state fiscal year (SFY) 2012. The plans include activities to advance implementation in the four key CPPC strategies, which is an action step in Iowa's PIP.

Align child welfare services with safety, permanency, and well-being outcomes: Iowa's child welfare providers are essential partners in improving Iowa's child welfare system. Continued collaboration between the DHS and service providers, especially regarding service array, will result in improved outcomes for Iowa's children and families.

New contracts for Iowa's child welfare service delivery, which took effect on or about July 1, 2011, are aligned with the safety, permanency, and well-being outcomes. Each contract has performance measures linked to these outcomes, including cultural competency and responsiveness, which provides oversight and accountability for improved performance. The following services have new contracts:

- Safety Plan Services (SPS)
- Family Safety, Risk, and Permanency (FSRP) Services:
- Child Welfare Emergency Services (CWES)
- Foster Group Care
- Supervised Apartment Living Foster Care
- Recruitment and Retention of Foster and Adoptive Parents
- Iowa Foster Care Youth Council (IFCYC)
- Iowa Child Abuse Prevention Program (ICAPP)

Children's mental health services: In 2011, the Iowa General Assembly directed the DHS to develop the process for redesigning Iowa's mental health and disability services (MHDS) system, including facilitating work groups which would provide the General Assembly with redesign recommendations. Six workgroups were established, Intellectual and Developmental Disabilities, Adult Mental Health, Children's Disability



Services, Regional, Judicial, and Brain Injury. The workgroups used the following values and principles as a foundation to guide their work:

- Public awareness and inclusion
- Access to services and supports
- Individualized and person-centered
- Collaboration and partnership in building community capacity
- Workforce and Organizational Effectiveness
- Empowerment
- Active participation
- Accountability and results for providers
- Responsibility and accountability for government

The Children's Disability Services workgroup met on several occasions. The workgroup completed the following tasks:

- reviewed children/youth MHDS promising practices and outcomes, both in-state and out-of-state;
- conducted a gap analysis of the current children/youth MHDS system;
- made recommendations for improvement of the children/youth MHDS system; and
- developed a plan for the next stage of their work.

For more detailed information on the MHDS redesign, including children's mental health services, visit the DHS website MHDS webpage, <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

Educational needs of children: There were no activities completed in October 2011 through March 2012. However, activities are planned for FFY 2013.

Cultural Competency/Responsiveness of Child Welfare Workforce: To increase the cultural competency/responsiveness of child welfare service providers, the new service array contracts included enhanced cultural competency expectations.

- Across contracts, cultural competence is defined as “...the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each”.

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



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

- reviewed and evaluated various resources related to social work supervisor competencies, model of practices, and a summary of prior supervisor cohort training;
- defined Iowa's supervisory practice model, which is “ Iowa's supervisory practice model is a comprehensive, written, articulated approach to the supervision of child welfare practice. It is a concise statement of the distilled essence of good supervisory practice. It describes the “way of doing business” that supervisors are expected to use to achieve desired child welfare outcomes. The model identifies how supervisors monitor and support practice implementation to ensure consistent quality service delivery to children and families.”; and
- developed the supervisory practice model, approved by the SBT.

Results Oriented Management (ROM): ROM is a web-based system, which will generate reports for supervisors and managers regarding performance on selected indicators. Supervisors and managers will utilize the reports to drive practice discussions and improvements with staff.

- The DHS' Policy Bureau, University of Kansas, Casey Family Programs, and Iowa's Child Welfare Information System (CWIS) Bureau collaborated to implement Results Oriented Management (ROM) in Iowa.
- ROM implementation began in January 2012.

PIP Updates (October 1, 2011 through March 31, 2012) not directly connected with CFSP goals and objectives.

Plan, Do, Study, Act (PDSA) for Placement Stability: Iowa Department of Human Services (IDHS) staff chose to focus PDSA efforts on one sub-measure of placement stability, which is children in out of home placement between 12 and 24 months will have 2 or fewer placements. The current statewide performance for placement stability for children in care 12 to 24 months is 64%. Across Iowa's five Service Areas (SAs), the scores vary only plus or minus 5% from the statewide average.

- Currently, the SA with the lowest stability for this sub-measure is the Northern SA with 59%. The score is an average over time made up of monthly data demonstrating a four month trend of successively improved performance (55%, 58%, 60%, 61%) averaging 59%.
- The Bureau of Quality Assurance staff conducted a Kaizen event in the Northern Service Area (SA) to design the PDSA for subsequent implementation.
- The PDSA will focus on:
 - providing enhanced up-front identification and assessment of potential caregivers for child out-of-home placements;



- offering enhanced contact information and community resources at the beginning of the placement to ensure the smoothest transition possible for the child and caregiver; and
- initiating timelier family team decision-making (FTDM) meetings to ensure family interaction, engagement and planning for the family happens as early as possible in the life of the case.

Permanency Round Tables (PRTs): The DHS and Iowa Children's Justice (ICJ) collaborated with Casey Family Programs to conduct permanency roundtables in each service area in Iowa. Permanency roundtables examine cases where children have been in foster care for an extended period of time and need permanency. The purpose of the roundtables is to review the case to determine opportunities missed to pursue permanency and family connections for youth and develop an action plan to achieve permanency for the youth.

- Iowa implemented round two of the permanency roundtables in summer and fall of 2011 in four service areas.
- Service areas identified lessons learned, such as:
 - Long-term stability does not equal permanency;
 - Another Planned Permanent Living Arrangement (APPA) is not permanency; and
 - Absence of financial support for kinship or guardianship placements is a barrier to permanency.
- As a result of the lessons learned, service areas identified action steps, such as:
 - Conducting facilitated conversations with the courts/Guardian Ad Litem/attorneys about APPLA not being permanency;
 - Instilling the importance of life-long connections; and
 - Sharing individual action plans to educate and spread the message about the importance of permanency with stakeholders.

For information regarding FFY 2013 PIP activities, please see Iowa's 2011 Approved PIP, accessible at http://www.dhs.state.ia.us/docs/2011_IOWA_PIP.pdf.

Non-PIP CFSP Activities: Information regarding the following CFSP activities, which are not part of Iowa's PIP, are in the identified section of this APSR.

- Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions (*see Iowa's CAPTA report*);
- Improvements in medical care; significantly improve access to physical and dental health care; and significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion (*see Section E, Health Care Oversight and Coordination Plan*);
- Increase Early ACCESS take-up rate for child abuse victims and children in foster care (*see Section L, Services for children under the age of five*);



- Safely reduce the number of children and youth served in foster care, especially congregate care (*see previous information in this section under the Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)*);
- Reduce the number of children aging out of foster care, and ensure that each child that does age out of foster care has at least one permanent connection with a caring adult and a high school degree (*see Section N, Chafee Foster Care Independence Program*); and
- Implement new SACWIS (*see Section C, Program Support, State Technical Assistance*).

SECTION B: COORDINATION AND COLLABORATION EFFORTS

Collaborative Panels/Committees

Child Welfare Partners Committee (CWPC)

The Child Welfare Partners Committee exists because both public and private agencies recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement.

Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child & Family Service Review outcomes and performance indicators. The committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the committee will propose, implement, evaluate, and revise new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis with the goal being monthly.

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

The CWPC unites individuals from Iowa IDHS and private agencies to create better outcomes for Iowa's children and families. One of the best ways to communicate



success is to tell a story. In November 2009, the CWPC began their own blog entitled “Journey of Partnership” at <http://iowajourneyofpartnership.blogspot.com/>. Individuals from both Iowa IDHS and provider agencies who are living and breathing the partnership share their stories about our success. These individuals share experiences of shared accountability, a commitment to collaboration, and how it translates into better results for Iowa’s children and families. Since the beginning of the Journey of Partnership, there have been several topics of success stories which include family interaction; safe case closure; partnership in permanency including consistency, communication, and developing a trusting relationship; and family team meetings including addressing barriers, engaging families, etc. However, the Journey of Partnership blog ended on April 5, 2012 due to inefficient access to the site. The CWPC is exploring alternative options for the blog.

In June 2010, a Child Welfare Partnership Summit was held that included four breakout sessions. The topics of the sessions included (1) CFSR Outcomes, (2) Conflict Resolution, (3) Safe Case Closure, and (4) Partnership Trickle-down. Each of the groups identified things that were working well, things that were not working well, and suggestions on moving forward. Based on this statewide summit, each service area was asked to take the information learned and use it to further the partnering initiative locally, known as “mini-summits”. In October of 2011, the topic of the Journey of Partnership was around these mini-summits and how the process began and continues to date.

In November 2011, the CWPC members received onsite technical assistance from the National Resource Center for Organizational Improvement (NRCOI) facilitated by Peter Watson and Crystal Collins-Comargo. The purpose of this technical assistance was to develop a strategic plan that would assist in formalizing concrete action to move the work of the committee forward. The CWPC members identified two (2) goals to address within the strategic plan. The two goals are (1) Improve public/private partnership at the local level and (2) Create a culture of quality that promotes the use of data and information. The strategic plan was approved by the CWPC members in January 2012 for calendar year 2012. A copy of the strategic plan as well as additional information on the CWPC can be located at the following:

http://www.dhs.iowa.gov/Consumers/Child_Welfare/BR4K/CWPC/CWPC.html. The process behind the development of this strategic plan will be included in the Journey of Partnership as well.

Child Welfare Advisory Committee (CWAC)

CWAC membership includes representatives from DHS, Children’s Justice, Child Advocacy Board, legal community, etc. CWAC has four subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee joined forces in 2008 with the Children’s Justice’s subcommittee on the same issue and with DHS and Department of Education to develop a shared agenda through the Education Collaborative. (*See education and*



foster care below for more information on the Education Collaborative.) Many of the committee's members continue to participate in the activities included in this APSR.

The Iowa Children's Justice (ICJ) State Council and CWAC sponsored the development of "Iowa's Blueprint for Forever Families", a document that establishes Iowa's permanency vision and framework. The blueprint was introduced at the Permanency Summit in May 2011 and published on the DHS and ICJ websites for access by all Iowa child welfare professionals.

During FFY 2012, the CWAC continued efforts to promote *Iowa's Blueprint for Forever Families, 2011* through participation in developing "Blue Sheets", specific documents regarding implementing aspects of the Blueprint for various stakeholders. In addition, a Children's Justice's representative indicated that they will be offering team training in each judicial district to continue conversations regarding the Blueprint at a more localized level. Each local team will be able to host up to 100 people in each meeting. The CWAC also reviewed and tracked legislation affecting Iowa's child welfare system during the course of the 2012 General Session. The group at their March 2012 meeting suggested that they:

- Make recommendations to the legislature or the Human Services Council on budget issues;
- Utilize more sub-committees; and
- Continue coordination between the DHS' Director, the Human Services Council, and CWAC to continue forward momentum.

CWAC continues to work with DHS regarding the APSR, providing invaluable input into efforts to continuously improve Iowa's child welfare system.

Collaborative Initiatives

Joint Substance Abuse Protocol: Please refer to Section A, Program Service Description, Progress in CFSP Goals/Objectives through Iowa's CFSR PIP.

Education and children in foster care: The Education Collaborative (Court system, Department of Education (DOE), and Department of Human Services), formed by the Children's Justice State Council, to address the education needs of youth in foster care, continues to meet; requirements (i.e., continuity of school setting, immediate and appropriate enrollment of the youth and transfer of school records within 5 school days when the youth moves from one school to another) are being measured via the case plan reviews, CFSR, the PIP, and placement proximity to home, with the continual push to keep youth in their current school as appropriate for increased permanency and well-being while the youth is in care. The education collaborative acts as a leadership group for two new Iowa projects described below:

- In November 2011, the Iowa Department of Human Services awarded Iowa Jobs for America's Graduates (iJAG) with a grant to support the education and



employment achievement of youth ages 14 to 20 currently in, or who have been in, Iowa's foster care system. As partners in piloting the Education and Employment Achievement for Foster Care project, iJAG and DHS staff will collaborate in order to build partnerships, ensure comprehensive and coordinated services, and identify best practices for serving youth who are involved with the foster care and juvenile court systems. The project will serve sixty youth in six communities across the state, including: Cedar Rapids, Council Bluffs, Dubuque, Keokuk, Marshalltown and Sioux City.

- The Administration for Children, Youth, and Families (ACYF's) Education System Collaboration to Increase Educational Stability grant was awarded to the Iowa Collaboration of Agencies for Permanency and Stability (CAPS). The department's western service area and the department's division of Adult, Children, and Family Services (ACFS) are working closely with the grantee, Siouxland Human Investment Partnership (SHIP), a private non-profit agency in Sioux City, Iowa. The project is doing groundbreaking work to improve outcomes for youth in foster care and alumni. Goals include: raise awareness of education related issues within the child welfare, education, and legal communities, beginning with a kick-off conference featuring nationally experts in the field of education (January, 2012); create electronic academic records shared across 3 systems and; provide education advocates to help youth and their families navigate educational systems successfully.

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

Training: DHS, service providers, Children's Justice and Iowa Foster and Adoptive Parent Association (IFAPA) collaborate to develop and deliver training for DHS staff, providers, foster parents, judges, and attorneys. DHS contracted with the Coalition for Families and Children's Services in Iowa to establish and maintain a Child Welfare Provider Training Academy. *(Please refer to Section C, Program Support, for more information on the Child Welfare Provider Training Academy.)*



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

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

DHS and Children's Justice:

The most significant collaboration that occurred during 2011, and continues, was the Children's Justice's (CJ) collaboration on Iowa's PIP development and implementation. Children's Justice staff served on workgroups that developed the PIP. Additionally, there were several activities in the PIP that Children's Justice completed, such as:

- **Standards for Representation:** Standards for representation were completed by the two task forces, parents' representation task force and agency representation task force. The standards for parents and agency representation were revised by the ICJ Advisory Committee and presented to the Iowa Supreme Court in October 2011. The standards are still under review by the Iowa Supreme Court.
- **University of Iowa Parents' Representation Legal Clinic:** The clinic is established and operational. Three student attorneys represent parents in the Iowa City Juvenile Court under the supervision of the parent representation project.
- **ICJ conducted the following trainings:**
 - New attorney training in August and October 2011 ~ Training evaluations revealed significant gains in knowledge reported for all items around advocacy for clients. This training will continue to be improved and provided under the oversight of the ICJ Advisory Committee and State Council. Ongoing training will continue to be provided to attorneys.
 - Judges' Training in October 2011 ~ The training covered a range of topics from comprehensive review of court-mandated drug testing to "Iowa's Blueprint for Forever Families" and Parent Partners.



DHS staff remains active in the State Council, as well as in the local Children's Justice committees. DHS' work on the Children's Justice State Council is focused primarily on four topics – education, children in foster care, the role of the county attorney as DHS attorney, and the relationship of the county attorney and DHS.

Disproportionality: See Section A, Program Service Description, PSSF Planning, Minority Over-Representation in the Child Welfare System for detail regarding collaborative activities to address disproportionality.

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

Additional collaborations: DHS continues to collaborate with other groups not mentioned above in order to keep children safe and strengthen vulnerable families. DHS also listens to the voices of these groups for input on child welfare policy and practice. Collaborations may occur through established councils, advisory boards, legislative task forces, informal and formal group meetings, etc., depending upon the collaborative partner. Their feedback is captured through their participation in these engagement avenues, minutes from meetings, formal recommendations made by the collaborative partner or the collaborative group, etc. Collaborative partners include:

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

Collaboration with Other State Agencies:

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



- Department of Human Rights, Division of Children’s Juvenile Justice Program
- Department of Management, Community Empowerment regarding the Iowa Community Empowerment program
- Department of Inspections and Appeals regarding compliance with licensing requirements
- Department of Public Health regarding joint substance abuse protocol, Maternal Infant Early Childhood Home Visiting program, child protection centers, and mandatory reporting.

SECTION C: PROGRAM SUPPORT

Workforce

Recruitment and Selection: All of the DHS’ five service areas have community connections to colleges and universities and generally speak to interested/requested parties regarding the child welfare system and employment opportunities. Also, many service areas and central office staff utilize interns, including social work practicum students.

When a service area has a position open, filling that position must first be approved by the DHS’ Director and Department of Management, based on the DHS’ budget. When the position has been approved to fill, the Department of Administrative Services (DAS) publishes the position on their website, receives the applications, closes the receipt of applications, and forwards the eligible applicants’ information to the appropriate hiring personnel at the DHS. DAS screens applicants for eligibility in accordance with the position education and qualification requirements and if applicable, any special requirements indicated in the position announcement. The DHS’ staff interview applicants, make a selection, and inform other applicants that they were not selected.

Staff Qualifications: The DAS maintains job descriptions, including education requirements, qualifications, and regular duties for all state employees, including child welfare personnel. In Attachment A to this report, there are current job descriptions for the following:

- contract covered positions:
 - Social Worker 2 (those social workers who provide ongoing case management services in cases where DHS involvement is deemed necessary to assure child safety);
 - Social Worker 3 (those workers responsible for the intake, screening, and assessment of cases of suspected child abuse and/or neglect);
 - Social Worker 4 (those workers responsible for assisting the field with a variety of tasks depending upon the employing unit); and
 - Social Worker 6 (those workers responsible for policy, program administration, and assisting the field with policy related issues)
- non-contract covered positions:



- Social Work Supervisors (management who provide supervision of all frontline social workers);
- Social Work Administrators (management who provide supervision of all frontline supervisors);
- Public Service Executive 3 (management who provide administration and supervision for a Bureau); and
- Public Service Executive 5 (management who provide administration and supervision for a Service Area or a Division).

All staff for the positions noted above must meet or exceed the education/qualification requirements in order to be considered for employment.

Training and Professional Skill Development: Please see Iowa Department of Human Services Training below.

Caseload Size: The DHS does not currently set a “maximum” number of cases, as time factors involved in every case may vary greatly depending upon the area of the state and the needs of the family. Although caseloads in rural areas may, on average, be lower than cases in major metropolitan areas, the travel time involved to visit families can often be greater, as many rural offices cover multi-county areas. The following is the monthly average caseload size information for calendar year (CY) 2011:

- DHS’ child protective workers were assigned an average of 14.2 new cases a month in 2011, including cases alleging adult abuse.
- DHS’ case managers had an average child welfare caseload of 26.

Supervisor to Worker Ratios: On average, there is one supervisor for every seven workers in the field.

Workforce Data FFY 2011

The following data was pulled for FFY 2011 and includes information on all child welfare employees, by classification, as of September 30th, 2011. Tables C1 and C2 provide a breakdown of the workforce by position and separates out those social work, front line positions covered by a collective bargaining contract and those management positions not covered by such a contract.

It should be noted that while many of our child welfare policy positions are classified as a “Social Worker VI”, there are several in the classification of “Program Planner”. This classification covers a wide range of positions across various state agencies, making it a challenge to pull demographic data only on those working in child welfare policy. Therefore, it is likely that there are 5-10 individuals who actually work in child welfare policy who were not included in this data, as they are currently titled a “Program Planner 2” or “Program Planner 3”.



| Table C1: Non-Contract Employees: | |
|-----------------------------------|---|
| 7 | Public Service Executive 5 (SAMs and DIV ADM) |
| 3 | Public Service Executive 3 (Bureau Chiefs) |
| 10 | Social Work Administrators |
| 83 | Social Work Supervisors |
| 103 | TOTAL |

| Table C2: Contracted Employees: | |
|---------------------------------|-------------------|
| 23 | Social Worker VI |
| 21 | Social Worker IV |
| 199 | Social Worker III |
| 361 | Social Worker II |
| 604 | TOTAL |

707 Total in Social Work Series (specific to Child Welfare)

Salary Information

The following tables show the salary ranges for each position type noted above, by non-contract or contract covered positions.

| Table C3: Position Type (Non-Contract) | Salary Ranges |
|---|----------------------------|
| Public Service Executive 5 (SAMs and DIV ADM) | \$85,280.00 - \$121,284.80 |
| Public Service Executive 3 (Bureau Chiefs) | \$60,091.20 - \$ 92,414.40 |
| Social Work Administrators | \$54,516.80 - \$ 84,011.20 |
| Social Work Supervisors | \$47,049.60 - \$ 72,987.20 |

| Table C4: Position Type (Contract) | Salary Ranges |
|------------------------------------|---------------------------|
| Social Worker VI | \$47,777.60 - \$73,715.20 |
| Social Worker IV | \$44,283.20 - \$67,163.20 |
| Social Worker III | \$42,931.20 - \$65,062.40 |
| Social Worker II | \$39,062.40 - \$59,259.20 |

Demographic Information

For those 707 individuals employed at the end of FFY 2011, Iowa was able to gather some basic demographic data from our Human Resource division.

Table C5 provides a break down by gender. As with many helping professions, the child welfare workforce at the State of Iowa is predominantly female (86%).

Table C6 provides a breakdown of our workforce by race/ethnicity. According to US Census data, Iowa's overall population is 91.3% white. This trend is illustrated in the breakdown of social work staff.



| Table C5: Overall Gender: | |
|---------------------------|-----------------|
| 112 | Male (15.84%) |
| 595 | Female (84.16%) |

| Table C6: Overall Race/Ethnicity: | |
|-----------------------------------|---------------------------------------|
| 15 | African American (2.12%) |
| 4 | American Indian/Alaska Native (0.57%) |
| 7 | Asian/Pacific Islander (0.99%) |
| 14 | Hispanic (1.98%) |
| 14 | Not disclosed (1.98%) |
| 653 | White (92.36%) |

Table C7 provides a breakdown by age. It should be noted that the State of Iowa offered an early retirement incentive package during SFY 2009 when there was a major reorganization of state government. At that time, the DHS experienced 638 seasoned employees' retirement from the state agency. While not all of these were involved in child welfare, they did make up a good portion. As a result, Iowa's child welfare workforce is overall much younger than prior to this date, as we continue to hire/replace those long-term retirees.

Table C8 provides a breakdown of self-disclosed disability status. Since these questions are all optional, it can be noted that the disability rate is likely higher than the 2.55% who chose to disclose their status as disabled.

| Table C7: Overall Age: | |
|------------------------|----------------------|
| 58 | 20-29 years (8.20%) |
| 234 | 30-39 years (33.10%) |
| 202 | 40-49 years (28.57%) |
| 168 | 50-59 years (23.76%) |
| 45 | 60+ (6.37%) |

| Table C8: Disability: | |
|-----------------------|--------------------------|
| 18 | Yes (2.55%) |
| 635 | No (89.82%) |
| 54 | Did Not Disclose (7.64%) |

Education Data

There is not currently a quick way to access education data on the entire child welfare workforce. To gather this information would require an extensive review of all personnel files. In addition, this review may not capture all continuing education and/or advanced degrees obtained since the date of employment. Therefore, in order to gather this information in an efficient manner, it was decided to do a mass survey of those employees working in child welfare. In March of 2012, a survey was administered to individuals in the following classifications and the return rate, by classification is noted in parentheses:

- Social Worker 2 (285, 79%)
- Social Worker 3 (134, 67%)



- Social Worker 6 (18, 78%)
- Social Work Supervisor (57, 69%)
- Social Work Administrator (8, 80%)

Table C9: Highest Degree Obtained

| | |
|-----|---------------------|
| 1 | No Formal Degree |
| 1 | Associates Degree |
| 418 | BA/BS |
| 80 | Master's Degree |
| 2 | Doctorate (Both JD) |
| 502 | Total |

Although Iowa no longer utilizes IV-E dollars to support social work education, the state did from 1992-2002. There are currently 17 employees who still work for the DHS who received their MSWs through IV-E, and 1 individual who received a BASW through the support of IV-E.

