

Statewide Assessment Instrument

Section I – General Information

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| Iowa Department of Human Services | |
| Period Under Review | |
| Onsite Review Sample Period: <u>April 1, 2009 – August 27, 2010</u> | |
| Period of AFCARS Data: <u>April 1, 2009 – September 30, 2009</u> | |
| Period of NCANDS Data (or other approved source; please specify if alternative data source is used): <u>April 1, 2009 – September 30, 2009</u> | |
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Iowa Child’s Welfare System

The Iowa Department of Human Services (IDHS) has responsibility for Iowa’s child welfare system. Iowa’s child welfare system focuses on children that have been, or are at risk of, being abused or neglected, as well as, children that are determined by the Juvenile Court to be a child in need of assistance (CINA).

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

- **Safety**
 - Children are, first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes when possible and appropriate.
- **Permanency**
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved.
- **Child and family well-being**
 - Families have enhanced capacity to provide for children’s needs.
 - Children receive services to meet their educational needs.
 - Children receive services to meet their physical and mental health needs.

Vision/Mission Statements and Guiding Principles. IDHS’ vision and mission statements and guiding principles drive Iowa’s child welfare efforts to promote results in these three major areas.

- **Vision:** Children grow up safe from abuse and with permanent family connections.
- **Mission:** To align IDHS child welfare resources to achieve safety, permanency and well-being for the children and families that are served.
- **Guiding Principles:**
 - **Customer focus:** IDHS listens to and addresses the needs of our customers in a respectful manner that builds upon their strengths. IDHS’ services promote meaningful connections to family and community.
 - **Excellence:** IDHS models excellence through efficient, effective and responsible public services. IDHS communicates openly and honestly, and adheres to the highest standards of ethics and professional conduct.
 - **Accountability:** IDHS maximizes the use of resources and uses data to evaluate performance and make informed decisions to improve results.
 - **Teamwork:** IDHS works collaboratively with customers, employees, and public and private partners to achieve results.

Services for Children and Families

- **Child Abuse Assessments:** Children and families come to the attention of Iowa’s child welfare system primarily through a report of child abuse or neglect. IDHS staff in local offices responds to child abuse reports to determine the safety of the child, whether abuse occurred, and whether services are needed to protect the child. Fifty-two percent of the children that are victims of child abuse/neglect are age 5 or younger. Eighty-one percent of children that are victims of child abuse/neglect are victims of denial of critical care, or neglect, often associated with parental substance abuse or mental health issues.

- **Prevention and Early Intervention Services:** IDHS also works with Prevent Child Abuse Iowa and local communities to prevent child abuse and neglect so that children and families do not come to the attention of Iowa’s formal child welfare system. In addition, statewide early intervention services are provided to at-risk children and families referred by IDHS child protective assessment workers.
- **On-Going Services:** When continued IDHS involvement is needed to address issues that place a child at risk of harm from future abuse or neglect, IDHS provides on-going child welfare services. IDHS staff in local offices provides case management services that connect families to services provided by community agencies. Services can be provided on a voluntary basis or under the supervision of the Juvenile Court. Whenever possible, IDHS provides services to the child and family in their home. In other cases, the child needs to be placed outside the home in foster care in order to ensure that the child is safe.
- **Foster Care:** When a child is placed in foster care, both IDHS and the Juvenile Court have additional responsibilities.
 - Locating relatives as potential placements.
 - Placing siblings together whenever possible and maintaining sibling relationships when children are separated.
 - Ensuring that each child gets the physical, dental, and mental health care he/she needs.
 - Ensuring that each child has the educational services he/she needs.
 - Maintaining children’s relationships with their parents and connections with their extended family, friends, church, school, etc.
 - Ensuring that older youth have access to the services and supports they need to make the transition to young adulthood.
- **Permanency:** IDHS strives to ensure that each child placed into foster care has a permanent family as soon as possible – either by being safely returned home or through placement into another family through adoption or guardianship. For children who are adopted and have a special need, IDHS provides on-going support and services through the adoption subsidy program.
- **Aftercare:** When children “go out” of foster care, IDHS contracts with a network of agencies to provide aftercare services and the Preparation for Adult Living (PAL) program. Youth that “go out” of foster care are also eligible for financial aid for post-secondary education for youth.

Partnerships

In addition to these services, IDHS collaborates with stakeholders, private providers, practitioners, juvenile court services, other state agencies, and community members at large in an effort to keep children safe and strengthen vulnerable families.

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

| | | | |
|-------------------------|--|----------------|----------------------------------|
| | | | Teachers |
| Juvenile Court Services | Universities in Iowa; Schools of Social Work | Foster parents | Legislative members and staffers |

Iowa Department of Human Services Organization

To maximize efficiency and utilization of scarce resources, IDHS is currently in the process of reorganizing. Information below describes the current organization structure and the future structure, effective July 1, 2010.

Current Structure

IDHS currently comprises 6 divisions, 6 service areas, 65 full-time county offices, 34 less than full-time county offices, 4 mental health institutes (MHIs), 2 resource centers for the developmentally disabled, the State Training School, and the Iowa Juvenile Home. Central office reorganization, including reorganization of the divisions, was completed in February 2010. Field reorganization will become effective July 1, 2010.

The Division of Adult, Children and Family Services includes the Bureaus of Financial, Health, and Work Supports, Child Welfare and Community Services, Child Care Services, and Quality Control. Child welfare services and community services to support child welfare efforts are within the Bureau of Child Welfare and Community Services. The Bureau of Financial, Health, and Work Supports provides Family Investment Program (FIP) cash assistance, Food Assistance, and Medicaid for children and families, including those involved in the child welfare system.

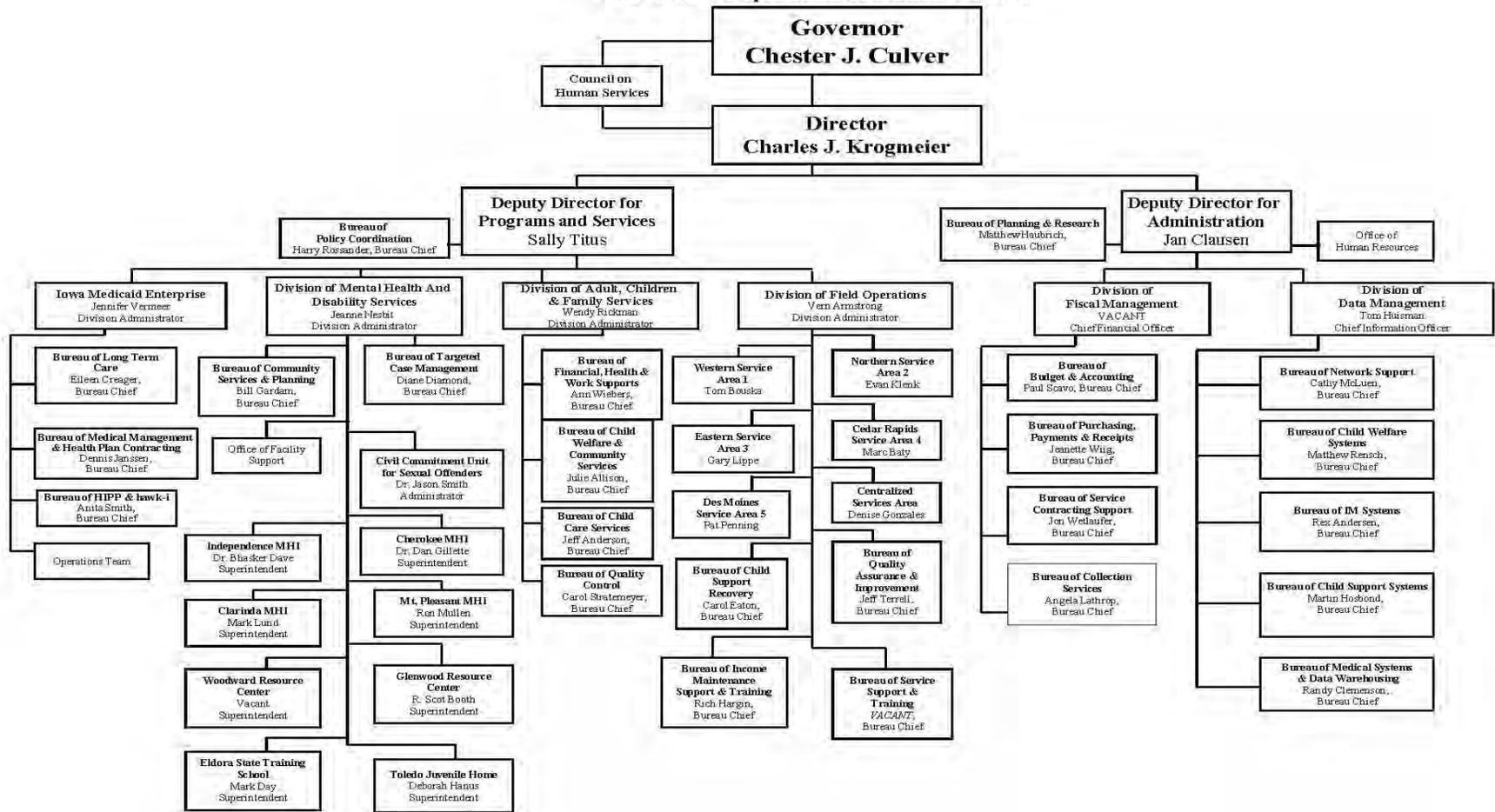
The Division of Mental Health and Disability Services include the 4 MHI’s, the 2 resource centers, the State Training School, and the Iowa Juvenile Home. Children involved in the child welfare system may access services through this division, depending upon the child’s needs. ***The State of Iowa Department of Human Services Organization Table (dated 2/04/2010) on the next page shows the current configuration of the Department.***

The ***Field Operations Map (dated 5/11/2009)*** shows the current structure of the field prior to the July 1, 2010 reorganization. Under the current field organization, each service area has an intake unit, which receives reports of child and dependent adult abuse. Once abuse reports are accepted, they are assigned to the applicable county child protective worker for investigation. Depending upon the outcome of the investigation, IDHS services may be provided to the child and family.

Future Structure

The second ***Field Operations Map (dated 3/3/2010)*** shows the future structure of the Department. The Division of Field Operations reorganization, effective July 1, 2010, will comprise 5 service areas, 42 full-time county offices, 57 less than full-time county offices, and 3 centralized units (abuse intake unit, nursing facility assistance unit, and childcare unit) within the new Centralized Service Area. The centralized abuse intake unit is currently transitioning to the new structure. The transition began the first part of July 2010. Iowa is currently making adjustments before going statewide and is in development of rolling out the new structure. Iowa’s goal is to be consistent in abuse intake decision making following Iowa’s rules, policies, and procedures. Once the transition is finalized, the intake center, located in Des Moines, will take all child and dependent adult abuse reports for the entire state during the hours of 8:00 a.m. to 4:30 p.m. After 4:30 p.m., all child and dependent adult abuse reports will be received through the Eldora Abuse Hotline. Once abuse reports are accepted, they will be assigned to the applicable county child protective worker for investigation.

State of Iowa Department of Human Services



Update 2/4/2010

Area 1: Sioux City ph 712 255-2689
 SAM: Pat Penning
 SEC: Marcy O'Connor
 EO2 (PM): Jim Thompson
 EO1 (CL): Roxanne Gould
 SWA: Pat Anderson
 IMA: Constance Traum
 QA Srv: Mary Tope
 QA IM: Richard Closter
 MA3: Betty Pratt
 Meth Staff: Chuck Illg

Field Operations

Less than fulltime offices

updated: 5/11/2009

Area 2: Waterloo ph 319 291-2441
 SAM: Evan Klenk
 SEC: Katie Loonan
 EO2 (PM): Vicki Hendershot
 EO1 (CL): Allen Grooters
 SWA: Jan Pratt
 IMA: Brian Fegley
 QA Srv: Larry Johansen
 QA IM: Debby Husinga
 MA3: Vicki Pilcher
 Meth Staff: John Wright

Area 3: Dubuque ph 563 557-8321
 SAM: Gary Lippe
 SEC: Penny Schiltz
 EO2 (PM): Leta Hosier
 EO1 (CL): Lori Frick
 SWA: Sue Davison
 IMA: Rick Uthoff
 QA Srv: Wendy Woodhouse
 QA IM: Carolyn Leute
 MA3: Angela Petsche
 Meth Staff: Tammi Herbst

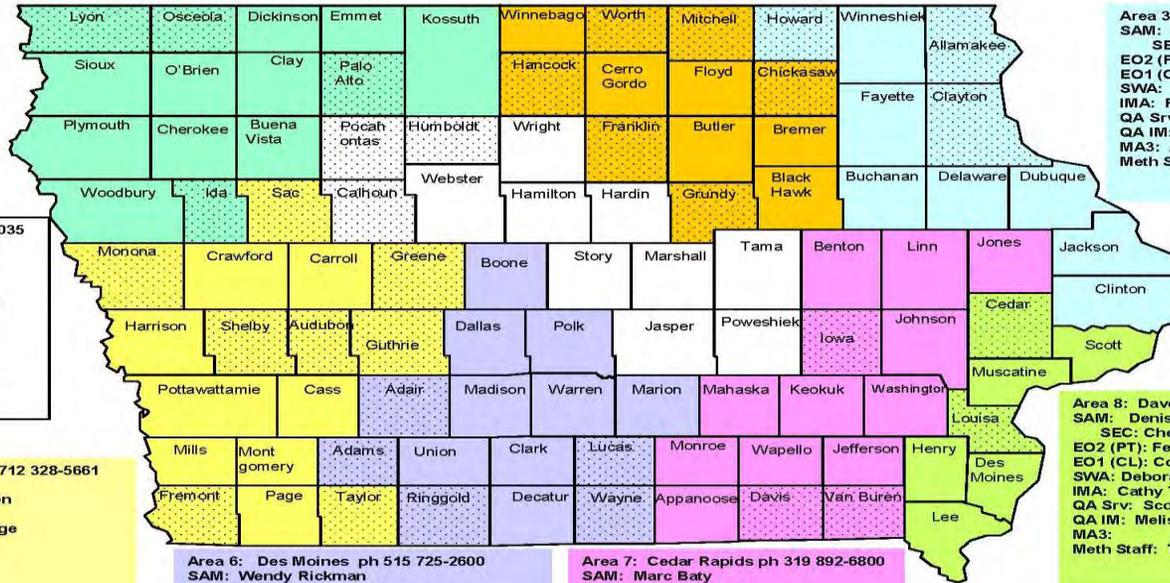
Area 4: Ames ph 515 292-2035
 SAM: Ken Riedel
 SEC: Christine Hood
 EO2 (PT): Lee Bergen
 EO1 (CL): Annette Dunn
 SWA: Roxanne Thompson
 IMA: Lindsay Lee
 QA Srv: Matt Haynes
 QA IM: Tracey Roberts
 MA3: Sreeparna Mitra
 Meth Staff: Mitch Kerns

Area 5: Council Bluffs ph 712 328-5661
 SAM: Tom Bouska
 SEC: Kelly J. Jacobson
 EO2 (PT): Matt Madsen
 EO1 (CL): Sonja Cambridge
 SWA: Carol Gutchewsky
 IMA: Melissa Nation
 QA Srv: Nora Bergren
 QA IM: Brett Nation
 MA3: Lloyd Marsh
 Meth Staff: Ann Matthal

Area 6: Des Moines ph 515 725-2600
 SAM: Wendy Rickman
 SEC: Alice Rosenberger
 EO2 (PT): Judy Holmes
 EO1 (CL): Darin Thompson
 SWA: Mike McInroy & Todd Savage
 IMA: Sone Xaykose & Jai Li Cunningham
 QA Srv:
 QA IM: Lori Lipscomb
 MA3: Ann Johnson
 Meth Staff: Shannon Nichols

Area 7: Cedar Rapids ph 319 892-6800
 SAM: Marc Baty
 SEC: Kristen Smith
 EO2 (PT): Edward Hermann
 EO1 (CL):
 SWA: Valarie Lovaglia & Holly Karr-White
 IMA: Cathy Cory
 QA Srv: John Burke
 QA IM: Kathy Robinson
 MA3: Letitia Williams
 Meth Staff: Pam Schell-Cloyd

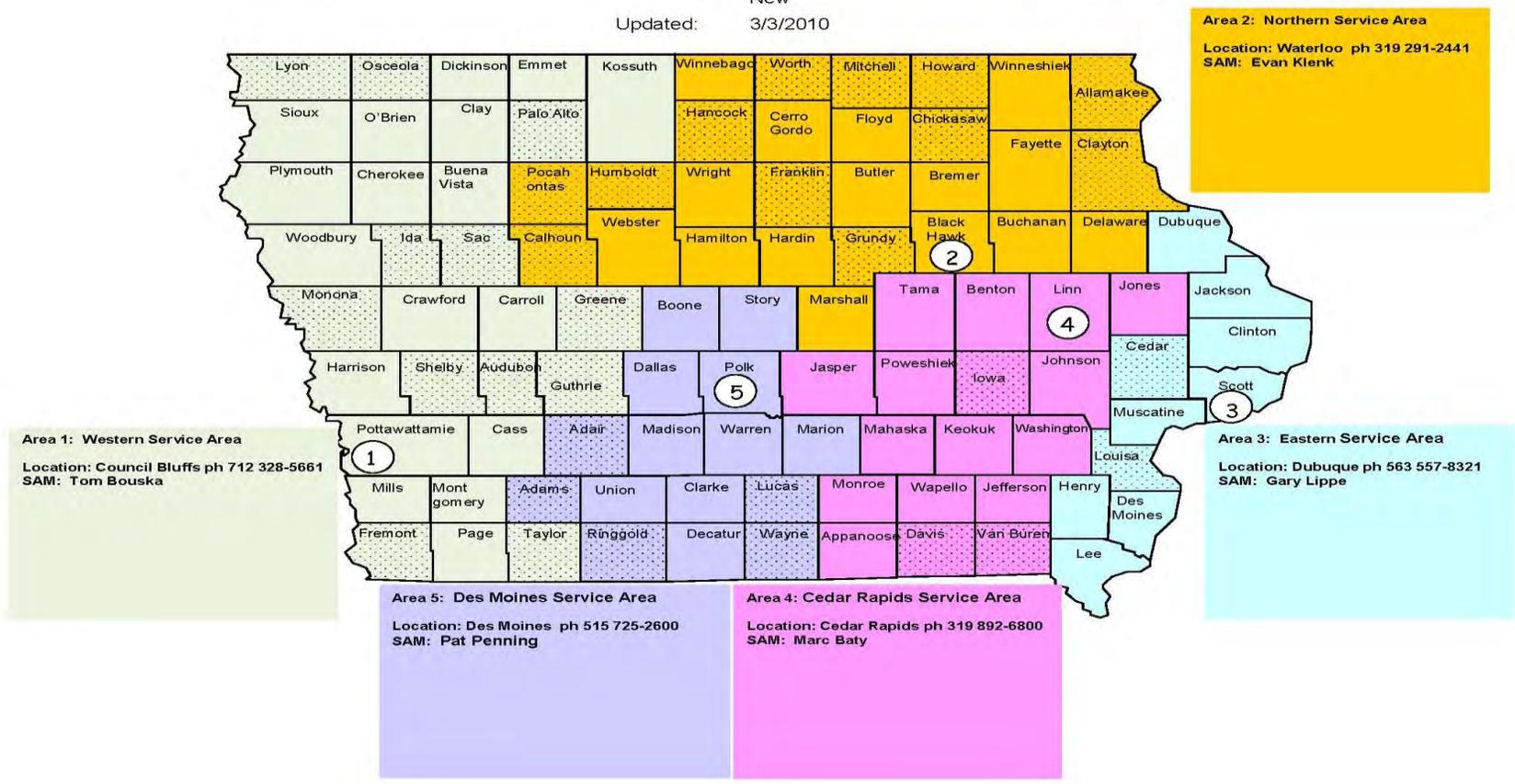
Area 8: Davenport ph 563 326-8794
 SAM: Denise Gonzales
 SEC: Cherrie Ann Morrow
 EO2 (PT): Felicia Toppert
 EO1 (CL): Corey Watt
 SWA: Deborah Kennedy
 IMA: Cathy Taylor
 QA Srv: Scott Stablein
 QA IM: Melissa Pelham
 MA3:
 Meth Staff: Traci Hart



File Name: Staff Map.xls

Field Operations
 New
 Updated: 3/3/2010

34 Less than fulltime offices



Iowa's Child Welfare Priorities

In June 2009, Iowa identified its child welfare system priorities for the next five years for the seven outcomes and seven systemic factors rated in the Child and Family Service Review (CFSR). Based on the information at that time, IDHS identified the following priorities to enhance the safety, permanency, and child and family well-being of the children and families served and the child welfare system:

- **Safety**
 - Implement changes in safety and risk assessments based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work¹
 - In collaboration with the Department of Public Health and the Judicial Department, implement revised protocol for drug testing, protocol serving families involved in both child welfare and substance abuse systems, and improve data collection in this area.

- **Permanency**
 - Ensure that each child aging out of foster care has a high school degree and at least one permanent connection with a caring adult.

- **Child and Family Well-Being**
 - Achieve significant improvement in educational outcomes for children in foster care
 - Increase Early Access take-up rate for child abuse victims and children in foster care
 - Continue work with American Bar Association (ABA) Center on Foster Care and the Law, Children's Justice and Child Welfare Advisory Committee (CWAC) subcommittees on education and foster care to improve education for children in foster care
 - Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion
 - Improve engagement, to include policy and practice decisions, with youth and both parents, including the non-custodial parent
 - Implement new case plan format that meets the needs of children and families
 - Reduce child welfare disproportionality for minority children and families by at least 50%
 - Safely reduce the number of children and youth served in foster care, especially congregate care, and the number of children aging out of foster care
 - Facilitate conversation with stakeholders about:
 - safety and risk, including intake, assessment, court intervention, removal, and reunification decisions
 - the role of group care and appropriate outcome based performance measures, provide a framework to help staff become better purchasers of group care, and engage Casey Family Programs in working with IDHS, JCS and group care providers regarding family-based services

- **Safety, Permanency, and Child and Family Well-Being**
 - Improve assessment of child and family needs and matching services to needs
 - Significantly improve access to physical, dental, and mental health care for children
 - Increase the percentage of children and parents that have monthly visits with their IDHS caseworker to 95%
 - Implement new State Automated Child Welfare Information System (SACWIS) and enhance other technology supports for staff and improve data for frontline staff and managers

¹ Most of NRC recommendations were implemented by the end of State Fiscal Year (SFY) 2009. Remaining recommendations should be implemented by the end of SFY 2010

- Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical costs categories (e.g., staff salaries)
- Develop a comprehensive plan/model for contracting with child welfare service providers that supports achieving safety, permanency and well-being outcomes, including implementing a fair and adequate provider payment/reimbursement system with performance based incentive payments, a framework for emergency services, and the group care Requests for Proposals (RFP)
- Continue expansion of Parent Partners program, Elevate, and Transitioning Youth Initiative statewide
- Implement policy and practice changes included in the Fostering Connections to Success and Increasing Adoptions Act of 2008; including implementing kinship guardianship and improvements in education and medical care
- Significantly increase retention and continuity of IDHS and provider frontline staff and supervisors
- Identify and implement more evidence-based services/programs

Activities Underway to Improve Iowa’s Child Welfare System

Parental substance abuse: IDHS, the Iowa Judicial Branch (IJB) and the Iowa Department of Public Health (IDPH) are collaborating with other stakeholders to develop protocols for working with families with substance abuse issues that are involved in the child welfare and juvenile court systems. The three departments are also working together to pilot drug courts and community based treatment approaches in five communities across the state.

Education and children in foster care: IDHS, IJB, and the Iowa Department of Education (IDE) are working together with the Children’s Justice State Council, the Child Welfare Advisory Committee, Elevate, and other stakeholders to improve educational outcomes for children in foster care.