Table C10: Social Work License Level

| | | |
|-----|------------|---------|
| 411 | No License | related |
| 70 | LBSW | ogy, |
| 16 | LMSW | ices, |
| 6 | LISW | |
| 503 | Total | |

Table C11: Master's Area of Degree

| | |
|-----------|--|
| 39 | Master's in Social Work (MSW) |
| 27 | Master's in a Human Service Related Field (i.e. Counseling, Marriage & Family Therapy, Human Service Administration, etc.) |
| 14 | Master's in another area |
| 80 | TOTAL |

Staff Vacancy and Turnover Information

Between October 1, 2010 and September 30, 2011 (FFY 2011), there were a total of 112 changes in staffing amongst the classifications listed above in the workforce data tables (707 total current employees). That averages to a rate of approximately 16% during FFY 2011.



It should be noted, however, that many of those changes were internal promotions, transfers, lateral moves, etc. In fact, 63 of those changes in position involved individuals who are still current child welfare employees, while only 59 changes in employment status (approximately 8%) involved one of the following: transfer to another DHS position (i.e. outside of child welfare), transfer to another state agency, retirement, resignation, or dismissal.

| Table C13: Internal Child Welfare Staff Changes/Reason | |
|--|--|
| 3 | Internal demotion (including self-selected) to lower classification, <u>within child welfare</u> |
| 36 | Transfer/lateral move, <u>within child welfare</u> |
| 18 | Promotion, <u>within child welfare</u> |
| 5 | Probationary layoffs due to budget (REHIRED) |
| 1 | Resigned (REHIRED) |
| 63 | TOTAL |

| Table C15: Reasons Given for Resignation | |
|--|--|
| 10 | Better Job |
| 2 | Dismissed (4 probation, 2 permanent) |
| 1 | To Attend School |
| 3 | Long term disability individual that was REHIRED) |
| 13 | Personal |
| 1 | Resigned (not including 1 individual counted that was REHIRED) |
| 30 | TOTAL |

| | |
|----|--|
| 4 | Transfer to other state agency |
| 2 | Promotion to <u>non-child welfare</u> DHS position |
| 5 | Layoffs 7/1/11 (REHIRED) |
| 59 | TOTAL |

Iowa Department of Human Services Training

Training activities in support of the CFSP goals and objectives, including training funded through titles IV-B and IV-E.

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

IV-B and IV-E Training

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



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

In addition to the University and consortium training provided for DHS staff and partners, DHS will continue to provide additional training opportunities through contract trainers and DHS staff. These trainings focus on the development of skills and behaviors that will support the achievement of permanency and the Program Improvement Plan (PIP) training. The DHS staff curriculum development and trainings for DHS staff and partners may be in conjunction with the consortium and other contractors.

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

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

Over 500 field staff has Title IV-E-related duties in foster care, adoption assistance, and transition living. Curriculum addressing the needed competencies for employees is developed and included in the Core Course Catalog. Course evaluations are reviewed and used in revising and upgrading course content. Courses focus on furthering the social work case management concepts, skill building, outcomes, and competency levels. The DHS contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State Foster Care Review Board (FCRB) that reviews foster care cases. FCRB staff and citizen volunteers serving on local foster care review boards may receive training through participation in DHS core courses and specialized training programs administered by the FCRB. DHS recognizes the importance of contracted service providers participating in training that addresses major changes in policy and procedure. To that end, training is provided to these service providers via joint and provider training.

Provider of Training



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

Duration Category and Administrative Functions the Training Addresses

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

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

Setting/Venue for the Training Activity

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

The online courses that are housed on the Iowa DHS Social Worker Learning Management System website are developed using IV-E funds (75%). The online curriculum development is funded at the 75% training match rate. Online learning is self-learning. Supervisory time is not funded with any training funds.

Online course work prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The online learning which averages 16 hours and the face-to-face training are blended providing foundation learning.

Audience to Receive Training

Over 500 field staff has Title IV-E related duties in foster care, adoption assistance and transition living for whom this training is conducted. Curriculum addressing the needed competencies for employees is developed and included in the training offerings. The



training opportunities are available to relative guardians, private child welfare agency staff providing services to children receiving title IV-E assistance, Early ACCESS providers, child abuse and neglect court personnel; agency, child or parent attorneys, guardians ad litem; and, court appointed special advocates and staff with child caring agencies providing foster care and adoption services to promote the expansion of knowledge and skills. Early ACCESS Training is jointly offered for DHS and Early ACCESS providers. Community Partnership training, including Parent Partners, provides courses for community members and DHS staff. DHS recognizes the importance of contracted service providers and other child welfare partners participating in training that addresses major changes in policy, procedure and practice.

Overview of Training

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

Evaluation

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

Description of Cost Allocation Methodology

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

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

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



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

Professional Development

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

In addition to new worker training for all social workers new to the DHS, ongoing training requirements, after the initial 12 months with the DHS, include:

- Minimum of 24 hours child welfare training annually for all Social Workers
- Minimum of 24 hours child welfare/ supervisory training annually for all Social Work Supervisors

FFY 2011 (October 2010 – September 2011)

Number of course offerings: 88

Number of people trained: 2,648

FFY 2012 (October 2011 – April 2012)

Number of course offerings: 52

Number of people trained: 1,513

Goals for FFY 2012:

- Training was found to be in substantial conformity in the 2nd round of the CFSR, though there will be several strategies in the PIP which will be supported with training initiatives.
- Enhance course offerings for ongoing training with the use of webinars and other delivery means.
- Continue to enhance the development of curriculum on the Social Worker Training Learning Management System.
- Group and add additional learning resources on the Social Worker Learning Management System.
- Conduct a Learning Needs Survey to inform staff and supervisors at the individual level and the aggregate information will inform at the state level of statewide learning needs.
- Continue to collaborate with other partners to provide and offer continuing learning opportunities.



Monthly supervisory seminars are held via a webinar that are designed for all DHS supervisors and provider partners supervisory statewide on the topic of permanency utilizing a series of monthly practice bulletins titled The Blue Sheet. The format of the seminar is designed for statewide interactive discussion among participants who are grouped around the state. Here is a link to view these bulletins:

http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Practice_Bulletins/Practice%20Bulletins.html.

A survey of learning competency needs and learning plan was conducted with the social workers. The results of this survey along with the PIP initiatives are being used for the development of the training offerings. Four of the top learning priorities that staff identified were also identified as their weaker competencies:

- Competency 23, Involvement of Kin;
- Competency 24, Involvement of non-custodial parent;
- Competency 11, Domestic Violence; and
- Competency 37, Youth Development.

In response to this information, a set of trainings was developed that will cover these content areas, which will be offered around the state twice in each service area. The first quarter was Non-Custodial Parent Training, then Domestic Violence and Safety Planning, followed later by Youth Development.

DHS training continues to partner with the courts and providers in our training efforts. The use of the Social Worker Training Learning Management System has been a great resource for staff as the learning opportunities and resources are available to them at all times.

Goals for FFY 2013

- Develop curriculum and implement learning courses that support the various CFSR PIP strategies to increase the competency of our workers and improve the outcomes for the children and families we serve.
- Utilize the results of the social worker competency learning survey and learning plan to develop and offer learning opportunities to support the continued professional development of our social workers.
- Continue the use of the webinar series to provide learning opportunities for DHS and Provider Partners to have a consistent practice message statewide.
- Work with our University Partners to develop and implement a child welfare certificate program at the undergraduate level.
- Consolidate and review existing material and course work and develop a more focused trauma informed training with the use of Practice Bulletins, webinars, courses for DHS supervisors and workers and Provider Partners Supervisors and workers. Participate with the Provider training on their trauma training.
- Collaborate with Court and other multidisciplinary partners to develop and offer Permanency multidisciplinary learning opportunities across the state.



- Continue the use and enhancement of blended learning training that includes face to face learning and online learning via the DHS Service Training Learning Management System.
- Provide training on the Results Orientated Management (ROM) data system for DHS workers to support their utilization of data in their decision making.

FFY 2013 DHS Child Welfare Course Training Plan

Course Offerings, including New Courses, and Benefiting Programs

FY 13 Training

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



| I/initial Ongoing | Aud. | Course # | Title | Brief Course Syllabus | Revision Required | Funding Sources & Benefiting Program | FY 13 # of Times Offered | # of Days |
|-------------------|-----------------------|----------|--|--|-------------------|--|--------------------------|-----------|
| I/O | All staff | HS 001 | Confidentiality Is Key | Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information. | Update | IV-E All Child Welfare and State Funds | ongoing | 0.3 day |
| I/O | All staff & Others | HS 003 | Confidentiality Part 2: Privacy & Security | Explains the regulations and procedures related to HIPAA (Health Insurance Portability and Accountability Act) at DHS. Covers policies, regulations and disclosure procedures. | Update | State Funds Only | ongoing | 0.3 day |
| I | SW 2, 3 & Supervisors | CP 200 | Basic CP Training | Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services. | Major | 60% All Child Welfare & 40% State Only | 3 | 5 days |
| I | SW 2, 3 & Supervisors | SP 100 | Overview of Child Welfare | Provides foundational training on the management of cases in child welfare. | Update | IV-E All Child Welfare and State Funds | web | 0.3 day |
| I | SW 2, 3 & Supervisors | SP 103 | Legal Fundamentals | Becomes familiar with the legal process as it relates to basic court proceedings and DHS services. | Update | IV-E All Child Welfare and State Funds | web | 0.3 day |
| I | SW 2, 3 & Supervisors | SP 104 | Medical Fundamentals | Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development. | Update | IV-E All Child Welfare and State Funds | web | 0.3 day |
| I | SW 2, 3 & Supervisors | SP 105 | Substance Abuse Fundamentals | Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development. | Update | IV-E All Child Welfare and State Funds | web | 0.3 |



| | | | | | | | | |
|---|-----------------------|--------|---|--|--------|--|-----|-----|
| I | SW 2, 3 & Supervisors | SP 106 | Domestic Violence | Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development. | Update | IV-E All Child Welfare and State Funds | web | 0.3 |
| I | SW 2, 3 & Supervisors | SP 107 | Child Development | Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development. | Update | IV-E All Child Welfare and State Funds | web | 0.3 |
| I | SW 2, 3 & Supervisors | SP 150 | Child Welfare Practice in Iowa | Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan. | Update | IV-E All Child Welfare and State Funds | 3 | 0.5 |
| I | SW 2, 3 & Supervisors | SP 300 | Application of Legal & Medical Issues | Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development. | Update | IV-E All Child Welfare and State Funds | 1 | 3 |
| I | SW 2, 3 & Supervisors | SP 301 | Impact of Domestic Violence & Substance Abuse | Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process. | Major | IV-E All Child Welfare and State Funds | 2 | 2 |
| O | SW 2, 3 & Supervisors | SP 302 | Advanced Medical Issues | Understand a medical diagnostic approach to child abuse/neglect and behavioral and physical indicators of abuse and neglect in order to provide appropriate referrals to services and family case plans. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SP 304 | Advanced Legal Course | Provides opportunities for staff to build on their basic legal foundation and expand their knowledge base relative to the laws. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |



| | | | | | | | | |
|---|-------------------------------|--------|---|--|--------|---|---|---|
| O | SW 2, 3 & Supervisors | SP 305 | Effects of Mental Disorder on Parenting Capacity | Teaches participants how to evaluate the risks to the child when the parent, parents, or caregivers are diagnosed with one or more of the most commonly occurring mental health disorders, and to identify ways that these risks can be ameliorated. | Update | IV-E All Child Welfare and State Funds | 2 | 1 |
| O | SW 3, Supervisors & Others | SP 400 | Criminal, Negligence or Accident: Working Together Toward the Correct Conclusion in Child Death and Severe Trauma Cases** | Provides a multidisciplinary review of issues involved in child death and severe child abuse cases. | New | CJA Funds | 5 | 1 |
| O | SW 2, 3 & Supervisors | SP 401 | Abusive Head Trauma in Children * | Teaches participants the signs and symptoms resulting from violent shaking or the shaking and impacting of the head of an infant or small child in order to provide appropriate referrals to services and family case plans. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SP 402 | Trauma Training** | Provides an overview of the impact of trauma on child development and the long term consequences and how to lessen the impact in the practice of social work. | New | IV-E All Child Welfare and State Funds | 5 | 1 |
| I | SW 2, 3 & Supervisors | SP 533 | Shared Parenting-Family Interactions | Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management. | Major | IVE Foster Care & Subsidized Adoption & State Funds | 4 | 1 |
| I | SW 2, 3, Supervisors & Others | SP 534 | Family Team Meeting Facilitation | Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services. | Major | IV-E All Child Welfare and State Funds | 4 | 3 |
| I | SW 2, 3 & Supervisors | SP 535 | Assessing throughout the Case | Reviews decision-making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child. | Update | IV-E All Child Welfare and State Funds | 1 | 2 |
| O | SW 2, 3 & Supervisors | SP 536 | Chronic Neglect: Frequently Seen Families | Provides an understanding of characteristics and patterns of chronic neglect cases and develop case plan strategies for intervention to prevent re-entry and reabuse in child welfare cases. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |



| | | | | | | | | |
|-----|-------------------------------|--------|--|--|--------|--|----|---|
| O | SW 2, 3, Supervisors & Others | SP 539 | Facilitating FTDM with Domestic Violence | Reviews the dynamics of battering and learn how those dynamics can work to sabotage the efficacy and safety of a FTMD. Utilize family team facilitation skills to develop the case plan and make appropriate referrals to services. | Major | IV-E All Child Welfare and State Funds | 2 | 1 |
| O | SW 3 & Supervisors | SP 541 | Child Interviewing | Provides an in-depth review of the standards of a quality interview of a child and provides participants with the opportunity to practice and receive feedback | Update | 60% All Child Welfare & 40% State Only | 4 | 1 |
| I/O | SW 2, 3, Supervisors | SP 542 | Motivational Interviewing | Prepares participants for understanding change, learning the spirit of and principles of motivational interviewing, and identifying how staff might apply what they learn to case management. | Update | IV-E All Child Welfare and State Funds | 3 | 1 |
| O | SW 2, 3 & Supervisors | SP 545 | Child Development & Attachment | Presents a current perspective on parent/child attachment and child development, the effects of maltreatment, neglect and disruption on children's mental health and development. Attention is given to the practical skills of establishing working relationships with families, working collaboratively and referring appropriately. | Update | IV-E All Child Welfare and State Funds | 2 | 1 |
| O | SW 2, 3 & Supervisors | SP 546 | Working with Families Affected by Substance Abuse Disorder | Gains a broader understanding between the connection of parental substance abuse disorder and how this impacts safety, risk and child well-being; while gaining knowledge regarding substance abuse disorders and treatment and how this impacts case planning. | Update | IV-E All Child Welfare and State Funds | 3 | 1 |
| O | SW 2, 3 & Supervisors | SP 547 | Non-Custodial Parent / Family Finding / Involvement of Kin** | Increases participants' ability in working with non-custodial parents and/or kinship care in developing permanency options for children in care and including family finding. | New | IV-E Subsidized Adoption and State Funds | 10 | 1 |
| O | SW 2, 3 & Supervisors | SP 548 | Domestic Violence with Safety Planning | Provides participants with an understanding of safety planning when domestic violence is involved and provide suggestions on recommended services and techniques needed for case planning and management. | Major | IV-E All Child Welfare and State Funds | 10 | 1 |
| O | SW 2, 3 & Supervisors | SP 549 | Evidence Based Treatments for Borderline Personality Disorder* | Gains an understanding of how to work more effectively with clients with Borderline Personality Disorder and how to incorporate information into case planning for families. | Update | IV-E All Child Welfare and State Funds | 3 | 1 |

| | | | | | | | | |
|---|------------------------|--------|--|---|--------|---|---|-----|
| O | SW 2, 3 & Supervisors | SP 642 | Advanced Motivational Interviewing * | Prepares the participant at a more advanced level in client-centered counseling style for eliciting behavior change by helping the client explore and resolve ambivalence. Participants will be able to apply what they learn to case management. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW Supervisors | SP 842 | Motivational Interviewing for Supervisors * | Prepares supervisory staff for understanding change, learning spirit of motivational interviewing, learning the principles of motivational interviewing, and identifying how staff might apply what they learn to their work. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| I | SW 2 & Supervisors | SW 020 | Foundations for Social Worker 2 Practice | Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, ongoing case management and case closure. Provides information on how to refer for services, place a child, and prepare for judicial determinations. | Major | IV-E All Child Welfare and State Funds | 3 | 4 |
| I | SW 2 & Supervisors | SW 071 | Legal Aspects of Social Work | Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provides service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination. | Update | IV-E All Child Welfare and State Funds | 2 | 2 |
| I | SW 2 & Supervisors | SW 072 | Testifying in Juvenile Court | Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de-identified, case. | Update | IV-E All Child Welfare and State Funds | 2 | 1 |
| I | SW 2 & Supervisors | SW 073 | Permanency and Termination of Parental Rights | Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family | Update | IVE Foster Care & Subsidized Adoption & State Funds | 1 | 1 |
| O | SW 2, 3, & Supervisors | SW 321 | Legislative & Appellate Court Decisions Update | Informs on appellate court decisions that impact child welfare case law and legislative changes that have affected Iowa code Chapters 232, 235A and 600. | Major | IV-E All Child Welfare and State Funds | 1 | 0.3 |



| | | | | | | | | |
|---|-------------------------------|--------|--|---|--------|--|---|-----|
| O | SW 2, 3, Supervisors & Others | SW 341 | Working with Native American (ICWA) | Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements. | Major | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SW 342 | Psychological Testing: From Referral to Intervention | Familiarizes staff with the types of psychological tests and their uses. Explains how evaluations can be used to more effectively manage a child welfare case. | Major | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2 & Supervisors | SW 355 | Adoption Training | Provides information to improve understanding of the adoption program and philosophy; build statewide consistency on adoption practice. | Major | IV-E Subsidized Adoption and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SW 358 | Permanency/Concurrent Planning** | Reviews the goals of concurrent planning in developing the case plan and permanency outcomes for children in care. | New | IV-E Subsidized Adoption and State Funds | 2 | 1 |
| O | SW 2, 3 & Supervisors | SW 500 | Social Work Ethics | Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with <i>NASW Code of Ethics</i> . | Update | IV-E All Child Welfare and State Funds | 1 | 0.5 |
| O | SW 2, 3 & Supervisors | SW 504 | Beyond the Basics: Real Life Ethics for the Child Welfare Professional | Focuses on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family from a diversity standpoint. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SW 505 | The Changing Face of Iowa: Culturally Competent Practice with Families & Communities | Focuses on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family from a diversity standpoint. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SW 603 | Sexual Abuse | Provides participants with an understanding of physical and behavioral indicators of child sexual abuse for referrals to services and case management. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW 2, 3 & Supervisors | SW 604 | Advanced Domestic Violence | Strengthens participants' skills involved in working with victims of domestic violence, their children, and batterers by discussing specific case issues. | Major | IV-E All Child Welfare and State Funds | 1 | 1 |



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| O | SW 2, 3 & Supervisors | SW 605 | Advanced Cultural Competence in Child Welfare | Increases the participants' ability to effectively engage and intervene with families and youth of diverse cultures in the child welfare system. | Update | IV-E All Child Welfare and State Funds | 1 | 1 |
| O | SW Supervisors | SW 829 | ROM Training** | Develops the skills of participants in understanding data relating to placement of children and to improve outcomes for children in care. | New | IV-E All Child Welfare and State Funds | 5 | 1 |
| I | SW 3 & Supervisors | | CPTA Law Manual Update | Provides a synopsis of pertinent legal references supporting course materials in SP 300 Application of Legal & Medical Issues. | Major | IV-E All Child Welfare, and State Funds | ongoing | ongoing |
| O | SW 2, 3, Supervisors & Others | | Early ACCCESS Collaboration** | Provides participants with an understanding of early intervention services for children 0-3 years of age. | New | State Education Funds | 10 | 1 |
| O | SW 2, 3 & Supervisors | | Adolescent Youth Development** | Provides participants with an understanding of child welfare practices that promote and enhance permanency for older youth in foster care. | New | IV-E All Child Welfare and State Funds | 10 | 1 |
| O | SW 2, 3 & Supervisors | | DSM-5** | Familiarizes participants with the newly released DMS-5 so that appropriate referral to services can be made. | New | IV-E All Child Welfare and State Funds | 1 | 0.5 |
| O | SW Supervisors | | Supervisory Practice** | Enhances supervisory skills in case management and implementation of the new Supervisory Model of Practice in Child Welfare Practice. | New | IV-E All Child Welfare and State Funds | 5 | 1 |
| I/O | Others | | DHS Provider Training/Webinar** | Provides an understanding of DHS case management practice in providing services to children in care. | New | IV-E All Child Welfare and State Funds | 4 | 0.3 |
| I/O | SW 2, 3, Supervisors & Others | | Family Interaction/FTDM Webinars | Improves skills of family team meeting facilitators in developing the family case plans to include family interactions which enhance positive outcomes for children. | Update | IV-E All Child Welfare, and State Funds | monthly | 0.3 |
| I/O | SW 2, 3, Supervisors & Others | | Community Partnerships for Protecting Children | Develops skills of communities and partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being | Update | IV-E All Child Welfare, and State Funds | ongoing | ongoing |



| | | | | | | | |
|-----|-------------------------------|--------------------------------|--|--------|---|---------|---------|
| I/O | SW 2, 3, Supervisors & Others | Parent Partners | Develops skills of communities and parent partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being | Update | IV-E All Child Welfare, and State Funds | ongoing | ongoing |
| I/O | SW 2, 3, Supervisors & Others | DHS Service Training Website | Provides a Social Worker Training Series of self-study, classroom and resources that complement each other in a blended learning format to assist in efficiently and effectively providing training in child welfare to build staff competency in case management. | Major | IV-E All Child Welfare and State Funds | ongoing | ongoing |
| O | SW 2, 3, Supervisors & Others | Practice Initiatives via PIP | Provides information to further enhance practice statewide to achieve positive outcomes for children and families | Major | IV-E All Child Welfare and State Funds | ongoing | ongoing |
| O | SW 2, 3 & Supervisors | Child Welfare Monthly Webinars | Provides multiple offerings on a variety topics pertinent to child welfare practice | Major | IV-E All Child Welfare and State Funds | 9 | 0.3 |
| O | SW Supervisors & Others | Supervisory Monthly/Webinars | Provides multiple offerings on a variety topics pertinent to child welfare practice from the supervisory perspective. | Major | IV-E All Child Welfare and State Funds | 9 | 0.3 |

* New Course offered in FY 12

**New Course planned for FY 13



Child Welfare Provider Training

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

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

During SFY 2011, the Training Academy delivered a total of 20 live trainings across all five (5) service areas in the following topic areas: engaging youth (youth development) – foundation and practical approaches, attachment issues, creating social success for Asperger youth – foundation and practice approaches, burnout and compassion fatigue, and trauma informed care. Originally 36 live trainings were projected to be held with 27 actually scheduled, but seven (7) were canceled. Along with the live trainings, access was provided to on-line training. Trainings are categorized for levels of child welfare practice as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker. Overall, 94% of participants reported on their evaluation form that their needs were met and training was useful to their job.

A Training Plan for SFY 2012 was developed and provided to the DHS on September 15, 2011. The Training Plan was updated and revised on October 27, 2011. The training is compatible with the child welfare outcomes of the DHS Model of Practice and with the Child and Family Services Review. These outcomes include safety for children, permanency, academic preparation and skill development, and well-being.

The Training Academy continues to research the capability to present trainings through webinars/teleconferences across the state of Iowa as well as live trainings and blend in Essential Learning online courses.