Child welfare providers: IDHS established a Child Welfare Partners Committee (CWPC) to build a stronger public-private partnership in order to improve results for children and families. The CWPC is co-chaired by IDHS and a private agency representative. Currently, the Committee has established five workgroups.

ICWA training and improving tribal relations: IDHS and tribal representatives are working together to improve practice with Native American children and families in Iowa.

Training: IDHS, providers, Children’s Justice and Iowa Foster and Adoptive Parent Association (IFAPA) are collaborating to develop and deliver training for IDHS staff, providers, foster parents, judges, and attorneys. IDHS contracted with the Coalition for Families and Children’s Services in Iowa to establish and maintain a Child Welfare Provider Training Academy.

Family Interaction: IDHS and Children’s Justice have collaborated to develop and implement guidelines to supporting parent-child visitation and interaction for children in foster care. (http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Family_Interactions/Family_Interactions.html).

Group Care: With the assistance of Casey Family Programs, IDHS is working together with youth and communities to improve permanency outcomes for children and youth that are placed in group care.

County Attorney collaboration: IDHS is working with the Juvenile Section of the County Attorneys Association to improve communication and address a range of issues of mutual concern.

Disproportionality: With the assistance of Casey Family Programs, IDHS worked with Children’s Justice representatives and community stakeholders to develop a framework for addressing disproportionality in Iowa’s child welfare system.

Child Welfare Services – Service Business Team: IDHS established a Service Business Team (SBT) to guide collaboration and partnership between IDHS central office and service areas in achieving identified child welfare goals for the next five years. SBT members include the Division Administrator of Field Operations Support Unit (FOSU), a Service Area Manager, and the Division Administrator of Adult, Children, and Family Services (ACFS). SBT chartered six Task Teams that are responsible for the following areas within the child welfare system:

- Safety
- Permanency
- Service Array and Agency Responsiveness to the Community
- Case Review
- Statewide Information System, Quality Assurance System, and Staff and Provider Training
- Foster and Adoptive Parent Home Licensing, Recruitment, and Retention

Teams are co-led by an IDHS staff person from central office, either from ACFS or FOSU, and by a representative of the Service Areas. External stakeholders are invited to work on specific activities, as appropriate.

Budget Impact on Child Welfare Services

Over the last few years, IDHS sustained reductions in funding for operations and services, including:

- 1.5% Across-the-Board (ATB) reduction in December 2008
- 10% ATB reduction ordered in November 2009
- \$50.2 million less appropriated in 2010 legislative session than Governor requested
- \$84 million reduction in appropriation to be implemented across state agencies by the Department of Management to align agencies' appropriations with several pieces of 2010 legislation and Executive Order 20 mandating efficiencies and reductions in state government.

In addition, to reduce the overall state workforce, IDHS and other state agency employees were offered an early retirement incentive with separation from state employment by June 24, 2010. Six-hundred-thirty-eight IDHS staff filed their intentions to retire. Critical positions will be submitted for approval to hire. Those positions under child protection include CAPTA, and the Children's Justice Act grant.

Section II – Safety and Permanency Data

| CHILD SAFETY PROFILE | Fiscal Year 2008ab | | | | | | 12-Month Period Ending 03/31/2009 (08B09A) (Not submitted) | | | | | | Fiscal Year 2009ab | | | | | |
|--|---------------------|------|------------------------------|------|-----------------------------|-------|--|---|------------------------------|---|-----------------------------|---|---------------------|------|------------------------------|------|-----------------------------|-------|
| | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % |
| I. Total CA/N Reports Disposed¹ | 21,661 ^A | | 33,080 | | 27,145 | | | | | | | | 24,940 ^A | | 38,623 | | 30,870 | |
| II. Disposition of CA/N Reports³ | | | | | | | | | | | | | | | | | | |
| Substantiated & Indicated | 7,292 | 33.7 | 11,200 | 33.9 | 10,133 | 37.3 | | | | | | | 8,378 | 33.6 | 13,007 | 33.7 | 11,636 | 37.7 |
| Unsubstantiated | 14,369 | 66.3 | 21,880 | 66.1 | 17,012 | 62.7 | | | | | | | 16,562 | 66.4 | 25,616 | 66.3 | 19,234 | 62.3 |
| Other | | | | | | | | | | | | | | | | | | |
| III. Child Victim Cases Opened for Post-Investigation Services⁴ | | | 11,200 | 100 | 10,133 | 100 | | | | | | | | | 13,007 ^B | 100 | 11,636 | 100 |
| IV. Child Victims Entering Foster Care Based on CA/N Report⁵ | | | 1,980 | 17.7 | 1,734 | 17.1 | | | | | | | | | 2,330 | 17.9 | 2,005 | 17.2 |
| V. Child Fatalities Resulting from Maltreatment⁶ | | | | | 11 ^C | 0.1 | | | | | | | | | | | 10 ^C | 0.1 |
| STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY | | | | | | | | | | | | | | | | | | |
| VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more; national median = 93.3%, 25 th percentile = 91.50%] | | | | | 4,709 of 5,124 | 91.9 | | | | | | | | | | | 5,218 of 5,731 | 91.0 |
| VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more; national median = 99.5, 25 th percentile = 99.30] | | | | | 12,282 of 12,318 | 99.71 | | | | | | | | | | | 11,198 of 11,296 | 99.13 |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| Additional Safety Measures For Information Only (no standards are associated with these): | | | | | | | | | | | | | | | | | | |
|---|--------------------|---|------------------------------|---|-----------------------------|------|--|---|------------------------------|---|-----------------------------|---|--------------------|---|------------------------------|---|-----------------------------|------|
| | Fiscal Year 2008ab | | | | | | 12-Month Period Ending 03/31/2009 (08B09A) (Not submitted) | | | | | | Fiscal Year 2009ab | | | | | |
| | Hours | | | | Unique Childn. ² | % | Hours | | | | Unique Childn. ² | % | Hours | | | | Unique Childn. ² | % |
| VIII. Median Time to Investigation in Hours (Child File) ⁹ | <24 | | | | | | | | | | | | <24 | | | | | |
| IX. Mean Time to Investigation in Hours (Child File) ¹⁰ | 0.5 | | | | | | | | | | | | 0.4 | | | | | |
| X. Mean Time to Investigation in Hours (Agency File) ¹¹ | 39.1 ^D | | | | | | | | | | | | 37.3 ^D | | | | | |
| XI. Children Maltreated by Parents While in Foster Care. ¹² | | | | | 274 of 12,318 | 2.22 | | | | | | | | | | | 296 of 11,296 | 2.62 |
| CFSR Round One Safety Measures to Determine Substantial Conformity (Provided for informational purposes only) | | | | | | | | | | | | | | | | | | |
| | Fiscal Year 2008ab | | | | | | 12-Month Period Ending 03/31/2009 (08B09A) (Not submitted) | | | | | | Fiscal Year 2009ab | | | | | |
| | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % | Reports | % | Duplic. Childn. ² | % | Unique Childn. ² | % |
| XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less] | | | | | 415 of 5,124 | 8.1 | | | | | | | | | | | 513 of 5,731 | 9.0 |
| XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [standard 0.57% or less] | | | | | 28 of 10,747 | 0.26 | | | | | | | | | | | 82 of 10,111 | 0.81 |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| NCANDS data completeness information for the CFSR | | | |
|---|--------------------|--|--------------------|
| Description of Data Tests | Fiscal Year 2008ab | 12-Month Period Ending 03/31/2009 (08B09A) (Not submitted) | Fiscal Year 2009ab |
| Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence] | 9.0 | | 10.18 |
| Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]* | 100 | | 100 |
| Percent of perpetrators with relationship to victim reported [File must have at least 95%]* | 100 | | 100 |
| Percent of records with investigation start date reported [Needed to compute mean and median time to investigation] | 100 | | 100 |

| | | |
|--|----------|----------|
| Average time to investigation in the Agency file [PART measure] | Reported | Reported |
| Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID] | 100 | 100 |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

Footnotes To Data Elements In Child Safety Profile

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

| Disposition Category | Safety Profile Disposition | NCANDS Maltreatment Level Codes Included |
|----------------------|--|--|
| A | Substantiated or Indicated (Maltreatment Victim) | —Substantiated,” “Indicated,” and —Alternative Response Disposition Victim” |
| B | Unsubstantiated | —Unsubstantiated” and —Unsubstantiated Due to Intentionally False Reporting” |
| C | Other | —Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” —Other,” —No Alleged Maltreatment,” and —Unknown or Missing” |

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FFY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in

the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

- 1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*
- 2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
- 3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
- 4. The data element, —Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. —Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*
- 5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
- 6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*
- 7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).*

8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be

maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

- A. IA provided the following comment for FFY2009: —dwa saw an increase of 10% in the number of abuse reports received and investigated during Federal Fiscal Year 2009 when compared to Federal Fiscal Year 2008. The rate at which reports were substantiated remained constant, however. The increase was likely tied to the recession and its impact on children and families in Iowa.”
- B. IA provided this comment for FFY2009: —dwa’s transition to a pay for results model of purchasing child welfare services is continuing to show promise in improving outcomes for children and families in Iowa. Work to enhance the reporting capabilities of the system to account for these changes is still ongoing. This process may cause anomalies in the services related data as the reporting systems are improved.”
- C. The number of fatalities during Federal Fiscal Year 2009 remained steady when compared to Federal Fiscal Year 2008. IA provided this comment in FFY2008: —dwa experienced a significant increase in the number of child fatalities due to abuse during FFY2008. For the most part, the incidents appear to be unrelated and are primarily the result of physical abuse. With the exception of one incident it appears that the families did not have any prior contact with the child welfare system, and a more in depth analysis is underway to determine if there are any systemic factors which may have contributed to the increase.”
- D. The investigation start date is determined by first face-to-face contact with the alleged victim. Dates and days are the smallest units of time maintained in the State’s system for NCANDS reporting. The average response time is computed based on the actual date and time that the report was received and the child was seen. This number will differ from figures reported based on the data provided in the NCANDS child file due to the fact that the time of day is not reported in the NCANDS child file.

| <i>POINT-IN-TIME PERMANENCY PROFILE</i> | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
|---|-------------------|-------------------------|---|-------------------------|-------------------|-------------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| I. Foster Care Population Flow | | | | | | |
| Children in foster care on first day of year ¹ | 7,774 | | 6,865 | | 6,561 | |
| Admissions during year | 4,544 | | 4,721 | | 4,735 | |
| Discharges during year | 5,532 | | 4,978 | | 4,686 | |
| Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures) | 604 | 10.9% of the discharges | 591 | 11.9% of the discharges | 486 | 10.4% of the discharges |
| Children in care on last day of year | 6,786 | | 6,608 | | 6,610 | |
| Net change during year | -988 | | -257 | | 49 | |
| II. Placement Types for Children in Care | | | | | | |
| Pre-Adoptive Homes | 167 | 2.5 | 175 | 2.6 | 154 | 2.3 |
| Foster Family Homes (Relative) | 1,252 | 18.4 | 1,366 | 20.7 | 1,335 | 20.2 |
| Foster Family Homes (Non-Relative) | 2,331 | 34.4 | 2,398 | 36.3 | 2,239 | 33.9 |
| Group Homes | 1,163 | 17.1 | 1,078 | 16.3 | 1,085 | 16.4 |
| Institutions | 364 | 5.4 | 342 | 5.2 | 334 | 5.1 |
| Supervised Independent Living | 61 | 0.9 | 66 | 1.0 | 76 | 1.1 |
| Runaway | 70 | 1.0 | 55 | 0.8 | 63 | 1.0 |
| Trial Home Visit | 1,329 | 19.6 | 1,083 | 16.4 | 1,296 | 19.6 |
| Missing Placement Information | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Not Applicable (Placement in subsequent year) | 49 | 0.7 | 45 | 0.7 | 28 | 0.4 |
| III. Permanency Goals for Children in Care | | | | | | |
| Reunification | 3,838 | 56.6 | 3,590 | 54.3 | 3,686 | 55.8 |
| Live with Other Relatives | 229 | 3.4 | 208 | 3.1 | 240 | 3.6 |
| Adoption | 986 | 14.5 | 957 | 14.5 | 870 | 13.2 |
| Long Term Foster Care | 1,099 | 16.2 | 1,053 | 15.9 | 940 | 14.2 |
| Emancipation | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Guardianship | 53 | 0.8 | 73 | 1.1 | 63 | 1.0 |
| Case Plan Goal Not Established | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Missing Goal Information | 581 | 8.6 | 727 | 11.0 | 811 | 12.3 |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| <i>POINT-IN-TIME PERMANENCY PROFILE</i> | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
|---|---------------------------------|-----------------------------------|---|-----------------------------------|---------------------------------|-----------------------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| IV. Number of Placement Settings in Current Episode | | | | | | |
| One | 2,546 | 37.5 | 2,534 | 38.3 | 2,651 | 40.1 |
| Two | 1,607 | 23.7 | 1,613 | 24.4 | 1,608 | 24.3 |
| Three | 898 | 13.2 | 846 | 12.8 | 843 | 12.8 |
| Four | 508 | 7.5 | 446 | 6.7 | 424 | 6.4 |
| Five | 348 | 5.1 | 337 | 5.1 | 301 | 4.6 |
| Six or more | 879 | 13.0 | 832 | 12.6 | 783 | 11.8 |
| Missing placement settings | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| V. Number of Removal Episodes | | | | | | |
| One | 5,190 | 76.5 | 5,051 | 76.4 | 5,047 | 76.4 |
| Two | 1,215 | 17.9 | 1,201 | 18.2 | 1,180 | 17.9 |
| Three | 274 | 4.0 | 264 | 4.0 | 281 | 4.3 |
| Four | 63 | 0.9 | 53 | 0.8 | 65 | 1.0 |
| Five | 20 | 0.3 | 20 | 0.3 | 20 | 0.3 |
| Six or more | 24 | 0.4 | 19 | 0.3 | 17 | 0.3 |
| Missing removal episodes | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation) | 1,581 | 36.1 | 1,458 | 35.2 | 1,317 | 30.9 |
| VII. Median Length of Stay in Foster Care (of children in care on last day of FY) | 12.6 | | 11.4 | | 10.6 | |
| VIII. Length of Time to Achieve Perm. Goal | # of Children Discharged | Median Months to Discharge | # of Children Discharged | Median Months to Discharge | # of Children Discharged | Median Months to Discharge |
| Reunification | 3,703 | 9.9 | 3,299 | 9.9 | 2,946 | 9.7 |
| Adoption | 1,013 | 22.8 | 884 | 23.4 | 917 | 23.4 |
| Guardianship | 315 | 18.6 | 284 | 17.8 | 318 | 17.7 |
| Other | 501 | 35.1 | 511 | 33.7 | 505 | 34.3 |
| Missing Discharge Reason (footnote 3, page 16) | 0 | -- | 0 | -- | 0 | -- |
| Total discharges (excluding those w/ problematic dates) | 5,532 | 13.9 | 4,978 | 14.1 | 4,686 | 14.2 |
| Dates are problematic (footnote 4, page 16) | 0 | N/A | 0 | N/A | 0 | N/A |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4 | | | |
|---|--------------------------|---|--------------------------|
| | Federal FY 2008ab | 12-Month Period Ending 03/31/2009 (08B09A) | Federal FY 2009ab |
| IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components | State Score = 115.9 | State Score = 111.8 | State Score = 112.7 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 20 of 47 | 26 of 47 | 24 of 47 |
| Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures. | | | |
| Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75th percentile = 75.2%] | 67.1% | 65.8% | 67.9% |
| Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure^B)] | Median = 7.9 months | Median = 8.1 months | Median = 8.0 months |
| Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75th Percentile = 48.4%] | 46.0% | 45.9% | 42.7% |
| Component B: Permanency of Reunification The permanency component has one measure. | | | |
| Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)] | 13.6% | 14.6% | 15.2% |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| | Federal FY 2008ab | 12-Month Period Ending 03/31/2009 (08B09A) | Federal FY 2009ab |
|---|----------------------|--|----------------------|
| X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components. | State Score = 141.6 | State Score = 135.6 | State Score = 135.0 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 1 of 47 | 2 of 47 | 2 of 47 |
| Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below. | | | |
| Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 th Percentile = 36.6%] | 55.0% | 52.9% | 54.5% |
| Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 th Percentile = 27.3 months(lower score is preferable in this measure)] | Median = 22.8 months | Median = 23.4 months | Median = 23.4 months |
| Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below. | | | |
| Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 th Percentile = 22.7%] | 25.0% | 23.9% | 24.8% |
| Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 th Percentile = 10.9%] | 8.3% | 7.5% | 7.4% |
| Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below. | | | |
| Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 th Percentile = 53.7%] | 71.9% | 72.6% | 69.2% |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| | Federal FY 2008ab | 12-Month Period Ending 03/31/2009 (08B09A) | Federal FY 2009ab |
|--|---------------------|--|---------------------|
| XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components | State Score = 132.6 | State Score = 129.2 | State Score = 131.4 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 4 of 51 | 7 of 51 | 4 of 51 |
| Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures. | | | |
| Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 th Percentile = 29.1%] | 33.2% | 29.8% | 30.9% |
| Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 th Percentile = 98.0%] | 97.1% | 96.9% | 96.7% |
| Component B: Growing up in foster care. This component has one measure. | | | |
| Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 th Percentile = 37.5% (lower score is preferable)] | 36.8% | 36.2% | 34.8% |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| | Federal FY 2008ab | 12-Month Period Ending 03/31/2009 (08B09A) | Federal FY 2009ab |
|--|--------------------|--|--------------------|
| XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates no components but three individual measures (below) | State Score = 94.0 | State Score = 93.3 | State Score = 93.3 |
| National Ranking of State Composite Scores (see footnote A on page 12 for details) | 24 of 51 | 27 of 51 | 27 of 51 |
| Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 th Percentile = 86.0%] | 87.0% | 87.2% | 86.6% |
| Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 th Percentile = 65.4%] | 61.0% | 60.0% | 60.9% |
| Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 th Percentile = 41.8%] | 27.6% | 26.9% | 26.0% |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

Special Footnotes for Composite Measures:

- A.** These National Rankings show your State’s performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, “1 of 47” would indicate this State performed higher than all the States in 2004.
- B.** In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

| PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
|--|-------------------|---------------|---|---------------|-------------------|---------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| <i>Section II - Safety and Permanency Data</i> | | | | | | |
| I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months) | 1,608 | 77.2 | 1,821 | 77.1 | 1,774 | 77.8 |
| II. Most Recent Placement Types | | | | | | |
| Pre-Adoptive Homes | 22 | 1.4 | 15 | 0.8 | 20 | 1.1 |
| Foster Family Homes (Relative) | 271 | 16.9 | 299 | 16.4 | 290 | 16.3 |
| Foster Family Homes (Non-Relative) | 268 | 16.7 | 385 | 21.1 | 382 | 21.5 |
| Group Homes | 143 | 8.9 | 166 | 9.1 | 132 | 7.4 |
| Institutions | 42 | 2.6 | 29 | 1.6 | 42 | 2.4 |
| Supervised Independent Living | 12 | 0.7 | 5 | 0.3 | 4 | 0.2 |
| Runaway | 3 | 0.2 | 10 | 0.5 | 7 | 0.4 |
| Trial Home Visit | 843 | 52.4 | 910 | 50.0 | 896 | 50.5 |
| Missing Placement Information | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Not Applicable (Placement in subsequent yr) | 4 | 0.2 | 2 | 0.1 | 1 | 0.1 |
| III. Most Recent Permanency Goal | | | | | | |
| Reunification | 1,204 | 74.9 | 1,303 | 71.6 | 1,305 | 73.6 |
| Live with Other Relatives | 40 | 2.5 | 62 | 3.4 | 49 | 2.8 |
| Adoption | 96 | 6.0 | 103 | 5.7 | 114 | 6.4 |
| Long-Term Foster Care | 35 | 2.2 | 24 | 1.3 | 27 | 1.5 |
| Emancipation | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Guardianship | 6 | 0.4 | 18 | 1.0 | 18 | 1.0 |
| Case Plan Goal Not Established | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Missing Goal Information | 227 | 14.1 | 311 | 17.1 | 261 | 14.7 |
| IV. Number of Placement Settings in Current Episode | | | | | | |
| One | 934 | 58.1 | 1,107 | 60.8 | 1,048 | 59.1 |
| Two | 425 | 26.4 | 456 | 25.0 | 439 | 24.7 |
| Three | 135 | 8.4 | 150 | 8.2 | 171 | 9.6 |
| Four | 58 | 3.6 | 57 | 3.1 | 63 | 3.6 |
| Five | 29 | 1.8 | 31 | 1.7 | 20 | 1.1 |
| Six or more | 27 | 1.7 | 20 | 1.1 | 33 | 1.9 |
| Missing placement settings | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

| PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP (continued)</i> | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
|--|-------------------------|---------------|---|---------------|-------------------------|---------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| V. Reason for Discharge | | | | | | |
| Reunification/Relative Placement | 552 | 92.8 | 602 | 92.3 | 500 | 91.9 |
| Adoption | 19 | 3.2 | 11 | 1.7 | 9 | 1.7 |
| Guardianship | 11 | 1.8 | 29 | 4.4 | 17 | 3.1 |
| Other | 13 | 2.2 | 10 | 1.5 | 18 | 3.3 |
| Unknown (missing discharge reason or N/A) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| | Number of Months | | Number of Months | | Number of Months | |
| VI. Median Length of Stay in Foster Care | 9.4 | | 8.8 | | not yet determinable | |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010..

| AFCARS Data Completeness and Quality Information (2% or more is a warning sign): | | | | | | |
|---|-------------------|------------------------------------|---|------------------------------------|-------------------|------------------------------------|
| | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
| | N | As a % of Exits Reported | N | As a % of Exits Reported | N | As a % of Exits Reported |
| File contains children who appear to have been in care less than 24 hours | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| File contains children who appear to have exited before they entered | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| Missing dates of latest removal | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| File contains "Dropped Cases" between report periods with no indication as to discharge | 44 | 0.8 % | 46 | 0.9 % | 54 | 1.2 % |
| Missing discharge reasons | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |
| | N | As a % of adoption exits | N | As a % of adoption exits | N | As a % of adoption exits |
| File submitted lacks data on Termination of Parental Rights for finalized adoptions | 38 | 3.8 % | 19 | 2.1 % | 9 | 1.0 % |
| Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity). | 28 | 2.7% fewer in the foster care file | 81 | 8.4% fewer in the foster care file | 50 | 5.2% fewer in the foster care file |
| | N | Percent of cases in file | N | Percent of cases in file | N | Percent of cases in file |
| File submitted lacks count of number of placement settings in episode for each child | 0 | 0.0 % | 0 | 0.0 % | 0 | 0.0 % |

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files.

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

Note: These are CFSR Round One permanency measures. They are provided for informational purposes only.

| | Federal FY 2008ab | | 12-Month Period Ending 03/31/2009 (08B09A) | | Federal FY 2009ab | |
|--|-------------------|------------------------|---|------------------------|-------------------|------------------------|
| | # of Children | % of Children | # of Children | % of Children | # of Children | % of Children |
| IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more] | 2,178 | 58.8 | 1,935 | 58.7 | 1,750 | 59.4 |
| X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more] | 557 | 55.0 | 468 | 52.9 | 500 | 54.5 |
| XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more] | 5,029 | 88.6 | 4,977 | 88.8 | 4,952 | 87.9 |
| XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less] | 630 | 13.9 (76.7% new entry) | 623 | 13.2 (77.4% new entry) | 565 | 11.9 (77.2% new entry) |

The Permanency Data for FFY2008, the 12-month period ending March 31st, 2009, and FFY 2009 were based on the annual files created on 4-30-2010. The FFY2009 NCANDS Child File was submitted on 2-24-2010, and the Agency File was submitted on 1-29-2010.