The Training Academy partnered with Essential Learning to provide a range of individual online training courses to 500 child welfare providers and supervisors across the state of Iowa for organizations with child welfare contracts with the DHS. There are two extensive libraries, which can be accessed: a Social Services course library and a Child and Adolescent curriculum. These courses are available on a 24/7 basis which allows an easy way to keep up with the latest developments in the field and earn continuing education credits from national accrediting bodies such as the Child Welfare League of America (CWLA) and the Association of Social Work Boards (ASWB). The



primary focus of the Training Academy was to increase the number of users with Essential Learning during SFY 2011. A pilot program was initiated in January 2011 with the following identified benefits and requirements:

- Benefits
 - Have courses identified that support CFSR and DHS requirements;
 - Participate in a series of courses to gain knowledge and understanding of key concepts:
 - Additional training/technical assistance for pilot sites; and
 - Ability to customize training needs at a location.
- Requirements
 - Participate in pilot beginning January 2011 through April 2011;
 - Designate one supervisor and 6-10 staff at one location to participate in the pilot;
 - Complete one course every 2-3 weeks and offer feedback through a conference call, written evaluation and/or online survey (total 4-5 trainings);
 - Participate in webinar once a month to gain insight/feedback; and
 - Participate in pilot end focus group.

The goal was to have approximately 8-10 provider organizations participate in the pilot program with 10-12 staff at each of these organizations completing the Essential Library. In January 2011, a total of eight (8) provider organizations agreed to participate with a total of 85 staff. In May 2011, the pilot program was reviewed with positive outcomes, one of which was an increase of 150% in the usage of Essential Learning as compared to SFY 2011. The organizations and staff who participated in the pilot program supported the use of Essential Learning because it offered flexibility, foundation courses, and staff could learn at their own pace. At completion of the pilot program, eligibility criteria for the 500 slots were defined and shared with provider organizations and became effective with the SFY 2012 contract.

The Training Academy maintains the Child Welfare Provider Training Academy website available at www.iatrainingsource.org which continues to undergo updates and enhancements as necessary. The Training Academy website has a link to the DHS Training website so providers and other child welfare partners can sign up for DHS trainings directly. The DHS page of the Training Academy website offers highlights of upcoming trainings offered by DHS that may be of interest to providers. The DHS Training website also has a link to the Training Academy website which highlights trainings that are offered in which DHS staff can register to attend as well. The partnership of public and private staff learning together and sharing information has improved greatly with an increase in providers attending DHS trainings and DHS staff attending trainings offered by the Training Academy.

The training plan is to process training and professional development training that includes course names, brief course descriptions, funding source, method(s)/style(s) of presentation, predicted audience, and frequency of offerings. Any additional information will be incorporated in the monthly report provided to the Iowa Department of Human Services as specified by contract.

FY 2012 CHILD WELFARE PROVIDER TRAINING ACADEMY PLAN

(9/15/11 – updated 10/27/11)

- **FL—Front-line child welfare providers**
- **FLS—Front-line child welfare supervisors**
- **LP—Live Presentation**
- **WC—Web Course**
- **B—Basic/New Worker**
- **I—Intermediate/More Experienced Worker**
- **A—Advanced/Supervisory Level Worker**

| | Brief Course Syllabus | Funding Source | Audience | Style | Times Offered | # of Days |
|-----------------|--|-------------------|-----------------|-------|-----------------|-----------|
| th and | Focuses on strength based approach to engage youth and become active participants in their treatment plans. Learn tools and techniques to implement a change process through the use of collaborative practices and a strengths perspective. Focus on Blueprint for Forever Families and to include in practice. | All Child Welfare | FL & FLS: B & I | LP | 4 service areas | 4 |
| ues | Increases awareness of the common causes of attachment problems, symptoms, and behaviors associated with problematic attachment and <u>basic</u> assessment skills. Provides an understanding in order to better refer to services, support permanency planning, and work toward the goals in the client's case plan. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| anding of | Increases awareness of diagnoses made by mental health professionals concerning child welfare provider's clients and/or their caregivers. Presents a basic overview to aid child welfare providers to better understand child and family interaction, common behaviors and feelings, and areas for skill building. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| nsibilities and | Increases awareness and raises understanding and knowledge about the risks children, families and providers face due to professional power and client vulnerability. Provides an understanding of our ethical duties, power, and confidentiality, and develops steps to ethical thinking and problem solving. Explains boundaries and how issues arise due to the providers "basis of power" and the client's vulnerability. Discusses "red flags" and "danger zones." | All Child Welfare | FL & FLS: B & I | LP | 1 service area | 1 |
| Skills Training | This class will discuss the physiological process of the brain relative to anger. We will focus in on skills of active listening, non-violent communication, and verbal de-escalation. Discussion will also focus in on issues such as personal space, body posture, and emotion. Understanding levels of crisis development and the conflict cycle will also be emphasized. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| um Disorder | This training provides an overview of the pervasive developmental disorders referred to as autism spectrum disorders. The course discusses communication skills required to work with children and families on the spectrum. Activities are designed to preserve and strengthen interactions between youth and families and between youth and their peers. | All Child Welfare | FL & FLS: B & I | LP | 3 service areas | 3 |



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| Fatigue | With burn-out being one of the greatest challenges that our front line workers experience, this course will explore how to find that all important balance. Topics will include stress management, coping with highly emotional and difficult situations, maintaining professional detachment, and problem-solving techniques. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| Competence for Youth | This training brings awareness of participant's own culture and how that relates to the children, youth, and families they serve. Staff will learn strategies for bridging the gap between worker's and youth's culture. Staff will practice how to improve cultural competency and responsiveness in their work. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| Working Effectively with Children Affected by a Mental Health Disorder Kellee Thorburn | Participants in this training will become familiar with a short screen for substance abuse and describe signs of youth substance abuse/dependence. The training will cover the effects of youth substance use, abuse, and dependence on the youth's development. Learn about the prevalence of dual diagnoses of substance abuse and other mental disorders as well common drugs abused and their effects. Understand the stages of change and the process of recovery. | All Child Welfare | FL & FLS: B & I | LP | 2 service areas | 2 |
| Child Care | This training will discuss the broad spectrum of major contributors to a child's behavior, what needs to be addressed first and what short/long term reasonable outcomes are. The lifespan consequences of trauma on an individual/community and staff's role as protectors and educators. Participants will learn what can happen to them as they operate in highly stressful environments and how to take care of themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management. | All Child Welfare | FL & FLS: B & I & A | LP | 5 service areas – twice in each service area | 10 |
| Relationship and Communication Training Diago | The goal of HRMET is to improve the stability and well-being of children and youth in child welfare by helping their parents/caregivers develop the knowledge and skills needed to form and maintain healthy couple and marital relationships. Participants will understand the numerous benefits of healthy couple, marital, and co-parenting relationships for children, parents, and society. Become aware of research-informed principles, practices, and processes that foster healthy relationships and gain knowledge, tools and skills to increase effect practice. | State | FL & FLS: B & I | LP | 3 service areas | 3 |
| Human Brain Development | This training offers an overview of the human brain's structure and function. This overview is helpful in understanding the impact of trauma, abuse, and neglect on the brain's development. Increases awareness of physical, cognitive, social, and emotional development of clients from conception through adolescence. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Childhood: An Overview of the Impact of Trauma | Learn how traumatic events can affect children differently both physically and psychologically. The training also offers general advice on how caregivers and others who work with traumatized children can more effectively support and guide them. Know when referral for services is necessary. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Managing Traumatic Stress: The Impact of Working with Children and Youth | This training discusses how a child's own traumatic experience can negatively impact caregivers and those who work with traumatized, abused, and neglected children. This training also offers strategies for learning how to protect yourself from traumatic stress. The training includes four brief lessons with assignments and a quiz. There is also a message board available to participate in discussion groups about the various lessons. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Workshop 101 | This workshop reviews child development from 18 months to 18 years, providing benchmarks for normal physical, cognitive, linguistic, social, emotional, and sexual functioning at every stage. This information is discussed in terms of its impact on assessment and interviewing techniques used with abused children. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Attachment in Childhood | This training explores the ways in which childhood abuse and neglect impacts the ability to form healthy relationships. It also offers insight into the | All Child | FL & FLS | WC | Unlimited Access | Daily |



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| Children | attachment issues their clients face due to the abuse and neglect. Looks at ways to strengthen the family unit and work toward permanency for clients. | Welfare | | | | |
| Course: Perspective | Judge Charles B. Schudson discusses the history of children in America's courts and the potential for making courts safe for children and others. Exploring the law of competency and hearsay, he addresses whether children may testify, and whether professionals may testify about what children told them. He also considers puppets, support persons, video depositions, closed-circuit TV, and other techniques that can help children participate in court proceedings. Finally, Judge Schudson addresses the special challenges to professionals as they attempt to cope with the impact of their work on their own friends and families. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Consistency & Competency | This workshop is organized into three thematic topics: Collaboration, Consistency, and Cultural Competency. All of these build on effective ways for assisting child victims and families, starting with law enforcement, the gateway to the criminal justice system. Important perspectives related to the natures of crimes against children and meaningful/appropriate responses will be discussed to include strategies for effectively and ethically providing help. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Perspectives on Child Behavior in Adolescents | This course discusses sexual behavior in children ages 2-12 and helps the student understand that a number of child sexual behaviors can be normal. In addition, the course presents information about sexual behavior that may be related to sexual abuse, or to other variables in the child's life. These include family sexuality, life stress, such as physical abuse and domestic violence, and other behavior problems the child may have. Sexual behavior in children is also diverse and can include sexual interest and knowledge as well as self-stimulating behavior, personal boundary problems, and sexually intrusive behavior with children and adult caregivers. Finally, the course presents information on why children might develop sexual behavior problems along with guidelines for treatment of these children. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Effects of Domestic Violence on Children | Domestic violence creates a dangerous and traumatic environment for children as they attempt to grow and develop in their chaotic homes. This presentation explores the effects on both children and the family. Included in this presentation are attachment issues, the impact of trauma, and how mental, emotional, and intellectual development can be affected. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| For the Non-offender | This presentation is designed to gain a greater awareness of the experiences and needs of non-offending caregivers whose children have made allegations of sexual abuse in order to assist in preserving the family unit. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Abuse & Neglect - Psychological | This on-line course from the Wisconsin Child Welfare Training System focuses on developmental issues and how they may contribute to child maltreatment. Understanding what milestones should be accomplished within specific developmental stages and the tasks within a developmental stage that may cause stress will greatly contribute to understanding a child and family's situation. Better assessment leads to better case plans and ultimately, improved outcomes. This training contains three sections that (1) provide an overview and printable list of developmental stages, (2) review and test of knowledge of developmental milestones, (3) provide a selection of printable and online references. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Supporting the Family: How to Address Sexual Abuse | This workshop will look at what we know about sibling abuse and discuss decisions that need to be made in regard to the offender, victim, and family. There will be a focus on how to address issues such as what should be done with the sibling who has abused; are our decisions different if it is a child versus an adolescent; how do we implement a plan that is in the victim's best | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |



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| | interest; and how should we approach families that are resistant to help. | | | | | |
| on of Domestic child | This on-line tutorial contains a basic curriculum on the link between DV and Child Abuse, and on the effects of DV on children. The tutorial consists of 4 Units which discuss general information on DV and Child Abuse; short and long term consequences of exposure to DV; community response to DV; and the Professional's response to DV, including examples of questions for a victim and information on Safety Planning. The tutorial includes a pre and post-test, quizzes following each section, and a video titled 'The Children Are Watching'. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Substance Use tment and y: A Guide for Workers | Child welfare workers are on the front line, making decisions about the best course of action for families in their caseloads. Without a solid understanding of alcohol and drug addiction, and how to identify families involved in the child welfare system as a result of parental addiction, child welfare workers will not be able to address a significant portion of the needs of the families in their caseloads. This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |
| Developmental estic Violence | This presentation reviews what is known about the involvement of children with domestic violence, as direct and indirect victims. Using research from the fields of sociology, psychology, neurobiology and development pediatrics, Dr. Stirling explains the effects of chaotic and violent environments on the developing brain, and suggest reasons why the cycle of violence is so hard for some victims to break. Concepts of resilience will be considered. This presentation discusses some of the many impediments to dealing with the child victims of domestic violence in the real world from the perspective of an experienced pediatrician. | All Child Welfare | FL & FLS | WC | Unlimited Access | Daily |



State Technical Assistance

Technical assistance is provided to DHS front line staff and supervisors to help with the day-to-day management of their child welfare caseload and to keep them informed of the CFSR outcome measures. The CWIS help desk, The SPIRS Help Desk and The Service Help Desk are available to assist staff with questions regarding policy, practice and data systems usage. Policy and technical staff are available to assist the help desk staff in answering questions of a more complex nature. The Bureau of Quality Assurance and Improvement conducts case reviews and provides statewide trend feedback to staff and supervisors. In addition, they provide support for custom reports from the administrative data systems (SACWIS) to assist staff in managing their workflow and caseloads. The Bureau of Quality Assurance and Improvement also facilitates program and process improvement sessions to assist staff in identifying problems and developing specific solutions, which may be implemented and monitored. The Division of Field Operations reports monthly on a key set of performance measures that track the CFSR outcome measures as well as caseworker visits and a set of state specific outcomes. In addition, DHS has undertaken specialized projects in cooperation with outside entities designed to highlight and encourage practice improvement such as the permanency roundtables sponsored by Casey Family Programs. DHS holds a bimonthly meeting with policy staff and front line supervisors to advise, inform and gather feedback regarding policy changes and their impacts on practice in Iowa.

Iowa also is working to continuously update and improve the training programs available to state staff and provider staff in the state.

As the Iowa Results Oriented Management (ROM) project matures, we will be using this as a platform to improve on and expand the use of data in our day-to-day management. This will provide staff with the ability to develop customized views of reports that may be localized to their areas of interest.

In FFY 2013, Iowa will continue these activities as well as look for other opportunities to assist our front line staff in accomplishing the goals of safety, permanency and well-being for children and families of Iowa.

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

Since implementation, Iowa has undergone three federal SACWIS compliance reviews: an initial review in August 1997 and follow-up reviews in August 29 – 30, 2000 and May 17 – 18, 2004. An informal meeting with Children's Bureau staff took place in September of 2011. Iowa is currently in the process of creating a Planning Advanced Planning Document (PAPD), which will document the state's intention of conducting a comprehensive planning effort to explore the possibility of creating a new SACWIS system that will meet user needs as well as address any compliance issues cited by



past reviews. Iowa continues to collaborate with the Children's Bureau Regional Office on submitting the PAPD.

Iowa's SACWIS consists of two main components, Family and Children's Services (FACS) and Statewide Tracking and Reporting (STAR). FACS is the child welfare case management and payment system for the DHS. It applies to children in foster care and collects demographic data, caseworker information, household composition, services provided, current status, status history, and permanency goals, among other information. It tracks the services provided to approximately 12,000 children at any specific point in time and automates issuance of over \$220 million annually to foster and adoptive parents and other child welfare providers. FACS also serves as the data source for information used by field budget staff. STAR is responsible for tracking the intake, assessment and findings for over 28,000 child abuse assessments annually. The STAR system collects information regarding abuse reports, report decisions, reporter, alleged perpetrator, caseworker, dates of parental notification, appeal data, final disposition of assessment, and completion time frames for individuals receiving child protective services.

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

Iowa's SACWIS:

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

Changes in Iowa's SACWIS:

- Stakeholders also reported that Iowa's SACWIS interfaces with the quality assurance system.



- National Youth in Transition Database
- Automated Notice of Decisions to Reporters of Child Abuse
- Automated transition of Family Safety, Risk and Permanency cases from one contract period to another for case managers.

Results Oriented Management (ROM): During 2011, Iowa worked to populate the core ROM system with Iowa data. This core system was brought online in January of 2012 and basic functionality training was completed in February 2012 for supervisory staff. Iowa also completed a demonstration/training with CWPC provider staff with the intent of involving service provider staff for ROM Phase II and ongoing collaboration. Additional training is planned to coordinate with the CFSR PIP efforts around a model of supervisory practice. The ROM system is updated daily with data as of the close of the prior business day so that staff has the most current data available to assist with data reporting and case management.

In April 2012, Iowa kicked off phase two of the ROM project with two report design events. The first was targeted at DHS staff needs and the second was targeted toward the needs of the courts, service providers and other child welfare partners. These events produced a series of custom report designs that were prioritized for inclusion in the ROM system.

AFCARS Performance Improvement Plan: The Iowa AFCARS Performance Improvement Plan 2012A submission was completed successfully. Within the PIP, Iowa has twenty-eight foster care and twenty-three adoption data elements under review. Eleven of the foster care elements and twelve of the adoption elements moved into a 4 rating status, indicating that all AFCARS requirements have been met.

Within the foster care data elements, twelve items were moved to a rating factor of 3, indicating there are data quality issues that the Children's Bureau continues to monitor. Iowa anticipates that a resubmission of the 2003B data file will need to be resubmitted before these items will move to meeting all requirements. At the time of submission, there are five items with a rating factor of 2, indicating there are technical issues not fully met. Of the five items, Iowa anticipates that 3 will move to at least a rating factor of 3 with the 2012A submission.

Within the adoption data elements, six items remain at a rating factor of 2. Iowa anticipates that two of those items will move to a rating factor of 3 with the submission of Iowa's current report. A change request to collect the additional missing data was submitted to resolve the issue related to the four elements that remain. There are five elements that have a rating factor of 3. Iowa anticipates that these elements will retain the factor of 3 until a resubmission of the 2003B file is completed and reviewed by the Children's Bureau.



Training and Technical Assistance

Iowa Based Research

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

The DHS collaborated with Four Oaks Family and Children's Services (Four Oaks) and Iowa KidsNet on a three-year federal Family Connections grant to implement an intensive family finding and engagement project, Families for Iowa's Children (FIC). The project began in November 2009 and will conclude in the fall of 2012. FIC project partners are Catholic Community Services of Western Washington (CCS), Iowa Children's Justice, the University of Iowa, and Meskwaki Family Services. Family finding is a program authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). The purpose of the FIC project is to use search technologies and family-centered practices to help children entering foster care reconnect with family members and natural supports during and after their time in care. Specifically, FIC will search for and engage relatives and natural supports as potential placement resources for children, as potential permanency resources in the event that reunification is ruled out, and/or as supports to the child in other ways while the child is in foster care and after the child exits from care. The FIC program was implemented in twenty-six counties. Over the three-years of the project, FIC anticipated serving 200 children. Project results will be reported in next year's APSR.

The DHS partnered with the University of Nebraska for the University of Nebraska-Lincoln, Center on Children, Families and the Law, Midwest Child Welfare Implementation Center to provide intensive, coordinated and individualized technical assistance for the purpose of implementing the Parent Partner approach (Project) in the State of Iowa. The research component of this project includes an evaluation of the Parent Partner Program implementation in Iowa. Project results will be reported in next year's APSR.

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

The DHS contracted with the University of Northern Iowa to build upon the BSC efforts to develop a statewide framework for addressing racial disproportionality and disparity



while also addressing cultural competency/responsiveness of the child welfare workforce reflective of activities included in Iowa's PIP. *For more information, please refer to PSSF Planning, Minority Over-Representation in the Child Welfare System.*

The DHS and Iowa Children's Justice (ICJ) collaborated with Casey Family Programs to conduct permanency roundtables in four service areas in Iowa in 2012. Permanency roundtables examine cases where children have been in foster care for an extended period of time and need permanency. The purpose of the roundtables is to review the case to determine opportunities missed to pursue permanency and family connections for youth and develop an action plan to achieve permanency for the youth. As part of Iowa's PIP activities in FFY 2013, lessons learned and best practices identified from these roundtables will be imbedded in a sustainability plan for each service area.

Technical Assistance

As a result of PIP activities underway in Iowa, Iowa anticipates requesting in FFY 2013 T/TA for reconstructing Iowa's child welfare case plan so that it is user friendly while at the same time meeting federal case plan requirements.

SECTION D: CONSULTATION AND COORDINATION WITH TRIBES

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

- ICWA training opportunities for public and private child welfare staff, judges, attorneys, tribal social services workers and others:
 - Sixty-six DHS and private agency staff attended ICWA Basic and Enhanced Cultural Competency with Native Americans held on June 16, 2011.
 - Meskwaki Child Welfare and Cultural Training was held on September 22, 2011 in the Cedar Rapids Service Area. The training was presented by Johnathan Buffalo, NAGPRA officer and Director of the Meskwaki Historical Preservation Department; Theresa Mahoney, Associate Judge at Meskwaki Tribal Court and Suzanne Buffalo, Tribal Clerk of Court; Michael Marquess, Lead Prosecutor of S & F Tribe; Mylene Wanatee, MFS Director and Allison W. Lasley, MSW, ICWA Consultant at MFS. This training was attended by 23 DHS, private agency and tribal staff.
 - ICWA: Purposes, Procedures and Practice webinar is scheduled for June 26, 2012.
- DHS staff was provided with an updated list of ICWA contacts through the ICWA Training and Technical Assistance contract.



- DHS will continue to collaborate with tribal representatives to provide state staff and court officials with current resource listings of tribally recognized expert witnesses for court proceedings involving children subject to ICWA.
- DHS continues participation in monthly meetings of the Community Initiative for Native Children and Families Initiative in Sioux City. Input received from this group will be used to guide state efforts to impact compliance with ICWA requirements.
- DHS will continue to partner with tribal representatives in order to share data on Native American children and families in the state child welfare system and the outcomes achieved by these children and families. Through these efforts, tribal and state representatives will have objective data on which to base discussions on system strengths, concerns, and areas where remedial efforts need focused.
- DHS staff continues to be available as needed to work with Meskwaki Tribe on the development of their Title IV-E system. Specifically, staff provided basic information regarding IV-E, data sets, explained use of forms and key elements, etc. DHS staff requested Meskwaki Family Services (MFS) conduct an internal file review using IV-E and CFSR checklists. DHS staff will work with MFS staff to resolve identified issues.
- DHS and the Meskwaki tribe have a signed protocol which outlines roles and responsibilities in child abuse assessments, notification of DHS involvement with Meskwaki families, and ongoing case management of child welfare cases involving Meskwaki families.
- The Memorandum of Agreement between DHS and the Meskwaki Tribe remains in effect. Due to changes in service array, practices and policies, the MOA is in the process of being updated. DHS and Meskwaki representatives met in February 2012 to review the agreement, identify needed changes, and begin revisions.
- As of April 30, 2012, 137 or 2% of all children in out of home care were Native American.
 - 82.5% were placed in family like settings including family foster care or relative care.
 - 91 children were case managed by DHS under state court jurisdiction
 - 12 children were delinquents case managed by Juvenile Court Services
 - 34 children were case managed by Meskwaki Family Services under tribal court jurisdiction

ICWA training and improving tribal relations:

DHS continues to work with tribal representatives to improve practice and better serve Native American children and families. *Working with Native American Families* is an ongoing DHS training for social work staff and supervisors to enhance their skills and cultural awareness. The contractor for ICWA Training and Technical Assistance provides training each year to focus not only on ICWA compliance, but also Native American culture and cultural awareness. This training is held in June and typical attendance is around 50 DHS and provider staff. DHS staff from the Sioux City area attended the National Indian Child Welfare conference held in Arizona in April 2012.



Staff from the Cedar Rapids area attended the Midwest Child Welfare Implementation Center gathering in April 2012. Tribal representatives attended both conferences affording an opportunity for increasing knowledge and collaboration between tribal representatives and DHS to bring practice improvements to the state.

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

Over the past year, the DHS consulted with The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe) to improve compliance under the Indian Child Welfare Act.