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 08, 08b09a, and FY 09 counts of children in care at the start of the year exclude 211, 167, and 162 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 9.4 in FY 08. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 8.8 in 08b09a. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 09. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

SAFETY

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

In 2003, first round of the CFSR, Iowa did not achieve substantial conformity for Safety Outcome 1. In 82.9% of the cases reviewed, reviewers rated this outcome as substantially achieved, which was less than the 90% requirement to rate this outcome in substantial conformity. Additionally, Iowa did not meet the national safety standards for repeat maltreatment or maltreatment while in foster care.

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

A. What does policy and procedure require?

IDHS operates a child abuse hotline that is available 24 hours per day, 7 days per week, to receive and respond to child maltreatment reports. Each service area has a centralized intake unit with dedicated staff to receive child maltreatment reports, to collect necessary information from the referral source, including contacting collaterals for additional information, and to determine if the report will be accepted or rejected.

Timeframes:

Once the child maltreatment report has been made, an intake supervisor makes a Child Protection Services (CPS) intake decision within the following timeframes. This is done unless waiting for supervisory approval would endanger the child. The timeframes are:

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

—Immediate threat” means conditions that, if no response were made, would be more likely than not to result in sexual abuse, injury, or death to a child.

When a child maltreatment report is assigned to a child protection worker, the response time begins with the receipt of the report at intake, based on the information gathered. Based on the urgency of the situation, the observation time assigned by the supervisor is:

- **1 hour** when the report involves an immediate threat or high risk to the child’s safety
- **24 hours** when the report does not involve immediate threat or high risk to the child, no physical injury is alleged, and the person responsible is unknown or known and has potential access to the child.
- **96 hours** when the report does not involve an immediate threat or high risk to the child and the person responsible is known and has no access to the child, the child is safe, and no physical injuries are alleged.

The child protection intake worker shall contact law enforcement when the abuse report alleges a criminal act harming a child, there is immediate threat to the child, or the situation is potentially volatile or dangerous. When the intake has been accepted for assessment in these cases, law enforcement officers accompany child protection workers to the family home to help ensure the safety of the child, family, and the child protection worker.

Supervisory approval is required if the child will not be seen within the assigned timeframe. If granted, the supervisor extends the timeframe for observation of the child. Reasons for delaying observation could include such issues as safety was addressed within timeframe, worker safety issues, unable to locate the child/family, family fled, parents uncooperative, court ordered access denied, child on the run, delayed at request of law enforcement and family/child in another state.

Findings:

Upon the conclusion of the child abuse investigation, the child protective worker makes a finding for the case, such as:

- **–Founded**” means that a preponderance of credible evidence (greater than 50%) indicates that child abuse occurred and the circumstances meet the criteria for placement on the Central Abuse Registry;
- **–Confirmed**” means that the Department has determined by a preponderance of credible evidence (greater than 50%) that child abuse occurred but the circumstances did not meet the criteria specified for placement on the Central Abuse Registry; or,
- **–Not confirmed**” means that there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse occurred.

The child protective worker must conclude the child abuse investigation within 20 business days of the date of intake and complete the *Child Protective Services Assessment Summary*.

When a child and family has an open service case and a new report of child maltreatment is received, the process of accepting the report, timeframes for initiating the investigation, procedures for conducting the investigation, and determination of findings are the same as if the family were not involved with the Department. In addition, intake policy requires that intake staff notify the IDHS social work case manager and the case manager’s supervisor of the circumstances of the new child maltreatment report.

CINA:

While not considered a differential response, a different response is made for intakes alleging a child has the need for intervention of the court but there is not an abuse allegation. This type of intake is processed as a Child In Need of Assistance (CINA) Assessment Intake. When a reporter contacts IDHS to report alleged child abuse, but the concerns do not meet the legal definition of a child abuse allegation, the report shall be rejected as a child abuse intake. Rejected child abuse intakes may be handled as (CINA) assessment intakes. This process is described below:

The intake worker determines if the CINA intake meets the requirements for CINA assessment referral by determining if there is a reasonable belief that one of the following situations exists:

- The child is in need of medical treatment to cure or alleviate or prevent serious physical injury or illness, and the child’s parent, guardian, or custodian is unable to provide such treatment.
- The child has been the subject of, or a party to, sexual activities for hire or has posed for a live display or pictorial reproduction that is designed to appeal to the prurient interest; and the child’s caretaker has not had knowledge of, encouraged, or permitted these acts.
- The child is without a parent, guardian, or other custodian because the parent is deceased.
- The child’s parent, guardian, or custodian for good cause desires to be relieved of the child’s care and custody.
- The child for good cause desires to have the child’s parents relieved of the child’s care and custody.
- The child is in need of treatment to cure or alleviate chemical dependency and the child’s parent, guardian, or custodian is unable to provide this treatment.
- The mental capacity or condition of the child’s parent or guardian results in the child not receiving adequate care.
- The child is imminently likely to be abused or neglected. This may include, but not limited to, a child born into a family in which; the court has previously adjudicated another child to be a Child In Need of Assistance (CINA) due to abuse; the court has terminated parental rights to a child; or the parent has relinquished rights with respect to a child due to child abuse. A worker should seek an ex-parte removal order if it appears that the newborn’s immediate removal is necessary to avoid imminent danger to the child’s life or health.

A supervisor assigns the CINA assessment referral within one business day. The assigned assessment worker is required to initiate contact with the child and family within five business days of the intake date to assess the risk to the child and determine if there is a need for services. If the family declines the assessment, the case is closed, unless the worker has cause to seek court intervention. If the family refuses services and the assessment has

identified a need based on one of the CINA criteria listed above, the worker may file a petition in juvenile court for an adjudication of the child.

B. What does the data tell us?

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

IDHS improved performance from 73% in 2003 to 88% in April 2009, due primarily to intake performance monitoring and a focus on improving timely response. However, since February 2009, performance remains at 88%. It should be noted that this data set does not account for granting extension of required timeframes by supervisors.

From October 1, 2008 through September 30, 2009, administrative data reveals that 91.7% of cases were timely, 5.4% were not, and 2.9% were unable to determine due to data entry errors. The difference between this administrative data set and the one shown above it is that the waiver of timeframes is accounted for in the administrative data set and as such cases are considered timely in initiating investigations. The data set above does not account for the waiver of timeframes in cases.

Below is the data regarding the 5.4% of cases where investigations were not timely due to such reasons as; could not locate family/child, family fled, family/child in another state, family moved and unable to locate, parents uncooperative, child on the run:

- 5.0% of cases missed the 1 hour timeframe
- 92.4% of cases missed the 24 hour timeframe
- 2.6% of cases missed the 96 hour timeframe

IDHS strives to assure child safety when there is an immediate threat or high risk. However, staff continues to struggle to meet timeframes for the reasons listed above and when it becomes apparent that there is no immediate threat or high risk to the child.

The safety data profile, elements XIII and IX below, indicates a decrease of abuse while in care with a decrease in time to investigate from Federal Fiscal Years (FFY) 2006 that remained steady the last two FFYs. According to the agency file, the time to initiate an investigation increased slightly from FFY 2007 but is still lower than FFY 2006. Iowa increased performance by decreasing the time to investigation.

| | FFY 2006 | FFY 2007 | FFY 2008 | Source |
|---|------------|------------|------------|--|
| Element XIII: Incidence of Child Abuse and/or Neglect in Foster Care (9 months) | 0.27% | 0.28% | 0.26% | Children’s Bureau State of Iowa Data Profile |
| Element IX: Mean Time to Investigation in Hours (Child File)* | 1.2 Hours | 0.5 Hours | 0.5 Hours | Children’s Bureau State of Iowa Data Profile |
| Element X. Mean Time to Investigation in Hours (Agency File)* | 43.4 Hours | 38.3 Hours | 39.1 Hours | Children’s Bureau State of Iowa Data Profile |

*Note: There are no data quality issues identified by Children’s Bureau. *The investigation start date is determined by first face-to-face contact with the alleged victim. Dates and days are the smallest units of time maintained in the State’s system for NCANDS reporting. The average response time is computed based on the actual date and time that the report was received and the child was seen. This number will*

differ from figures reported based on the data provided in the NCANDS child file due to the fact that the time of day is not reported in the NCANDS child file.

| Calendar Year (CY) | Total Reports Assessed | Unconfirmed (Percentage) | Confirmed/Founded (Percentage) | Source |
|--------------------|------------------------|--------------------------|--------------------------------|---|
| 2009 | 25,814 | 16,947 (65.7%) | 8,867 (34.3%) | Iowa Department of Human Services – Administrative Data |
| 2008 | 23,236 | 15,255 (65.7%) | 7,981 (34.3%) | |
| 2007 | 36,936 | 22,780 (61.7%) | 14,156 (38.3%) | |
| 2006 | 24,948 | 15,169 (60.8%) | 9,779 (39.2%) | |

The rate of unconfirmed versus confirmed/founded reports increased over the past four years. Overall, the percentage of cases confirmed/founded decreased from 39.2% in 2006 to 34.3% in 2008 and 2009. A possible reason for the significant increase in the number of reports received and assessed, 24,948 (2006) to 36,936 (2007), is the heightened awareness of child abuse that occurred as public, providers, and communities were involved in local forums as the Better Results for Children was implemented in 2005, and the expansion of Community Partnership for the Protection of Children (CPPC), which heightened awareness of child abuse among community members and their responsibility to report suspected child abuse. This information will be used in a broader context to view future trends vs. an individual year or singular point in time.

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

The item rated as an Area Needing Improvement.

In the 2003 CFSR, 15 of the 50 cases reviewed were applicable for Item 1. In 73% of the applicable cases, the timeliness of initiating reports was rated strength. Child protection workers established face-to-face contact within required timeframes when there was a high risk or immediate threat. However, when there was no immediate danger or high risk, there was less consistency in establishing the contact within the required State timeframes.

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

To improve performance, Iowa initiated several strategies. These strategies include communication with workers and supervisors, implementation of centralized intake units in each of the eight service areas, changes in SACWIS, and partnering with the Child Protection Council to review IDHS intake procedures in November 2009.

Communication:

On October 28, 2005, IDHS staff conducted a bureau conference call with frontline workers and supervisors re-emphasizing required timeframes for initiating investigations. This emphasis re-focused workers and supervisors attention on policy and system changes and provided training on reasonable efforts and data coding, thereby improving performance.

Centralized Intake Unit:

To improve the quality and consistency of the Child Abuse and Neglect intake process, each service area implemented a centralized intake unit effective March 2006. Centralized intake provides an element that was never before present on a statewide basis:

- The information passed to child protection workers at the time of intake is more accurate and concise.
- Thorough internal record reviews and record checks are completed prior to case assignment. As a result, child protection workers have better information and are able to respond much quicker to an allegation.
- Dedicated workers doing intake decreased the amount of time to process an intake, which increases the amount of time a child protection worker has to respond to critical cases that require a one-hour response time.
- Assigning a response time at intake assists the child protection worker in seeing child victims timely.

- Increases consistent intake decisions statewide. Intake supervisors confer monthly with policy and practice administrative staff and a representative from the service areas.

As mentioned earlier, Iowa’s new centralized abuse intake unit, to be located in Des Moines, is currently transitioning to the new field structure. The transition began the first part of July 2010. Iowa is currently making adjustments before going statewide and is in development of rolling out the new structure. Iowa’s goal is to be consistent in abuse intake decision making following Iowa’s rules, policies, and procedures. Once the transition is finalized, the intake center will take all child and dependent adult abuse reports for the entire state during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. After 4:30 p.m. and on weekends, all child and dependent adult abuse reports will be processed through the Eldora Abuse Hotline.

Child Welfare Information System (CWIS) Changes:

In February 2006, IDHS changed the collection of administrative data on the Supervisory Approval (APRV) screen and Incident Report Detail (SUMS) screens in STAR. These changes resulted in improved tracking of timeliness of initiating investigations of reports of child maltreatment (Child Seen). The supervisor reviews the time the child was seen if the time was not within the appropriate timeframe, as indicated on the Allegation (ALEG) screen at intake of, 1 hour, 24 hours or 96 hours. If the client contact was made after the indicated time, the child protective worker must have previously requested an extension of time to see the child in order for the supervisor to approve the delay of observation and indicate (code) the reason for the delay. These codes reflect supervisory documentation/approval in the system that reasonable efforts were made to observe the child within the assigned timeframe when those timeframes were not met. The Child Protection Assessment summary, completed at the conclusion of every child abuse investigation, also documents reasonable efforts to observe the child within required timeframes.

Child Protection Council Intake Review

In 2009, the Council conducted an intake study of randomly selected statewide intakes. The purpose of the study was to determine if referrals from medical professionals were consistently accepted or rejected appropriately, and if the accepted cases were forwarded for assessment consistent with appropriate timeframes to protect children. Each team, one Council member and one IDHS staff, reviewed unique cases evaluating compliance with intake policy and quality issues using the same standard tool used in the training session two months prior.

The intakes reviewed were selected from 4000 intakes in September 2009. Fifty cases were randomly selected from the 331 cases in the sample. Eight of the 50 randomly selected cases (19%) were rejected, which represents either a lower rejection rate or higher overall acceptance rate compared to all intakes, as nearly one third of all intakes were rejected. Teams reviewed 42 of the 50 cases in four hours.

The cases distributed differently by type of allegation than if selected from all referents, i.e. fewer Denial of Critical Care (DCC) and more sexual and physical abuse were included in the review. DCC is defined as the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so.

- DCC = 40% (overall population is about 75%)
- Physical = 32% (overall population is about 10%)
- Sexual = 16% (overall population is about 4%)

The study identified that IDHS intake supervisors made the correct decision to accept or reject the report, according to policy guidelines, in a timely manner. Intake staff documented sufficient and adequate information for the intake supervisor to make the decision. In addition, staff gathered adequate information on all involved parties to identify if the person responsible for the alleged abuse had access to the child and to identify the current safety level of the

child. The correct timeframe to see the victim was identified and the rationale was documented in the *additional information field*.

After the on-site review, IDHS will begin work toward developing and implementing strategies to address the following identified areas needing improvement:

- —Person responsible has access to the child.” While the intake included appropriate information to indicate the location and safety of the identified child victim, the identification and safety of all children in the home was not documented. Also, if there was an open case, there was no documentation to show how IDHS staff used this information to assess safety.
- —Sufficient information to indicate the intake worker asked questions to elicit information on all safety concerns”. Worker safety concerns could not be identified for the same reason; the documentation was incomplete.
- —Check appropriate boxes and document look-ups completed and document results in the *additional information field*”. It was unclear how the use of internal system look-ups aided the intake worker in assessing child safety. There was a lack of consistency or practice in using the check boxes and documentation of what was found in system look-ups.
- While intake decisions were consistently correct, there was a general concern for the lack of quality and completeness of documentation. It also appeared that some useful information was “lost” in the transfer process between the intake Word document and the case flow intake entry. This may be a clerical training issue or general training issue for any person making system entries.

Stakeholder Feedback:

Stakeholders confirmed the positive impact of the centralized intake unit on performance.

- Intake process is now consistent across the state and of high quality.
- Supervisory oversight in regards to determining the timeframe to initiate investigations and the consistent application of extending timeframes was seen as a strength.
- The 24-hour check back whereby workers call their supervisors back after they contact the child and parent was noted as a positive practice.

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

Following are some of the casework practices, resource issues, and barriers that affect Iowa’s timeliness of investigations for the 1 hour, 24 hour, and 96 hour timeframes.

Documentation:

Although documentation of timeliness in the system increased, some staff members need reminders to document extending timeframes and their reasonable efforts. In addition, there is a lack of documentation of the safety of the other children in the home at intake. Intake workers may be asking but the issue is not routinely documented. To address this issue, a work group has a plan in progress to train staff. In addition, staff needs to reduce data entry errors.

Staff:

IDHS does not have the adequate number of staff. As a result, staff positions which go unfilled may produce less staff available to meet 1-hour timelines. However, at this time, data is not reflecting this belief. In small counties, if a staff is unable or not available to respond, there may not be staff close enough to meet the 1-hour timeframe. Turnover of workers and supervisors requires ongoing training.

Travel:

Staff coverage of large geographical areas or more densely populated sections of the state is a challenge. There are finite staff resources to respond to all cases assigned a one-hour observation timeframe given the travel distances (multi counties). This is especially true for after hour assignments.

Coordination with Law Enforcement:

Response times can be delayed when law enforcement assistance is required for worker safety or emergency removal by peace officers. Law enforcement resources impact IDHS ability to meet timeframes depending upon law enforcement availability to respond or to assist IDHS.

Stakeholder Feedback and Response:

Regarding barriers stakeholders identified:

- Lack of documentation in extending timeframes
- Difficulty in coordinating efforts with other partners especially law enforcement in meeting timelines
- Travel time required to see the child within the 1-hour response times
- Timeliness around meeting the 1 hr and 96 hour timeframes, i.e. not meeting timeframes for cases, which are not imminent risk (However, IDHS data is not reflecting barrier at this time)
- Reorganization and lack of staff
- When additional allegations come in during the initial assessment, some workers do not re-assess and re-observe the child.

In response, IDHS staff is identifying the issues as to why timelines are not met. With the reconfiguration of the service areas, the number of staff and travel issues are being discussed and reviewed in order to best utilize and maximize staff time in regard to meeting timeliness of investigations. Staff training is addressing concerns around documentation issues.

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

A. What does policy and procedure require?

Policy and procedure throughout the life of the case addresses the safety of the child and the prevention of further maltreatment.

At intake and assessment, the response to an allegation of child abuse is to secure the safety of the child and prevent any further possible maltreatment. The Iowa IDHS child protection worker (CPW) evaluates the safety of the child named in the report, the safety of any other children in the same home or facility, and the risk for occurrence or reoccurrence of abuse. In addition, the CPW evaluates the person responsible for the child's care. The CPW conducts background checks from several data systems to gain information regarding any prior child abuse history, service history and/or criminal records.

Safety and Risk:

Workers utilize the *Safety Assessment* to document evaluations at critical junctures of the case. IDHS requires the safety assessment to be completed within 24 hours of first contact with the child during a child protective assessment, at completion of the child protective assessment, whenever circumstances suggest the child is unsafe, prior to unsupervised visitation, prior to reunification, and before closure of protective services.

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

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

When the safety decision is that the child is conditionally safe, the CPW develops the *Safety Plan* with the primary caretaker responsible for the safety of the child within 24 hours of the first contact with the child. The safety plan identifies steps to eliminate impending danger and ensure a child is safe. The safety plan directly addresses concerns in relation to the five family functioning domains, child’s behavior, family safety, family interactions, parental capabilities, and home environment, which are assessed and documented in the child protective assessment and in the case plan.

In addition to evaluating the safety of the child named in the report and children under the care of the alleged persons responsible for abuse, the CPW and ongoing worker assess risk or the likelihood that repeat maltreatment will occur. The CPW assesses risk informally throughout the child abuse assessment and completes the *Family Risk Assessment*, at the conclusion of the child abuse assessment. An ongoing worker assesses risk informally throughout the life of the case and formally documents their findings on the risk reassessment tool.

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

IDHS closes a case when the identified goals for safe case closure are achieved. Assessing and reviewing the safety of the child is required before closing the case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and are foreseeable risks to the child’s safety. IDHS staff utilizes the Safe Case Closure Checklist to ensure all applicable areas that would pose a foreseeable risk to the child have been addressed.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|-------------|
| <u>Item 2a: Absence of Repeat Maltreatment (ALL)</u> | 88.6% | 91.8% | 92.3% | 92.8% | 92.3% | 91% | 92% | 91% | 91% | 92% | Admin Data |
| <u>Item 2b: Absence of Repeat Maltreatment (Same perp. same type)</u> | 88.6% | 95.5% | 95.8% | 96.2% | 95.9% | 95% | 95% | 95% | 94% | 95% | Admin Data |
| <u>Item 2c: Absence of Maltreatment in Foster Care</u> | 99.9% | 99.9% | 100% | 99.9% | 99.9% | 99.8% | 99.8% | 99.7% | 99.7% | 99.8% | Admin Data |

IDHS improved performance for items 2a and 2b above from 88.6% in 2003 to 92% and 95% respectively for October through December 2009. Performance on maltreatment in foster care dipped slightly from 99.9% in 2003 to 99.8% in October through December 2009.

National Safety Data Indicators

| Outcome | Baseline (2003 Federal Review) | FFY 2006 | FFY 2007 | FFY 2008 | Data Source |
|--|--------------------------------|----------|----------|----------|---|
| <u>Absence of Maltreatment Recurrence</u> (National Standard 94.6% or >) | 88.6% | 90.1% | 91.2% | 91.9% | Children’s Bureau State of Iowa Data Profile |
| <u>Absence of Child Abuse and/or Neglect in Foster Care</u> (National Standard 99.68 or >) | 99.11% | 99.71% | 99.64% | 99.71 | Children’s Bureau State of Iowa Data Profile |

Absence of Maltreatment Recurrence:

The data reported in the 2008 ACF data profile represents, “Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period”. The national standard is 94.6% or more. Iowa is at 91.9%, thus not meeting the national standard. However, Iowa increased its performance steadily over the last three federal fiscal years.

Absence of Child Abuse and/or Neglect in Foster Care:

The data reported in the 2008 ACF data profile represents “Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member”. The national standard is 99.68% or more, which the State of Iowa meets (99.71%).

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

The item rated as an Area Needing Improvement.

In 2003, Item 2 was rated as strength under the following circumstances:

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

This item was rated as an area needing improvement in which two substantiated reports occurred within 6-months of one another. In these cases, the perpetrator was the same and the circumstances were similar.

Although case reviews did not identify extensive repeat maltreatment, Iowa’s maltreatment recurrence rate of 11.2% did not meet the national standard for this measure of 6.1 percent or less, as reported in the 2001 State Data Profile. The State Data Profile also indicated that Iowa’s incidence of maltreatment in foster care in 2001 (.89%) did not meet the national standard of .57 percent or less. However, by the time the Children’s Bureau completed Iowa’s final report, data showed Iowa’s incidence of maltreatment in foster care met the national standard.

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

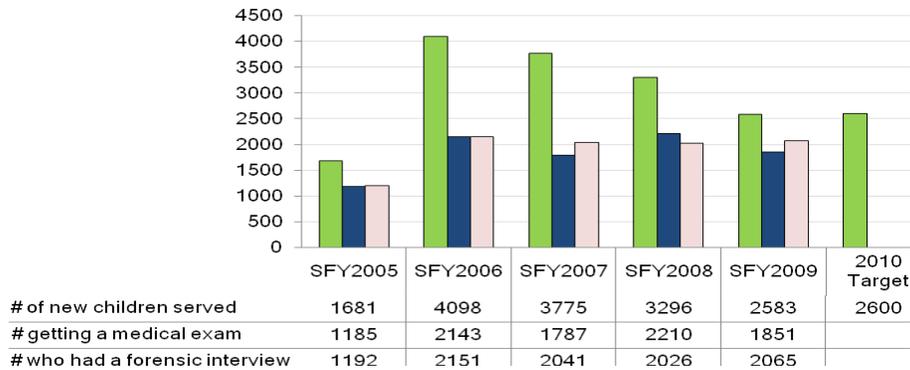
To improve performance, Iowa initiated several strategies:

- Increase partnerships with external stakeholders through a multitude of initiatives to protect children and keep them safe.
- Iowa implemented family team meetings (FTM), a variety of new/updated tools, and partnering with other state agencies, training, staff increases, etc.