Meskwaki Family Services holds the ICWA Training and Technical Assistance contract. Services provided through that contract include planning and presenting an annual ICWA training, consulting on ICWA cases, participation on various DHS workgroups and committees and producing documents to assist DHS in meeting ICWA requirements. A “desk aid” for staff was developed and in final review process. The desk aid provides staff with code and policy citations, a brief description of the citation and the activities to meet the requirements of each citation.

The Sac and Fox Tribe established tribal court in 2005. A State/Tribal Agreement was finalized in 2006 outlining Tribal and DHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. A local protocol between Meskwaki Family Services and the Cedar Rapids Service Area was finalized in June 2011. The protocol further defines the roles and responsibilities of DHS staff and Meskwaki Family Services staff. The Memorandum of Agreement is in the initial stage of review to be updated within the next year. The local area protocol will also undergo review and possible revisions in the next year. DHS is currently servicing 38 children under tribal court jurisdiction.

Western Iowa and Surrounding Area Tribes

The highest concentration of Indian children within the state is in the northwest region of Iowa in Woodbury County and surrounding counties. Of the 137 Native American children in out of home care (referenced above), 46.6% (63) are from the Western Service Area, 76.1% (48) of which are from Woodbury County. Some of the Tribes in this area include the Winnebago Tribe of Nebraska, the Yankton Sioux, the Santee Sioux, the Rosebud Sioux, Flaudreau Santee Sioux, the Omaha Tribe of Nebraska, and the Ponca Tribe of Nebraska. While there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal headquarters or offices), non-governmental programs were established to identify and address the challenges affecting Indian families in this area of the state. The Community Initiative for Native Children and Families (CINCF) is a collaborative group comprised of representatives from Tribal communities, the Department of Human Services, the Department of Corrections, the court, the Department of Public Health, the Department of Human Rights, mental health and housing that meets regularly to discuss the concerns of the Native communities, including ICWA. One of the key concerns in the northwest region of Iowa continues to be the over-representation of Native American families in the child welfare system. In order to address the over-representation concern, Woodbury County DHS continues to have a Native American team to case manage Native American child welfare cases.



The team includes 2 liaisons to the Native American community, who are also representatives on the CINCF. DHS also partnered with CINCF, to identify and address the issues that impact Native children and families and the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa.

Progress has been made toward reducing the disproportionate number of Native American children in care, but barriers remain. Relationships between the Native American communities and DHS have improved. Communication and collaboration have improved to better serve children and families. Institutional trauma remains an ingrained barrier between the Native American community and the state. DHS will continue to strive to be transparent with the Native American community, collaborate and involve the Native community in working to improve child welfare, and fully embrace the purpose and practice of the Iowa and Federal ICWA law.

Iowa Foster Care Youth Council increased its outreach effort for Indian youth participation in Iowa Foster Care Youth Council support groups or via the Iowa Foster Care Youth Council website; participation of Indian youth on committees related to child welfare or issues involving youth.

DHS staff attends monthly meetings in Sioux City with tribal representatives in the Sioux land area. As stated above, consistent compliance with all the requirements of ICWA is a continuous improvement activity by DHS.

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

DHS continues to work on consistently implementing the provisions of ICWA. The Memorandum of Agreement with the Sac and Fox Tribe serves as the foundation of practice and compliance with ICWA. The Meskwaki Tribe and DHS developed a protocol to clarify roles and procedures regarding how both parties will work together to implement ICWA for Meskwaki children.

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

DHS continues to have ongoing discussions with tribal representatives regarding ICWA compliance. The protocol developed with the Meskwaki tribe was in part to ensure DHS staff was meeting the requirements of ICWA. Woodbury County has dedicated staff who handles ICWA cases to help ensure compliance with the law. DHS is made aware of cases where tribes have concerns about compliance with ICWA. Compliance has also been determined through periodic case reviews. DHS plans to continue to monitor ICWA compliance through collaboration with tribes, case reviews, and ongoing training for all DHS staff. DHS and the ICWA liaison explored conducting a statewide sample of ICWA cases to review compliance, but lacked resources to complete a comprehensive review. A small sample of cases where a child is identified as Native



American will be completed by the end of June 2012. A more comprehensive review will be scheduled in SFY13.

DHS will continue to collaborate with Meskwaki Family Services through the Technical Assistance and Training Contract to develop training on ICWA requirements but also include training on Native American culture. Meskwaki Family Services is also working on an ICWA desk aid for DHS staff, attorneys or any other stakeholders involved with Native American families.

Sharing of the CFSP and the APSR Reports

DHS provides access to the APSR report to any interested persons by posting these reports on the DHS website. DHS provides a copy of the APSR directly to Meskwaki Family Services and to members of CINCF who may further disseminate the document in their respective tribal communities.

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

SECTION E: HEALTH CARE OVERSIGHT AND COORDINATION PLAN

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

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

The task force charter was developed in relation to the requirements of the P.L. 110-351. The task force reviewed DHS' current policy (model of care) and best practices that impact the health care received by children in foster care and developed recommendations for improving the monitoring and coordination of the health care services, including mental and dental health needs, in order to meet the needs of foster children. As part of the strategy to identify and respond to the health care needs, this task force has identified the resources available from IME and the IDPH that can be coordinated to better serve the foster child's health care needs as well as some of the current gaps for obtaining health care services. The task force does not actively meet though the DHS continues to collaborate as needed with members. The DHS met with



IME staff this year in regards to obtaining more in depth information on foster children's health care, reflected in the information below.

Current Schedule for Initial and Follow-up Health Screenings

The DHS is effective in meeting the standards of medical practice provisions that are in the current rules and policy manual that address the initial and follow-up health screenings for the health care needs of children in foster care. If a child coming into care has not had a physical health screening prior to placement, the initial physical health screening must be scheduled within 14 calendar days of the child coming into care. Medical professionals determine the need for any follow-up appointments. After the initial physical, children in foster care have physicals on an annual basis.

How Health Needs Identified Will Be Monitored and Treated

The physical health and medical needs of children are identified in assessments and case permanency planning activities with the needs addressed through services. The health care needs are identified in the initial physical health screening of the child when they come into care. The DHS caseworker completes an assessment of the child's needs, which is documented in the child's case permanency plan that is shared with the child's parents, foster care provider, the child's attorney and the court. The foster care provider is responsible for obtaining an annual physical of the child, monitoring their health needs and completing any follow-up as directed by the health care provider. The caseworker receives copies of the physical and reviews it. If follow-up treatment is recommended, the caseworker would follow-up with the foster parent to assure it is addressed and what the results of the treatment were for the child.

As of April 2010, DHS' staff has access to the Iowa Department of Public Health's Immunization Registry Information System (IRIS) data system, which is their record of child immunizations completed by Iowa health care providers. In February of 2011, many DHS caseworker staff (Social Worker 2's) were approved by their supervisor to access the Medicaid data system (IMERS) that gives them the prescription medicines, diagnosis, and health care providers of the child. The IMERS system tracks who is using the system and if the user is accessing only information for the foster child cases assigned to them for both in-home and out-of-home cases. This will assist them in obtaining the health care information more expediently when a child initially comes into the foster care system and throughout the life of the case, including consulting with health care providers, and in monitoring the health care of the child. The caseworker would know the medications prescribed for the foster child and would compare that with the medication information the child's parents gave to them. The caseworker could talk with the prescribing physician (or other medical professional) and therapist about the psychotropic medication prescribed, the reason it was prescribed, if there are any alternatives instead of medicine to address the child's needs, how long they anticipate it being used, etc. Iowa DHS staff currently does not have access to someone outside the prescriber with whom they can consult. After the Psychotropic Medication August 2012 summit held in Washington, D.C., we will be forming a workgroup to explore a process in which consultants with expertise in mental health and/or medication can assist at the caseworker level. For the counties in which foster parents reside, the DHS



caseworker can assist the foster parents by using the Iowa Medicaid Enterprise website to identify the health care providers who accept Medicaid, especially in the rural county areas.

How Iowa will monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings (noted above).

Iowa continues to provide training to child welfare staff and providers on trauma informed care, emotional trauma, child development, and health care. Some of the trainings offered through the Child Welfare Provider Training Academy are CW 1010, Trauma Informed Care; WC 001, The Amazing Human Brain and Human Development; WC 002, Surviving Childhood: An Introduction to the Impact of Trauma; WC 003, The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families; and WC 004, Child Development 101. Some of the trainings offered through the DHS are SP 107, Child Development; SP 400, Criminal, Negligence or Accident: Working Together Toward the Correct Conclusion in Child Death and Severe Trauma Cases; SP 401, Abusive Head Trauma in Children; SP 402, Trauma Training; and SP 545, Child Development & Attachment, etc. The trauma training will be available in FFY 2013. The following two course trainings for child welfare staff have drug information handouts: *Effects of Mental Disorders on Parental Capacity* and *Domestic Violence and Substance Abuse*.

The DHS caseworkers review the reports from counselors and therapists who treat foster children in response to the child's emotional trauma and monitor the progress of the child.

The DHS central office staff began attending the national webinars offered at the federal level to assist states in developing their responses to trauma and will consider information presented in protocol development activities. The DHS anticipates working with IME, mental health professionals, and other stakeholders regarding further development of Iowa's response to the emotional trauma associated with a child's maltreatment and removal, such as screening for trauma, identification of formal screening tools used to assess for signs of trauma, and referral for services.

Dental

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

How Medical Information Will Be Updated and Shared

Besides obtaining updated information from the IMERS data system, the child's parents and from the school where the child is enrolled at the time of placement, the Iowa Medicaid Enterprise (IME) received a federal grant to offer incentives to Iowa Health Care Providers to have electronic medical records. The DHS will collaborate with IME regarding the feasibility of getting information from electronic medical records. This is



especially important health information when a child initially enters the child welfare system when they have not been a part of the Medicaid health care system.

Steps To Ensure Continuity of Health Care Services

The DHS continues to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care. The Iowa Foster and Adoptive Parent Association (IFAPA) sends a weekly electronic newsletter to foster, adoptive and kin parents, which DHS utilizes for educating foster parents.

Oversight of Prescription Medicines

Protocols for the appropriate use and monitoring of psychotropic medications, as part of current oversight of prescription medications

Iowa's pharmacies are required to review prescribed medications and call the physician or prescriber if they have any questions or concerns about the medications. The pharmacies always provide verbal and written information regarding the medication prescribed and ask the person obtaining the prescription if they have any questions, if they have had the medication before and know/understand how to use it, etc. The written information describes the medication, usage, side effects, contraindications, and when to consult their physician.

Our foster care group providers obtain a medical consent when the child comes into their care that covers any medications. The provider will consult the child's parents via telephone to inform them when their child's medication changes, is no longer prescribed, and if there has been any side effects exhibited by the child. The provider's staff is certified medication managers in order to understand and to administer the medication. Some providers have their staff nurse do a 16-hour training on medications and staff are tested on their knowledge at the end of the course. If there are any concerns about the medications, they call the pharmacy and the prescribing physician. The child's parents are sent the medical appointment information ahead of time of any upcoming appointments and where the location of the appointment. The DHS caseworker is sent all medical notes and recommendations of the appointment and any need for follow up. If there is anything concerning from the appointment, caseworkers also verbally inform the parent. The provider sends an updated health report every 90 days to the DHS caseworker, Juvenile Court, and the child's parents. If it is an emergency, all are informed immediately.

In foster family homes, the foster parents are required to complete a Medication Management self-study course and complete a test within the first nine months of licensure. The DHS caseworker addresses any health reports and any concerns with the foster parents at their monthly visits. The foster parents are required to keep the caseworker informed regarding any changes to the child's health and the Iowa Foster and Adoptive Parent Association (IFAPA) has a liaison available to assist the foster



parents in health care and medications and has a resource information staff person, who is a nurse and is available to assist the foster parents.

Iowa's Drug Utilization Review (DUR) Board is referred to as the Iowa Medicaid DUR Commission which provides retrospective DUR (Retro DUR) and educational components of the DUR program. The Commission also serves in an advisory role to the DHS in the areas of prospective DUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The DUR Commission meets six times annually in a public forum. The DUR Commission is comprised of four practicing pharmacists, four practicing physicians (includes one psychiatrist) and one DHS representative. The website address is www.iadur.org.

The DHS shared the recent information memorandum (IM) and program instruction (PI) regarding health care services for foster children and the need for a protocol for the appropriate use and monitoring of psychotropic medications for their Iowa Medicaid Drug Utilization Review Commission and Mental Health Advisory Group. These groups work together and are currently working on prior authorization criteria and edits regarding use of psychotropic medications. The criteria and policies on medication use fall under the Pharmacy Services at IME.

Medication Monitoring at the Agency Level

Iowa's Medicaid contractor, Magellan Health Services, has Clinical Practice Guidelines (CPGs) that address a variety of diagnoses and treatment on the appropriate use of psychotropic medications including pharmacotherapy. (See <http://magellanofiowa.com/for-providers-ia/providing-care/clinical-practice-guidelines.aspx>)

The data source for prescribed medications is the IME Data Warehouse where there is a weekly feed pulled. Magellan Care managers use the feed when reviewing cases to assist providers with actual medication histories, e.g. when enrollee presents to inpatient. The 'feed' avails an accurate reflection of prescriptions that have been filled to assist providers in accurate history of medications and addresses potential compliance issues. The feed also is used to identify overuse of prescriptions that may be abused, e.g. opioids. This weekly data is not shared with ACFS, though we do ask for reports from IME at least twice a year to see if the numbers decrease as to foster children prescribed psychotropic medications and the number of them prescribed to one child as shown in the Table below.

Data was used to analyze enrollees in foster care on psychotropic medications for 2010 and 2011 compared to the published population from "Mid-Atlantic" state (Pediatrics, November 2011). Below was the Iowa data with analysis following.

Table E1: Iowa Plan (2010 and 2011) Data for Antipsychotic Use in Foster Care

| Foster Children FY 11 Age Range Mos. | Age range | Anti-convulsants | Anti-Depressant | Anxiolytics | Atypical Anti-psychotic | Sedative | Stimulants | Typical Anti-psychotic | Grand Total |
|--------------------------------------|------------------|------------------|-----------------|-------------|-------------------------|----------|------------|------------------------|-------------|
| 1 to 18 mos. | 1-1.5 yrs | 2 | | 3 | 1 | 2 | | | 8 |
| 19 to 36 mos. | 1.6 -3 yrs | | 5 | 1 | 10 | 1 | 7 | | 24 |
| 37 to 60 mos. | 3.1 to 5 yrs | 6 | 19 | 6 | 35 | 1 | 78 | 1 | 146 |
| 61 to 96 mos. | 5.1 to 8 yrs | 12 | 58 | 7 | 74 | | 186 | | 337 |
| 97 to 144 mos. | 8.1 to 12 yrs | 41 | 181 | 17 | 186 | 1 | 287 | 6 | 719 |
| 145 to 180 mos. | 12.1 to 15 yrs | 113 | 505 | 54 | 318 | 3 | 432 | 10 | 1435 |
| 181 to 215 mos. | 15.1 to 17.9 yrs | 106 | 424 | 32 | 264 | 4 | 306 | 11 | 1147 |
| Grand Total | | 280 | 1192 | 120 | 888 | 12 | 1296 | 28 | 3816 |

Data and analysis clarifications:

- The Iowa Plan pool generated from members who have >12 claims in the calendar year 2010 and 2011 from which are filtered those <20 years of age with >1 antipsychotic claim as well as foster care.
- The Pediatrics Pool (16,969) based upon anyone <20 years of age who had >1 antipsychotic claim and >1 service claim with a psychiatric diagnosis.
- Optimal overlap duration for comparison is >180 days as “mid-Atlantic” state data reflects duration bandwidths (30-89, 90-179, >180) vs. Iowa Plan with threshold durations (>30 days, >180 days, etc.)

Discussion:

- Although the basis of the ‘pools’ as noted above are different, when comparing overlap of antipsychotic use for >180 days, all such members would have attained >12 claims for psychotropic medications during a year’s time. Thus the Iowa data pool would be similar to the “mid-Atlantic” pool when considering duplicative antipsychotics for a duration of >180 days.
- For all those <20 years of age, there are similar percentages between Iowa Plan and “Mid-Atlantic” state for those with >1 antipsychotic claim but “Mid-Atlantic” state appears to have prescribed antipsychotics for greater overlap (based on >180 days).
- Similarly, the Iowa Plan has a higher percentage of those under 20 who are in foster care on at least one antipsychotic but the “mid-Atlantic” state has a much



larger percentage (16.3% vs. 6.6% for Iowa 2011) who remain on antipsychotics for >180 days.

- The above data continues in the same pattern with those who are not in foster care.

Implications: Iowa may utilize antipsychotics more often but for shorter periods suggesting more trials for effectiveness and greater cross titration versus persistent use of duplicative antipsychotics over time. The medical professional prescribing these medications may try a specific antipsychotic to see if it is effective or if they are notified of the side effects may change the medication.

Medication Monitoring at the Client Level

While it is not currently required to have prior authorization for psychotropic medications for a child age 6 and younger, at the April 2012 meeting of the DUR and the DHS, the DUR made the recommendation to the DHS that a prospective DUR (pro-DUR) edit be implemented on duplicate therapy for all antipsychotics for children 0 through 17 years of age. In addition, the recommendation is for Risperidone to be limited to members 5 years of age and older with all other antipsychotics limited to members 6 years of age and older. There are currently no age edits on antidepressants or stimulants at this time. In the past, the DUR Commission looked at the use of multiple antipsychotics and sent letters to prescribers. Additionally, the DUR reviews 300 member profiles at each meeting; a small portion is for children whom not all are on psychotropic medications.

If a child is identified as being on two or more psychotropic medications from the same class (i.e. two antidepressants, or two antipsychotics), a letter is sent to the provider. This letter is only generated and sent if the member was identified through the patient focused or problem focused review, after meetings based upon data presented to the DUR Commission and their feedback from the member profile review. An example of the letter being generated would speak to two or more psychotropic medications from the same class, to state "According to the profile, this patient received two second generation antipsychotics. Is the patient in the process of having the medication cross-tapered? If two second generation antipsychotics are necessary, what is the patient refractory to clozapine? Has a measureable therapeutic benefit been achieved with the addition of a second antipsychotic?", and ideally the provider (member prescriber) would change the medication therapy, though this does not always happen. The letters generated are meant to be informative in nature and are not to be punitive. Suggestions made in the letter are intended to promote appropriate and cost-effective use of medications. The response to the letter is voluntary.

Letters are generated in one of two ways, problem focused reviews and patient focused reviews. Problem focused reviews look at a specific subset of the Medicaid population that all have the same drug therapy problem and letters are sent to the prescribers. Patient focused reviews are generated from the review of 300 member profiles, six times per year when the DUR Commission meets. Profiles are generated through a complex screening process. First there is a therapeutic screen. If a profile is found to



have failed one or more therapeutic criteria, it is then assigned a level of risk based on medication history and potential for adverse events regarding the medication. A review of the member profile occurs several months after a letter is sent to assess if the medication therapy was changed.

The DHS' caseworkers access the IMERS data system that shows the prescription medicines and the medical prescriber to monitor the health care services and medications of foster children. In addition, our Medicaid contractor, Magellan Health Services, share their analysis of all member claims for the cost and utilization of behavioral health drugs on a bi-annual basis. ACFS reviews this analysis to identify the trends and communicate with Magellan if the trend shows an increase in the foster care population utilization of the medications or an increase in the age group being prescribed these medications. It includes the five behavioral drug classes of antipsychotics, antidepressants, ADHD drugs, barbiturates/anticonvulsants, and anti-anxiety drugs. The member pool of claims is filtered by population, the overall age population pool and the foster care population, including demographic information. Magellan reviews all outlier cases. DHS continues to collaborate with Magellan on identifying significant trends that would indicate psychotropic medications are overprescribed.

A medication resource for information on medications prescribed has been provided to our foster parents. The DHS is looking into providing a training specific to medications for foster parents, child welfare staff, and providers this coming year. The Medication Management booklet is a required read for foster parents in their first year of licensure.

At this time, there are no other modifications to Iowa's Health Care Oversight and Coordination Plan. There likely will be modifications reported in next year's APSR as a result of the Psychotropic Medication Summit in August 2012 and as Iowa further develops its response to children's experiences with emotional trauma.

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

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

Iowa has a streamlined procedure for youth automatically continuing on Medicaid via MIYA once their foster care case is closed; continued eligibility for MIYA is dependent upon annual review. It has since been stressed to department staff to educate youth on the review procedure prior to discharge from care; additionally aftercare workers have been educated on the procedure to assist those youth on their caseload with the review process as have foster families; the reapplication process is stressed in new worker training; youth who are automatically placed on MIYA coverage at the point of discharge receive a letter from the department explaining the Medicaid coverage and the renewal process, giving the youth the month during the coming year that their renewal



application will be sent out and due back for continued MIYA coverage for the following 12 months. Aftercare staff is continuing to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This has greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage, but is still an issue for those youth who have aged out and are not participating in the aftercare program. Another issue that we have found is that youth are not particularly concerned about the prospect of letting their Medicaid coverage lapse; this is a population that utilizes little preventative medical care and is more apt to go to the emergency room when in time of crisis. Numbers of youth enrolled in MIYA are evaluated monthly as well as processes that have been put into place to increase the number of youth remaining on MIYA. The numbers of youth enrolled in MIYA continue to increase each year.

In SFY 2011, MIYA Medicaid coverage was approved for 417 youth who: were under age 21, were in a state paid foster care placement when they turned age 18, left foster care on or after May 1, 2006, and have countable income under 200% of the Federal poverty level. Approximately 94% of youth referred for MIYA were approved for MIYA or some other health care coverage group. The average monthly enrollment in MIYA in SFY 2010 was 425 youth.

SECTION F: DISASTER PLAN

Introduction to the Department's Child Welfare Disaster Plan

The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the DHS' Division of Adult, Children and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Changes to previous plans

The fundamental operating procedures of previous years remain intact. This plan is updated from previous years to include the following:

- New staff persons and/or telephone numbers for the DHS;
- New information has been added about the DHS' incorporation of disaster planning into new foster group care and child welfare emergency services contracts that began July 1, 2011;
- New information related to disaster planning partnerships with the Division of Criminal and Juvenile Justice Planning in the Iowa Department of Human Rights; and,
- Information is reported about emergency operations in a local DHS office that were implemented due to fire.



The DHS' Child Welfare Disaster Plan

Included in this Section are selected sections from the COOP/COG Plan in addition to supplemental procedures that specifically relate to the disaster plan federal requirements of the following:

- Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records and coordinate services and share information with other States (Section 422(b) (16) of the Act).

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *"It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings."*¹

Updates to the Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the DHS and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. Additionally, competitive service procurement processes for foster group care and child welfare emergency services concluded June 30, 2011 and new contracts were initiated on July 1, 2011 by the Division. The new foster group care and child welfare emergency services (that include emergency juvenile shelter) contracts require contractors to collaborate with the DHS to develop and implement written plans for disasters and emergency situations, including training plans for staff and volunteers. Once complete, they will pertain to situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other

¹ State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (July 1, 2005)



weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made disasters.

Public/private partner collaboration in 2012 included discussions about disaster planning at quarterly program manager meetings with these two groups of contractors, submission of each contractor's plan to their service contract specialist and the program manager for review, technical assistance feedback from DHS, and development of time frames to update plans as needed. A DHS service contract specialist is assigned to each child welfare service contract to track and monitor all contract requirements in collaboration with DHS program managers.

Public/public partner collaboration included the Division of Adult, Children and Family Services of the Iowa Department of Human Services and the Division of Criminal and Juvenile Justice Planning of the Iowa Department of Human Rights exchanging planning information between state agencies and sharing resources with our respective private partners in the community. Talks also were initiated between the two agencies and Iowa's Office of Homeland Security to assure awareness of what assistance is available to our community partners to aid their emergency planning efforts.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call Rosalyn Wilson, Region VII's Program Manager in the DHHS Regional Office, at her office (816) 426-3981 ext. 2262 or her cell (816) 863-4943, at the earliest possible opportunity.
- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children's Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Disaster Communications with Other State and National Organizations

If Iowa is affected by a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call the administrative



office of the American Public Human Services Association (APHSA) at 202/682-0100 and the Child Welfare League of America (CWLA) at 703/412-2400.

- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Charles M. Palmer, Director, Iowa Department of Human Services, 515/281-5452
- Sally Titus, Deputy Director for Programs and Services, 515/281-6360
- Thomas Huisman, Chief Information Officer, 515/281-8303
- Laverne Armstrong, Administrator of the Division of Field Operations, 515/281-8746
- Matthew Rensch, Chief of the Bureau of Child Welfare Information System (CWIS), 515/281-5691
- The Division or Bureau Policy Team:
 - Wendy Rickman, Administrator of the Division of Adult, Children and Family Services, 515/281-5521
 - Julie Allison, Chief of the Bureau of Child Welfare and Community Services, 515/281-6802
 - Chad Dahm, Chief of the Bureau of Child Care Services, 515/281-6177
- Central Abuse Hotline, 1/800/362-2178

State Procedures Related To Identified Federal Requirements

The actions reported in the following table are from the existing COOP/COG Plan or are supplemental to that plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this Section.

Table F1: State Procedures

| Action | Personnel/ Special Skills | Equipment/ Systems | Vital Records/ Databases | Facilities or infrastructure |
|--|------------------------------------|--|--------------------------------|---|
| Foster Care | | | | |
| 1. Communicate with Foster Care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through Deputy Director for Programs | Division/ Bureau Policy Team | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | Foster care database | Primary/ alternate location conference room |



| | | | | |
|---|---|--|-------------------------|---|
| and Services. | | | | |
| 2. Determine potential relocation sites (other institutions or Foster Care homes) to use if needed and offer assistance with placement and transportation logistics if needed. | Division Policy Team Institution/ foster care providers (DHS Field Office responsibility) | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | Foster care database | Primary/ alternate location conference room |
| 3. Contact IT to transfer the Central Abuse Hotline to the alternate location. | Administrator of the Division of Field Operations | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | STAR database | Primary/ alternate location conference room |
| 4. Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk. | Bureau Policy Team | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | STAR database | Primary/ alternate location conference room |
| 5. Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for response. Respond to abuse allegations; assign local staff to respond to local site. | Administrator of the Division of Field Operations, IT Manager | Cellular/telephone system, email, internet/intranet | STAR database | Primary/ alternate location conference room |
| 6. Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs. | IT Liaison, Chief of the Bureau of Child Welfare and Community Services | Cellular/telephone system, email, internet/intranet, Mainframe | Foster care database | Primary/ alternate location conference room |
| 7. Ensure care provider payment | Chief of the Bureau of | Cellular/telephone system, email, | Foster care and/or STAR | Primary/ alternate |



| | | | | |
|---|---|--|----------------------|--|
| system continues by contacting IT and transferring system to alternate location (ensure mainframe STAR database and fax are operational); Implement paper back-up payment system if necessary. | Child Welfare and Community Services | internet/intranet, Central Abuse Hotline | databases | location conference room |
| 8. Provide staffing to back-up inoperable service areas to respond to foster care providers' needs. | Chief of the Bureau of Child Welfare and Community Services | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | Foster care database | Primary/alternate location conference room |
| Protection of Children and Adults | | | | |
| 1. Determine status of group homes or institutions in affected area; Assess the affected area and determine the nearest institution that's able to accept persons if needed. | Bureau of Child Welfare and Community Services | Cellular/telephone system, email, internet/intranet | Foster care database | Primary/alternate location conference room |
| 2. Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site; Provide staffing to receive abuse allegations; Forward reports to the specific area where abuse may have occurred. If no local phone lines: phone assessment will be completed by policy division. | Division of Field Operations | Cellular/telephone system, email, internet/intranet | STAR database | Primary/alternate location conference room |
| 3. Contact CWIS team | Division or | Cellular/telephone | Foster care | Primary/ |



| | | | | |
|---|---|---|---|--|
| <p>to ensure foster care payroll system continues to issue monthly payment checks to care providers; If not available, implement paper issuance system using the most recent database backup.</p> | <p>Bureau Policy Team, Chief Information Officer</p> | <p>system, email, internet/intranet, Mainframe</p> | <p>database/ Mainframe, payroll list, STAR database</p> | <p>alternate location conference room</p> |
| <p>4. Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.</p> | <p>Bureau of Child Welfare and Community Services and Field Operations Offices</p> | <p>Cellular/telephone system, email, internet/intranet, Central Abuse Hotline</p> | <p>Foster care database</p> | <p>Primary/ alternate location conference room</p> |
| <p>5. Ensure access to the Central Abuse Registry and MIS systems are available (STAR); Determine need to modify current policies regarding child abuse allegation response times.</p> | <p>Bureau of Child Welfare and Community Services and Division of Field Operations, Chief Information Officer Bureau of Child Welfare and Community Services and Division of Field Operations</p> | <p>Cellular/telephone system, email, internet/intranet, Central Abuse Hotline, Servers, Mainframe</p> | <p>STAR database</p> | <p>Primary/ alternate location conference room</p> |
| <p>6. Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as</p> | <p>Bureau of Child Welfare and Community Services and Division of Field Operations</p> | <p>Cellular/telephone system, email, internet/intranet, Central Abuse Hotline</p> | <p>STAR database</p> | <p>Primary/ alternate location conference room</p> |



| | | | | |
|---|--|--|----------------------|---|
| needed. | | | | |
| 7. Assist new placement of children and provide transportation if required. | Division or Bureau Policy Teams/ Division of Field Operations | Cellular/telephone system, email, internet/intranet, Central Abuse Hotline | Foster care database | Primary/ alternate location conference room |

Plans for alternate sites of the Department of Human Services/Division of Adult, Children and Family Services Central Office (current location is the NE corner of the 5th Floor of the Hoover State Office Building on the Iowa State Capitol Complex in Des Moines, Iowa)

Dependent on what areas of the Hoover State Office Building and the DHS are affected by an event, multiple strategies will be used to ensure the continuity of business operations.² The potential strategies that will be used to continue operations include, but are not limited to, the following:

- The DHS/Division will transfer work to another of its DHS' locations that has available facilities within the Des Moines Metro Area, such as the Iowa Medicaid Enterprise office located on Army Post Road and the Child Support Recovery Central Office located on 7th Avenue. Several alternative site locations currently operated by the DHS have been identified to accommodate critical function continuance and/or recovery depending on the extent of the affected area within the Capitol Complex. Alternate site locations include the eight state institutions located in the cities of Woodward, Glenwood, Independence, Cherokee, Eldora, Toledo, Mt. Pleasant, and Clarinda. The DHS' offices in counties across Iowa provide the capability to relocate to other locations.
- Internal Arrangement: Space currently used for training and conference rooms within the Hoover State Office Building will be used as available.
- Reciprocal Agreements: Other Department and business unit space in the Des Moines Metro Area or Capitol Complex may be re-designated to accommodate those affected, including the temporary suspension of non-critical functions usually conducted in the areas not affected by the event.
- Due to the nature and scope of work the DHS performs for Iowans, redundant computer systems have been established. The DHS operates on a day-to-day basis from the Hoover State Office Building, with back-up operating capability through designated servers located off-site at the State Emergency Operation Center.
- External Suppliers: A number of external companies offer facilities covering a wide range of DHS recovery needs.

² These strategies explain what could occur if the central office of the IDHS was affected by an event. Similar local protocols would be used when the IDHS' local offices, found in county-based sites throughout Iowa and the IDHS' six regional Service Areas, are affected by an event.



- Community Support Partners: The DHS has developed partnerships with county and city governments and school systems across Iowa for the use of space in emergency situations.
- In some cases, the DHS may not need to provide alternative location arrangements because certain business activities would be considered non-essential and ceased until routine business operations are resumed.

December 4, 2011 fire at the Warren County DHS office located in Indianola, Iowa: On Sunday, December, 4, 2011, a fire destroyed the building in which the Warren County DHS was located. Warren County is adjacent to and south of Polk County, the location of Iowa's capitol city of Des Moines.

When the fire was discovered, local county officials immediately notified DHS staff in Warren County who in turn contacted regional DHS leadership. Staff arrived at the site of the fire as it was being managed by the local fire department to assess the situation and to secure computer and other records. DHS leadership and staff were directly involved with the clean-up in the aftermath.

The fire did not interrupt calls to report child abuse or dependent adult abuse since that function is centrally located in Des Moines and a statewide, toll-free telephone number is available around the clock. No delays occurred in the DHS' ability to respond to questions and concerns from Warren or surrounding counties.

Planning for continued day-to-day operations began immediately on the day after the fire between DHS and local county officials. Delays and interruptions were kept to a minimum and the DHS was able to continue operations by dispersing staff to surrounding county offices. For example, Warren County workers who processed applications for benefit programs such as Food Assistance reported to a DHS office at 1900 Carpenter Street in Des Moines the day after the fire (Monday). The fire did not destroy any pending applications since those are not kept in county offices. Application processes that occur online continued uninterrupted.

Other staff moved their office activities to adjoining counties where their work often occurred normally. DHS social workers were able to keep all previously scheduled appointments (most of those are normally held in private homes or neutral locations regardless). Telephone and other electronic methods of communication continued.

In March 2012, a replacement office building became available in Indianola, Iowa for DHS service staff and by April 1, 2012, all staff previously located in the former Warren County office was back together. The Warren County office is one of the DHS' 42 full-time county offices and this new location will be used until approximately July 2013 as the county works to secure a permanent location.

In May 2012, the DHS' central office staff issued an e-mail to a field notification list including but not limited to service area managers, social work administrators, service



area manager secretaries, and service field workers. The client records that survived the fire were moved to a secure location including a container of loose filing that was damaged but salvaged. The material in that container was later found to be exposed in early February 2012. That exposure left the DHS responsible for notifying potentially affected Warren County clients about the exposure. The DHS opted to provide them free credit monitoring for one year. The DHS has notified about 3,000 clients who met the following criteria for the month of November 2011:

- Open IM case in the month
- IM case that closed in the month
- Open child welfare case
- Accepted abuse intake

Field staff was instructed to:

- refer any media contacts to the DHS' Chief Information Officer, Roger Munns;
- refer any client who received a letter to the Iowa Concern Hotline at 800-447-1985; and
- refer any client who believed they were receiving services out of the Warren County office in November of 2011 and they did not get a letter to verify that in the system and then email the information to Darin Thompson, DMSA Community Liaison.

2012 Natural Disaster: In April 2012, thunderstorms rolled across the state of Iowa. In Fremont and Union counties, there was enough significant damage for the Governor of Iowa to activate the state's low-income grant program to help people recover from the storm damage. However, there was no interruption in DHS services due to the storms in Fremont or Union counties.

SECTION G: FOSTER AND ADOPTIVE PARENT RECRUITMENT

Iowa KidsNet (IKN) was awarded the contract for the recruitment and retention of foster families beginning July 1, 2011.

In the contract period beginning July 1, 2011 to date, 419 newly recruited families have been licensed or approved. Of those families, 28.6% are families who only want to adopt, 67.1% are families who are dually licensed for foster care and approved to adopt, and 4.3% are licensed for foster care only.

A requirement of the contract for the recruitment and retention of resource families is to develop annual, service area specific plans that include strategies and numerical goals for each service area. Plans are to include recruiting and retaining resource families to address gaps in available homes and to identify incremental steps to close those gaps. The criteria is to have families that reflect the race and ethnicity of the children in care in the service area, families to care for sibling groups, families who can parent teens,



families who are geographically located to allow children to remain in their neighborhoods and schools, and families who can parent children with significant behavioral, medical, and mental health needs. Resource families are expected to work closely with birth families, support family interaction and actively assist children in maintaining cultural connections to their communities.

Statewide baseline data was used to set overall targets. The contractor then broke down targets based on the needs of each service area. The goal is to achieve and maintain a 5% net gain of families by the end of SFY12. The contractor will receive incentive payments for achieving a 3% narrowing of the gap between non-Caucasian resource families and non-Caucasian children by the end of the contract year; achieving and maintaining a 5% improvement over the baseline of keeping children stable in their first foster home placement for four (4) months; and achieving and maintaining a 5% improvement over the baseline of placing children in a foster home 20 miles or less from the child's removal home. The stability and proximity measures are paid quarterly by service area for achieving and maintaining improvement.

These performance measures are designed to keep children stable (their first placement is their last placement) and to keep children close to home. Just as important, the contractor is expected to recruit and retain resource families who are racially, ethnically and culturally similar to the children in care. Strategies to achieve these goals include family to family recruitment, developing partnerships with local churches and community service groups, family mentors to guide new families through the licensing process, and focusing efforts in the geographic locations from where the majority of children are coming into care.

Iowa KidsNet (IKN) developed strategies specific to minority recruitment. IKN used service area specific data to identify priority recruitment counties and/or cities in each service area. IKN identified minority resource families or community leaders to serve as Ambassadors with the goal of building connections in ethnic communities and churches to generate interest in fostering or adoption. IKN also employed a cultural diversity leader who is Hispanic. This position assures the scope of services will attract, support and retain minority families; enhance the cultural competency and awareness of IKN staff; and develop marketing tools and strategies for recruitment staff and Ambassadors.

Barriers to minority recruitment and retention of resource families remain, such as language barriers and the lack of Spanish-speaking staff in all areas of the child welfare system, low income, housing limitations, lack of financial stability, and documentation of legal residency. Recruiting Native American families has proven to be especially difficult. The DHS communicated a willingness to provide exceptions to licensing standards for non-safety related requirements, such as bedroom size. IKN and the DHS participated in a review of PS-MAPP with a goal of developing training geared to the Native American community. Poverty, family dynamics, licensing standards and training remain significant barriers. Family to family recruitment, retention, and mentoring is an effective strategy in overcoming many of these barriers.



Two counties in Iowa currently have Minority Youth and Family Initiatives, Woodbury and Polk. These initiatives are managed locally setting goals to meet local community needs and share their data regarding children in care with IKN. Iowa also is participating in the Breakthrough Series Collaborative (BSC) through Casey Family Programs with eight sites across the state. The focus of the BSC is to reduce the disproportionate number of minority children in foster care, and to reduce the length of stay and improve permanency outcomes for minority children in care. These projects provide information to the service areas that may be taken into consideration in the development of the area recruitment and retention plans for the recruitment of minority families.

Contract Performance Measure Data (July 1, 2011 through March 31, 2012)

Performance Measure 1 – Race and Ethnicity: The Contractor will increase the number of Resource Families to reflect the racial and ethnic diversity of the children in care. This allows children to maintain and strengthen cultural connections.

- Whenever the difference in the percent of licensed Caucasian adults providing family foster care during the contract year, minus the percent of Caucasian children and youth who enter family foster care during the contract year, by Service Area is plus three (3) percent, the annual recruitment plan shall target a specific improvement in closing the gap. The contract payment for performance will be based on attaining that target annually.

Target: Recruit and license 81 non-Caucasian resource families.

Actual as of March 31, 2012: 64 non-Caucasian families recruited and licensed.

Performance Measure 2 – Stability: Children placed into a licensed foster family home within the quarterly reporting period will experience stability in placement. A child's first placement should be the child's only placement.

- Children will either be in the same licensed foster home four (4) months after placement or:
 - will have exited that home to a trial home visit working towards reunification; or
 - will have exited to a pre-adoptive placement working toward permanency; or
 - will have attained permanency through adoption or guardianship.
- Any child who experiences more than one licensed foster family home placement within the quarterly reporting period will be evaluated based upon the earliest of the licensed foster family home placements within the quarterly reporting period.
- The percent of children who have stability for the first four (4) months in family foster care homes will be measured on specific entry cohorts. Entry cohorts will be comprised of children who experience placement into a resource family home as their first removal from home, excluding shelter placements, under this contract. The entry cohort will be determined at the end of each quarter.



- The contract performance will be based on attaining that target quarterly by Service Area.

Table G1: Performance Measure 2 – Stability

| Service Area | Baseline | Actual as of 9/30/11 | Difference |
|------------------|----------|----------------------|------------|
| Western | 60.27% | 66.30% | +6.03% |
| Northern | 74.36% | 69.23% | -5.13% |
| Eastern | 56.52% | 74.47% | +17.95% |
| Cedar Rapids | 72.97% | 75.00% | +2.03% |
| Des Moines | 68.33% | 72.41% | +4.08% |
| Statewide Totals | 66.38% | 71.08% | +4.70% |

Performance Measure 3 – Proximity to Home of Removal: Children need to experience stability in their communities and schools, and have regular contact with parents and family members. Resource Families need to be located in the areas from where children are removed. The Contractor will provide the road miles between the child’s removal home and the resource family where the child is placed.

- The ratio of the average children in care placed within twenty (20) miles from the home of removal will be measured based on specific entry cohorts. Entry cohorts will be comprised of children who experience placement into a Resource Family home as their first removal from home, excluding shelter placements, under this contract. The entry cohort will be determined at the end of each quarter.
- The contract performance will be based on attaining that target quarterly by Service Area.
- Iowa and the contractor are analyzing proximity. The contractor is provided data weekly on children entering a foster home placement, either as a first removal or as a change in placement. Proximity to home is part of the data provided. The contractor also has begun using geomapping to identify foster family homes in the geographic area where children are removed. This information also is used in recruitment and retention efforts.

Table G2: Performance Measure 3 – Proximity to Home

| Service Area | Baseline | Actual as of 9/30/11 | Difference |
|------------------|----------|----------------------|------------|
| Western | 73.97 | 52.17 | -21.80 |
| Northern | 64.10 | 64.10 | 0 |
| Eastern | 78.26 | 72.34 | -5.92 |
| Cedar Rapids | 75.68 | 78.33 | +2.65 |
| Des Moines | 70.00 | 71.26 | +1.26 |
| Statewide Totals | 71.98 | 66.46 | -5.52 |



Performance Measure 4 - Safety is maintained for children in foster and adoptive care. Statewide data will be provided by the Agency shall be used to determine if Performance Measure 4 has been met. Data will include all children in licensed family foster care or pre-adoptive care at any time during the quarter.

- **PM4A** - Ninety nine (99) percent of children in licensed foster family or pre-adoptive care will be safe from abuse by their foster or pre-adoptive parents.

Table G3: Performance Measure 4A – Safe from Abuse in Foster Care

| Service Area | Quarter 1 | Quarter 2 | Quarter 3 |
|------------------|-----------|-----------|-----------|
| Western | 99.75% | 99.74% | 100.00% |
| Northern | 100.00% | 100.00% | 99.79% |
| Eastern | 99.47% | 100.00% | 99.71% |
| Cedar Rapids | 100.00% | 100.00% | 99.46% |
| Des Moines | 99.38% | 99.85% | 99.83% |
| Statewide Totals | 99.73% | 99.90% | 99.77% |

- **PM4B** - Ninety nine (99) percent of children in adoptive care (post-finalization) who are eligible for the adoption subsidy program will be safe from abuse by their adoptive parents. Statewide data will be provided by the Agency shall be used to determine if Performance Measure 4 has been met. Data will include all children eligible for adoption subsidy at any time during the quarter.

Table G4: Performance Measure 4B – Safe from Abuse in Adoptive Care

| Service Area | Quarter 1 | Quarter 2 | Quarter 3 |
|------------------|-----------|-----------|-----------|
| Western | 99.90% | 100.00% | 99.91% |
| Northern | 99.68% | 100.00% | 99.75% |
| Eastern | 99.81% | 99.82% | 99.70% |
| Cedar Rapids | 99.64% | 99.47% | 99.94% |
| Des Moines | 99.66% | 99.82% | 99.89% |
| Statewide Totals | 99.74% | 99.82% | 99.85% |

Iowa registers waiting children on the statewide exchange and on the national exchange through AdoptUsKids. The statewide photo listing is administered by Iowa KidsNet. As of April 30, 2012, 15 children were listed on the statewide photo listing, and 5 children were listed on the national exchange through AdoptUsKids. Most of Iowa’s children who are legally free are adopted by relatives or their current foster parents. As of March 1, 2012, 645 children were eligible for adoption. Of these children, 82 children were in a placement setting other than a family foster home or a pre-adoptive home.

Activities noted above will continue in FFY 2013.



SECTION H: MONTHLY CASEWORKER VISITS

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

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

Below is information regarding monthly caseworker visit performance, FFY 2007 through FFY 2011:



Table H1: FFY 2007 – 2011 Monthly Caseworker Visits with Foster Care Children Data

| Reporting Requirement | Type of Data | Baseline Data [FFY 2007] | Type of Data | 2008 Performance [FFY 2008] | 2009 Performance {FFY 2009} | 2010 Performance {FFY 2010} | 2011 Performance {FFY 2011} |
|---|---------------------------------|--------------------------|--------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| The aggregate number of children served in foster care for at least one month | SACWIS | 7043 | SACWIS | 11,035 | 10,156 | 9,948 | 9,665 |
| The number of children visited <i>each and every</i> calendar month that they were in foster care, | SACWIS | 2272 | SACWIS | 4,593 | 5,407 | 4,690 | 4,655 |
| The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care | SACWIS | 19,880 | SACWIS | 37,091 | 44,788 | 38,079 | 38,545 |
| The total number of visit months in which at least one child visit occurred in the child's residence ¹ | Case Reading Sample of 50 Cases | 254 | SACWIS | 30,664 | 36,742 | 29,677 | 31,507 |
| The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child. | Administrative Data | 32% | SACWIS | 41.62% | 53.23% | 47.14% | 48.16% |
| The percentage of visits that occurred in the residence of the child. ² | Case Reading Sample of 50 cases | 65% | SACWIS | 82.67% | 82.04% | 77.94% | 81.74% |

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

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



Although Iowa is unable to determine with certainty the causal factors behind the decline in performance over the last two fiscal years, Iowa speculates the decline may be due to increasing caseloads because of reductions in staffing. However, it is important to note that Iowa increased caseworker visits and the percentage of visits in the child's residence from 32% and 65% respectively in FFY 2007 to 48.16% and 81.74% in FFY 2011, despite having less staff.

Iowa anticipates that the percentage of caseworker visits with children in foster care will increase due to the new federal methodology for calculating caseworker visits, which will increase the population counted. The prior methodology counted only those children who were visited each and every month they were in care. This represented a reduced population of children to be visited. The new methodology counts every visit that was made and does not eliminate a child because a monthly visit was missed during the time the child was in care. However, due to the increased population, Iowa will likely experience a decrease in the percentage of visits occurring in the home but likely will still meet the federal requirement of at least 50%.

Below is a table comparing Iowa's FFY 2011 caseworker visit data utilizing the old and new methodologies.

| Table H2: FFY2011 Caseworker Visits with Foster Care Children Old versus New Methodology | | | |
|---|-------------------|------------------------------|---------------------|
| Reporting Requirement | Old Method | New Method (Estimate) | Type of Data |
| The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child. | 48.16% | 80.40% | SACWIS |
| The percentage of visits that occurred in the residence of the child. | 81.74% | 56.15% | SACWIS |

Data Source: SACWIS

To address the underlying issues behind Iowa's performance, in FFY 2012, Iowa initiated, as part of its PIP, specific activities to increase caseworker visit frequency and quality. These activities will continue into FFY 2013. (See Section A, Program Service Description, Progress in CFSP Goals/Objectives through Iowa's CFSR PIP, for caseworker visit information).