Partnerships:

Child Protection Centers

IDHS Service Areas entered into agreements with five Child Protection Centers (CPC) across the state 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 a forensic interview of the child, a medical exam and treatment coordination between law enforcement, the family, and IDHS. There are four CPCs across the state located in Davenport and Muscatine, Cedar Rapids, Des Moines, and Sioux City that operate under a nonmonetary agreement with IDHS and a monetary contract with Iowa Department of Public Health (IDPH) to provide the designated services to the child abuse victims referred by IDHS. The fifth CPC is based in Omaha and serves Iowa children under a contract with IDHS. In addition, there are two new satellite CPCs starting operation at hospitals in Waterloo and Fort Dodge. County attorneys, law enforcement, and IDHS may enter into agreements with any or all five of the child protection agencies serving the state. The table below represents data from four (IDPH contracts) of the five CPCs. Collaboration with the CPCs assists IDHS in keeping repeat maltreatment low by addressing severe types of abuse with a goal of ensuring that repeat maltreatment does not occur.



- (1) Number of new children served. Data Source: CPC Reports to IDPH. Data are available annually.
- (2) Number of children that had a medical exam. Data Source: CPC Reports to IDPH. Data are available annually.
- (3) Number of children that had a forensic interview. Data Source: CPC Reports to IDPH. Data are available annually.

The table shows a decrease in the number of new children served with a variable trend in the number of children who had a medical exam and a forensic interview. The definition of “children served” was revised by the contracting agency. There was also a decline in children served due to the decline in sexual abuse referrals and a decline of meth manufacturing referrals. The manufacturing referrals declined with the change in the Pseudoephedrine laws. Access to the drug led to decreased meth labs, manufacturing and subsequently less child abuse referrals. Sex abuse referrals have steadily declined as a result of increased public and parent education around sex abuse, grooming behaviors of perpetrators and prevention methods.

Iowa Respite and Crisis Care Coalition

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

Community 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 aim 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 1,790 professionals and 1,206 community members involved in the implementation of the four strategies. In 2009, sites held 355 events and activities with 38,300 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 40 CPPC local decision-making groups, involving 99 counties, are guiding the implementation of CPPC. Four key strategies guide the Community Partnerships approach:

- 1) Shared Decision-Making (SDM)
 - 100% of the sites had community members representation involved with SDM
 - 85% of the sites had representatives from public and private child welfare agencies, substance abuse, domestic violence and mental health
- 2) Neighborhood/Community Networking
 - 100% of the sites were involved in community awareness activities.
 - 92% of the sites were involved in activities that increased linkages between professionals and informal supports.
 - 32% of the sites developed organizational networks to support families. Networks to date include: 11 Parent Partner Networks; 8 Circle of Supports; 2 Neighborhood Partner; and 11 Transitioning Youth Initiative sites.
 - 5 Parent Partner trainings with a total of 100 participants.
 - 5 Dream Team trainings with a total of 75 participants
 - Approximately 12 Dream Team facilitators and approximately 45 Dream Team meetings held.
- 3) Family Team Meetings/Individualized Course of Action
 - 100 % of the 99 counties have family team meetings available for families involved in the child welfare system.
 - Over 50% of the 99 counties have family team meetings available in the community (non-IDHS involved families).
 - 7 FTM trainings with 120 participants
 - To date (including IDHS courses): approximately 1,920 have attended FTM training and 1,045 are approved FTM facilitators.
- 4) Policy and Practice Change
 - 74% of the sites developed plans to address policy and practice changes.
 - 26% of the sites implemented policy and practice changes.
 - Policy and practice changes included: Strengthen communication between IDHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; transportation needs.

CPPC Educational forums:

- CPPC Immersion: 30 participants
- CPPC 202: 55 participants

- CPPC statewide meetings: 2 with an average of 80 participants per meeting
- CPPC regional meetings; 9 (3 meetings in 3 regions) with 20-30 participants per meeting
- Domestic Violence Trainings: 36 trainings with 505 participants including IDHS staff; domestic violence advocates and community partners
- Family Team Meeting Seminar Calls: 5 conferences calls, 40-50 participants per each call
- Community Partnership Newsletter: 3
- Parent Partner Newsletters: 4
- Family Team Meeting Newsletter: 4

Community Care

In 2003, IDHS initiated Community Care as part of Iowa’s “Better Results for Kids” child welfare redesign. Community Care is designed to strengthen families and prevent child abuse and neglect through a focused set of services and supports. Families with a low risk of maltreatment may voluntarily receive short-term counseling or referrals from Community Care. Decisions on services are based on age of the child, outcomes of the risk assessment, and levels of risk in the home, such as drug abuse or domestic violence. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by IDHS, including removal of the child(ren) from the home.

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. Initially, there was a surge of referrals as it was a new program. However, referrals remained relatively stable over the last three years, with increased numbers of cases closing. The acceptance rate improved. However, Iowa would like to see higher acceptance rates higher, preferably 90% or higher.

| Calendar Year | Community Care Referrals | Accepted Services | Acceptance Rate (Percentage) | Community Care Cases Closed |
|-------------------------|--------------------------|-----------------------------|--|-----------------------------|
| 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 |

To address the issue of acceptance rates, IDHS and the Community Care contractor, Mid-Iowa Family Therapy, Inc. (MIFTC), identified and discussed several practices, such as the pilot of the Community Care Rewards Program in Southeast Iowa, MIFTC staff improvement in initial contact and initial assessment with families, standards of service delivery and accountability, packet of information to families, collaboration between MIFTC supervisors and IDHS child protective staff, and enhancement of the Community Care brochure so that families are aware of the services and benefits of Community Care.

The overall satisfaction level for the 44 families returning surveys in calendar year 2009 regarding Community Care exceeded 90%.

In 2009, 92.74% of families participating in Community Care did not have a confirmed or founded report of child neglect or abuse within six months of the referral to Community Care. While this is a positive result, Iowa desires continued improvement in the efficacy of the Community Care program.

IDHS Activities:

Family Team Meetings

IDHS adopted Family Team Meetings (FTM) as a method to empower, engage and encourage families to take ownership and control over their own lives. The FTM process, 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. With families taking ownership of their lives, services are more effective to address underlying issues that led to maltreatment with the aim of preventing recurrence.

Prior to June 2007, FTM’s were a strategy to improve outcomes for the system’s most vulnerable children, 0 to 5 year old victims of abuse. Effective June 2007, FTM’s were prioritized for all children who were a victim of abuse.

From January through March 2008, stakeholders expressed their opinion that convening FTM at the onset of a case is effective in reducing the incidence of repeat maltreatment and expressed concern that budget cuts would reduce the availability of in-home services and FTMs. At this time, services and FTM’s are being funded at the current level and continue to be available to children and families.

| Children with open services at least 30 consecutive days in each fiscal year who have a Family Team Meeting during the fiscal year | | | | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------|
| Service Areas | Ames | Council Bluffs | Cedar Rapids | Davenport | Des Moines | Dubuque | South Central | Waterloo |
| 4b - FACS Family Team Meeting Program Goal (25.0%) | 38.01% **(1973) | 47.47% **(1561) | 40.41% **(3165) | 76.87% **(1401) | 43.04% **(2825) | 58.26% **(1392) | 44.66% **(1948) | 67.21% |

Source: IDHS

Assessment Tools

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

In 2005, IDHS adopted the use of safety assessment and risk assessment tools statewide in the assessment phase of a child abuse case. In October 2007, IDHS implemented statewide a new safety assessment in policy, procedure and practice for use throughout the life of the case. The new tool allowed for differences between safety and risk to be defined; organized signs of impending danger by the family functioning domains; used safety constructs (threats of maltreatment, parental capacities, and child vulnerability) to determine safety; specified critical decision points during the life of the case when formal safety assessments needed to be completed; and required supervisory approval of safety assessments and safety plans. An ongoing services worker can access all prior safety assessments completed during the life of the case. This encourages continuity of focus for service delivery to the family resulting in improved safety and attention to risks, which need to be addressed in the case plan. In May and June 2008, IDHS provided statewide Risk and Risk Reassessment training to child protective and child welfare staff and management and community based services providers. Since the implementation of these tools, Iowa’s Absence of Recurrent Maltreatment increased from 90.1% (FFY 2006) to 91.9% (FFY 2008).

Changes to Child Welfare Information System (CWIS)

IDHS CWIS supports documentation of the safety concerns within the context of the family functioning domains. By October 2006, enhancements to CWIS allowed the safety concerns and functioning domains to trigger the correlating family functioning domain on the child abuse assessment report, which was made available to the ongoing services worker to utilize in the initial family case plans. These changes assisted workers in identifying and addressing issues in the family that led to maltreatment, which in turn will impact further maltreatment. Workers are consistently utilizing this enhancement in the system. Safety assessments required during the life of the case are online and accessible to the child abuse assessment worker and the ongoing worker. The risk reassessments are part of the CWIS Information System.

Training

Neglect increased as the category for abuse, from 74% of child victims in 2003 to 76% of child victims in 2009. Recognizing the role of recurrence of maltreatment and the predominance of neglect, in March 2007, IDHS piloted a core-training course, “Frequently Seen Families: Practical Help for Your Most Difficult Cases.” IDHS developed this course based on the need of Iowa social work and assessment staff to understand and respond more effectively to families with chronic neglect, with the hope of reducing repeat maltreatment.

Substance Abuse

The Department of Human Services, Judicial Department and the Department of Public Health are collaborating to address the impact of parental substance abuse on child safety. Activities included the development of a Memorandum of Agreement and shared vision, implementation of drug courts and community based treatment, and development of shared protocols for drug testing and working with families involved in both systems. The National Center for Substance Abuse and Child Welfare supports this work to reduce repeat maltreatment. How this effort will be tracked and evaluated is still being discussed.

A contract for drug testing laboratory service, initially implemented in July 2007, became statewide in July 2008. Service areas utilize individual contracts for collection sites. IDHS implemented a drug test authorization system to automate the IDHS approval for testing, the authorization of billing, and the cost of collection to the collection site. In July 2008, IDHS implemented A Framework for Decision Making Regarding Drug Use by Caretaker Allegations to clarify intake acceptance criteria. The guide speaks to when to accept a referral when the caretaker uses drugs.

Assistance from NRCCPS

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

Policy Changes

In May 2008, the department enhanced policy regarding CINA assessments. Specifically, when IDHS staff is aware that a family, who has a prior termination of parental rights due to abuse or neglect, has had another child, staff is required to make a referral to the county attorney requesting a Child In Need of Assistance (CINA) be filed with the court regarding the family. For open court supervised cases where other children in the home are adjudicated, when a new child is born, the newborn child is to be referred to the county attorney for a CINA adjudication. Judicial oversight of these types of cases provides an opportunity for multiple parties to assist the family in preventing maltreatment to another child.

Staffing

From July 2005 through July 2008, IDHS added 23 clinical consultant/supervisors, thereby reducing supervisory ratios from 11:1 to 7:1. Lower ratios of staff/supervisor enhance opportunities to discuss cases and potential underlying needs that contribute to repeat maltreatment. Since 2006, IDHS reassigned 33 social worker staff for other services (elderly waiver and state cases) to child welfare and added 20 child welfare caseworkers due to additional funding provided by the Iowa General Assembly, which enabled IDHS to reduce child welfare caseloads from 51 to 30 per worker. Reduction of caseloads allowed child welfare case managers more time to identify and address underlying issues that led to maltreatment. The State has seen an increase in monthly visits with children and families each year.

With across-the-board reductions in state fiscal years (SFY) 2008 and 2009 and with the number of staff retirements in June 2010, supervisory ratios and social worker caseloads have risen and are expected to continue to rise. Critical positions left open as a result of retirements are being identified and approval is being sought to have them filled.

Stakeholder Feedback

Stakeholders identified several strengths related to this item.

- Safety assessments and training and the new risk training provided in May 2009 as strategies
- Assistance from the National Resource Center on Child Protective Services, improved practice regarding serving our population, working with county attorneys, and workers examination of underlying behaviors, especially in regards to denial of critical care cases (DCC).
- Statewide drug contract helped different areas of the state.
- Increase in drug courts around the state as a positive strategy to improve performance.

HF 2310 Legislation

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

A workgroup was formed to discuss the legislation and develop a protocol around this issue. The protocol was piloted in September 2009 and in March 2010. This will conclude in May 2010. The results of the two pilots will be compared to determine what affect the protocol has and what changes, if any, need to be made before the protocol is rolled out statewide in the fall of 2010.

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

Financial Resources:

An on-going challenge for the State of Iowa, as it is in other states, is to fund an adequate number of staff resources. Larger caseloads and supervisory ratios translate into decreased frequency of contact with the child victims and their families to address their complex needs. In November 2008, IDHS implemented a hiring freeze. During the

hiring freeze, the department was not able to fill 13 social work positions. At the end of June 2009, the department filled only 2 of the 13 social work positions due to a decrease in budget allocations due to a decline in state revenue. IDHS anticipates a decline in budget allocations, which will necessitate more cuts in IDHS' operational budget and staffing resulting in higher worker caseloads and supervisory ratios.

Therapeutic Resources:

A high percentage of the repeat maltreatment in Iowa falls into the category of denial of critical care (DCC). DCC consists of several sub-categories that address the basic needs of a child and the acts or omissions of the caretaker that deny, or is unable, to meet the child's basic needs. The pattern of DCC is usually long standing and takes a holistic approach for effective intervention. DCC is often related to parental substance abuse. Mental health and domestic violence are also risk factors that contribute to DCC. Cross-system collaboration in these cases becomes a challenge when limited resources are a factor.

Stakeholder Feedback and Response:

Stakeholders identified the following barriers to increased performance related to non-custodial parents

- When abuse occurs in the non-custodial parent's home services are provided where the child resides versus where the abuse occurred
- Inconsistent provision of services to non-custodial parents across the state
- Concern for the siblings of child maltreatment victims, such as sibling evaluation at child protection centers and safety assessment of siblings
- Difficulty of drug testing in rural areas
- More consistency needed regarding when to test, what to test for, and knowing what test to use.
- Drug testing might be driven by their judges' expectations, such as limited testing for marijuana
- More and consistent use of the resource book, Tough Problems, Tough Choices

In response, IDHS refers to the issue of case specifics regarding several of these identified barriers. Practice could be appropriate given the circumstances of a particular case. Regarding non-custodial parents, IDHS continues its effort toward improving work in the involvement and engagement of non-custodial parents. One IDHS Service Business Team has established a chartered workgroup for developing a drug testing protocol. This report is expected to be completed in the summer of 2010.

Through continual training IDHS reinforces policy around assessing the safety of siblings and encourages staff to utilize the Tough Problems, Tough Choices resource book.

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

In 2003, Iowa achieved substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 93.5% of the cases reviewed, which met the 90% required for a rating of substantial conformity.

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

A. What does policy and procedure require?

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

Reasonable Efforts:

Unless a child is in immediate danger at home, the department seeks removal only after reasonable efforts have been made to prevent or eliminate the need for removal of the child from the family. Reasonable efforts include but are not limited to:

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

Child Safety:

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

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

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

Eligibility for family-centered services:

The department assesses eligibility for family-centered services based on:

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

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

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

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov – Jan 2008 | Feb – April 2008 | May- July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|--|--------------------------------|----------------|------------------|----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 3</u> Services to prevent removal | 100% | 99% n=602 | 98% n=623 | 99.6% n=561 | 99% n=562 | 99% n=567 | 99% n=643 | 99% n=400 | 100% n=125 | 99% n=142 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

Data gathered from quality assurance reviews conducted in November 2008 – September 2009 reflects this item performing as a strength. Statewide performance during this timeframe varied slightly from 99% to 100%. Consistent positive performance across service areas statewide indicates that the child welfare system is effective in providing services, when appropriate, to prevent removal of children from their homes.

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

The item rated as a Strength.

In 2003, 30 of the 50 cases reviewed were applicable for Item 3. Item 3 was rated as a strength under the following circumstances:

- Appropriate services were provided to the parents and child to prevent removal.
- Appropriate services were provided to the family while the child was in a voluntary placement with a relative.
- The family received appropriate post-reunification services to prevent re-entry into foster care.
- The children were appropriately removed from the home to ensure their safety.

IDHS made diligent efforts to provide the necessary services to maintain children safely in their homes or to remove children appropriately from their homes when the risk of harm warranted removal.

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

During the 2003 CFSR on-site review, stakeholders expressed concern about the scarcity of substance abuse treatment services for parents and of services to support relative caregivers. Efforts to address parental substance abuse are described under Item 2.D.

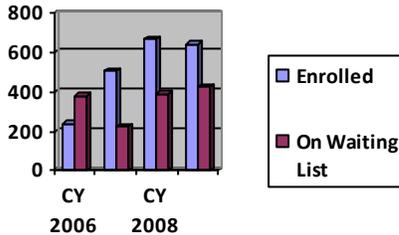
Initiatives identified under Item 2.D.:

IDHS initiatives, which support best practices, are targeted to ensure children are safely maintained in their homes whenever possible and appropriate:

- Family team meetings for family engagement in case planning
- Increased frequency of IDHS worker contacts with their clients
- Support for community-based prevention services such as child abuse prevention efforts.
- Community Care services for families who are at lower risk of abuse

Mental Health Services:

The department has a home and community-based services (HCBS) Medicaid Children’s Mental Health (CMH) waiver, which provides children who have behavioral needs with services in lieu of placement. As the chart below demonstrates, demand for the CMH waiver continues to be strong while funding for the program lags behind need as reflected in children waiting for the service.



Source: Iowa Medicaid Enterprise

Decategorization (decat):

Decategorization (decat) is also a supported service that assist parents in receiving mental health services for their children, including school based mental health services. *Decategorization* is another process by which flexible, more individualized services can be provided at the local level. In 1987, the Iowa General Assembly authorized the Child Welfare Decategorization Program as an initiative designed to deliver more effective services to children and families. The intention of decategorization of child welfare and juvenile justice funding is to help communities achieve a system in which services are driven by client strengths and needs, rather than by the diverse eligibility requirements and service definitions of categorical programs and funding streams. The legislation requires participation by the Iowa Department of Human Services, Juvenile Court Services, and the local county.

Decategorization 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. Decategorization projects are organized by county or clusters of counties. There are currently 40 decategorization projects across the state of Iowa, covering all 99 counties.

IDHS Services:**Safety Plan Services**

Safety Plan Services are for families engaged in a child abuse assessment or CINA Assessment with a need for safety plan services. Safety plan services provide a flexible array of strategies and interventions to monitor, evaluate, and intervene to ensure the child’s safety; and evaluate and supplement the protective capacities of the child’s caregivers. At a minimum, the provider of safety plan services must:

- Be available 24 hours a day, seven days per week.
- Respond to the IDHS worker within one hour after the provider receives a referral call.
- Initiate face-to-face contact with the family within 24 hours of the referral from the IDHS worker.
- Make daily face-to-face contact with the referred family unless the IDHS worker identifies a different frequency in the safety plan.
- Provide an e-mail contact to update the IDHS worker within 24 hours after each contact with the child or family.
- Attend all family team meetings held on behalf of the family during the service delivery period.
- Respond within two hours to any family crisis during the service delivery period, and update the IDHS worker with an oral or e-mail contact.

- Attend court hearings about the child upon request of the court or the IDHS worker.

Family, Safety, Risk and Permanency (FSRP) Services

Family, Safety, Risk and Permanency (FSRP) Services are targeted for families with children at risk of abuse have replaced what was originally referred to as Iowa’s family centered services. FSRP services are targeted to children and families for whom the Department has, following a child protective or CINA assessment or juvenile court action, opened a child welfare case. Services are expected to provide a flexible array of culturally sensitive interventions and supports, which are strength-based and family-focused to achieve safety and permanency for children by connecting families to informal supports and community resources, bolstering family protective capacities, and maintaining and strengthening family connections to their neighborhoods and communities.

Services that may be provided are:

- Family functional assessment, meaning activities designed to evaluate the strengths and needs of a child and the child’s family related to safety, permanency, and well-being.
- Planning and supervision of visits between parents and children and between siblings.
- Crisis intervention responses available 24 hours per day, 7 days a week, for families to contact someone when they are experiencing a crisis threatening the safety and permanency of the children.
- Family functioning interventions, including service activities that improve and enhance a family’s and child’s functioning skills and protective capacities.
- Family reunification services and activities, including supporting and planning for the transition of children back into their homes, schools, and communities and providing post-reunification monitoring and support.
- Concurrent and permanency planning activities, including activities that help the Department worker identify and achieve alternative permanent family connections for children who cannot be reunited.
- Safety checks and supervision activities meaning face-to-face visits in the family’s home to inspect the home environment and assess the safety of the children in the case.
- Household management assistance and instruction
- Transportation assistance

| Activities or provision of funding to help the children and family secure necessary concrete supports | Average Number of Cases | Percentage of Projection |
|---|-------------------------|--------------------------|
| Safety Plan Services (155 projected cases) | | |
| 2009 | 66.58 | 43.0% |
| 2008 | 49.33 | 31.8% |
| FSRP Services (4,950 projected cases) | | |
| 2009 | 4930.75 | 99.6% |
| 2008 | 4303.83 | 87.0% |

Safety Plan Services and FSRP services began in 2007. Beginning in 2008, IDHS staff projected that utilization of safety plan services would be 155 cases per year and that utilization of FSRP services would be 4,950 cases per year. However, utilization of safety plan services is less than half of what staff projected while FSRP utilization is what staff projected. Lower utilization of safety plan services could be due to family usage of community-based services, such as residential substance abuse treatment, inpatient mental health treatment, reliance on family members to provide placement of children or supervision.

Stakeholder Feedback and Response:

Stakeholders noted the positive practice of IDHS ongoing workers taking service providers out with them for the first visit with the family. The table below shows the consistent increase in this practice.

| | | | | |
|------|------|------|------|---------|
| 2006 | 2007 | 2008 | 2009 | Source: |
|------|------|------|------|---------|

| | | | | |
|-----|-----|-----|-----|------------------------|
| 45% | 49% | 60% | 72% | IDHS Case Reading Data |
|-----|-----|-----|-----|------------------------|

In addition, stakeholders reported IDHS increased performance in implementing family interaction, which provides for frequent and consistent interaction between the child in care and the child’s family to strengthen their relationship and aid in successful reunification. For more detailed information regarding family interaction, please refer to Permanency items.

Stakeholders also supported the use of pre- and post-removal conferences which are utilized in Polk, Marion, Madison, and Warren counties when removing a child. These conferences discuss placement procedure, family interaction, reunification, and reasonable efforts with the family. The conferences also identify the need for any supports for relative caregivers including connection to a local support network for relatives offered through a decat project. Counties that utilize the pre- and post-removal conferences have seen an increase in relative placements. The practice enhances the relationship between IDHS and the parents and/or relatives. Rather than seen as an adversarial relationship IDHS is viewed as a support and resource for the family. If there is a flight risk or risk of harm the conference is conducted as soon as possible with assistance from law enforcement. Stakeholders believe these conferences should be implemented statewide.

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

In 2008, judges from across the state comprised a focus group that responded to this question. The responses from the judges varied but the central theme was a concern that when families received voluntary services prior to court intervention, the judges had less knowledge about the effectiveness of those services when the family did become involved in court. Families that are successful with voluntary services usually avoid having their children adjudicated and thus never appear before a judge.

Currently, judges do not receive information on the numbers of successful families or which services proved most effective.

Stakeholder Feedback and Response:

Stakeholders identified barriers to implementing the pre- and post- removal conferences statewide:

- Iowa law change and County attorney-IDHS worker relationship. A change would need to be made in the Iowa Code to allow an alternative dispute resolution, which would allow the county attorney to pursue the alternative dispute resolution by working with IDHS workers. However, this would require a strong relationship between IDHS and county attorneys which is not always present statewide. In addition, the process would require the judge to adopt a “wait and see” stance.
- Influence of local court room practices.
- Limited staff, time, and resources including access to services to prevent removals in rural counties, and lack of health insurance

IDHS continues to discuss how best to share more information through the IDHS website regarding eligible services provided to families. IDHS staff can educate the public, including stakeholders, on what types of information is available on the website. The feasibility of expanding pre- and post-removal conferences statewide and the issue of rural access to services needed to prevent removals in rural counties is also being reviewed. At this time limited funding and resources are the issue.