Additional Action Steps toward Practice Improvement (continued from last year):

- Working with staff to coordinate visits and do more efficient planning on visits of children that are a distance from local offices;



- Sharing successful strategies between service areas during supervisory conferences;
- Monthly practice bulletins to guide staff in performance expectations for safety, permanency, and well-being outcomes; and
- Monthly review of selected safety, permanency, and well-being outcome requirements concurrent with discussion with staff about the practice bulletin topic.

Iowa plans to utilize the Monthly Caseworker Visit funding for training to improve caseworker decision-making and caseworker retention through training, including worker safety issues around visits and caseworker visit PIP training.

SECTION I: ADOPTION INCENTIVE PAYMENTS

The State of Iowa did not receive adoption incentive payments in FFY11.

SECTION J: CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Iowa ended the subsidized guardianship waiver project on September 1, 2010. Iowa committed to continue payments to children who had signed agreements prior to September 1, 2010. As of April 20, 2012, 28 children continue to receive payments.

SECTION K: QUALITY ASSURANCE SYSTEM

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

The organizational structure for the QA&I effort includes the Bureau of Quality Improvement, a unit for statewide guidance, support and coordination. In addition, QA&I includes a dedicated Quality Improvement Coordinator in each of the state's Service Areas and centralized Management Analysts, who provide data support and analysis to all service areas. The QA&I system links and coordinates with the Service Area Managers for improvement efforts and with the Service Business Team and the DHS Cabinet for statewide projects requiring coordination or allocation of resources.



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

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

The DHS leadership identifies key performance areas for the state. These are a subset of all CFSR measures that are prioritized for state focus and are determined by review and analysis of performance reports. The DHS is moving toward an organized system of prioritizing items in sequence so, as quality improvement efforts are completed, the next focus area is initiated. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews monthly, at the service area level, and statewide at all levels throughout the DHS, data on the priority items. Staff analyzes the data identifying trends, which helps to determine where strategies are effective and where strategies need enhanced. It also easily identifies those service areas that are achieving the established target, which leads to sharing of information on effective strategies that may be implemented across service areas.

There are no other improvements to Iowa's QA system not listed above, no other use of data from QA and other systems not listed above, and no challenges identified in Iowa's QA system or as a result of the QA system.

PIP Updates (October 1, 2011 through March 31, 2012):

Quality Assurance (QA): Because of Iowa's 2003 CFSR, Iowa implemented and continuously operates an identifiable Quality Assurance and Improvement (QA&I) system. The QA&I system serves all of Iowa's 99 counties. The QA&I system evaluates the quality of services, identifies strengths and addresses prioritized need areas of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa's child welfare system. The 2010 CFSR identified gaps regarding QA system.

To address the gaps, Iowa's QA system accomplished the following tasks:

- Received training from the National Resource Center for Organizational Improvement (NRCOI) on the CFSR Onsite Review Instrument, including how to conduct second-level QA reviews. The CFSR Onsite Review Instrument will be used for PIP case reviews;
- Defined the case review process for the PIP;



- Completed the first, second, and third quarters' reviews as a group with similar subsequent reviews working towards independent reviews and second-level QA reviews;
- Continued clarifications made as issues and questions arise. Consistency across reviewers will be an on-going focus as the case reviews progress;
- Worked with the Northern Service Area to develop a Plan, Do, Study, Act (PDSA) related to placement stability in accordance with PDSA (also known as Plan, Do, Check, Act (PDCA)) principles shown in Attachment B;
- Developed quality assurance plans for specific strategies in the PIP; and
- Refined practice regarding review of cases enhancing consistency in scoring across reviewers, such as:
 - Minimal expectations were identified pertaining to documentation of caseworker visits with children and parents, as well as specifying those elements that are required during the visit which relate to assessment of quality.
 - Reviewers increased familiarity with the content of the case reading tool and making the connection between engaging the family and thoroughly assessing needs. In addition, reviewers periodically conducted interviews of DHS workers in pairs, providing another opportunity to learn from, and provide mentoring to, peers. This pairing of reviewers has been a consistent strategy throughout the first two quarters of case review implementation.
- Provided feedback to DHS staff as outlined in Attachment C

Performance Analysis

Case reviews conducted during PIP quarters one through four will establish a base line for performance with a total of 75 cases reviewed, consisting of 15 from each service area, during each quarter.

Results of the first three quarters of case reviews support the findings of the federal on-site review held in August 2010; due to this consistency, the identified areas of need are already addressed through improvement efforts captured in Iowa's PIP.

Across the items reviewed, Iowa's primary issues revolve around two areas:

- efforts to identify, locate, and engage non-custodial parents and
- thorough documentation of case work practice.

The Bureau of Quality Improvement will continue establishing baseline performance through PIP quarter four (end of September 2012). Within the PIP, timelines are established to address development, training and implementation of initiatives. As training is completed, focused reviews will be added in order to measure the impact of the initiatives on Iowa's performance.

Table K1 below shows results from the first three quarters of Iowa's PIP.



| Case Reading Item | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | |
|--|-------------|---------------|------------|-------------|---------------|------------|-------------|---------------|------------|
| | Total # Met | Total # Cases | State Perf | Total # Met | Total # Cases | State Perf | Total # Met | Total # Cases | State Perf |
| Item 1: Timeliness of Initiating Investigations | 35 | 40 | 88.0% | 30 | 32 | 93.8% | 25 | 30 | 83.3% |
| Item 3: Services in the Home to Prevent Removal / Re-entry | 39 | 44 | 89.0% | 46 | 54 | 85.2% | 42 | 46 | 91.3% |
| Item 4: Risk Assessment and Safety Management | 62 | 75 | 83.0% | 65 | 76 | 85.5% | 62 | 75 | 82.7% |
| Item 7: Permanency Goal | 42 | 48 | 88.0% | 46 | 49 | 93.9% | 42 | 52 | 80.8% |
| Item 10: APPLA | 5 | 7 | 71.0% | 7 | 9 | 77.8% | 5 | 6 | 83.3% |
| Item 17: Needs and Services | 53 | 75 | 71.0% | 48 | 76 | 63.2% | 42 | 75 | 56.0% |
| Item 18: Involvement in Case Planning | 54 | 75 | 72.0% | 46 | 73 | 63.0% | 40 | 73 | 54.8% |
| Item 19: Worker Visits with the Child(ren) | 47 | 75 | 63.0% | 31 | 76 | 40.8% | 24 | 75 | 32.0% |
| Item 20: Worker Visits with the Parent(s) | 26 | 71 | 37.0% | 13 | 65 | 20.0% | 12 | 68 | 17.6% |

Iowa Department of Management’s Office of Lean, <http://lean.iowa.gov/>, provides information on Lean tools and methodologies utilized by Iowa’s child welfare QA staff.

See Section A, Program Service Description, Progress in CFSP Goals/Objectives through Iowa’s CFSR PIP, for quality assurance system information on Supervision and Results Oriented Management (ROM).

SECTION L: SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Number of children under the age of five in foster care projected to be without a permanent family in FFY 2012 and FFY 2013: The following table shows the number of children under the age of five in foster care on the last day of the month for FFY 2010, FFY 2011, and midway through FFY 2012.

Table L1: Length of stay for children under 5 years old in foster care on the last day of the month

| Length of stay | September 30, 2010 | | September 30, 2011 | | March 31, 2012 | |
|-----------------------------|--------------------|-----|--------------------|-----|----------------|-----|
| | # | % | # | % | # | % |
| In care less than 12 months | 1347 | 69% | 1299 | 68% | 1259 | 70% |
| Less than 6 months | 794 | 40% | 767 | 40% | 658 | 37% |
| 6 -11 months | 553 | 28% | 532 | 28% | 601 | 33% |
| In care 12 – 23 months | 500 | 25% | 526 | 27% | 459 | 25% |
| 12 - 16 months | 321 | 16% | 323 | 17% | 269 | 15% |
| 17 - 23 months | 179 | 9% | 203 | 11% | 190 | 11% |



| | | | | | | |
|-----------------------------|------|------|------|------|------|------|
| In care 24 - 35 months | 100 | 5% | 84 | 4% | 75 | 4% |
| 24 - 29 months | 75 | 4% | 65 | 3% | 61 | 3% |
| 30 - 35 months | 25 | 1% | 19 | 1% | 14 | 1% |
| In care 36 months or longer | 17 | 1% | 13 | 1% | 9 | 1% |
| Total in care | 1964 | 100% | 1922 | 100% | 1802 | 100% |

Data Source: SACWIS

Assuming the decline of 42 children in care under the age of five from FFY 2010 to FFY 2011 continues, Iowa projects 1,880 children under the age of five will be in foster care at the end of FFY 2012 and 1,838 at the end of FFY 2013 (September 30th of each year).

Demographics and characteristics of identified children in care (as of March 31, 2012):

Table L2: Race, Ethnicity and Gender Characteristics

| Race, Ethnicity and Gender of children under 5 years old in foster care on the last day of the month | | | | | | | | | | | | | | |
|--|-----------------|-------|------------------|-----------------|--------|------------|-----------------------------|-----------|--------------|---------------------|--------|--------|---------|-------|
| Length of stay | Race | | | | | | | Ethnicity | | | Gender | | | |
| | American Indian | Asian | African American | Native Hawaiian | White | Multi-Race | Unable to Determine (blank) | Hispanic | Non-Hispanic | Unable to Determine | Female | Male | (blank) | |
| Mar-12 | | | | | | | | | | | | | | |
| less 12 months | 2.13% | 0.79% | 13.63% | 0.47% | 74.63% | 4.10% | 4.02% | 0.24% | 10.01% | 85.26% | 4.73% | 48.86% | 51.06% | 0.08% |
| 12 - 23+ months | 1.36% | 0.91% | 16.82% | 0.23% | 73.18% | 6.82% | 0.68% | 0.00% | 10.91% | 88.18% | 0.91% | 47.05% | 52.73% | 0.23% |
| 24 - 35+ months | 1.89% | 0.00% | 16.98% | 1.89% | 54.72% | 18.87% | 5.66% | 0.00% | 9.43% | 86.79% | 3.77% | 47.17% | 52.83% | 0.00% |
| 36 months or more | 10.00% | 0.00% | 20.00% | 0.00% | 70.00% | 0.00% | 0.00% | 0.00% | 30.00% | 60.00% | 10.00% | 30.00% | 70.00% | 0.00% |

Tracking method for children under the age of five in foster care: Iowa's SACWIS tracks all children in foster care. The following information is tracked:

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

Targeted services provided to address the developmental needs of infants, toddlers, and children: In Iowa, all children under three years of age, including those in foster care, are referred automatically to Early ACCESS (IDEA Part C), at the conclusion of a protective assessment through the DHS' SACWIS. A referral letter goes out to the family by mail. Additionally, DHS' workers and service providers are encouraged to make referrals. However, it remains the parent(s) option to seek evaluation and services from Early ACCESS. Although data indicates a low percentage of parents follow-up and seek Early ACCESS evaluation and services, results have increased over the years for this high-risk population.

The number of children in foster care below age three referred and who received services increased from 436 in fiscal year 2007 to 788 in fiscal year 2011. The table



below shows the number of children and the percentage of children in foster care receiving Early ACCESS services:

Table L3: Foster Care Children Receiving Early ACCESS Services

| Foster Children who receive Early ACCESS services in SFY | # of Children receiving services | Percent of children on Individualized Family Service Plan (IFSP)'s receiving services |
|--|----------------------------------|---|
| 2011 | 788 | 32.4% |
| 2010 | 713 | 29.2% |
| 2009 | 666 | 31.0% |
| 2008 | 592 | 23.1% |
| 2007 | 445 | 17.3% |
| 2006 | 365 | 14.8% |

Iowa will continue to look to expand the Early ACCESS (EA) Program. The DHS and the Iowa Department of Education continue to work through the Early ACCESS state team to work with Early ACCESS regions to build upon existing collaboration between local DHS offices and EA offices. Statewide training around CAPTA law and Early ACCESS procedures is planned for January to March 2013.

The Interagency Coordinating Council, the advisory Council to Part C (called Iowa Council of Early ACCESS in Iowa), next steps have included:

- The use of Regional Grantee Quality Service Review study results of 10 cases to identify strategies to further integrate signatory agency services, including referral and follow-up of CAPTA and foster care children; and
- Continued work with the Part C Regional Grantee Directors and Liaisons in increasing partnerships at local and community levels for follow-up of CAPTA and foster care children.

For information on the assessment of physical, dental, and mental health needs of foster care children, including those under the age of five, please see *Section E: Health Care Oversight and Coordination Plan*.

Targeted services provided to children under the age of five to find a permanent family and the state of Iowa's approach for working with this group of infants, toddlers, and children: Iowa utilizes the child welfare service array to meet the unique needs of the children and families served, including children under five in foster care. The DHS' child protective workers, as part of their assessment of child abuse allegations, assess the strengths and needs of the children and the family. The DHS' case managers build upon the initial assessment by working with the families to continually assess the



strengths and needs of the child and family, connect the children and family to the appropriate services, and monitor the effectiveness of those services to meet their needs with the goal of achieving safety, permanency for these children in accordance with the Adoption and Safe Families Act (ASFA, P.L. 105-89) guidelines, and child and family well-being.

For information on Iowa’s child welfare service array, please see Section A, Program Service Description. For information on Iowa’s recruitment and retention of foster and adoptive parents, please see Section G, Foster and Adoptive Parent Recruitment.

How the state of Iowa addresses the training and supervision of caseworkers, foster parents, and other providers with respect to this population: To support staff best practice, the DHS’ and service providers’ staffs receive training on child development, trauma, and other topics specific to this population. Please see *Section C, Program Support*, for information on the DHS’ and the Child Welfare Provider Training Academy’s course offerings. Additionally, the Iowa Foster and Adoptive Parent Association’s website, <http://www.ifapa.org> , also provides trainings, including approved for training movies and books related to working with infants, toddlers, and children.

SECTION M: CHILD MALTREATMENT DEATHS

The following table shows the number of child deaths Iowa reported in NCANDS by FFY from FFY 2000 through 2011:

| Federal Fiscal Year (FFY) | Number of Fatalities |
|---------------------------|----------------------|
| 2011 | 10 |
| 2010 | 7 |
| 2009 | 10 |
| 2008 | 11 |
| 2007 | 5 |
| 2006 | 6 |
| 2005 | 9 |
| 2004 | 8 |
| 2003 | 16 |
| 2002 | 15 |
| 2001 | 15 |
| 2000 | 10 |

Data Source: SACWIS (child deaths that were listed as being the result of abuse)



During the course of the DHS' child abuse assessment that involves a child death, the child protective worker (CPW) collaborates with the following sources and documents any information that assists in making a child abuse finding within the child protective services assessment.

- On all child death cases, local law enforcement and/or the Department of Criminal Investigation (DCI) work with DHS. While law enforcement's role is to determine if a crime occurred and the DHS' role is to determine whether abuse occurred, both agencies collaborate on crime scene investigation/observation, interviews, etc.
- The CPW also works with the medical examiner's office while they conduct an autopsy on the child victim. The CPW and medical examiner's office consult (many times through or in conjunction with law enforcement), to exchange information learned in the investigation/assessment that may assist the medical examiner in determining cause of death and manner of death. The ultimate findings of the autopsy assist in the determinations made in both criminal and child abuse findings.
- Although not every county throughout Iowa has their own Child Death Review Team per se, many counties utilize a variation of multi-disciplinary teams to consult with on child death cases. These consultations assist the CPW in exploring options to barriers and processing the case thoroughly.
- In 1995, Iowa Code section 135.43 and Iowa Administrative Code section 641-90 established Iowa's statewide Child Death Review Team. The purpose of this team is to "aid in the reduction of preventable deaths of children under the age of eighteen years through the identification of unsafe consumer products; identification of unsafe environments; identification of factors that play a role in accidents, homicides and suicides which may be eliminated or counteracted; and promotion of communication, discussion, cooperation, and exchange of ideas and information among agencies investigating child deaths".
- Additionally, the State Child Death Review Team has developed protocols for Child Fatality Review Committees (Iowa Administrative Code section 641-92) to be appointed by the state medical examiner on an ad hoc basis, to immediately review the child abuse assessments which involve the fatality of a child under age eighteen. The purpose of the Child Fatality Review Committee is to determine whether the department of human services and others involved with the case of child abuse responded appropriately.
- IDPH's Bureau of Vital Statistics is also involved in every child death case that the DHS is involved in. All child deaths, and at times births with a death occurring shortly after birth, are recorded with Vital Statistics. Because law



enforcement generally takes the lead on these death investigations, they generally provide the documentation to Vital Statistics.

However, not all child deaths are reported to DHS. The majority of Iowa children die by natural means, which include prematurity, congenital anomalies, infections, cancers, and other illnesses. In 2008, the 234 natural deaths comprised 60% of all child deaths in Iowa. The 202 natural deaths in 2009 comprised 65% of all child deaths in Iowa. Natural manners of death are not considered child abuse and would not meet standards for mandatory reporters to call in.

Other manners of death however, such as accidents, suicides, homicides, and undetermined deaths are considered by the Iowa Child Death Review Team as preventable. In accordance with Iowa Code section 232.70, mandatory reporters are required to report such suspected child abuse to DHS. When a child fatality is reported, a one hour response time is assigned for the CPW to assure the safety of siblings or any other children involved. Throughout the course of the assessment, the CPW makes a determination of whether abuse occurred and makes the appropriate recommendations and/or referrals to address the family's needs.

See the most recent Child Death Review Team report (2008-2009) for additional information: http://www.childdeathreview.org/reports/IA_CDRT_2008-2009.pdf.

SECTION N: CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP) AND EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

Chafee Foster Care Independence Program (CFCIP)

Program Service Description:

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

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

- (1) Is currently in foster care and is 16 years of age.
- (2) Was adopted from foster care on or after October 7, 2008 and was at least 16 years of age at the time of adoption.



- (3) Was placed in a subsidized guardianship arrangement from foster care on or after October 7, 2008, and was at least 16 years of age at the time of placement.
 - (4) Was formerly in foster care and is eligible for and participating in Iowa's aftercare services program as described at 441 IAC 187.
 - (5) Participating in the Education and Training Voucher program.
- Services are available on a statewide basis.

The estimated number of youth to be served via CFCIP funding in FY 2013 is a total of 2,655 based upon an 2,261 youth served in foster care ages 16 and older in FY 2011 and 394 youth served in the aftercare services program in FY 2011 (this does not include the youth served in the aftercare services program with state funding). In FY 2011, 728 children entered care age 16 and older, whereas 1,445 exited foster care at age 16 and older during the same time period.

Collaboration

See below under activities performed in FY 2012 and planned for FY 2013 for coordinative and collaborative efforts to assist youth in successful transition to early adulthood, in addition to stakeholder involvement, especially youth involvement in the review of progress made in the past fiscal year and expected updates for the coming year.

Program Support

- See below for staffing specifically committed to the Chafee program and training provided.
- Iowa anticipates requesting technical assistance from the National Resource for Youth Services regarding best practices to build around the newly revised Casey Life Skills Assessment and specific training tools related to the assessment. The Casey Life Skills Assessment is the life skills assessment currently being utilized by state child welfare workers and most care providers, including all group home program staff, supervised apartment living program staff, and recommended for relative and foster family care providers.

1. Help youth transition to self-sufficiency:

Specific Accomplishments achieved to-date in FY 2012:

- There continues to be an increase in youth involvement regarding their case plan and court attendance. This is due to legislation passed during the 2010 session which put greater emphasis on youth, 13 and older, to attend and be involved in their case planning and court hearings.
- Due to state legislation passed during the 2009 session (in response to the Foster Connections Act of 2008) and continued training to staff, there has been an on-going increase across the state in transition plans personalized at the direction of the youth, honoring the goals and concerns of the youth. Youth-centered transition teams have continued this past year for youth, with the team



membership comprised not only of “professional” staff but also those the youth selects to be on the team. The Department’s Transition Planning Specialists (there are 5 TPS statewide, with each of the 5 service areas having a TPS assigned specifically to that service area) job description devotes 30% of their job tracking and monitoring staff to ensure various components of the transition planning process are occurring on a timely basis. An electronic TPS tracking tool was developed during this fiscal year to track the various components. The tracking tool is updated each month by central office staff, indicating youth who in foster care that turned 16 and 17 years of each the previous month, in addition to youth newly admitted into foster care who are 16 years of age and older.

- The TPS have been training department staff, juvenile court services (JCS) staff, care providers, youth, and key stakeholders in each of their service areas to facilitate understanding and implementation of a youth-centered transition process along with the key domains necessary for successful transition to adulthood. TPSs have developed various training tools for training staff, including: an easy to read document that clearly spells out all federal and state laws pertaining to transition planning; a “Transition Planning Toolkit” outlining Iowa’s protocol for transition planning along with local resources and entities to link youth and their care provider with; trained other service providers, including the Medicaid Behavioral Health Intervention Service providers on youth centered planning and case plan process.
- The department’s transition plan addresses the specific areas of need, based upon a life skills/needs assessment (the department utilizes the Casey Life Skills Assessment); education, employment/workforce services and support, health and health care coverage, housing, and supportive relationships. The transition plan, part of the department’s case permanency plan, is completed for youth who are 16 years and older; it is updated and reviewed during case review and within the 90 days prior to discharge. The plan is considered a working document. Additionally, the plan is to be reviewed for all youth prior to discharge, via the local transition committee review process to ensure a discharge plan that is individualized for each youth for successful outcomes in adulthood. The committees can either approve a plan or not approve a plan, sending it back to the worker with comments on what further needs to be addressed. Each transition committee sends an annual report to Department central office staff, indicating number of plans reviewed and approved along with gaps and barriers in their particular areas needing to be addressed for more successful transition for youth, along with suggestions regarding solutions to gaps and barriers. Department central office staff review these reports and target the areas needing improvement; one area in particular is linking youth seamlessly with the adult disability system, which in Iowa is county ran. TPS continue to work with county disability systems in their covered areas, also educating workers about the process to get a youth into the adult system.
- The Transition Youth Initiative (TYI), an initiative to assist communities in addressing the concerns of youth transitioning out of foster care has struggled this past year, due to lack of coordinated leadership. In March, 2012, the department contracted with Iowa State University, to hire a “Transition Youth



Specialist” to bring not only coordination to the TYI but also to be a significant part of the department’s activities and goals concerning permanency for older youth in foster care. The TYI was originally began 5 years ago for several pilot communities to focus on a shared decision-making process, involving youth input and building a community support network for youth aging out of foster care. Additionally, the TYI offered “Dream Team” planning for youth, much like a Family Team Meeting but with the youth as the driver of the planning. Some of the TYI work has continued over the past year, despite leadership. With the new Transition Youth Specialist now hired, plans are underway to renew and strengthen past pilots and eventually expand the TYI further within the state. The original TYI may change to some degree, but the intent is to continue and expand Dream Teams, which are facilitated by Family Team Meeting facilitators who have received additional training on the Dream Team model; Dream Teams have been approved as Family Team Meetings by the Department.

- AMP (Achieving Maximum Potential), Iowa’s foster care youth board, currently has 10 local councils spread out across the state. AMP meetings include life skill sessions, often with speakers brought in for a specific topic; youth attending AMP regularly receive information about their rights, services and supports available while in care and once discharge from care and; most importantly, AMP youth are encouraged to express their individuality in many ways, from poetry, to speaking engagements, to making DVDs to educate and train child welfare staff from a youth’s perspective. (For more information related to how AMP activities are evaluated/measured that are continually leading to successful outcomes related to permanency and well-being of older youth in care, see activities undertaken to involve youth section below)
- New contracting for the department’s child welfare service array, including all foster care placement types. The majority of the contracts require life skills training as a service component, including family preservation services, group care, supervised apartment living (SAL) foster care services, and recruitment and retention of resource families. Group home facilities (in addition to SAL providers) must have a department approved life skills assessment and life skills curriculum for youth they serve.
- Printing of the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older was completed this next FY. The TIP for youth is in 3 ring binders and the TIP for care providers is in a bounded printed version. The goal of the TIP is to educate youth and care providers on various components leading to self-sufficiency, including chapters related to housing, transportation, employment skills, education, and money management. The TIP is evaluated by youth for content, youth friendliness, etc. to ensure that TIP is youth-driven and therefore more effective in educating/connecting with youth.

Planned Activities for FY 2013:

- Increased understanding by a minimum of 75% of social work case managers and 60% of juvenile court officers of a youth-centered transition planning



process, focusing on key areas necessary for successful transition. Measurement based upon review of transition plans by local transition committees and by TPS tracking and monitoring of specific transition planning components.

- Continued on-going training to staff, providers, youth and other key stakeholders on transition needs assessment, resources available to meet needs, the department's youth-centered transition plan, process and protocol (including who's doing what by when). Training to be completed by TPS at the local level as well as from central office through teleconferencing, web-based, and in-person training.
- Continued emphasis on transition plan review by local transition committees, particularly with the juvenile court officers who case manage youth in foster care adjudicated delinquent. All youth in foster care must have their transition plan reviewed by a local transition committee prior to the youth turning 17 ½ years of age, or within 30 days of completion if youth enters care at 17 ½ or older. Workers typically have plans reviewed after the youth turns 17 years of age, but can have plan review done on an earlier basis.
- Increase in life skills for children placed in group care due to contract requirements.

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

Specific Accomplishments achieved to-date in FY 2012:

- The Education Collaborative (Court system, Department of Education (DOE), and Department of Human Services), formed by the Children's Justice State Council, to address the education needs of youth in foster care, continues to meet; requirements (i.e., continuity of school setting, immediate and appropriate enrollment of the youth and transfer of school records within 5 school days when the youth moves from one school to another) are being measured via the case plan reviews, CFSR, the PIP, and placement proximity to home, with the continual push to keep youth in their current school as appropriate for increased permanency and well-being while the youth is in care.
- The Children's Justice State Council membership represents stakeholders in the child welfare system appointed by the Supreme Court, including the department. Significant Children's Justice State Council activities during FY 2012 include:
- Education/Foster Care Workgroup: The work group met three times face-to-face and reported to State Council.
 - Letter from DOE Director sent to all school districts, reinforcing existent law that requires transfer of school records within 5 days of enrollment for foster youth, and requires immediate enrollment of foster youth, even when records are not timely received from sending school. A letter of notification from the department was developed, notifying school of the placement of foster youth in their school;



- A tracking form was developed for department files to better assure accurate credit, includes what classes enrolled in, what credits earned, previous school placement, and current school placement;
- Received consultation regarding foster connections requirements, McKinney Vento as related to foster youth, and sharing resources developed by other states to assist in credit recovery, maintaining school placements;
- Dept. of Education worked with the Education Collaborative in developing the Iowa definition of homeless youth and its relevance to foster youth.
- Education and employment are 2 of the 5 key components addressed in Iowa's transition planning and process for youth.
- Education for children in foster care is one of the priority outcome areas for Jim Casey. Youth Policy Institute of Iowa is the Iowa Lead for Jim Casey work here in our state and a collaborative member of a number of child welfare partnerships, including the Education Collaborative.
- Iowa continues to receive technical assistance from the Legal Center for Foster Care and Education around best practice and better coordination between the Department and local school districts regarding sharing of information necessary for youth to achieve best educational outcomes
- Transition Planning Specialists (TPS') continue to connect with local school districts and Iowa Area of Education Agencies (that meet the special and unique needs of children in the education system) to promote educational needs of youth in foster care; TPS continue to advocate for and refer youth in foster care with special needs to the Iowa Vocational Rehabilitation agency; TPS work with and refer youth to Iowa's Job Corps as appropriate.
- TPS continue to connect with the local workforce centers in their areas, specifically regarding the Workforce Investment Act (WIA).
- Education and Training Voucher (ETV) materials were distributed to Iowa's high school guidance counselors, IDHS case workers, colleges and universities, foster parents and Iowa's Aftercare Services Network. Additionally, department staff are promoting the 100% state funded All Iowa Opportunity Foster Care Grant, a financial aid program to assist youth aging out of foster care.
- TPS trained in Iowa's DOE "I Have a Plan" in which all public school districts are expected to have students begin completing in 8th grade all the way through 12th grade. "I Have a Plan" is a state website which provides a series of interest, skill and ability assessments to middle school and high school students and suggests possible areas of study/job training at the post-secondary level; the website promotes various assessments such as Career Choices, assisting the youth to understand education and employment requirements leading to vocational interests.
- Administration for Children and Families (ACF)'s Education System Collaboration to Increase Educational Stability grant was awarded to the Iowa Collaboration of Agencies for Permanency and Stability (CAPS). The department's western service area and the department's division of Adult, Children, and Family Services (ACFS) are working closely with the grantee, Siouxland Human



Investment Partnership. The project is doing groundbreaking work to improve outcomes for youth in foster care and alumni. Goals include: raise awareness of education related issues within the child welfare, education, and legal communities, beginning with a kick-off conference featuring nationally experts in the field of education (January, 2012); create electronic academic records shared across 3 systems and; provide education advocates to help youth and their families navigate educational systems successfully.

- The Iowa Foster Care Youth Council (AMP), provides regular education and career opportunities to teens at the local council meetings. Examples of just some of the activities follow:
 - College and Vocational Training Database: A database has been compiled regarding the pertinent information (locations, costs, majors, housing, transportation, etc.) of all state community colleges, private colleges, public universities and vocational training programs. It has been coded for each chapter area and then shared with all of the AMP council Facilitators. Youth and chapter facilitators continue to be updated on scholarships and internships available to foster youth.
 - AMP's Education/Vocation specialist ensures that 4 topics related to education and vocation training are being trained to each of the 10 local councils each year. Youth are pre-test and post-test evaluated to measure knowledge gained.
 - AMP is collaborating with the department's aftercare program to explore ways alumni can mentor youth in foster care to provide support to youth in care regarding their education experience.
- The third judicial district employs an Education Specialist to ensure there is a continuum of education services, so no student or family becomes discouraged or disengaged. This approach improves attendance, success in the school and community as a whole, and graduation rates. The Education Specialist gives youth and their family access to academic information and services so they can make informed decisions. The Education Specialist is an advocate for the youth and his/her family and liaison between them, the educational system, the court system and the community as a whole. Problems are often caught before they lead to lost credits or student disengagement. The education specialist is familiar with records, credit audits, transition reports, GED testing and preparation, educational assessment and testing, tutoring, school registration, employment assistance and vocational/post-secondary planning.
- In November 2011, the Iowa Department of Human Services awarded Iowa Jobs for America's Graduates (iJAG) with a grant to support the education and employment achievement of youth ages 14 to 20 currently in, or who have been in, Iowa's foster care system. As partners in piloting the Education and Employment Achievement for Foster Care project, iJAG and DHS staff will collaborate in order to build partnerships, ensure comprehensive and coordinated services, and identify best practices for serving youth who are involved with the foster care and juvenile court systems. The project will serve sixty youth in six communities across the state, including: Cedar Rapids, Council Bluffs, Dubuque, Keokuk, Marshalltown and Sioux City.



- A Health and Human Services grant, Collaborative Demonstration: Support Systems for Rural Homeless Youth (SSRHY) has allowed Iowa to explore a number of employment programs and strategies at the demonstration site in Boone, Iowa, including:
 - Equine Assisted Learning – designed to promote creative thinking, problem solving skills, self-discovery, and self-efficacy. To date, 3 groups of 5 youth have started sessions.
 - Caring Hearts: A collaboration was developed with Iowa Comprehensive Human Services (Youth WIA contractor) to expand an existing job placement program. A partnership between youth, contracted staff, and local businesses has youth completing a 6 week job experience. Additionally weekly work readiness classes are offered at a community center.
 - Retired Senior Volunteer Program (RSVP) recruitment/paperwork process has been streamlined to allow for quicker matches of mentors and mentees.

Planned Activities for FY 2013:

- Continued partnering with DOE, Iowa Workforce Development (IWD) and WIA, Job Corps, and Vocational Rehabilitation statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care. Exploration to determine possibility of job training skills classes offered to youth in group care.
- Continued partnering between the department and the Juvenile Justice System, Department of Education, Legal Center for Foster Care and Education and other key stakeholders to best meet youth educational needs, leading to better outcomes around permanency and well-being.
- Increased local level interaction and communication between department staff and education staff; currently two service areas have protocol set between the department and local school districts regarding youth in foster care, leading to increased knowledge of the youth's situation and issues that affect not only education performance but behavior issues. The goal is to spread this work to a statewide basis, leading to better educational, permanency and well-being outcomes for youth.
- Emphasize ETV availability of vocational and apprenticeship programs available at community colleges.
- The department will review the existing information and data sharing Memorandum of Understanding that currently exists with DOE in light of December 2011 FERPA guidance, with the potential to allow the state to better share needed information and data for overall improvement of educational outcomes of youth in foster care, especially regarding well-being.
- Continued implementation of CAPS (see above) goals.
- An education practice bulletin was scheduled to be released to department field staff, policy staff and posted on the department website in the fall of 2011. It has been delayed until the SFY 2012, to make room for the Permanency Blueprint



series. The bulletin highlights promising approaches to promote education stability for youth in foster care. Youth in foster care correctly demand, “Do nothing about me without me”. The bulletin therefore emphasizes the following: Including youth when selecting the appropriate school, classes, and extracurricular activities promotes “buy in” and leads to improved academic and behavioral performance. The student should be present and engaged at all education planning meetings.

- Five Iowa representatives, including state level staff from DHS, DE and the courts, attended the November federal meeting, Child Welfare, Education and The Courts: A Collaboration to Strengthen Educational Successes of Children and Youth in Foster Care. Sponsored by the U.S. Department of Health and Human Services, Children’s Bureau and the U.S. Department of Education Collaborative, the event was attended by teams representing each of the 50 states, the District of Columbia and Puerto Rico. The teams were composed of educational, child welfare and judicial leaders. The teams developed collaborative action plans to ensure that students in foster care in their states have education stability and continuity and achieve positive educational outcomes. Iowa’s action plan largely focuses on education stability through effective data sharing and removing barriers to children remaining in their home school when they enter foster care or change placements.

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

Specific Accomplishments achieved to-date in FY 2012:

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

Planned Activities for FY 2013:

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

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

Specific Accomplishments achieved to-date in FY 2012:

- The Children’s Justice State Council Permanency Committee, which includes department membership was responsible for:
 - Planning for the Children’s Justice Summit was initiated in this committee and with the Training Committee;
 - This State Council committee worked with the Permanency Subcommittee of the Child Welfare Advisory Committee to finalize the “Permanency Blueprint for Forever Families”. This blueprint outlines a philosophy for the state for permanency;
 - State Council endorsed the Permanency Blueprint;



- The Children's Justice Summit held May 9-10, 2011, was focused on Permanency. The Blueprint was introduced and distributed to all attendees, and all presentations included concepts of the Blueprint. The agenda focused on issues related to achieving permanency for children and families. The summit was designed to gather many partners, professional and otherwise, to learn of promising practices in the state, to identify ways that we each could improve our individual practices, and districts and service areas could strengthen areas of needing improvement locally. The mantra became: What can I do by Tuesday to improve permanency for kids in Iowa?
- A Permanency Blueprint Supplement was created to be completed by various stakeholder groups, such as providers (per placement type), Iowa Foster and Adoptive Parent Association, CASA, foster care review boards, etc. to indicate what they can do under various child welfare efforts, including family and youth engagement, family preservation, placement and reunification, adoption and guardianship, and transitioning to adulthood.
- All of the above center on permanency for youth, which for some youth may not mean a "forever family" but certainly can and has led to increased personal and emotional supports to youth via mentors and supportive adult relationships; such relationships often do become one's family.
- Emphasis continues on youth transition plans goals related to achieving permanency and mentoring opportunities, due to training of staff on Fostering Connections Act and 2009 state legislation along with awareness raised by the TPS training.
- The number of youth participating in an AMP youth council (foster care youth council) this past July was 176. Measuring through the month of this November, AMP has served 1,161 youth (each council typically has 2 meetings per month; this number does include duplicate youth if they attend both meetings per month), with 102 total AMP meetings held between July through November (note, the youth council contractor changed effective July, 2011). The number of communities, training venues, and youth engagement in community initiatives is rising as well.
- Local community people are recruited by AMP to transport youth to and from speaking engagements as well as assist with council set-up. Background checks are done on the volunteers.
- The HALO (Helping and Loving Others) Mentoring Program is has continued in Des Moines and has expanded to Waterloo. The Des Moines program has successfully matched 10 youth with long term mentors and is looking to expand and offer a 2nd round of HALO mentor training within the next quarter. The Waterloo program will follow along the same lines as the Des Moines program.
- Mentors for youth are gained through the Dream Team process. The Dream Team mission is to preserve the youth's connections to neighborhood, community, heritage, family, faith and friends. The Dream Team model is much like the Family Team Model except the youth basically drives the process,



including the youth identifying relatives and other supportive adults who they would like to be at their dream team, in addition to peers. It is very youth-centered and includes peer to peer support, along with involvement of adult community members, with the hope that the adult can help “coach” the youth and become a permanent part of their support system.

- Casey Family Foundation sponsored Permanency Roundtables were conducted during this year. The roundtables were in various sites statewide and included a variety of child welfare stakeholders, with the sharing of evidence based and best practices concerning permanency policies and practice. There was much discussion on developing positive adult supports and finding mentors for youth.
- Waterloo sponsored 14 youth to develop trust and break down barriers via working with horses.
- The department’s monthly webinar training to supervisors is currently dedicated (for nine months, beginning last November) to permanency related topics (known as Permanency Blue Sheets), including one that was dedicated to youth transitioning out of foster care. Discussion is held statewide regarding policy and practice during the webinar and after the webinar. Child welfare contractors are invited to the webinars at locations set up by the department, with department staff and contractors encouraged collaborate/coordinate regarding the specific permanency topic for that month.

Planned Activities for FY 2013:

- Increased number of youth with transition plans having realistic goals and specific action steps related to achieving permanency and mentoring opportunities.
- Increased number of youth “aging out” participating in a youth-centered team planning process for permanency and adult living; increased number of youth who have a family relationship or a committed adult to help prepare them for adulthood with a decrease in the #'s of youth who age out of care; this will be measured and evaluated by the TPS tracking tool, local transition committee reviews and statewide data.
- With the recent hire of the Transition Youth Specialist (referenced in above), retooling the Dream Team process and curriculum and revamping and strengthening the Dream Team process in areas of the state that were piloted over the past 5 years and increasing the number of counties to have the Dream Team process available, with trained facilitators.
- Continued monthly permanency related topic training to department supervisors.
- Continued rollout of the Permanency Blueprint Supplement to key child welfare stakeholders. AMP has developed, in partnership with the department, two draft supplements to be released in 2012. One is written from the point of view of youth to other youth. The second is written from the point of view of youth to workers and providers who care for them.

5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18



and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

Specific Accomplishments achieved to-date in FY 2012:

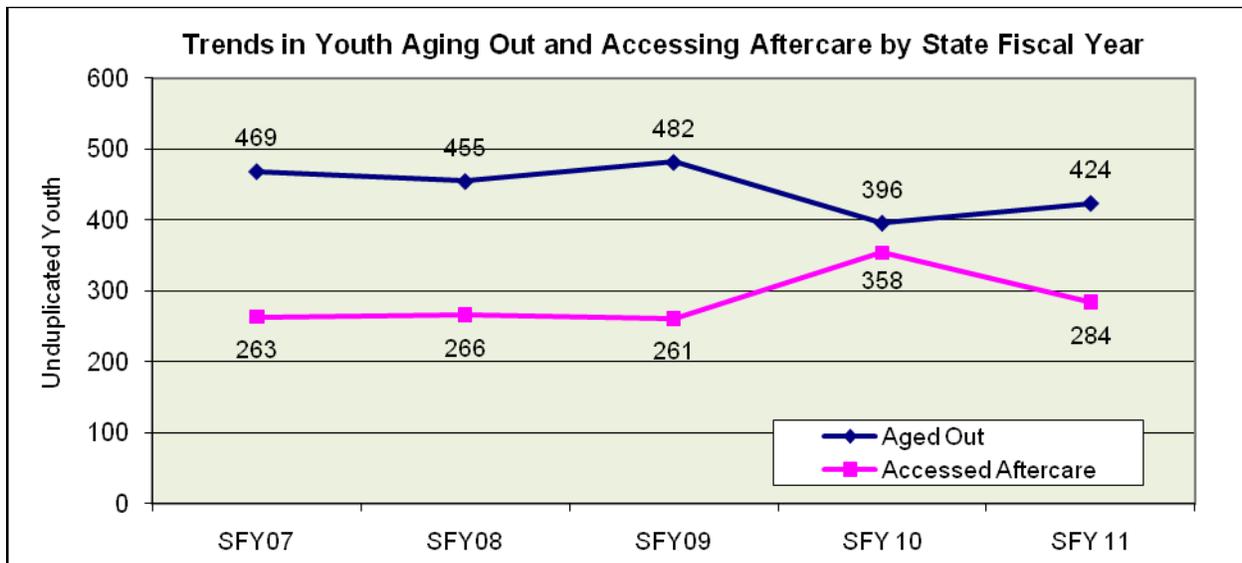
The Iowa Aftercare Services Network (IASN), which implemented Iowa's statewide aftercare program in April 2002, continues to be Iowa's contracted Aftercare provider. The program has continued to expand in numbers of youth served and program objectives each year since implementation, particularly since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

- In FY 2011, the IASN served 788 unduplicated youth in PAL and basic aftercare, compared with 771 youth in FY 2010.
- Iowa's aftercare program (basic aftercare and PAL) is results-based and must meet specific National Youth in Transition Database outcome measures in addition to incentives being tied to the specific outcome measures set by the Department in the areas of safe and stable housing, resources to meet living expenses, and positive personal relationships. A thorough needs assessment is conducted with each participant at the start of services and again at exit to measure outcomes, in addition to each participant having a self-sufficiency plan, with individualized goals including housing, permanency, employment, education, health care, community connectedness, high-risk behaviors, and having essential documents.
- Key findings continue to demonstrate significant progress for youth participating in basic aftercare and PAL, in a number of areas, including budgeting, positive relationships, high school graduation, and health care coverage. Data from the FY 2011 report are as follows:
 - Education: More than 90% of youth exiting in SFY 2011 had earned either a high school diploma or GED, compared to 75% of these same youth at intake.
 - Employment: Just over half of participants exiting Aftercare in SFY 2011 were employed at both intake and exit. Of those working, however, there was an increase in full-time employment (defined as 25 or more hours per week) from 24.7% at intake to 36.0% at exit. Still, fewer than ten percent earn more than \$800/month.
 - Housing: Compared to when they first access services, on exit more youth are assuming responsibility for the cost of housing (from 50.7% at intake to 66.9% at exit) and fewer are living in transitional facilities, shelters or other supported housing arrangements (from 11.3% to 2.2%).
 - Health: Establishment of the Medicaid for Independent Young Adults (MIYA) coverage group in 2006 has helped—92% of youth in aftercare have health care coverage at exit.



- Mental Health needs continue to challenge young adults. Historically, 50 to 60 percent of youth accessing the Aftercare Network each year come to the program with a history of mental health assessment, diagnosis and treatment. In SFY 2011, 52.8% of the 788 youth served had been diagnosed with one or more Serious Emotional Disorders (SED) prior to leaving foster care. Fifty six percent of youth in aftercare reported being seen in the previous year for a mental health assessment, counseling or therapy.
- Relationships: Ninety percent of youth in aftercare report they have an adult they can turn to for support.
- Aftercare is a voluntary program, so despite efforts, not all eligible youth participate. Since SFY 2007, an average of 445 youth per year have aged out of Iowa foster care and an average of 286 youth per year have accessed Aftercare services.

Table N1: Trends in Youth Aging Out and Accessing Aftercare



- While it is premature to definitively state that the longer youth receive services the better their outcomes, the results of this cohort analysis provides evidence that this may be the case. Those 132 participants who received services into their last year of eligibility (through age 20) showed a marked improvement in many areas in comparison to those participants who received services for a shorter amount of time. When comparing all participants of the FY 06-10 cohort to those in the cohort who received PAL, we find that the PAL youth have generally better outcomes though the rate of change between the groups would indicate that the non-PAL (basic aftercare) youth make the greater gains.



- Youth who have “aged out” of foster care are represented on several committees within the child welfare system to raise awareness of the issues facing youth transitioning and are drawing support from several local community groups for donations to assist in transitioning and for providing advocacy along with skill training to youth.

Planned Activities for FY 2013:

- Policies to ensure that young people have essential documents when they leave foster care have been enacted in Iowa over the last several years. While more than three-quarters of youth who enter aftercare report having their birth certificate and Social Security Card, there is room for improvement in this area.
- Less than half of the young people who enter aftercare have a driver’s license. Because driving is an important milestone for teenagers and often essential to being able to hold a job or attend school, further exploration of barriers to drivers education and the ability of foster youth to get a driver’s license is needed.
- Continued increase in numbers of participants on Chafee option Medicaid (known in Iowa as MIYA – Medicaid for Independent Youth Adults); with continued education about the importance of and how to complete/submit the annual Medicaid recertification application. Continued education to youth on the importance of preventative physical, mental and dental health care along with mental health assessments as needed. Assist youth in understanding the importance of taking needed prescribed drugs and receiving medication management services.
- Employ innovative approaches to ensure permanency and increase the number of positive relationships with supportive adults for all participants, involving a variety of means; this is an outcome measured annually by youth surveys administered by the aftercare contractor (see Aftercare above). Aftercare staff shares with other staff at quarterly meetings and monthly conference calls successful practices they have put into place.
- The Quality Assurance team is a DHS/contractor collaboration which has proven success. Contractors are nearly 100% compliant with contract and file requirements. The QA team hopes to take this to the next level in 2013, therefore, DHS and the aftercare contractor are developing an action plan (effective July 1, 2012) for aftercare program monitoring and outcome driven practice enhancements.
- Interventions to help aftercare participants avoid becoming discouraged and dropping out of the labor market altogether. In 2011, the percentage of participants “unemployed” declined from 35.6% at intake to 21.5% at exit. Due to the economic times, however, youth in aftercare have been experiencing a greater hardship in securing employment these past few years. Twenty percent report to be “not in the workforce”.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care;



Specific Accomplishments achieved to-date in FY 2012:

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

Planned Activities for FY 2013:

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

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

Specific Accomplishments achieved to-date in FY 2012:

- Effective 7/1/10, the IASN is responsible for tracking and addressing Chafee program related requests for youth between the ages of 16 to 21. The IASN is also responsible for tracking all such services to enable the department with the NYTD service reporting requirements. To date, there have been no requests received.
- Aftercare policy ensures this population is eligible for all basic aftercare services and supports through education of program staff and application materials; additionally, any youth between the ages of 16 through 18 is referred to the aftercare program for independent living services requested.
- New worker training includes training of all Chafee benefits this population is eligible for in addition to how to make any referrals to the aftercare program on behalf of this specific population.