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

A. What does policy and procedure require?

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

Safety Assessment:

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

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

The Safety Assessment defines safe, conditionally safe, and unsafe. Specifically, the child is considered:

- ***Safe:*** If no signs of present or impending danger identified OR one or more signs of present or impending danger identified and child vulnerability or caregiver’s protective capacity offset the current danger. The child is not likely to be in imminent danger of maltreatment.
- ***Conditionally safe:*** If one or more signs of present or impending danger {are} identified. Child’s vulnerability or protective capacities do not offset the present or impending danger of maltreatment. Controlling safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan. The controlling safety interventions may include the parent arranging informal temporary care of the child.
- ***Unsafe:*** If one or more signs of present or impending danger {are} identified. Child vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker has refused access to the child. Removal sanctioned by court order or *Voluntary Placement Agreement* for placement into foster care is the only controlling safety intervention possible.

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

Although there is not a formal policy requirement to utilize a safety assessment tool for children entering or residing in foster homes, policy does instruct workers to conduct a formal safety assessment —“whenever there is a need”. For children entering or residing in foster homes the children’s safety is continually assessed informally. Informally, staff evaluates the child’s threat of maltreatment, vulnerability to maltreatment, and caregiver’s protective capacity. Iowa has a process in place to assess foster children’s safety while in care. See Foster and Adoptive Home Licensing, Recruitment, and Retention regarding standards for foster and adoptive home licensure.

Safety plans:

Staff is required to develop a ***safety plan*** with the family during the child abuse assessment and during case management services when the safety assessment indicates a child is “conditionally safe”. The safety plan is time

limited with the timeframe being identified within the safety plan. A transfer packet to initiate a transfer from the child abuse assessment worker to the case manager worker includes the child protective assessment, life of the case history, family risk assessment, safety assessment, and the safety plan, if applicable. The case manager will monitor the safety plan when it overlaps into the case management responsibilities. The transfer process is completed as soon as possible and includes the protective worker and the ongoing worker communicating about the case.

Assessing Risk:

Policy requires staff to assess risk of maltreatment during a child abuse assessment and to document this in the Summary of Safety/Risk section of the child abuse assessment.

The ongoing case manager will reassess risk informally throughout the life of the case and formally document their findings on the risk reassessment. Policy states, “The worker shall continuously monitor and assess risk of abuse or re-abuse for each child and family. When case plans for in-home services are reviewed, the worker shall review and document whether the child would be at imminent risk of removal from the home if in-home services were not provided.” Workers conduct a formal reassessment of risk when updating the case plan and at case closure. The risk reassessment should help guide and confirm the worker’s professional assessment that the correct services and supports are in place to address the family’s needs and move them to safe case closure.

Allegations of abuse in foster care are met with a child abuse assessment of the named victim child and all other children under the care of the alleged person responsible. Protocols exist for the management of risk in out-of-home settings. Regulatory IDHS staff is notified to conduct a review of the facility or foster home regulatory requirements compliance. Reducing risk of harm is also performed by communicating before or at the time of placement to a foster parent or facility when a child in care has exhibited violent behaviors. This safety notification informs the foster parent or facility whether the child has been a victim or perpetrator of sexual abuse or has acted out violently. This notice is for the protection of all children in the out-of-home setting and caretakers. Facilities and individual caretakers are cautioned about this child’s need for additional supervision that allows the foster parent or facility to know and understand what behavior the child may exhibit and place accordingly.

Community Care Referral:

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

Children age six and older with founded abuse, low risk, and children with confirmed or not confirmed abuse, and moderate to high risk, are offered a referral to Community Care. Community Care is a community-based intervention that focuses on the prevention of future maltreatment and assists families with mitigating risk and safety concerns. IDHS contracts with a private provider to ensure these children and families receive the services they require.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007- Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|-------------------------------|--------------------------------|--------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 4</u> Risk of harm | 93% | 92% n=769 | 86% n=812 | 91% n=793 | 95% n=813 | 95% n=855 | 97% n=981 | 97% n=579 | 99% n=139 | 96% n=165 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

Data gathered from the current quarter indicates that Iowa meets/exceeds the federal target. Statewide performance from 2003 to October through December 2009 improved from 93% to 96%. Consistent positive performance across service areas statewide indicates that the child welfare system is effective in reducing the risk of harm to children, including those in foster care and those who receive services in their own home.

Child Fatalities as a Result of Maltreatment

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

| Federal Fiscal Year | FFY 2004 | FFY 2005 | FFY 2006 | FFY 2007 | FFY 2008 | FFY 2009 |
|-------------------------|----------|----------|----------|----------|----------|----------|
| <u>Number of Deaths</u> | 8 | 9 | 6 | 5 | 11 | 10 |

Iowa experienced a significant increase in the number of child fatalities due to abuse during federal fiscal year (FFY) 2008. For the most part, the incidents appear to be unrelated and are primarily the result of physical abuse. With the exception of one incident, it appears that the families did not have any prior contact with the child welfare system. Iowa experienced a slight dip in child fatalities in FFY 2009, from 11 to 10 fatalities. Additional information regarding the FFY 2009 child fatalities is not available at this time.

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

The item rated as a Strength

Item 4 was applicable for 46 out of 50 cases. Four cases were not applicable for assessment because they were not opened due to child maltreatment and there was no risk of harm to the child.

Item 4 was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by removing the children from home either prior to or during the period under review and providing services to the parents to reduce risk of harm.
- The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights (TPR).
- The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remained in the home.

Item 4 was rated as an Area Needing Improvement when reviewers determined the following:

- A maltreatment allegation was made after the child was returned to the mother's custody and the agency did not investigate the report.
- The child's behavior presented a risk of harm to himself/herself and the services offered were not sufficient to reduce this risk.

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

Child Death Review Team:

From 1995 until 2009, the multidisciplinary Child Death Review Team conducted case reviews, made policy and practice recommendations to prevent child deaths, and made recommendations to the Governor and General Assembly. In December 2008, the CDRT recommended:

- Continue the recognized progress in assessing the safety of surviving siblings of a deceased child within 24 hours of a child death due to ignorance (a term used by the CDRT in their recommendations), neglect or aggression of a caretaker.
- Long-term close monitoring of children after they have been returned to their parental home or after a parent who is incarcerated returns home, giving special attention to substance abuse by parents.
- Removal of very young children [<4] from unsafe family situations and close monitoring and follow-up for one year after the child is returned to parental care.
- Certification of all foster parents in child and infant CPR; monitoring for second hand smoke in foster homes; and extensive education in appropriate sleep practices and environments for infants. (IDHS adopted rules, effective October 1, 2009, that all foster parents had to be certified in child and infant CPR and that foster homes were to be no smoking environments.)

IDHS Services:

In March 2007, IDHS implemented a statewide contract for recruitment and retention of foster parents. Iowa KidsNet provides support and training intended to reduce the risk of harm to a child. For more information, please refer to Section IV, Systemic Factors, D., Item 34.

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

Collaboration:

IDHS worked with the Iowa Department of Public Health (IDPH) and Children's Justice to focus on reducing harm to children with:

- Substance abuse and child abuse grants
- Drug Courts
- Guardian Ad Litem (GAL) training

In 2008, IDHS partnered with the University of Iowa (UI) to perform a study to validate and revalidate the Iowa Risk Assessment (RA) tool. The sample included 8,828 non-duplicated families substantiated (founded or confirmed) for maltreating a child 17 years-old or younger between January 2003 and December 2004. Because completion of the tool was not required until November 2005, the sample does not include all substantiated reports for this two-year period. UI found re-referral rates comparable to states with very good risk assessment tools.

Assistance from National Resource Center for Child Protective Services:

In April 2008, IDHS requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to improve risk and safety assessment and management practices. Their summary of findings indicates:

Iowa IDHS policy outlines a methodical, unified, consistent and interconnected approach to intervention from intake to case closure. The level of detail regarding rules, regulations, expectations and direction is evidence of a very thoughtful, deliberate approach to program design. Many aspects of IDHS policy reflect the state of

the art. Policy provides a theoretical foundation that is based on sound, respected theories related to individual and child and family functioning. Policy also provides a conceptual framework that identifies, defines and establishes standardized concepts that are required for effective safety intervention. Safety intervention is the most important responsibility of CPS staff. Effective safety intervention practice relies on precision in language and application. Consistency in terms and a clear articulation of responsibilities and how those responsibilities are to be carried out are fundamental to safety intervention practice.

IDHS policy includes many of the components and qualities of an exemplary CPS program. In areas where revisions or enhancements to policy are needed IDHS continues to work through training efforts with field staff and through Bi-monthly CIDs calls with supervisors to ensure that the expectations in these areas are clear and sufficient guidance is provided to staff regarding how responsibilities for safety intervention are to be carried out. Examples of this include:

- Policy enhancement and training
- Safety assessments performed at conclusion of CPW assessments.
- Strengthened policy on risk and safety ongoing case management
- Provided robust guidance about the differences between present and impending danger

PSSF Safe Haven:

In 2001 Iowa passed The Safe Haven Act that is a law that allows parents, or another person who has the parent’s authorization, to leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment. This law reduces the risk of harm to children who might otherwise be abandoned by parents. Without appropriated funding, IDHS was able to develop resource information for use by hospitals, healthcare facilities, parents, and IDHS. A printable logo is also available to designate a Safe Haven.

In 2007, IDHS partnered with the Iowa Hospital Association to launch a Safe Haven public awareness campaign. First Lady Marie Culver held a press conference and introduced the campaign to state media. The Iowa Hospital Association purchased an already developed campaign and IDHS utilized PSSF funds to contract for the airing of these ads. Some ads are being run still. IDHS continues to contract with an existing 800 line to provide information to callers regarding Safe Haven. A volunteer has been working with IDHS to collect information regarding Safe Haven efforts in other states. Iowa plans to contract for curriculum purchase/development and move to the second phase of the Safe Haven public awareness campaign while continuing to air the ads.

To date, 14 babies have been surrendered under Safe Haven.

Stakeholder Feedback and Response:

Stakeholders noted that with the validation from the University of Iowa regarding *Iowa’s Risk Assessment tool* IDHS has improved policy on risk re-assessment and implementation. IDHS re-evaluated the risk and risk reassessment process. A guidance on how to rate the criteria was provided to staff and a practice bulletin on risk assessment and risk re-assessment was provided to the field. Trainings were conducted in May 2010.

Stakeholders believe that the *Safe Haven law* has had a positive impact on reducing the risk of harm to children.

Stakeholders reported that the *Child Death Review Team* convened by the Iowa Department of Public Health is no longer functioning as in previous years. The medical examiner’s office is to staff and provide administrative support to the team as an unfunded mandate. The multidisciplinary team has, in the past, reviewed all child deaths of children up to age 18 from all causes and included child deaths due to abuse or neglect. The medical examiner’s office will review all cases, including human service and criminal background information. The full team review will now focus the most preventable deaths such as:

- Homicides
- Suicides

- Unsafe environments, such as unsuitable child care, unsafe homes or other places children visit
- Unsafe consumer products, such as toys, playground equipment
- Teen accidents and/or suicides

The multidisciplinary team will also focus on preventing of the most prevalent cause of infant deaths, unsafe sleeping surfaces. These deaths are often classified as abuse or neglect cases where illegal substance use by caretakers impaired judgment. As in most other states, Iowa is experiencing increasing number of infant deaths due to asphyxia, suffocation, smothering, overlaying, and undetermined cause. The safe sleeping campaigns to reduce infant death will involve all disciplines represented on the team.

The State Medical Examiner is now in charge of and responsible for the review process and identification of cases to be reviewed. All deaths due to abuse or neglect will be reviewed as well as other preventable deaths.

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

Risk Reassessment tool:

There is inconsistent use, statewide, of the risk reassessment tool. IDHS workers expressed concern that the risk assessment tool does not allow for a rating change when a family has made progress. Inconsistent use of the risk reassessment tool and how it relates to ongoing case management case plans is an area that IDHS is currently addressing. In June 2009, IDHS provided a statewide training to IDHS staff and providers, “Enhanced Safety and Risk Training”, that included policy enhancements and clarification of existing policy. Policy enhancements included expanding the definition of “safety threshold”, requiring a safety assessment be completed at the end of child protection assessment, and enhancing policy in safety and risk during case planning activities. Policy enhancements were effective July 1, 2009. Clarification of existing policy included distinguishing between risk and impending danger, defining and explaining the difference between present and impending danger, and providing additional assistance in writing good safety plans.

Stakeholders and Response:

In 2008, focus groups were held with stakeholders addressing the question of reducing the risk of harm yielded a variety of responses. The group consisting of statewide partners, IDHS and Judicial members believed the child welfare system rated a 9.7 overall on a scale of 1 to 10 with 10 being the highest. Overall, policy was good with frequent staff turnover influencing the quality or ability to follow policy.

A second focus group comprised of service providers, foster families and community partners discussed the issue of reducing the risk of harm to children in foster care. This group found that the state was doing a good job focusing on placing children in the least restrictive placement that meets their needs. The concern was that children placed in foster care had multiple needs that required more support and training for foster parents. While no consensus was reached the group discussed the advisability of placing children who had committed sexual abuse, violent offenders, fire setters or who was emotionally disturbed in a family setting due to their high needs and the risks they pose to themselves, other children residing in the home and the community at large.

IDHS has since enacted policy enhancements and mandates regarding safety and risk; including safety assessments, risk assessments, and risk re-assessments. IDHS staff provided training to staff on June 17, 2009 to address NRCCP recommendations on these tools. Foster parent training is addressed under systemic factor, Staff and Provider Training.

Permanency

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

In 2003, Iowa did not achieve substantial conformity with Permanency Outcome 1. In 50% of the cases reviewed, reviewers rated the outcome as substantially achieved, which was less than the 90% requirement to rate this outcome in substantial conformity. As such Iowa did not meet the national standard for foster care re-entries.

However, the 2001 State Data Profile indicated that Iowa met the national standards for:

- Percentage of children who were reunified within 12 months of entry into foster care
- Percentage of children who were discharged to finalized adoptions within 24 months of entry into foster care, and
- Percentage of children who experienced no more than 2 placements after having been in foster care for 12 months or less.

In 2007, Iowa completed a statistical analysis to determine the relative impacts of the components on the composite measures. Iowa utilized those components with the higher degree of impact to set performance standards for IDHS service areas. According to the following data, Iowa meets the national standard for Composites 2 and 3. There was a positive trend toward meeting Composite 1 from FFY 2006 through FFY 2008. However, FFY 2009 data shows a decline in performance but still significantly above the FFY 2006 performance. Composite 3 indicates very little variation from year to year in performance; however, Iowa's performance still exceeds the national standard. Composite 4 indicates a decline over the last four years as a longer period of time results in lower scores in the components and measures that comprise the composites.

| IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. | | | |
|--|------------------------|------------------------|------------------------|
| Federal FY 2006 | Federal FY 2007 | Federal FY 2008 | Federal FY 2009 |
| State Score = 87.9 | State Score = 112.7 | State Score = 115.9 | State Score = 112.7 |

For Permanency Composite 1 - Timeliness and Permanency of Reunification: Iowa does not meet the national standard of 122.6 or higher. Iowa's score for this measure improved each year, over the last three years, from 87.9 to 115.9, with a slight dip in FFY 2009 to 112.7. There are two components to this composite: Component A - Timeliness of Reunification; and Component B - Permanency of Reunification. Section II of this document is the Administration for Children and Families (ACF) data profile, which contains the measures that make up all of the components.

| X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. | | | |
|--|------------------------|------------------------|------------------------|
| Scaled Scores for this composite incorporate three components. | | | |
| Federal FY 2006 | Federal FY 2007 | Federal FY 2008 | Federal FY 2009 |
| State Score = 97.8 | State Score = 98.0 | State Score = 141.6 | State Score = 135.0 |

For Permanency Composite 2 - Timeliness of Adoptions: Iowa exceeds the national standard of 106.4, with a consistent increase in performance over the past three years, 97.8 to 141.6, with a slight dip to 135.0. There are three components to this composite: Component A - Timeliness of Adoptions of Children Discharged from Foster Care; Component B - Progress Toward Adoption for Children in Foster Care for 17+ Months; and Component C - Progress Toward Adoption of Children who are Legally Free. Section II of this document is the ACF data profile, which contains the measures that make up all of the components.

| XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. | | | |
|---|------------------------|------------------------|------------------------|
| Scaled Scores for this composite incorporate two components | | | |
| Federal FY 2006 | Federal FY 2007 | Federal FY 2008 | Federal FY 2009 |
| State Score = 133.5 | State Score = 135.0 | State Score = 132.6 | State Score=131.4 |

For **Permanency Composite 3 - Permanency for Children and Youth in Foster Care for Long Periods of Time**: Iowa exceeds the national standard of 121.7 and remained consistently higher than the national standard for the last four years. However, Iowa’s scores steadily declined from FFY 2007 through 2009. There are two components to this composite: Component A - Achieving Permanency; and Component B - Growing Up in Foster Care. Section II of this document is the ACF data profile, which contains the measures that make up all of the components.

| XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. | | | |
|--|------------------------|------------------------|------------------------|
| Scaled scored for this composite incorporates no components but three individual measures | | | |
| Federal FY 2006 | Federal FY 2007 | Federal FY 2008 | Federal FY 2009 |
| State Score = 96.5 | State Score = 95.3 | State Score = 94.0 | State Score=93.3 |

For **Permanency Composite 4 - Placement Stability**: Iowa does not meet the national standard of 101.5 or higher. Iowa’s score has a small trend downward, from 96.5 to 93.3 over the last four years. There are no sub-components to this composite. The measures making up this composite apply to all children in care for at least 8 days, by CFSR definition. Further analysis of this composite is listed under Item 6. Section II of this document is the ACF data profile, which contains the national median and Iowa’s score.

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

A. What does policy and procedure require?

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

Definitions regarding the timeline for permanency:

- **“Entry into foster care”** is defined as the date of a child’s removal from the child’s normal place of residence and placement in a substitute care setting under the care and placement responsibility of the Department. A child is considered to have entered foster care if the child has been in substitute care for 24 hours or more.
- **–Discharge from foster care”** is defined as the point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless:
 - The trial home visit is longer than six months, and
 - There is no court order extending the trial home visit beyond six months.

In partnership with the family, goals and strategies that are measurable and build on client strengths are developed whenever possible. A thorough functional assessment is the foundation from which effective strategies are identified in order to determine appropriate services and reach desired outcomes. Service areas include: educational services, health assessment and medical services, mental health services, psychological services, legal services, religious opportunities and leisure time activities.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007- Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008– Jan 2009 | Feb – April 2008 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|------------------------|--------------------------------|--------------------|------------------|-----------------|----------------|--------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 5 – FC re-entries | 60% | 86% n=185 | 82% n=196 | 87% n=183 | 85% n=196 | 88% n=195 | 88% n=240 | 86% n=160 | 96% n=51 | 97% n=69 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The data from case readings shows an increase in re-entries during the first quarter of 2008 that reversed in subsequent quarters. Overall, the percentage of children who did not re-enter care varied from a low of 82% to a high of 97% over the time period reported.

| Outcome | Baseline (2003 Federal Review) | 2008 (April – June) | 2008 (July- Sep.) | 2008 (Oct- Dec.) | 2009 (Jan.- March) | 2009 (April- June) | 2009 (July- Sep.) | 2009 Oct - Dec | Data Source |
|---|--------------------------------|---------------------|-------------------|------------------|--------------------|--------------------|-------------------|----------------|-------------|
| Re-entries (National Target – 25 th Percentile - 9.9% or less) | 27.7% | 13.6% | 14.2% | 13.2% | 14.9% | 11.7% | 15.7% | 16.1% | Admin Data |

Foster care re-entries shows the percentage of children in foster care who have been placed in foster care for the first time or who have not re-entered foster care within 12 months of a prior exit from foster care.

The data from the State Automated Child Welfare Information System (SACWIS system) (Admin Data) shows a similar trend in re-entries except that the spike occurred one quarter later. The SACWIS system also shows a spike April-June 2009 (11.7%) to July-September 2009 (15.7%) and another spike from July-September 2009 to October-December 2009 (16.1%). Initial analysis of data revealed an increase. More information pertaining to the underlying factors behind this increase will be gathered from the onsite reviews. Strategies will then be discussed how best to improve performance in this area.

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

The item rated as an Area Needing Improvement.

Ten of the 28 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care at some time during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. Following are the findings:

- Item 5 was rated as a Strength in (60%) of the applicable cases.
- Item 5 was rated as an Area Needing Improvement in (40%) of the applicable cases.

In three of the four cases rated as an Area Needing Improvement, the children were adolescents and the re-entry into foster care was due to a need for treatment or specialized services. In the fourth case, re-entry was due to the parent's relapse into substance abuse.

At the time of Iowa's initial CFSR report, the FY 2001 State Data Profile showed Iowa's foster care re-entry rate (within twelve months of a prior foster care episode) was 25% compared to the national standard of 8.6%.

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

Iowa indicated in its round one PIP that the use of Family Team Meetings (FTM), activities to address domestic violence, family engagement, transitional planning, and services upon reunification to increase permanency for children in care. Iowa has since implemented these strategies to reduce the re-entry rate.

Family Team Meetings (FTM):

Staff utilizes FTMs to ensure that there is a good support plan when a child exits care. Staff holds FTMs prior to the child's return home, which helps to identify community-based resources with which to connect the family. Additionally, during FTMs, participants develop crisis plans in order to identify responses before crises happen thereby diminishing the potential need for re-entry into foster care.

Domestic Violence:

To address the issue of domestic violence and the possible need for repeat foster care placement, Iowa contracted with the Iowa Coalition Against Domestic Violence (ICADV) to provide case consultations and trainings on domestic violence to field staff. From November 2008 through October 2009, ICADV conducted 14 case consultations with IDHS staff representing 13 hours of consultation. These cases represented 36 children, 12 under the age of 5 and 24 over the age of 5. Eleven new IDHS staff participated in the consultations with two staff participating for a subsequent time. In addition, ICADV staff provided, during this same time period, technical assistance eight times to field staff. Utilization of domestic violence expertise assists staff in providing appropriate services to families to reduce the possibility of children in these families re-entering foster care. In 2009, 36 domestic violence trainings were held with 505 participants including IDHS staff, domestic violence advocates, and community partners. While it is believed that the program has been effective there is no available data around these initiatives.

Training:

Training was provided to IDHS staff and providers to address the need for foster care placement planning and reunification services. Motivational Interviewing training for IDHS and JCS staff was seen as a positive practice to assist clients in the change process and assure successful reunification. Practice Bulletins were developed by the Department and shared with both public and private agencies. These trainings have been deemed effective as evidenced by Iowa's increased performance across several CFSR items and outcomes. For more detailed information, please refer to Section IV, System Factors, D. Staff and Provider Training.

Assessments:

To plan for the transition home a safety assessment is now required prior to reunification. A family functioning assessment to identify any supports and resources the family needs is also completed at this time.

Relative and Guardianship Placements:

To reduce children's re-entry into foster care, staff explores finding family and relative placement options early in the assessment and case planning process. Relative placement provides support to the child and family not only during placement but often after reunification as family members are engaged to assist the family in ensuring successful reunification.

Family Finding:

On November 23, 2009, Four Oaks Family and Children's Services (Four Oaks), on behalf of Iowa KidsNet, and in collaboration with IDHS, was awarded a three-year federal Family Connections grant to implement an intensive family finding and engagement project, Families for Iowa's Children (FIC). FIC project partners are Catholic Community Services of Western Washington (CCS), Iowa's 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 support to the child in other ways while the child is in foster care and after the child exits from care.

The FIC program will be implemented in twenty-six counties overtime. The target population is children (ages 0-17) who enter (or re-enter) family foster care. Over the three-years of the project, FIC projects to serve 200 children.

Projected short-term benefits for children participating in the FIC are:

- More often placed with relatives
- Large number of family members/natural supports identified
- More frequent FTM attended by larger numbers of family members/natural supports
- More contact with their workers
- More frequent visits with parents and siblings
- More home visits

Projected long-term benefits for FIC children are:

- Lower average length of stay in foster care
- Lower recurrence of maltreatment
- Lower rates of re-entry into foster care
- High rates of family permanency

The University of Iowa will evaluate the effectiveness of the project. The project is a test model for family finding and engagement that may be later adapted and replicated within Iowa's child welfare system.

Services and Supports (For more detailed information regarding services, please refer to Section IV, Systemic Factors, E. Service Array and Resource Development:

At this time, pre- and post-removal conferences are only held in the Des Moines Service Area. It is hoped that these will expand to other areas in the future. These conferences bring everyone to the table to ease the trauma regarding placement. Services and supports necessary for reunification are identified at this time. For more detailed information on pre- and post-removal conferences, please refer to Item 3.D.

When a child is placed out of the home, the child and family are eligible to receive Family Safety, Risk, and Permanency (FSRP) Services that offer a wide range of supports to prepare the child and family for the child returning home. In addition, staff may refer children to Remedial Services if the children have behavioral issues. Remedial services are provided to children covered by Medicaid and their families to restore the child's mental health function to the level of other children of that age and ability. The child must have the capability to learn the behavior. The services are designed to restore mental health functioning that the child lost or never achieved because of interference in the normal maturational and learning process due to individual or parental dysfunction. Family Interaction plans also ensure that, while children are in foster care, their relationships with their parents, siblings, and other important persons in their lives are maintained. Family interaction plans detail the frequency, location, and activities of the child's visits with their parents, siblings, and other important persons in the child's life. Building and strengthening these relationships assists in successful reunification.

While children are in foster care, IDHS has emphasized the need for foster parents to work collaboratively with the biological parents or family. Foster parents provide additional opportunities for the biological parents to interact with their children. Foster parents also can mentor biological parents by modeling appropriate parenting and being a resource for the family once reunification is achieved.

In addition, after reunification, IDHS continues to contract for and provide support services to families who had a child in placement within the past 15 months in order to prevent re-entry into the system and to assure that children have a safe and permanent home. These services include:

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

Parent Partners:

In 2007, the Iowa Parent Partner Approach was implemented in four pilot sites and two additional Parent Partner sites started in 2008. 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 IDHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families' success and strengths, exemplify advocacy, facilitate Building A Better Future (BABF) training and presentations, and collaborate with IDHS and child welfare. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry.

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.

In July 2009, Iowa IDHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six current Parent Partner sites to 22 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. Five new Parent Partners sites are receiving this funding.

Currently, there are 11 Parent Partner programs covering 31 counties. The first six Parent Partner sites completed its second full year of implementation in 2009.

Data was collected from six sites [1) Cherokee, Ida, Lyon, Plymouth, and Sioux Counties; 2) Buena Vista, Clay, Dickinson, O'Brien, and Osceola (Lakes Area); 3) Polk County; 4) Linn County; 5) Madison, Marion, and Warren Counties; 6) Wapello County] time frame of January 2009 through December 2009, 54 parent partners served 450 families.

| Types of Support Provided | # Times Parent Partners participated | Types of Support Provided | # Times Parent Partners participated |
|--|--------------------------------------|---|--------------------------------------|
| Attend FTM | 458 | Helped a parent access needed services | 1409 |
| Support family at court | 746 | Supported the parent during/before/after visitation | 181 |
| Attended other child welfare meeting | 189 | Had face-to-face contact with a family | 4068 |
| Went to counseling session with a parent | 88 | Had other contact with a family | 21,847 |

Through our partnership with the Midwest Child Welfare Implementation Center (MCWIC), we are in the process of an extensive evaluation of the Parent Partner approach.

Substance Abuse:

In Iowa, while there is no supporting data it is suspected that children re-enter foster care often due to parental drug relapse. In response, Iowa service areas identified staff to be “methamphetamine specialists” who assist in identifying and developing recommended practices related to parental substance abuse and treatment, including planning for relapse.

Although not currently statewide, stakeholders noted the positive impact the Parents and Children Together (PACT) drug courts have had in substance abuse cases. Specifically, the judge sees the parents and children, as appropriate, every one to two weeks to gauge service provision and progress. As the case progresses, the judge may lengthen the time between hearings. Judicial oversight and inquiry holds everyone in the case accountable and helps to ensure that necessary services are identified and provided. Together with appropriate post-reunification planning and services, successful treatment of substance abuse and any co-occurring mental health issues assists in successful reunification and the avoidance of re-entry. Below is child information from the Parents and Children Together Drug Court grant. As we are just now getting data, no analysis has been conducted yet.

| Preliminary Data on the PACT Family Drug Court Grant | | |
|--|---|---|
| Number of Families referred= 145 Number of Families served= 112 (77.2%) Number of Children served= 197 | | |
| Child Information Gender Male= 143 (48.1%) Female= 154 (51.9%) | Age <ul style="list-style-type: none"> Five or younger=172 (57.9%) Six to ten years= 74 (24.9%) Eleven years or older= 51 (17.2%) | Race <ul style="list-style-type: none"> White= 207 (69.7%) Black= 36 (12.1%) Native American= 21 (7.0%) Asian= 2 (.7%) Unknown= 31 (10.4%) |
| Prior abuse victim <ul style="list-style-type: none"> Yes= 134 (45.1%) No= 154 (51.8%) Unknown= 9 (3.0%) | Child Placement Status at the start of FDC <ul style="list-style-type: none"> In the home= 120 (40.4%) Out of the home= 177 (59.6%) | Child services assessed <ul style="list-style-type: none"> Developmental services= 161 (54.2%) Mental Health= 122 (41.1%) Pediatric Health Care= 259 (87.2%) Substance abuse prevention= 21 (7.1%) Substance abuse treatment= 13 (4.3%) Education= 125 (42.1%) |

Juvenile Court:

The practice of one judge-one family assists in successful reunification and prevention of foster care re-entry. Specifically, one judge is assigned to the family’s case for the duration of the family’s involvement in juvenile court. This assures that the judge gets to know the child and family and their circumstances. In addition, the judge provides oversight and leadership to ensure that the child and family receive the necessary services and supports to

achieve successful reunification and to prevent the need for a subsequent placement in foster care after reunification.

Judges also provide greater oversight over legal representatives, such as guardian ad litem, parents' attorneys, and county attorneys, to ensure that children, parents, and IDHS have adequate representation. Appropriate legal representation ensures that the parties involved have a voice in court and that their needs are addressed.

Court Appointed Special Advocate (CASA) and Foster Care Review Boards (FCRB):

Stakeholders noted that CASAs provide an additional set of eyes to a family's case, which ensures that needed services and supports are identified and provided. All 99 Iowa counties have CASAs.

FCRBs provide a citizen review of foster care cases to ensure the safety, permanency, and well-being of children in care and those parental needs are identified and addressed to facilitate successful reunification. Although not statewide, there currently are 60 FCRBs across the state. In addition, some of these boards are now utilizing a CFSR-like tool to further evaluate the case against federal requirements. FCRB utilize the CFSR-like tool when they review a foster care case. Outcomes from the reviews are aggregated at the state level and provided to the Department to guide practice improvements.

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

Family Team Meetings (FTM):

Stakeholders reported a concern that FTMs are not utilized consistently across Iowa during the life of the case. When FTMs are scheduled, there are times when meetings are set at a time when it is inconvenient for the family. Additionally, meetings may not include everyone pertinent to the case, such as children, especially older youth, and non-custodial parents. Older youth should have a voice as to what they want and where they want to live. Non-custodial parents and their kin may be a placement option for the child or may be able to provide additional supports for reunification.

IDHS response to this is that while family meetings may not be held in the same way or at different times during the Life of the Case it is because service areas have been allowed to schedule these in ways and at points in time that allow the most flexibility for families and staff so to include as many critical participants as possible.

Substance abuse/mental health:

A perceived significant barrier is substance abuse by parents and mental health issues. There is the need for relapse planning and safety planning to ensure there is a back-up plan in case of relapse. If parental changes are not sustained for a reasonable amount of time, attempts to do timely reunification can result in re-entry.

Court:

A concern reported by stakeholders was that the one judge-one family practice may not be maintained due to the lack of current court resources. Additionally, stakeholders voiced concern that some cases, which should go to court, are not due to the perceived IDHS emphasis of working with families on a voluntary basis versus pursuing court involvement.

Resources:

Stakeholders reported deteriorating resources, particularly with mental health and substance abuse resources as areas of concern. Additionally, rural counties continue to struggle in this area. Fifty-four out of Iowa's 99 counties have designations of Primary Care Professional Health Shortage Areas (PHSA). Additionally, Iowa has a shortage of mental health professionals. Specifically, in Iowa, 89 out of 99 counties have designations of Mental Health PHSA. Out of the three recommended sites for review, Polk, Linn, and Webster counties, Webster County is the only county identified as a PHSA. Transportation is also a barrier. Transportation availability varies by county and region.

Poverty:

Poverty and limited financial assistance are barriers to reducing re-entry rates because it affects parents’ ability to pay for services and receive the necessary treatment to address mental health and substance abuse issues. When their child goes into care, parents often lose their Medicaid eligibility. Additionally, while their employer may offer health insurance benefits, parents may be unable to access health insurance due to inability to pay premiums. Furthermore, although some providers allow patients to pay for services on a sliding fee scale, many parents cannot afford even these small payments. When parents have mental health and substance abuse issues left untreated or inadequately treated, this increases the risk for re-abuse of children within the family unit undermining permanency for the children.

IDHS income maintenance workers determine parents’ eligibility for medical programs. If parents are ineligible for any other IDHS administered programs, parents can access services through their local community mental health and substance abuse agencies, often referred to these agencies by IDHS caseworker. However, quality of services and accessibility are issues as the systems are understaffed and demand for services has increased with recession.

Population Served:

Some stakeholders voiced concern that the child welfare system serves younger youth more than older youth, who are referred subsequently to other systems. In addition, some stakeholders reported that some older youth served by IDHS are now “crossing over” into juvenile justice with mental health and social issues. Stakeholders were concerned that the Children’s Mental Health (CMH) waiver may not be providing all the mental health services older youth need. One stakeholder perceived an increase in parents filing commitments for older youth not served by IDHS. Data on how directly this does or does not directly affect re-entry rates is not available.

In examining the data regarding commitments, the table below does show, at the state level, a consistent upward trend in juvenile mental health and “other” commitments while juvenile substance abuse commitments have gone up and down since 2004, which is one year after the child welfare system re-design. Information regarding age of children subject to commitments is not available. The data clearly shows that Iowa needs to examine fully the reasons behind the rise in juvenile commitments and work closely with the Courts, mental health, and substance abuse systems to resolve underlying issues.

| Juvenile Commitments since 2003 Child Welfare Re-design | | | | | | |
|---|------|------|------|------|------|------|
| Type of Commitment | Year | | | | | |
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
| Mental Health | 667 | 746 | 1210 | 1436 | 1529 | 1574 |
| Substance Abuse | 287 | 238 | 422 | 418 | 447 | 440 |
| Other* | 10 | 32 | 39 | 59 | 85 | 72 |

*Other=Commitment that does is not characterized as mental health or substance abuse, which may include children who have co-occurring mental health and substance abuse issues. Source: Iowa Office of State Court Administration

Stakeholders Feedback and Response:

Stakeholders recommended statewide expansion of pre- and post-removal conferences and PACT drug courts due to their perceived success.

IDHS would like to explore in Program Improvement Planning (PIP) the standardization of implementing FTM, including, who should attend meetings and how best to enhance data collection. Regarding substance abuse issues of parents, IDHS is collaborating with the Iowa Department of Public Health (IDPH) to implement a substance abuse protocol, which once perfected IDHS hopes to expand statewide. To address mental health issues of parents, IDHS will work more closely with the mental health system.

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

A. What does policy and procedure require?

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

Placement Options:

IDHS provides a variety of placement options to meet the child’s needs. When selecting a placement the IDHS worker must evaluate whether the placement is consistent with the best interests and special needs of the child, whether it is the least restrictive setting available, and if it is in close proximity to the child’s home. The following are placement options and requirements:

- ***Sibling:*** Policy requires that efforts be made to place siblings together unless to do so would be detrimental to any of the children’s physical, emotional or mental well-being.
- ***Relative:*** —Relative placement” means placement of a child in the home of an adult who is a member of the child’s extended family.
- ***Foster Family Care:*** “Foster family care” means foster care provided by a foster family licensed by the Department 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.
- ***Shelter Care:*** Emergency juvenile shelter care is provided as temporary care for a child in a physically unrestricting facility used only for the shelter care of children at any time between the child’s initial contact with the juvenile authorities and the disposition of the case.
- ***Group Care:*** Group care services are provided by licensed group care providers for children who are not able to live in a less restrictive environment due to the intensity or severity of their current emotional problems, behavioral disorders or acting-out behaviors. Iowa contracts for three levels of group foster care, which are differentiated by requirements for the staff-to-children ratio and intensity of supervision and structure.
 - Community care
 - Comprehensive care
 - Enhanced residential treatment
- ***Psychiatric Medical Institutes for Children (PMIC):*** A child court-ordered into foster care who meets level of care criteria shall be eligible for Medicaid payment at facilities licensed as psychiatric medical institutions for children but shall still be considered to be in foster care.
- ***Supervised Apartment Living:*** A supervised apartment living arrangement shall provide a youth with an environment in which the youth can experience living in the community with supervision. However, it is not a structured living arrangement where life skills are learned through simulated activities.

Adoption Services:

Policy and procedures support stability in adoptive placements by providing adoption subsidies for eligible children. IDHS added post-adoption support to the Resource Family Recruitment and Retention contract. Through the Resource Family Recruitment and Retention contract, Iowa KidsNet provides a resource family support worker for each foster and adoptive family with foster care children in their home. The support worker speaks with the foster or adoptive family regarding any needs they may have and connects the foster or adoptive family with appropriate services and supports. Iowa Foster and Adoptive Parent Association (IFAPA) also provides supports to foster and adoptive parents, including training and support groups.

Foster Care Services:

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007- Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008- Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|------------------|--------------------------------|--------------------|------------------|-----------------|----------------|--------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 6 Stability | 82% | 89% n=406 | 91% n=418 | 92% n=409 | 93% n=444 | 93% n=437 | 93% n=523 | 93% n=306 | 86% n=78 | 83% n=105 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The case reading data indicates that, for the most part, children are not moved or when changes in placement occur the change is planned for and is related to meeting the needs of the child. The percentage of children who have had no moves or a planned move has remained relatively steady over the last year, 89% to 93%, with a decline noted within the last two quarters. The decline noted within the last two quarters is the result of the smaller sample size.

| Outcome | 2008 (Apr – Jun) | 2008 (July – Sep) | 2008 (Oct – Dec) | 2009 (Jan – Mar) | 2009 (Apr – Jun) | 2009 (July – Sep) | 2009 (Oct – Dec) | Data Source |
|---|------------------|-------------------|------------------|------------------|------------------|-------------------|------------------|-------------|
| Stability (National Target - 75 th Percentile) | | | | | | | | |
| C4.1 (86.0%) | 86.5% | 87.3% | 87.1% | 87.6% | 87.6% | 86.9% | 86.6% | Admin Data |
| C4.2 (65.4%) | 61.4% | 61.1% | 59.6% | 60.1% | 61.1% | 61.3% | 62.7% | |
| C4.3 (41.8%) | 28.6% | 27.9% | 27.4% | 27.4% | 26.7% | 26.6% | 26.1% | |

Note: C4.1: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?
 C4.2: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?
 C4.3: Of all children who were served in foster care during the 12-month target period, and who were in foster care for at least 24 months, what percent had two or fewer placement settings?

The data from the SACWIS system (Admin Data) shows more fluctuation and with no clear trend. The lower percentages in the admin data are expected because the admin data counts changes in placement and lacks the quality component that is part of the case reading data.

Further analysis of placement stability by age group shows all age groups declining, in varying degrees, except for young adults, age 18 and older, which actually showed an increase in stability in FFY 2008 and FFY 2009. It is not clear why this is declining for all age groups. More information around this may become available during the onsite review. Increased stability for the young adult age group may be due to expansion of after care services and supports, such as Preparation for Adult Living (PAL) stipends, Medicaid, financial assistance for secondary education, etc.

| Permanency Composite 4: Placement Stability by Age Group | | | | |
|--|---------|---------|---------|---------|
| Age Groups | FFY2006 | FFY2007 | FFY2008 | FFY2009 |
| 0-5 | 117.0 | 115.1 | 111.1 | 111.3 |
| 6-11 | 108.5 | 107.0 | 106.2 | 103.6 |
| 12-15 | 99.9 | 97.3 | 91.8 | 90.0 |
| 16-17 | 86.30 | 79.9 | 78.2 | 76.5 |
| 18 and older | 76.3 | 75.0 | 78.7 | 79.2 |

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

The item rated as an Area Needing Improvement.

All foster care cases were applicable for an assessment of Item 6. In assessing this item, reviewers determined whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. The findings of this assessment were the following:

- Item 6 was rated as a Strength in (82%) of applicable cases.
- Item 6 was rated as an Area Needing Improvement in (18%) of the applicable cases.

Although data from the State Data Profile for FY 2001 indicated that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (88.8%) met the national standard of 86.7 percent or more, in 18 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not promote attainment of their goals or meet their treatment needs. The criteria and standards for both indicators must be met for this item to be rated as a Strength.

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

Family Team Meetings (FTM):

Iowa increased usage of FTMs to promote placement stability. FTMs support placement stability by bringing everyone to the table regarding the family's circumstances, child and parental needs, service provision, and foster care placement. Children and foster parents are encouraged to attend meetings to discuss the child's placement; including identifying and addressing any issues that may affect the stability of the child's placement.

Non-Custodial Parent (NCP) and Relative placements:

IDHS workers are engaging more the non-custodial parent (NCP), the majority of which are fathers. In some cases, NCPs are placement options for their children. In other cases, the NCP and his/her relatives promote placement stability and reunification by providing encouragement and support to the child and family.

Additionally, IDHS workers are utilizing relative placements. In Federal Fiscal Year (FFY) 2009, there were 308 children in foster care placed in licensed relative foster family homes, which represents 5% of all children in foster family home placements. In FFY 2009, there were 2,126 children in foster care placed in unlicensed relative foster family homes, which represents 33% of all children in foster family home placements. Relative caregivers, when provided with necessary services and supports, are generally stable placements as they have a familial attachment to the child and family.

Recruitment and Retention of Foster Homes:

The Iowa KidsNet Recruitment and Retention contract through Four Oaks has expanded and improved recruitment, training, and support to foster homes. Supports such as cultural connections, resource and referral information, training and peer support are provided whenever possible to maintain placements. Each foster family is assigned a support worker through the Iowa KidsNet contract. The support worker has monthly contact with the family, and is available as needed for consultation, crisis management, and individualized support. The support worker also develops a training plan with the family to enhance the foster parents' skills and abilities to meet the needs of children in their home. In addition, foster parents are becoming more involved with reunification efforts and Iowa KidsNet currently offers adoptive families ongoing casework support after finalization of adoption.

Iowa KidsNet has developed a more comprehensive questionnaire when initial placement requests are made in order to better match children and foster families at the onset of placement. The questionnaire has been expanded to include more elicited more detailed information regarding the child's behaviors, medical, physical, mental and educational needs, and connections to family and community. The contract contains a performance measure regarding placement stability which states that children will either be in the same licensed foster family home six

months after placement or will have exited the foster home to a trial home visit working toward reunification, to a pre-adoptive home, a guardian home or achieved permanency through guardianship or adoption. Families are also recruited and trained to better care for the children needing out of home care rather than families stating preferences for specific ages of children they will accept for care. Support workers are consulted when placement matches are considered for specific foster families to provide additional information and assessment of the foster parents' abilities to care for the child needing placement. This also contributes to placement stability.

Training for foster, adoptive, and kinship caregivers is provided by the Iowa Foster and Adoptive Parent Association (IFAPA). For more detailed information, please refer to Section IV, Systemic Factors, D. Staff and Provider Training, and G. Foster and Adoptive Home Licensing, Approval, and Recruitment.

Remedial Service Provider (RSP):

IDHS workers refer children with behavioral issues to a Remedial Service Provider (RSP) so that the child's behavioral needs can be met, including support to foster parents on how to deal with the child's behavior. For more detailed information about services, please refer to Section IV, Systemic Factors, E. Service Array and Resource Development.

Siblings Placed Together:

Iowa increased its effort placing siblings together, which promotes placement stability by keeping siblings connected and providing opportunities for siblings to support one another. Continual efforts are made to recruit foster families who will accept sibling groups. In cases where relative placements are used, efforts are made to assist in meeting the needs of the relatives.

Transitioning Youth Initiative (TYI)/Dream Teams:

Stakeholders reported that TYIs/Dream Teams promote placement stability through the active participation of older youth in care to make decisions regarding their placement and transitioning to adulthood. By having a voice in decisions around their placement and in their transitioning to adulthood youth feel more empowered and are encouraged when their placement needs are met. This creates placement stability as youth may be more willing to work with their foster family if they feel like they have some control over their lives. Specifically, TYI focuses on building collaborative efforts, increasing partnerships, integrating services and resources to improve outcomes among youth over the age of 16. The initiative focuses on youth who are involved in or who have aged out of Iowa's foster care system. The three TYI community areas, 1) Lyon, Sioux, Plymouth, Cherokee, Buena Vista Counties, 2) Linn County, and 3) Boone and Dallas Counties, 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 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.

Elevate:

Stakeholders noted that *elevate* strengthens placement stability through giving older youth in care a voice and through their advocacy efforts to improve foster care for all children. Specifically, *elevate* members are youth, ages 13 and up, who have been involved in foster care, adoption, or other out-of-home placements. They are young people who want to make a difference in the child welfare system, coming from every background and having many stories to share. *elevate's* mission is to inspire others to new levels of understanding and compassion to the life connection needs of foster care and adoptive teens by sharing their personal stories of hope. The following are activities of *elevate*:

- Train and empower youth to become advocates for themselves and for others.
- Provide youth with valuable leadership opportunities.

- Encourage youth to develop their voices by telling their own stories in their own ways.
- Educate legislators, foster parents, the public, child welfare professionals, and juvenile court representatives about foster care and adoption from their perspective.
- Develop partnerships that create opportunities for teens and strengthen their voices.
- Encourage others to open their homes to teens in foster care.

Since 2006, *elevate* was instrumental in getting 11 bills passed into state law, federal law or IDHS policy. Overall, these efforts improve the child welfare system and lead to greater placement stability, particularly for older youth.

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

Recruitment and Retention of Foster Homes:

While IDHS continues to make gains in matching children to families and foster parents who can best meet their needs, there are times when the process does not work well. Staff may not have enough information to give to Iowa KidsNet due to the immediacy of the removal. In other cases Iowa KidsNet may lack in-depth knowledge of the foster homes compared to IDHS workers who have had extensive experience working with particular foster parents. Finally, during an immediate removal IDHS may not have the time to wait for a response back from Iowa KidsNet staff on a possible foster family. IDHS and Iowa KidsNet continue to address these issues and identify strategies that will improve the process.

Service Coordination:

Services provided through Iowa KidsNet provide support to resource families while Family Safety, Risk, and Permanency (FSRP) services provide support to the child to ensure permanency and well-being. It is essential that there be coordination between these two services and that the clarity of purpose is assured. Furthermore, for children placed out of their area, FSRP service provision becomes problematic due to distance.