Planned Activities for FY 2013:

Continued training and raising awareness for eligibility of Chafee funded services to staff, providers (including foster/adoptive parents), youth, guardians, the judicial system and other key stakeholders, including IFAPA, Kids Net and the education system.

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

Activities performed to-date in FY 2012:

- In November 2011, the Iowa Department of Human Services awarded Iowa Jobs for America's Graduates (iJAG) with a grant to support the education and employment achievement of youth ages 14 to 20 currently in, or who have been in, Iowa's foster care system. As partners in piloting the Education and Employment Achievement for Foster Care project, iJAG and DHS staff at the local level collaborate in order to build partnerships, ensure comprehensive and coordinated services, and identify best practices for serving youth who are involved with the foster care and juvenile court systems. For example, regional transition planning specialists have invited iJAG staff to meetings and helped facilitate connections to local school professionals.



- Iowa has 3 Transitional Living Programs (TLP) funded through Family and Youth Services Bureau (FYSB) that are all participating in the 5 year demonstration grant focusing on youth between the ages of 16-21 in rural areas who are approaching independence but are in need of connective supports and housing. While the TLP site in Boone County was selected for the pilot site, all 3 TLP sites in Iowa are participating in planning, support, and engaged in policy and procedures along with benefiting from best practices learned. The project is reviewing how better coordination can be made with the department's Supervised Apartment Living foster care placement program in addition to ways to better connect with aftercare program services. There is an evaluative component to this project that will measure practices that did or did not lead to outcomes of the grant. Iowa is in the 4th year of the 5 year grant.
- CFCIP continues to partner with the department contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration, adding CFCIP funding to the overall contract for specific attention to youth in foster care 17 years and older for a more seamless transition to adulthood for those youth with disabilities. Monthly meetings are held with the contractor to discuss appropriateness of referrals made by staff (along with ongoing training to staff regarding what is necessary for a youth to qualify for disability benefits), measurement of disability applications made regarding the numbers approved, not approved and those in which the contractor is appealing.
- The department continues to coordinate with the Courts; following are key collaborative/coordination services and activities:
 - Judges and Children's Justice State Council (CJ) participated in all aspects of the CFRS review, entrance conference, exit conference, PIP work groups, and PIP development. The CJ Director served on the Operations Committee as well. CJ staff developed a court section of the PIP and approved by the Court.
 - Decision Point Analysis (DPA) is an assessment developed to look at the impact of policy and practice on decision points of individual cases. The tool allows staff to review systemic interaction at the case level. It is not designed to review individual caseworker practice, but rather how policy and practice impact decisions made related to individual cases.
 - DPA was selected by the Center for the Study of Social Policy as the case review tool for the Institutional Analysis that was conducted in Linn County, in conjunction with a Casey Family Program initiative. CJ staff coordinated the process and participated as reviewers. This review was designed to review for institutional bias toward minority families. The decision point reviewed was removal.
 - The department and the Court, through CJ staff, and including other child welfare partners, developed supplements to the Blueprint, identifying small steps of change that could be implemented without any cost or program development. The Blueprint and the supplements can be found on the Children's Justice Website, under the Blueprint link.



- The department and the Court, through CJ Multi-disciplinary Training subcommittee, began development of a curriculum for District Court level training as a follow-up to the Permanency Summit.
- Vocational Rehabilitation, referring youth with disabilities for job training and job placement; additionally coordination is done with Job Corps for those youth who are appropriate for Job Corps placement.
- The department continues to participate in the Iowa Collaboration for Youth Development (ICYD), a group of youth serving state departments and agencies, to better meet the overall need for youth in Iowa, including those in foster care. The ICYD focuses on various coordinated efforts including the areas of child welfare, education, employment, and services for youth with disabilities. This year's goal is to raise graduation rates to 95%. Having DHS transition policy staff on the committee has helped raise awareness to the ten plus state agencies that participate. For example, ICYD has two collaborative projects they are "holding up" as an example this year: 1) the DHS has joined with the Department of Education to develop a memorandum of understanding and 2) DHS has partnered with the Department of Human Rights to engage youth across the various state councils.
- As described in #4 above, the department is working with key stakeholders around the issues of permanency for youth in care.

Planned Activities for FY 2013:

- Continued coordination with the Social Security Administration to ensure disability benefits for older youth in care and for those aging out of care (with continued measurement of activities and accomplishments by the contractor resulting in appropriate referrals by staff and numbers of youth appropriately approved to receive disability benefits); better communication and coordination with Vocational Rehabilitation and the department's Division of Mental Health and Developmental Disabilities to meet the needs of youth with disabilities and special needs.
- Continued coordination with the court system; Iowa's Model Court continues pilot the Passport to Adulthood, a tool originated in New York. The Passport is a document containing information of the youth, including education, health, life skills and placement(s), both historical and current status.
- Continued coordination with Iowa Foster Care Youth Council (AMP) for increased youth leadership, advocacy, and promotion of legislation to better the child welfare system. AMP is testing a connection with Child and Family Policy Center in 2013, who will track bills related to foster care and youth issues for AMP and will be available for consultation, if youth have questions about how to develop their ideas into policy.
- The department will continue to coordinate with Iowa's 3 TLP sites (2 of which are also aftercare providers) in the rural homeless youth project.
- Increased emphasis on coordination/collaboration with private business (chambers of commerce) for employment opportunities for youth aging out of foster care and for youth in the aftercare program; AMP keeps track of



collaborations; the aftercare program keeps track in each part of the state regarding partnerships with local businesses.

- 2011 Proposed AMP Legislative Agenda includes: Identity Theft Passport for Minors; simplifying the process for sealing juvenile records; human trafficking; and funding for the PAL program and the Mental Health Waiver.
 - The AMP legislative agenda was shared with lawmakers. The credit recovery idea did not become a bill, however, federal legislation requires background checks and assistance with credit problems discovered. DHS submitted a plan to comply with this federal requirement in August 2012. DHS will be running a background check at the three major reporting agencies for every youth age 16 and older, each year until they exit foster care. If there is a credit issues, the case manager will assist in resolving the problem.
 - The human trafficking concern was shaped into a bill, which was passed into law during the 2012 session. Youth stood at Governor Branstad's side when he signed the bill into law. The law defines human trafficking and increases penalties for anyone convicted of such an act.
- The department intends to increase training to school teachers and school social workers in 2013. This is in order to promote education stability for children in foster care, to improve the working relationships of child welfare and educators, and to promote promising practices for meeting the education requirements of Fostering Connections to Success and Increasing Adoptions Act of 2008, For example, a project is underway to provide foster care training to educators as part of the Area Education Agencies school teacher training curriculum.

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

Training activities conducted to-date in FY 2012:

- The Transition Youth Initiative (TYI), which was piloted 5 years ago, with additional counties of the state receiving funding to incorporate the TYI into their local Community Partnerships for Protecting Children, began to assist communities in addressing the concerns of youth transitioning out of foster care. The Dream Team process (much like a Family Team Meeting) is a part of the overall TYI objectives of: best engagement by the youth; addressing how to build community connections on behalf of youth transitioning out of foster care and for site sustainability. Central coordination of the TYI has been on hold for at least the past year, due to lack of a statewide coordinator. With the recent hire of the Transition Youth Specialist, the TYI will once again be centrally coordinated, with local operation that best fits community. Training will be conducted on a statewide basis on TYI objectives, Dream Team curriculum, and engagement of youth and peer and adult support.



- On-going staff training occurs through bi-monthly CIDS calls to social work supervisors on new policies and procedures in all areas of child welfare, including any new policies and practices in Iowa's transition process.
- Transition planning training is included in all "New Worker Training" and includes teens in the training, giving their input on what has assisted them most in transitioning and gaps in the system.
- Aftercare training on specific topics is done on a quarterly basis for aftercare staff. For this past FY, training has focused on Dream teams, Self Sufficiency Plan (SSP) training, LGBTQ, June meeting will be human trafficking. Additionally, at the quarterly meetings, training is completed on any new policies and procedures.
- Life skill training occurs during AMP local council meeting across the state.
- IFAPA continues to provide training to foster/adoptive parents specific to teen issues, teen development, permanency, and effective transition planning methods/resources available to youth transitioning.
- Youth are involved in foster and adoptive parent licensing training with the goal of recruiting more foster/adoptive parents for teens. Numbers of foster parents recruited to foster teens is reported by the department's recruitment and retention contractor; numbers of teens adopted is measured on an annual basis.
- AMP youth council has made the Risky Business conference their official annual conference. Risky Business is a youth development conference that brings the best presenters in Iowa and from around the nation. Over 700 youth and child welfare professionals attended the conference in May 2012.
- AMP's current training packages can be found on the Internet at AMPiowa.org. Training is offered locally and nationally. Interested youth receive specific training to prepare them to present their stories in a compelling way without divulging too much or otherwise putting themselves at risk. In addition to those on the website, staff have developed and given trainings on: Prescription Drugs, Vicarious Trauma, Stress Management, Working with Sexual Abuse Victims, Mentoring, and many others upon request. AMP is gifted with staff and youth experienced in training. Training development is an area of strength.
- The TPS and their supervisors receive training on a monthly basis, through conference calls and in-person meetings. Training is conducted by: the TPS, sharing specific initiatives in their service area and new local collaborations; training by experts in specific areas related to transition; central office staff concerning policies and procedures.
- Printing of the 5th edition of the TIP (Transition Information Packet), an extensive resource/curriculum (in a 3 ring binder) to youth in care ages 16 and older, in addition to printing of the 5th edition of the TIP (soft cover bound) for providers (including foster families).

Planned Activities for FY 2013:

- Continued on-going staff and new worker training and foster/adoptive licensing parent training, with youth input.



- Continued training of specific like skills conducted via AMP local council meetings.
- Continued partnership with IFAPA on specific training curriculum devoted to teen needs and issues.
- Continued statewide training by the TPS to staff, youth, in-care providers, aftercare program staff and other key stakeholders concerning Iowa's transition policies and procedures.
- Continued topic specific training at quarterly aftercare meetings; continued training to TPS and their supervisors.
- Educating youth on the need for preventive care and basic medical treatment for overall well-being and to limit the crisis visits to emergency rooms.
- AMP is exploring with Jim Casey Youth Opportunities Initiative ways to take AMP's existing youth speakers training to a higher level.

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

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

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

Youth input is actively sought on an on-going basis for Iowa's transition program and specific to CFSR measurements. All 3 sites reviewed during Iowa's CFSR review (conducted in August 2010) had focus groups that included youth, as part of the onsite review.

Youth input is regularly received from youth participating in the aftercare program, via a survey tool administered to participants on a semi-annual basis to measure youth satisfaction and to gain input for program improvement.

Dream Teams, referenced above, are youth-centered in nature in addition to youth playing a leadership role in the overall Transitioning Youth Initiative. Additionally, various committees have youth representation, including the Child Welfare Advocacy Committee, the Mental Health Planning Council, in addition to youth being involved in PS-MAPP foster parent training, training of staff, courts and other key stakeholders.

AMP is developing a guidebook to help children and youth find their way through the foster care and juvenile justice systems. A draft is being circulated through the department and with various child welfare stakeholders. It is expected to be complete in 2013.



Iowa's PIP includes a plan to develop a bill of rights for children in foster care. The department and AMP are partnering to finalize a draft. This will be complete in 2013 and includes such items as the following:

- You have the right to be treated with respect
- You have the right to be safe and well cared for
- You have the right to be who you are
- You have the right to lifelong family connections
- You have the right to be fully informed about what is happening to you and why within the system
- You have the right to attend hearings regarding your care
- You have the right to a qualified advocate
- You have the right to adequate health care, including mental health care
- You have the right to a good, stable education
- You have the right to receive skills, knowledge and resources needed to be an independent adult
- You have the right to permanency
- You have the right to seek assistance if these rights aren't being met

AMP youth develop a legislative agenda annually to advocate for change in the foster care system. Youth, with support from adults, collectively generate ideas about changes needed because child welfare processes have impacted them personally. The following are a sample of 2012 legislative agenda items. **Number one became a bill** and was recently signed by the governor. AMP youth were present at the signing.

- AMP youth request state and federal funding to identify and protect the youth victims of Human Trafficking. Human trafficking is an issue that is relevant to youth-in-care, as some, especially runaways & homeless youth, become victims of sex trafficking.
- Consistent curriculum and credit requirements to ensure that youth do not lose credits when they move between schools
- Required in-service training for school staff members on the special needs of youth in foster care and those adopted.
- Educational assessments for proper class placement for in-coming foster youth
- AMP youth request the "Foster Youth Social Security Act" passed by congress and signed into law by President Obama on September 30, 2011 be fully implemented by the Iowa Legislature to protect foster youth from identity theft.

Medicaid Coverage for former foster youth ages 18 through 20:

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



Iowa has a streamlined procedure for youth automatically continuing on Medicaid via MIYA once their foster care case is closed; continued eligibility for MIYA is dependent upon annual review. It has since been stressed to department staff to educate youth on the review procedure prior to discharge from care; additionally aftercare workers have been educated on the procedure to assist those youth on their caseload with the review process as have foster families; the reapplication process is stressed in new worker training; youth who are automatically placed on MIYA coverage at the point of discharge receive a letter from the department explaining the Medicaid coverage and the renewal process, giving the youth the month during the coming year that their renewal application will be sent out and due back for continued MIYA coverage for the following 12 months. Aftercare staff is continuing to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This has greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage, but is still an issue for those youth who have aged out and are not participating in the aftercare program. Another issue that we have found is that youth are not particularly concerned about the prospect of letting their Medicaid coverage lapse; this is a population that utilizes little preventative medical care and is more apt to go to the emergency room when in time of crisis. Numbers of youth enrolled in MIYA are evaluated monthly as well as processes that have been put into place to increase the number of youth remaining on MIYA. The numbers of youth enrolled in MIYA continue to increase each year.

In SFY 2011, MIYA Medicaid coverage was approved for 417 youth who: were under age 21, were in a state paid foster care placement when they turned age 18, left foster care on or after May 1, 2006, and have countable income under 200% of the Federal poverty level. Approximately 94% of youth referred for MIYA were approved for MIYA or some other health care coverage group. The average monthly enrollment in MIYA in SFY 2010 was 425 youth.

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

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



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

- The State of Iowa ensures that Chafee benefits and services are made available to eligible Indian youth on the same basis as all other eligible youth. The department provides the TPS a monthly list of all youth in foster care who have turned 16 years of age (and older teens who have just entered foster care). This list does not indicate race. The TPS use the list to determine which youth need to complete an Ansell-Casey Life Skills Assessment (ACLSA). In addition, Indian youth are provided with the American Indian Supplement of the ACLSA. A written transition plan (part of the overall case plan) is completed with transition team members, including the youth, identifying strengths and needs and how the youth's needs will be addressed, who will be responsible for completing each action step, and by when. The transition plan is to be reviewed and updated at a minimum of every 6 months and within 90 days prior to discharge. Transition Committees are to review transition plans for all youth in care prior to turning 17 ½ years of age. Additionally, the TPS regularly share services and supports (e.g., Aftercare, PAL, MIYA, ETV, All Iowa Opportunity Foster Care Grant) available to youth once they have "aged out" to staff and providers. Increased outreach is needed for Indian youth participation in AMP support groups or via the website and participation of Indian youth on committees related to child welfare or issues involving youth.
- All Chafee (and Chafee related) benefits and services currently available are provided for all eligible youth (including Indian youth), regardless of race or ethnicity, in fulfillment of this section and the purposes of the law, including:
 - On-going transition planning services for all youth in foster care (or who have been adopted or placed into kinship guardianship from foster care on or after their 16th birthday), age 16 and older, including assessing strengths and needs, youth-centered transition plan focusing on who is going to do what by when, on-going review and update of transition plan to best prepare youth for transition into early adulthood and assist them in reaching their goals.
 - Iowa Aftercare Services Network, which addresses the needs of all eligible youth who have "aged-out" of foster care through services, supports, and opportunities designed to help them meet the challenges of living independently and achieve self-sufficiency.
 - Post-secondary financial aid via the Education and Training Voucher program and the All Iowa Opportunity Foster Care Grant.
 - MIYA (Medicaid for Independent Young Adults).
- See response above.



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

National Youth in Transition Database (NYTD):

Iowa began transition data collection on October 1, 2010 and has made the first and second data submission to the Administration for Children and Families on a timely basis.

Independent Living Services and Outcomes Reporting are required:

- Services reporting: caseworkers report quarterly, using a web-based tool, which of the Independent Living Services each eligible youth received. This has been very effective, with nearly 100% of caseworkers completed surveys each quarter thus far.
- Outcomes reporting requirements: The department contracted with a private agency to perform the outcome surveys for 17, 19, and 21 year olds. During FFY 2011 the contractor received a daily list of eligible youth (youth in foster care between the ages of 17 and 45 days old), including contact information; the contractor contacted youth on the list, explaining the youth's opportunity to participate in the survey (via phone and mail); the contractor reported daily back to the department their findings. The department was very successful with the first round of outcome surveying, exceeding the 90% minimum survey threshold. This is attributed in part to the respectful process used by the contractor, which gives each youth a choice to participate; an option of phone, mail, or web survey; and provides a gift card for participation.

Training has been provided to department staff and juvenile court staffs through a variety of methods to best meet their needs. For example, juvenile court officers were trained by a policy representative from the department and a chief juvenile court officer, how to enter Independent Living Skills data on the department created web-based tool.

Education and Training Voucher (ETV) Program

Program Service Description:

Iowa's ETV program is administered by a single coordinator. Students complete an online application annually, and awards are made until funding is depleted. Students renewing their award receive priority consideration in future academic years. Once all funds for a particular academic year are committed, a waiting list is started and students are added to the waiting list in date-received order (regardless of renewal status). Awards are made according to the student's grade level and enrollment status; freshmen enrolled full-time can receive up to \$3,000 per year; full-time sophomores can receive up to \$4,000 per year; and juniors and seniors who are enrolled full-time can receive up to \$5,000 per year. Students enrolled less than full-time receive a prorated amount.



Awards are disbursed directly to the college or university by term, in most cases by Electronic Funds Transfer, and the student can receive any leftover funds once the tuition and room and board charges have been paid.

Each year Iowa's ETV application is available online beginning in January and the application for the ETV program has been combined with the application for the state-funded All Iowa Opportunity Foster Care Grant (a program that serves an almost identical population) so students have a very streamlined process of completing one application for multiple grants.

Collaboration:

The ETV program continues to collaborate with the Iowa Foster Care Youth Council, college and university financial aid staff, other state scholarship and grant program administrators, Iowa Aftercare Network, and IDHS Transition Planning staff and program administrators.

Program support:

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

Accomplishments to establish, expand, or strengthen Iowa's postsecondary education assistance program:

Iowa continues to offer "Fill Out the FAFSA Day", an event where youth are brought together to complete both the Free Application for Federal Student Aid (FAFSA) and the Iowa Common Application. "Fill Out the FAFSA" days were offered to the Iowa Aftercare Network and Transition Planning Specialists. Additionally, we promote the availability of Iowa College Goal Sunday – modeled after a national program, Iowa College Goal Sunday is a week-long event in 31 locations around Iowa where volunteers provide free, in-person assistance to students in filing the FAFSA.

http://www.iowacgs.org/en/about_the_program/

The Iowa Common Application is in its third year of existence. The application houses all state and federal grant programs administered by the Iowa College Student Aid Commission and students can complete one application process for up to nine different scholarship and grant programs.

Two years ago Iowa became one of a handful of states to work with the Federal Department of Education and implement a process whereby a student is directed automatically to the Iowa Common Application when they indicate an Iowa mailing address on their FAFSA. Upon completion/submission of the FAFSA, if the student listed a permanent address in Iowa, they are directed automatically to the www.ihaveaplaniowa.gov website where they are encouraged to complete and submit the Iowa Common Application. This is one more way to link them up with all possible post-secondary resources. As a result of this linkage the volume to our application website has tripled:



Table N2: Application Website Volume

| | Total IHAPI hits | FAFSA redirects | Non FAFSA | % coming from FAFSA |
|-----------|------------------|-----------------|-----------|---------------------|
| 2012-2013 | 43,496 | 23,801 | 19,695 | 54.72% |
| 2011-2012 | 33,752 | 14,694 | 19,058 | 43.54% |
| 2010-2011 | 14,733 | 0 | 14,733 | |

Total hits to our application website have gone up in two years from 14,733 to 43,496 due to the FAFSA directing them to available state resources.

Our state ETV applications this year are up 27%.

Planned activities for FFY 2013:

Enhanced tracking and analysis of completion rates for ETV population and their persistence toward completion:

The ETV Contractor, Iowa College Aid, is undertaking a credential attainment project where they are studying the use of state funds in helping students attain any type of academic credential (certificate, diploma, degree). Students who attend community colleges will be tracked to see if they attain a credential within 4 years of their start date. Students attending four-year institutions are tracked to see if they complete a credential within 6 years of their start date. We have had, and will continue to have dialog with our contractor about including the ETV population in this credential attainment study.

Strengthen relationship with the Iowa Association of Community College Trustees:

The majority of Iowa’s ETV population attends a community colleges and we believe if we can strengthen our relationship with the Association, we might be able to partner with them to provide outreach activities both to new ETV students and current ETV recipients.

Indicate how the ETV program is administered:

Iowa’s ETV Program is administered by a state agency, the Iowa College Student Aid Commission, through an Intergovernmental Agreement executed by the Iowa Department of Human Services. The Commission is the state-designated administrator of the All Iowa Opportunity Foster Care Grant, a college grant program that assists an almost identical population as the ETV.



SECTION O: STATISTICAL AND SUPPORTING INFORMATION

Iowa Annual Reporting of State Education and Training Vouchers Awarded

| Table O1: Iowa Education and Training Vouchers | | |
|--|---------------------------|---------------------------|
| | Total ETVs Awarded | Number of New ETVs |
| Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011) | 193 | 116 |
| 2011-2012 School Year* (July 1, 2011 to June 30, 2012) | 176 | 101 |

*Estimated since APSR is due June 30, 2012

Inter-Country Adoptions

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

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

In State Fiscal Year 2011 (July 1, 2010 – June 30, 2011), there were no children who were adopted from other countries who entered state custody and placed in out of home care.

SECTION P. FINANCIAL INFORMATION

Payment Limitation: Title IV-B, Subpart 1:

Iowa’s title IV-B maintenance cap is \$724,000. This amount was used for foster care maintenance in FY 2005. The same amount is allocated for foster care maintenance in FY 2012. Iowa does not use title IV-B, subpart 1, funds for child care or adoption assistance payments.

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



The same amount of non-federal funds expended for foster care maintenance payments will be applied as state match in FY 2012.

Payment Limitation: Title IV-B, Subpart 2:

Financial information comparing SFY 2010 state and local share spending for subpart 2 programs against the 1992 base year amount as required to meet the non-supplementation requirements in section 432(a)(7)(A) of the Act.

Table P1: Comparison of SFY 2010 State/Local Spending and 1992 Base Year Spending

| Category | FY 2010 | FY 1992 |
|-------------------------------------|------------------|----------------|
| Family Preservation | - | - |
| Family Support | 2,153,788 | 581,841 |
| Family Reunification | 312,085 | - |
| Adoption Promotion | 206,465 | - |
| Other Service Related Activities | 183,233 | - |
| Total Administration | 23,958 | - |
| Total | 2,879,529 | 581,841 |

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