Stakeholders Feedback and Response:

Stakeholders reported several resource issues that include:

- A need for quality services for seriously mentally ill children and older youth.
- Need for more relative placements and foster family homes.
- A need for foster homes that can accept siblings groups is also needed.
- Resources for foster parents around parenting challenging children.
- Transportation issues due to large distances between the foster care placement and the birth family’s home.
- Older youth moving from foster homes to group care is a barrier to placement stability.

Stakeholders recommended IDHS consider going back to having emergency foster homes, assessment foster homes, and therapeutic foster homes to address children’s complex needs and to increase the ability of foster parents, with specialized training, to meet those needs. IDHS would like the CFSR onsite review to explore placement stability. Iowa will utilize information gained, in concert with stakeholder feedback, to address underlying barriers to placement stability in the Program Improvement Plan (PIP).

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

A. What does policy and procedure require?

Permanency for a child means that the child has a safe, stable, custodial environment in which to grow up, and has a lifelong relationship with a nurturing caregiver. Federal statutes stress the necessity for state child welfare agencies to make reasonable efforts to eliminate the need for removal of children from their homes, reunify children with their families after out of home placement, and arrange and finalize a new permanent home for a child when reunification is no longer a possibility.

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

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

Permanency Goal:

The child’s age and relationship with parents, child and parent’s capacity and needs, and the severity and duration of founded abuse/neglect should be considered in selecting the appropriate permanency goal. The department is mandated to identify within 60 days of the child’s placement into foster care a permanency goal for every child receiving services. This should be written within the child’s case plan. Clear steps and timeframes should be established for achieving reunification or proceeding with an alternative permanent placement. Two concurrent permanency goals may be established and identified in the case plan. Permanency goals include:

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

The permanency goal should be reviewed for appropriateness at least every six months at the time of the case review. Timelines for permanency are established through the judicial review process in accordance with applicable state and federal statutes. Please refer to Section IV, Systemic Factors, B. Case Review System. Concurrent planning is required to expedite permanency for a child in placement when the assessment indicates that there is a poor prognosis for the child’s return home within the first six months of placement.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | Jul – Sep 2009 | Oct – Dec 2009 | Data Source |
|------------------------|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|----------------|----------------|---------------|
| Item 7 Permanency goal | 75% | 82% n=417 | 76% n=426 | 80% n=419 | 85% n=447 | 85% n=435 | 85% n=532 | 91% n=304 | 97% n=78 | 90% n=104 | Case Readings |

Note: Effective 7/1/09, Iowa’s Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The data from case readings reflects an increase in our attention to case planning. There was a drop in the establishment of timely and appropriate case goals during the February to April 2008 quarter; however, there was a quick recovery during the next quarter. The data shows a leveling off and then a consistent increase until the last quarter, October through December 2009, which showed a 7% decline. However, the decline may be a result of a smaller sample size.

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

The item rated as an Area Needing Improvement.

All 28 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers determined whether IDHS established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated Strength in (75%) of the applicable cases.
- Item 7 was rated as an Area Needing Improvement in (25%) of the applicable cases.

At the time of the onsite review, 15 of the 28 children in the foster care cases had been in foster care for 15 of the most recent 22 months. TPR had been filed in 11 of these cases, and attained in 10. For the 4 cases for which TPR had not been filed, a reason for not filing had been entered in 2 of the case files, but in 2 case files, no reason was provided. In one case, TPR was filed and attained prior to the child being in foster care for 15 of the most recent 22 months.

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

Concurrent planning:

Among IDHS workers, there is an increased usage of concurrent planning, which leads to permanency.

Family Team Meetings (FTM):

Family Team Meetings (FTM) provide an effective vehicle to explore permanency options with the family and to consider the family's formal and informal support system necessary to provide for the safety and well being of the child in the home or upon return to the home from out of home placement.

Court Involvement:

In some areas, judges are tracking permanency timeframes. For more detailed information, please refer to Section IV, Systemic Factors, B. Case Review System, Item 27, Permanency Hearings.

Family Interaction:

On July 1, 2009, Iowa implemented statewide family interaction as a pathway to permanency. This practice strategy promotes frequent and structured family interaction to build parental capacity; contributing to earlier reunification and clear paths for concurrent planning. It provides structure and a focus on caseworker visits with children and parents regarding the critical issues of meeting the needs of the children and building parental capacity.

Stakeholder Feedback:

Stakeholders saw the changes in Chafee program that encourages children 16 years old and older to be adopted as a positive step. Stakeholders also noted that IDHS is doing better on concurrent planning and utilizing more relative placements which improves permanency for children.

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

Resources:

In addition to staff time, the availability of funds to compensate external providers to facilitate team meetings are resource issues for areas of the state where family team meetings are conducted by external providers. This can impact the number of family team meetings and when and how they occur throughout the life of the case.

Decision Making:

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

Substance abuse:

Parental usage of methamphetamine and the parent’s ability to recover and sustain progress is difficult and creates delays in the process.

APPLA:

In October 2008, IDHS conducted a focused review of cases where there was an APPLA goal and found that:

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

Inappropriate APPLA use was confirmed during the eight IA-CFSR reviews conducted in 2008, and found to impact Item 7 most. Also of concern is the rise in both the number of children with APPLA as a permanency goal as well as the length of time to discharge. IDHS Case Reading data shows that of 3,201 reviewed in 2007, 69% had permanency and stability in their living situation and 89% had continuity of family relationships and connections preserved. Service areas are requiring Social Work Administrator (SWA) review all APPLA and prior approval for its use.

Stakeholders Feedback and Response:

Stakeholders voiced concern regarding:

- Short timeframes for permanency
- Permanency plans need to be individualized and timeframes flexible.
- Iowa Code places IDHS workers in positions where they must choose APPLA.
- Trial visits do not count as reunification, which delays permanency.
- After Care opportunities for older youth (Chafee services), including financial assistance and eligibility guidelines can have an unintended negative consequences

In response permanency is a complex issue that IDHS needs to work with the Legislature and Judicial partners on. IDHS is currently working with the Iowa Department of Public Health to engage substance abuse providers in better communication and sharing of information early on in cases to get families assessed and into substance abuse treatment quicker.

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

A. What does policy and procedure require?

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

Definitions:

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

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

Policy and Procedures:

Policy and procedures address returning the children home through reunification, guardianship, or relative placement. The Department is required to make reasonable efforts to prevent the removal of a child from his/her home and to return the child home as long as the child’s safety is assured. A permanency hearing is required for each child within 6 months of the initial review or 12 months of the child’s entry into custody. At this hearing, a determination is made as to whether the child should return home or to establish a new permanency plan.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | Jul – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|--------------------------------|--------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|----------------|----------------|---------------|
| Item 8 Reunification, Guardianship, or Permanent Placement with Relatives | 90+% | 90% n=269 | 87% n=281 | 91% n=278 | 96% n=307 | 94% n=267 | 96% n=354 | 95% n=219 | 98% n=53 | 100% n=68 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

From a qualitative perspective, the case reading data shows a continued improvement in the achievement of permanency goals for children in foster care. In the last quarter, 100% of the cases examined showed the permanency goal was achieved within 12 months or the delay was due to circumstances beyond the control of the department or the courts.

| Outcome | 2008 (April –June) | 2008 (July– Sep.) | 2008 (Oct– Dec.) | 2009 (Jan.- March) | 2009 (April– June) | 2009 (July– Sep.) | 2009 (Oct – Dec) | Data Source |
|---|--------------------|-------------------|------------------|--------------------|--------------------|-------------------|------------------|-------------|
| Reunification (National Target – 75 th Percentile) | | | | | | | | |
| *25 th Percentile | | | | | | | | |
| C1.1 (75.2%) | 67.1% | 67.0% | 66.5% | 65.5% | 67.1% | 67.7% | 70.3% | Admin Data |
| C1.2 *(5.4 or <) | 7.92 | 7.95 | 8.0 | 8.21 | 8.11 | 7.95 | 7.39 | |
| C1.3 (48.4%) | 43.3% | 42.6% | 41.1% | 42.5% | 38.8% | 39.0% | 40.1% | |

Note: C1.1: Of all children discharged from foster care to reunification in the target 12-month period, and who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home?
 C1.2: Of all children who were discharged from foster care to reunification in the 12-month target period, and who had been in foster care for 8 days or longer, what was the median length of stay in months from the date of the latest removal from home until the date of discharge to reunification?
 C1.3: Of all children who entered foster care for the first time in the 6-month period just prior to the target 12-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Administrative data shows recent progress in reunifying children within the first 12 months of removal, which has decreased slightly the median length of stay. Differences between case reading data and admin data are due to the lack of qualitative interpretation in the admin data.

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

The item rated as a *Strength*.

Item 8 was applicable for 12 of the 28 foster care cases. In assessing these cases, reviewers determined whether IDHS had achieved the goals of reunification, guardianship, or permanent placement with relatives for children in a timely manner or, if the goals had not been achieved, whether IDHS made, or was in the process of making, diligent efforts to achieve the goals. The results of this assessment were the following:

- Item 8 was rated as a Strength in (92%) of the applicable cases.
- Item 8 was rated as an Area Needing Improvement in (8%) of the applicable cases.

All 12 cases included in this assessment had a goal of reunification. The goal was achieved in 8 cases, and in 5 of those cases, the goal was achieved within 12 months. All 4 children who had not yet achieved the goal of reunification had been in foster care for less than 12 months by the end of the CFSR period under review.

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

Assessments:

Workers complete thorough family functional assessments to identify the needs of parents and to identify appropriate services/resources available to mitigate those needs. Workers improved their establishment of behavioral indicators in their assessments through department provided worker training.

Family Team Meetings (FTM):

Please refer to Item 2.D.

Services:

Please refer to Item 3.D.

Safety/Risk:

The implementation of safety construct language provides consistency across the child welfare system in communicating with one another. Safety construct language defines safety and risk for the entire child welfare system so that members of the system speak the same language. Child welfare system members then can talk universally about the protective capacities of the parent, the threat of maltreatment to the child, and the vulnerability of the child. In addition, joint training conducted for IDHS staff and provider staff around distinguishing between “safety” and “risk” improves case practice and performance. For more information on safety management, please refer to Item 4.

Stakeholder Feedback:

Stakeholders reported several strengths of Iowa’s child welfare system that increased performance in assisting children to reunify safely.

- FTMs
- Earlier engagement with families
- Collaboration with service providers and parents
- Parent Partners
- IDHS philosophy, i.e. IDHS is no longer trying to fix all problems before sending children home
- PACT drug courts, parent partner participation with families involved in drug courts,
- Collaboration between IDHS and Iowa Department of Public Health regarding joint case planning for substance abuse cases.
- Family interaction and some foster parents’ increased interaction with biological parents

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

Stakeholders Feedback, Recommendations and Response:

- ***Services:*** Stakeholders voiced concern that some workers may conceptualize family interaction plans as “visits” and that they may not be expanding interaction to doctor’s visits and other ways for the parents and family to be involved with the child.
- ***Substance Abuse:*** The complexity of cases involving parental substance abuse can create barriers that are at times difficult to address. One issue, according to stakeholders, is that addressing parental substance

abuse takes time, time to access treatment, if available; time for relapse and subsequent recovery; and time for sustained recovery, which conflicts with federal timeframes. Stakeholders reported that, in some areas of the state, courts are reluctant to return a child home unless parents show a year of sobriety. Additionally, stakeholders thought there is a lack of awareness among some parties that relapse is a part of recovery.

- **Complex Cases:** Stakeholders noted that families who experience a combination of chronic mental illness, substance abuse, and domestic violence present challenges for the child welfare system when ensuring safe return home for children. Multiple services and agencies providing those services require heightened collaboration and understanding other systems from all parties.
- **Judicial Feedback (2008):** Judges reported a concern, which was that the Department had a “cookie cutter” approach by requiring all families to move from supervised visitation, to semi-supervised, to partially unsupervised, to unsupervised, to extended time rather than making sure that the parents know up front that a possible consequence of removal is termination of parental rights. Judges also reported that parents need to know that the Department and the Court are concurrently planning for the child.

Stakeholder Recommendations:

Stakeholders recommended several strategies to improve the child welfare’s performance:

- Continuing worker/provider trainings to address skill level among IDHS and provider staff
- Enhanced community services
- Enhanced judicial oversight through more frequent scheduled court hearings and more interaction between parents and their legal counsel
- Increase collaboration between IDHS and JCS
- Integrating plans, such as family interaction and safety plans into one plan

IDHS Response is that it will collaborate with stakeholders regarding issues raised and review them as possible strategies for the PIP.

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

A. What does policy and procedure require?

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

Policy states that that the child’s case should be transferred to an adoption worker within 45 days of termination of parental rights (TPR); however, evidence-based practice demonstrates that the adoption worker needs to be involved earlier. This allows the adoption worker to establish a relationship and support the child during this time of change. When the child is placed in an adoptive home, the department is to visit the adoptive family’s home as often as needed, and at a minimum: one visit no later than 30 days after placement; one visit no later than 90 days after placement; and one final visit before the consent to adopt is issued.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|----------------------------------|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 9</u> Timely adoption | 55% | 82% n=95 | 80% n=100 | 85% n=103 | 84% n=111 | 76% n=113 | 82% n=120 | 91% n=64 | 90% n=20 | 87% n=20 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The qualitative data indicates a continuing fluctuation in the appropriate and timely achievement of adoption for children in foster care. The rates varied from a low of 76% to a high of 91% over the last 5 quarters; however, it continues to be well above the baseline that was established in 2003.

| Outcome <u>Adoption</u> (National Target – 75 th Percentile) 25 th Percentile | 2008 (April – June) | 2008 (July- Sep.) | 2008 (Oct- Dec.) | 2009 (Jan.- March) | 2009 (April- June) | 2009 (July-Sep.) | 2009 (Oct-Dec) | Data Source |
|--|---------------------------|-------------------------|------------------------|--------------------------|--------------------------|---------------------|-------------------|-------------|
| C2.1 (36.6%) | 52.3% | 55.0% | 52.5% | 53.3% | 55.4% | 54.9% | 56.6% | Admin Data |
| *C2.2 (27.3 or <) | 23.6 | 22.8 | 23.5 | 23.4 | 23.3 | 23.4 | 22.8 | |
| C2.3 (22.7%) | 24.1% | 24.4% | 20.9% | 22.8% | 23.0% | 23.8% | 23.5% | |
| C2.4 (10.9%) | 1.9% | 1.7% | 1.9% | 2.6% | 3.1% | 6.7% | 5.0% | |
| C2.5 (53.7%) | 33.4% | 31.3% | 32.5% | 32.4% | 30.5% | 36.9% | 34.0% | |

Note: C2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month target period, what percent were discharged in less than 24 months from the date of the latest removal from home?

C2.2: Of all children who were discharged from foster care to a finalized adoption during the 12-month target period, what was the median length of stay in foster care in months from the date of latest removal from home to the date of discharge to adoption?

C2.3: Of all children in foster care on the first day of the 12-month target period who were in foster care for 17 continuous months or longer, what percent were discharged from foster care to a finalized adoption by the last day of the 12 month target period?

C2.4: Of all children in foster care on the first day of the 12-month target period who were in foster care for 17 continuous months or longer, and who were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6-months of the 12-month target period?

C2.5: Of all children who became legally free for adoption during the 12 months prior to the target 12-month period, what percent were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free?

The administrative data indicates a similar pattern for the achievement of adoption within 24 months of entry. The data ranged for a low of 52.3% to a high of 56.6%.

Children Served and Characteristics:

| | | |
|---|--|---|
| As of 04/09/2009 Children in care with TPR awaiting adoption | 482 | |
| The counts below are based on adoptions finalized in Calendar Year 2008 | | As of 07/01/2008 – General Population Estimate of Youth Age 17 & Under = 712,516* |
| Number of finalized adoptions | 928 | -- |
| Gender | Female 465 Male 463 | Female: 347,576 Male: 364,940 |
| Race | Black Or African American 189 | Black or African American 30,465 |
| | American Indian Or Alaskan Native 16 | American Indian or Alaskan Native 4,983 |
| | Native Hawaiian Or Other Pacific Islander 4 | Native Hawaiian Or Other Pacific Islander = 478 |
| | Asian 18 | Asian 13,344 |
| | White 656 | White 644,290 |
| | Unable to Determine 86 | -- |
| Ethnicity | Hispanic or Latino 50 | Hispanic or Latino (any race) 53,342 |
| | Unable to determine 113 | -- |
| | Not Hispanic or Latino 697 | White Alone – Non-Hispanic or Latino 596,084 |
| Age | 0-5 553 | 0-5 240,215 |
| | 6-11 292 | 6-11 229,257 |
| | 12-15 70 | 12-15 158,502 |
| | 16-18 13 | 16-17 84,542 |

*Source: U.S. Census Bureau, Population Division, (301) 457-2422, Released June 10, 2010; <http://www.census.gov/popest/estimates.php>

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

The item rated as an Area Needing Improvement.

Eleven of the 28 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers determined whether diligent efforts had been, or were being, made to achieve finalized adoptions in a timely manner. The results were the following:

- Item 9 was rated as a Strength in (55%) of the applicable cases.
- Item 9 was rated as an Area Needing Improvement in (45%) of the applicable cases.

Adoption was finalized during the CFSR period under review in 4 of the 11 cases in which the child had a goal of adoption. Although none of the finalizations occurred within 24 months of the child's entry into foster care, three finalizations occurred 25 to 26 months after entry into foster care. The fourth finalization involved a case in which a prior adoption had dissolved and the child re-entered foster care and was adopted again within 33 months of entry into foster care. Of the 7 remaining children, 5 were in adoptive placements.

The item was rated as an Area Needing Improvement when reviewers determined that there were unnecessary agency-related delays pertaining to establishing the adoption goals in a timely manner, pursuing adoptive resources, and providing needed supportive services. Reviewers also noted that some delays were due to changing

caseworkers and/or jurisdictions. At the time of the onsite CFSR, the length of stay in foster care for children in these cases ranged from 25 months to 5 years.

According to the 2001 State Data Profile, Iowa’s percentage of finalized adoptions occurring within 24 months of removal from home was 49%, which exceeded the national standard of 32% or more. However, both measures had to be met in order to achieve substantial conformity. Therefore, Iowa’s overall rating for Item 9 was an Area Needing Improvement.

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

Concurrent Planning:

Concurrent planning at entry to out of home placement helps to ensure that the correct placement is located early on. At the concurrent planning meeting, the identification of all necessary documents/issues are resolved early in the case, such as obtaining birth certificate, relative placements, issues regarding termination of parental rights, etc.

Checklists:

IDHS workers used adoption checklists and improved upfront their performance around relative searches. In addition, utilization of the guardianship list tracks benchmarks and barriers to achieving goals. Also, the adoption worker provides technical assistance to workers around adoption throughout the life of the case.

Focus Re-emphasized:

The consistent focus on timely adoptions by IDHS administrative staff and judges has contributed to improved performance. Cases are more likely to get adoption finalized in a timely manner when multiple eyes and hands are on the case.

Tribes/Mexican Consulate:

There has been an increase and earlier contact with Tribes and the Mexican Consulate to resolve jurisdictional issues, which leads to timely permanency and adoption, through the use of the *Mexican Consulate Notification* form. Training efforts have been increased as well as disproportionality initiatives in areas with Native American populations and minorities.

Relative Placement:

An increase in the use of relative placements has streamlined the adoption process. Parents may be more inclined to allow relatives to adopt their children. This data is combined within other areas of the Permanency Section contained within this document.

Services:

Service array throughout the life of a case offers a sense of consistency for the child and helps to ease the transition to adoption. For more information on services, please refer to Section IV, Systemic Factors, E. Service Array and Resource Development.

Stakeholder Feedback:

Stakeholders reported that Family Interaction, transitional staffings, Adoption Saturdays, presentations from *elevate* to educate the community, foster/adoptive parent training, including PS-MAPP, and foster parents engaging biological families moves children closer to permanency and adoption.

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

Court:

Court delays and the appeal process can affect timely adoptions. The appeal process can also delay timeliness as well as schedules for hearings.

Incarcerated Parents:

Due to the realities of placement and service availability issues, it is difficult to show reasonable efforts when some parents are incarcerated, which may delay permanency and adoption for some children. One step toward addressing this is through community partnerships and the Fatherhood Initiative. This includes engaging the non-custodial parent from the beginning of the case through notification of the child abuse assessment, report outcome, phone conferences and webinar Family Team Meetings.

Stakeholder Feedback and Response:

Stakeholders reported barriers to performance improvement for timely adoptions. Stakeholders perceived a lack of recruitment for adoptive homes for older youth and minorities. Stakeholders reported that some IDHS workers have little knowledge about After Care services. Stakeholders voiced concern that some older youth and foster/adoptive parents may not want adoption due to a perception of lost benefits and assistance.

IDHS is aware of the need to engage non-custodial parents (NCP), some of whom are incarcerated. IDHS plans to explore NCP engagement through the steps outlined above. In the Ames area, an Iowa KidsNet intern is conducting a study and producing a video to recruit more foster homes for older youth. The intern is also working with the foster youth group, Elevate. Iowa KidsNet has a bilingual Hispanic recruitment coordinator and a Native American recruiter (Sioux City) as well as a recruiter collaborating with the Meskwaki Tribe.

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

A. What does policy and procedure require?

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

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

A ***Long-Term Permanency Placement Agreement*** is an agreement between the department or juvenile court services and the caregivers concerning the permanency placement of a child in foster care.

A “**written agreement**” or court order documents a long-term commitment of the substitute parents or relatives to continue a family relationship with the child until and beyond the child’s age of majority.

IDHS is also required to document efforts to ensure that a child who does not have a goal of adoption, reunification, or guardianship has long-term stability until the child reaches adulthood.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|-------------------------|---|-----------------------------|------------------------|-----------------------|----------------------|------------------------------|------------------------|----------------------|-----------------------|----------------------|------------------|
| <u>Item 10</u> APPLA | 80% | 90% n=133 | 95% n=109 | 88% n=91 | 97% n=86 | 96% n=92 | 96% n=110 | 98% n=56 | 100% n=11 | 100% n=23 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The qualitative data from case readings shows a continued performance above the baseline. The percentage of cases where APPLA is rated as a strength varied from a low of 88% to a high of 100% with the most recent review periods showing a slight increase.

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

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

As a result of the review, service areas require social work administrators to review all existing APPLA cases and require prior approval for its use.

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

The item rated as an Area Needing Improvement

Five of the 28 foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers determined if IDHS had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in (80%) of the applicable cases.
- Item 10 was rated as an Area Needing Improvement in (20%) of the applicable cases.

Item 10 was rated as a Strength when reviewers determined that children were receiving appropriate services and the foster care placement was stable. In one case, the child achieved reunification prior to her 18th birthday, but the caseworker had established a concurrent plan of emancipation to ensure that the child received services to prepare her for independent living if reunification did not occur. The item was rated as an Area Needing Improvement in one case when reviewers determined that the agency did not consider other permanency goals before establishing a goal of long-term foster care.

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

Social workers are informed more regarding the importance and expectation regarding moving toward a planned permanent living arrangement for each child.

Expanded Foster Care:

Children are able to re-enter foster care after the age of 18 years if certain criteria is met:

- The child is 18 years old and currently in one of the following educational programs:
 - High school, or
 - High school equivalency (GED), or
 - Special education, as defined and provided by the Department of Education through the area education agency (AEAs) and the local public school districts.

- The child is 19 years old and meets **both** of the following requirements:
 - The child is in one of the following education programs:
 - High school, or
 - High school equivalency (GED), or
 - Special education, as defined and provided by the Department of Education through the area education agencies (AEAs) and the local public school districts.

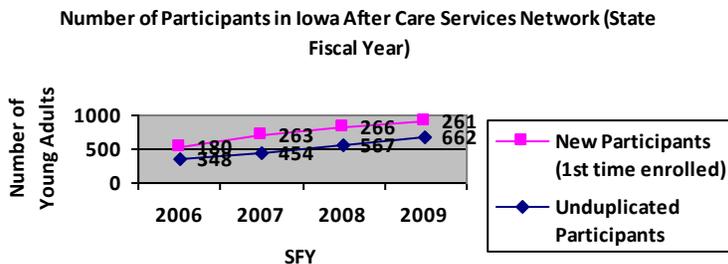
- The service area manager or designee has approved payment past the month of the child’s nineteenth birthday, based on a determination that:
 - The child does not have mental retardation.
 - The child is at imminent risk of becoming homeless or of failing to graduate from high school or obtain a GED.
 - —At imminent risk of becoming homeless” that means that a less restrictive living arrangement is not available.
 - The placement is in the child’s best interests.
 - Funds are available in the service area’s allocation for this purpose.

The use of guardianship as well as an emphasis on the use of relative placement improved permanency for children with a goal of APPLA.

Services:

Iowa After Care Services Network

In April 2002, IDHS used Chafee funds to develop the Iowa After Care Services Network (IASN), which includes 11 agencies around the state that provide case management for youth that have “aged out” of foster care. The Aftercare Network provides case management, emergency financial assistance, self-sufficiency advocates, support for employment, crisis intervention, and the Preparation for Adult Living (PAL) monthly stipend. All services are intended to stabilize and support permanency.



Two-hundred-nineteen participants, who exited IASN during State Fiscal Year 2009 (SFY 09), provided the following information:

- Ninety-seven percent of all participants were enrolled in Medicaid, compared to 81% in SFY08. At their exit interview 9 out of 10 participants describe having resources to meet their medical needs.
- Gross monthly income for youth participants from their initial interview to exit showed a 56% increase for non-PAL participants and an 11% increase for youth who received PAL. There was a

69% increase in the number of all exiting participants who reported improved money management skills from intake to exit.

- At the time of exit, 99% of all participants had housing.

Elevate

In 2005, *elevate* began as the result of a small grant to develop a DVD aimed at recruitment of adoptive families for teens. It spread rapidly to become a statewide organization with 8 chapters. *elevate* impacts the child welfare system in a number of ways including; passage of legislation directing IDHS to place siblings together whenever possible, to ensure adequate sibling visits when siblings are placed separately, and court inclusion of youth in hearings so they can have input into the decisions that are made about their lives. IDHS now includes *elevate* youth in new worker training and Iowa KidsNet includes them in pre-service foster and adoptive parent training. This program addresses the concern of youth placed in care and is a support to help prevent placement disruption.

PAL/MIYA

In 2006, after extensive advocacy by IDHS and *elevate*, the Iowa General Assembly passed these programs. The PAL monthly stipend, plus case management services through the Aftercare Network, enables youth to make a more successful transition to young adulthood. Since July 2006, more than 450 young people have benefited from the state funded program. Because youth do not have to do anything to transition from a child in foster care to a MIYA Medicaid coverage group, more than 95% of MIYA eligible youth are enrolled in Medicaid for Independent Young Adults (MIYA) upon reaching the age of eligibility. APPLA is the goal for 77% of youth who age out of state paid care (exit at 18 or older).

| State Fiscal Year (SFY) | Number of Unduplicated Children Eligible for PAL* |
|-------------------------|---|
| 2009 | 240 |
| 2008 | 191 |
| 2007 | 175 |
| 2006 | 186 |
| TOTAL | 792 |

* The number of PAL eligible youth is equal to the number of youth who exited a state paid foster care placement at age 18 or older AND were in foster care for at least six months in the year before exiting.

| Calendar Year (CY) | Number of Children Enrolled in MIYA |
|--------------------|-------------------------------------|
| 2009 | 390 |
| 2008 | 303 |
| 2007 | 166 |
| 2006 | 34 |

| | Exit Foster Care | Percentage(APPLA) |
|--------------|-------------------------|--------------------------|
| SFY2007 | 200 | 85.50% |
| SFY2008 | 255 | 76.10% |
| SFY2009 | 546 | 77.70% |
| Total | 797 | 77.00% |

All Iowa Opportunity Foster Care Grant

A state Senator along with *elevate* and youth advocates worked together to develop the grant opportunity. In July 2007, the Iowa General Assembly created the All Iowa Opportunity Foster Care Grant. This grant allows foster children transitioning to adulthood the chance to get college tuition assistance.

Jim Casey Youth Opportunity Initiative

Based on the positive work in Iowa related to transition, IDHS utilized funding to expand the Jim Casey Youth Opportunity Initiative to other sites. IDHS has also incorporated “Dream Teams”, a youth version of the family team meeting, into casework. Due to IDHS work in this area and support from the Iowa Collaboration for Youth Development, IDHS expanded this work into Dubuque and Storm Lake with the assistance of Workforce Development funding from the Department of Labor.

Rural Homeless Youth Grant

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

The grant stipulates the grantee will work with FYSB providers (FYSB funds Transitional Living Programs (TLP)) who serve rural communities. The TLP organizations in Iowa are Foundation 2 (Cedar Rapids area), United Action for Youth (Iowa City area), and Youth and Shelter Services (Des Moines and Ames area) and all of them serve rural communities. All are participating. Youth and Shelter Services Inc, has been selected as the agency to lead implementation of the four year Demonstration phase in the Boone community. A full year collaborative state and local planning effort recently gave way to the October 1, 2009 kickoff of the four year Boone county demonstration phase. The demonstration will include increased coordination of services for homeless and transitioning youth, enhanced skills development and “survival skills” training, youth centering transition planning supports, and opportunities to build healthy relationships with caring adults. The program’s vision is to create and enhance connections for homeless youth living in Boone Iowa community and surrounding rural area in ways that will improve their chances for successful transitions towards independence and for achieving social, civic and economic success as older youth and adults.

Activities initiated, which continue to improve the likelihood that youth will successfully transition to adulthood:

- Initiatives to strengthen *elevate* Youth Council, such as an additional chapter added in Dubuque and Mapleton, Iowa.
- Youth to Adulthood Day: The *elevate* Youth Council initiated this day to honor youth in care and alumni through community awareness efforts, which provide support to youth, make connections for youth, and raise awareness among community members.

Stakeholders Feedback:

Stakeholders reported that timely permanency hearings, good clinical consultation, youth having a voice at FTMs and other meetings regarding their lives and having a voice in programs to assist them, *elevate* teams training group care staff, and the Community Partnership for Protecting Children (CPPC) are strengths in addressing other planned permanent living arrangements for children in care. Additionally, stakeholders noted Fostering Connections language in IDHS policy and procedure and the provision of birth certificates and social security cards to youth aging out of care as positive practices.

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

Resources:

Financial resources for older youth continue to be an issue. In addition, there is a lack of a variety of sufficient resources, particularly in the smaller, rural communities.

State law:

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

Guardianship:

Guardianship offers more permanency than long-term foster care, but less permanency than a return to the child’s parents or adoption. When parents are unable to provide daily care for their children, and adoption is not warranted, guardianship can keep children rooted, empower families, and provide permanence for children.

The purpose of a guardianship subsidy is to provide a greater level of permanency for children who would otherwise remain in long-term foster care. Many relatives, nonrelatives, or foster (resource) parents are willing to care for these children but are unable to manage the financial burden or unable to meet the medical needs of the children. The subsidy provides financial assistance and medical assistance to the guardian of an eligible child to assist guardians in providing proper care for the child. Subsidized guardianship cases do not have ongoing services or supervision by the Department.

IDHS helps pay for the establishment of guardianship through the payment of legal fees, etc. Guardianship subsidy may be offered in situations where children are eligible. There is a belief that IDHS would be able to serve more children through guardianship through expansion of the pool of children eligible for subsidy. Rules were noticed to end the subsidized guardianship waiver demonstration project effective 10/10/10. Iowa intended to transition from the demonstration project to a subsidized guardianship program as authorized by Fostering Connections but has since determined the resources are not sufficient to implement at this time. The new GAP has been placed on an indefinite hold until the value of the program can be reassessed.

APPLA as a Permanency Goal:

Challenges, such as appropriately identifying and establishing APPLA as a permanency goal for children, continue.

Stakeholder Feedback, Recommendations and Response:

Stakeholders supported the continuation of IDHS Transition Planning Specialists (TPS). However, stakeholders opinioned that TPS roles need redefined further to enhance support for youth preparing for and transitioning to adulthood. Stakeholders also reported that the transition plan embedded in the case permanency plan should be reviewed every six months, which may or may not be happening across the state. Stakeholders reported that some residential settings and other providers, such as foster families, do not see preparing children for adulthood as a requirement for them. Stakeholders recommended that youth continue to attend their court hearing and that IDHS continue to encourage youth’s participation in *elevate*, including perhaps having a facilitator who can travel to areas of the state to speak with youth. IDHS supports this recommendation. Youth will continue to be encouraged to participate in *elevate* and will continue to attend their court hearings. In fact, this was passed in recent legislation, Senate File 2298.

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

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency’s performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing

siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Iowa did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 82.1 percent of the cases, which is less than the 90 percent required for substantial conformity.

Key CFSR findings were that IDHS makes concerted efforts to (1) place children in close proximity to their families, (2) place siblings together in foster care, and (3) promote frequent visitation between children and their parents and siblings in foster care. Areas of concern with respect to this outcome pertained to a lack of consistent effort on the part of IDHS to (1) seek and assess relatives as placement resources, (2) preserve children's connections to their families and racial and religious heritage, and (3) support or promote the parent-child relationship.

On March 25, 2010, three representatives of the Meskwaki Tribal met with IDHS staff to share their perspectives on Iowa's child welfare system. Their feedback is listed under the applicable item.

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|--|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 11</u> Proximity of placement | 95% | 91% n=309 | 91% n=316 | 94% n=288 | 98% n=321 | 95% n=323 | 96% n=387 | 97% n=229 | 99% n=67 | 93% n=83 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

Over the past two years, Iowa case reading data shows that the state has varied from 92% to 99% and for the past quarter is at 93%.

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

The item rated as a Strength.

Of the 28 foster care cases, 20 were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR was attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In

assessing item 11, reviewers determined whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. This assessment resulted in the following results:

- Item 11 was rated as a Strength in (95%) of the applicable cases.
- Item 11 was rated as an Area Needing Improvement in (5%) of the applicable cases.

Item 11 was rated as a Strength when reviewers determined the following:

- The child was placed in the same community as parents or relatives.
- The child's out-of-county placement was necessary to meet the child's needs.

The item was rated as an Area Needing Improvement in one case because reviewers determined that the out-of-county placement was not necessary to meet the child's treatment needs.

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

Foster Parent Training:

PS-MAPP supports linkages between foster and birth parents, which assists with placement proximity.

Knowledge:

IDHS published a practice bulletin on placement proximity and supervisors reviewed this with all caseworkers. As a result, staff understands more fully the importance and expectations of placing children in close proximity to their families and communities. In addition, when making placement arrangements for children as part of concurrent planning, staff is more cognizant of location.

Recruitment and Retention of Foster Homes:

IDHS added a performance measure related to placement proximity to the contract for recruitment and retention of resource families.

Relative search and placements:

IDHS expanded efforts to search for relatives and to engage them as placement options or as sources of support for the child and family. These efforts included policy changes reflective of when to assess relatives as placement options, provision of practice bulletins to staff regarding relative placement, and notification to relatives when a child enters foster care. In addition, there is intensified attention given to the concept of preserving connections, which supports placing children in close proximity to parents or close relatives. These efforts and intensified attention to preserving connections are relative notification as soon as a child is placed in care. Every relative must now be notified, in writing, that a child has been placed. The letter invites the relative to make connect with IDHS if they are interested in being involved as a support or placement option for the child.

Stakeholder Feedback:

Stakeholders reported that the IDHS brochure, *Your Rights and Responsibilities in Foster Care*, is a helpful brochure to give to families to inform them of the placement proximity expectation. However, stakeholders are unsure if the brochure is distributed across the state.

Youth Feedback (2008)

Of the youth surveyed, 44.7% believed that the child welfare system was very effective in placing them closer to their birth parents and/or community with another 18.4% believing it was sometimes effective.

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

Competing Priorities:

It is often a challenge to balance proximity of placement with the consideration for placing siblings together and relative placement. In addition the availability of foster families does not always align with where IDHS most need placements. In some areas of the state, children that need placement in foster care exceed the number of foster homes available, which makes it more difficult to place the child close to their parent, home community, and school. If the child is not placed in close proximity of their birth family, transportation becomes a barrier. The contractor continues to address the issue around the lack of foster homes in particular areas through recruitment efforts and increasing supports for retention of placements in existing homes.

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

Stakeholder and Judicial Feedback:

Stakeholders reported that youth need to know about their legal rights and suggested they could connect with the Youth Ombudsman. However, stakeholders noted that youth probably have not connected with the Youth Ombudsman because of the difficulty of getting information to them due to confidentiality issues. Judges reported that, for children who may return home, there were some budgetary concerns regarding parents not having the funds to buy gas or obtain a valid driver’s license. This was seen as an obstacle to continuing the child’s relationships with birth parents through visits.

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 12</u> Placement with Siblings | 88% | 91% n=255 | 90% n=241 | 94% n=228 | 96% n=276 | 93% n=273 | 98% n=332 | 97% n=184 | 100% n=51 | 97% n=74 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

Case reading data shows consistent improvement in the placement of siblings together, with the exception of the last quarter, which shows a small decline. However, Iowa still exceeds the 95% federal expectation for this item.

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

The item rated as a Strength.

Sixteen of the 28 foster care cases involved a child with siblings who were in foster care. In assessing item 12, reviewers determined whether siblings were, or had been, placed together and, if not, whether the separation was

necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in (88%) of the applicable cases.
- Item 12 was rated as an Area Needing Improvement in (12%) of the applicable cases.

In 11 of the 16 applicable cases, the child was in a placement with at least one other sibling, and in 9 of those cases, the child was in a placement with all siblings.

Item 12 was rated as a Strength if the child was in placement with all of his or her siblings, or if reviewers determined that the separation of the siblings was necessary to meet at least one child's safety or treatment needs. The item was rated as an Area Needing Improvement when reviewers determined that the separation of siblings was due to a lack of sufficient placement resources.

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

Knowledge:

Staff is more knowledgeable about the importance and expectation of placing siblings together in foster homes. Additionally, staff is more attentive to this expectation from the moment a placement need is identified. Training, practice bulletins, and clinical supervision have drawn increased attention to this issue in order to enhance and increase the knowledge of staff.

Relative Placements:

With the increased use of relative placements, IFAPA provides training to IDHS staff that highlights the importance of siblings being placed together. The use of relative placements increases the likelihood that siblings remain together.

Family Team Meetings (FTM):

Family Team Meetings focus on connecting siblings if they are not placed together.

State Law:

In 2007, the Iowa General Assembly passed legislation that provided for siblings to be placed together and connections to be maintained when they are not placed in the same foster care placement. Documentation is required as to why siblings cannot be placed together and why sibling visitation is not possible, and the court is required to review the decision.

Recruitment and Retention of Foster Homes:

IDHS included foster homes for siblings as a target population in the Recruitment and Retention contract. Iowa KidsNet, the state-wide contractor for the recruitment and retention of foster homes, has developed specific recruitment targets for service areas based on that area's needs. There are four categories of specialized recruitment: minority families, special needs children, teens and sibling groups. A formula established how many beds a service area needs. Service areas may allocate those beds within the areas of specialized recruitment, and this sets the recruitment target. The target for sibling groups was met in the first half of SFY10.

Stakeholder Feedback:

Stakeholders noted that IDHS is working to put Fostering Connections into practice, which supports the placement of siblings within the same foster care placement. Meskwaki Tribe representatives reported they thought IDHS does a good job placing siblings together. Judicial Feedback cited that for the most part the child welfare system was effective in this area. Most Judges commented that they emphasize to the Department the importance of keeping children with their siblings if possible. Judges indicated that the Department does make good efforts to do this, but some sibling groups are too large to be accommodated by one foster home. The Department and the Court make diligent efforts to have the siblings visit regularly with one another. Of the youth surveyed, 38.9% believed

that the child welfare system was very effective in placing them and their siblings together but another 36.1% believed it was not effective.

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

Resources:

There continues to be a need for more foster homes. Additionally, there are a limited number of homes, which can take large sibling groups.

Stakeholder Feedback:

In addition to the barrier already noted, stakeholders reported that families with multiple fathers are a barrier as these families represent the competing priority of keeping siblings together while at the same time encouraging relative placement. Meskwaki Tribe representatives noted that space requirements for placement homes are a barrier. The tribal culture supports the co-habitation of family and non-family members in need, which may result in several individuals living in a place where space is limited.

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 13 Visiting with parents and siblings in foster care | 85% | 76% n=341 | 81% n=347 | 80% n=350 | 83% n=366 | 87% n=350 | 89% n=415 | 90% n=250 | 86% n=69 | 92% n=91 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The data from case readings shows that efforts to promote visitation for child in out of home care had begun to drop below the baseline, however, there is a consistent, significant improvement noted over time. The improvement reflects the best practice efforts noted on the section on practice changes below.

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

The item rated as a Strength.

An assessment of item 13 was applicable for 20 of the 28 foster care cases. Eight cases were not applicable for an assessment of this item because TPR had been established prior to the period under review and parents were no longer involved in the children’s lives or parental visitation was terminated by court order and the child had no siblings in foster care. In assessing this item, reviewers determined (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in (85%) of the applicable cases.
- Item 13 was rated as an Area Needing Improvement in (15%) of the applicable cases.

Item 13 was rated as a Strength when reviewers determined that the frequency of visitation met the needs of the child and parent, or that, when visitation was less frequent than needed, IDHS had made diligent efforts to promote more frequent visitation and, in some instances, provided alternative forms of contact, such as telephone and e-mail.

The item was rated as an Area Needing Improvement when reviewers determined that IDHS did not arrange for regular visitation with a parent and/or did not arrange for other types of contact when regular visitation was not possible.

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

Family Team Meetings (FTM):

The early implementation of FTMs and the planning at the time of removal are important factors in facilitating this process. FTMs explore informal supports and family members who would be able to assist with the facilitation of visitation and in the development of a visitation plan.

Knowledge:

IDHS published practice bulletins related to parent-child visits/interaction, including the importance of engaging fathers. As a result, staff is more knowledgeable about the importance of visitation between children and their parents and siblings. Increased knowledge enhances practice. With the Fatherhood Initiative and efforts to engage the non-custodial parent, data collection methods are being reviewed.

Services:

The implementation of Family Safety, Risk, and Permanency (FSRP) services has expanded the capacity for ensuring visits occur. The contract allows for sub-contractors to be employed to deliver services outlined in the case plan to ensure the goals of the family case plan are addressed and met in concert with the IDHS caseworker. This included monthly visits to parents, children and siblings.

Relative Placements:

Relative placements help increase the likelihood and frequency of visits between parents and their children. Family members are likely to provide enhanced opportunities for visits.

Diligent Efforts:

IDHS makes diligent efforts regarding parent and sibling visitation, to include involvement with incarcerated parents and special attention to ensure father involvement/participation. In addition, diligent efforts ensure that visitation is progressive and expanded to locations that accommodate the family.

Family Interaction:

IDHS and the Safety Plan/FSRP contractors formed a joint workgroup chaired by IDHS and Mid-Iowa Family Therapy to oversee implementation of the Family Interaction guidelines for parent-child interaction when children are in foster care. Based on Norma Ginther's work, Family Interaction is designed to do a number of things, including: making contacts between parents and their children who are placed out of home more meaningful; strengthening the relationships between parents and their children in care; and moving more quickly to permanency for children. This initiative is relatively new and data collection methods are still being developed.

Stakeholder Feedback:

Stakeholders reported that, in addition to the strengths noted above, IDHS is doing more training around safety and risk assessment, which carries over into ensuring children's safety during visits. Stakeholders noted that the Polk

County Model Court, which develops policies/initiatives around issues, such as visitation, is a positive practice that should be implemented statewide and the collaboration between IDHS, providers, and other agencies is a strength in supporting interactions.

In planning and facilitating visitation between children in foster care and their parents and siblings placed separately, Judges cited that for the most part the child welfare system was effective to very effective in this area. Judges commented that the Department and the Court worked to ensure that visitation occurs unless there were some safety reasons not to permit it. Again, the legislative changes have made it easier to work on this issue without much impetus from the Court.

Iowa Child Advocacy Board Recommendations:

- Direct child welfare funding, statewide policies, service area practices and service provider contract provisions to impact the number, frequency and quality of parents’ visits with their children in placement in every case for which reunification is the goal.
- Continue to expand efforts that maintain regular visits and other positive connections among siblings whenever one or more of them are removed from their parents’ home.

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

Resources:

Transportation and travel time involved with visitation are barriers. Incarcerated parents pose a challenge in that few institutions allow physical contact and visiting hours, etc. Furthermore, siblings placed in different placements may be due to a lack of resources in the community. Different placements for siblings present coordination challenges to ensure visits occur. Group care placements also pose challenges.

Stakeholder Feedback:

In addition to the barrier noted above, stakeholders reported that one barrier to visits might be the perceived appropriateness of working with incarcerated parents. Stakeholders reported additional barriers are that the hours of transporters do not always coincide with the family’s schedule, the perception that all visits must be supervised, and a possible lack of planning by some workers in engaging informal resources to assist with visitation.

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|--------------------------------|--------------------------------|---------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 14 Preserving Connections | 79% | 90% n=397 | 91% n=400 | 93% n=396 | 95% n=430 | 93% n=416 | 96% n=513 | 97% n=299 | 97% n=78 | 89% n=104 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

The case reading data indicates a continued improvement in the efforts made to preserve connections for youth placed out of home, with a decrease noted in the last quarter. The decline in the last quarter may be due to a smaller sample size. The results from future reviews will be important in helping to determine whether the improvement is sustainable or if additional efforts are required to sustain and improve IDHS' ability to preserve connections for children in foster care.

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

The item rated as an Area Needing Improvement

Item 14 was applicable for assessment in all 28 foster care cases. In assessing item 14, reviewers determined whether IDHS made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in (79%) of the applicable cases.
- Item 14 was rated as an Area Needing Improvement in (21%) of the applicable cases.

Reviewers indicated that in 18 of the 28 cases, children's primary connections had been ~~–~~significantly” preserved while they were in foster care; in 7 of the 28 cases, children’s primary connections had been ~~–~~partially” preserved; and in 3 of the 28 cases, children’s primary connections had been ~~–~~not at all” preserved.

Item 14 was rated as a Strength when reviewers determined that the agency had made diligent efforts to achieve one or more of the following:

- Preservation of child’s primary connections with extended family members .
- Preservation of child’s primary connections with school and community
- Preservation of child’s primary connections with religion and ethnic/racial heritage

The item was rated as an Area Needing Improvement when reviewers determined that IDHS had not made diligent efforts to preserve the child's connections with extended family members and school and community. In one of those cases, reviewers noted that the agency also had not made efforts to preserve the child’s connection with her ethnic heritage.

Two children in the cases reviewed were identified as Native American children. In both cases, reviewers determined that IDHS had notified the Tribe in a timely manner; in one case, the child was placed with relatives. This item was rated as a Strength in both cases.

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

Family Team Meetings (FTM):

Through the increased use of family team meetings, preserving connections is identified at the time of placement and during concurrent planning.

Knowledge and Staff Efforts:

IDHS published a practice bulletin on the importance of maintaining the child’s connections and on the Indian Child Welfare Act (ICWA); supervisors with casework staff reviewed both with their staff. As a result, preserving connections has been a high priority for staff. In addition to compliance with ICWA and maintaining connections with extended family, staff identifies other opportunities and methods to maintain connections for children in foster care. This includes maintaining connections to their home school, worship site, and any activities that were part of their community involvement.

Stakeholder Feedback:

Stakeholders identified several strengths which supports Iowa’s child welfare system preserving connections for children in foster care. These strengths are:

- Community Partnership for Protecting for Children (CPPC)
- Breakthrough Series Collaborative (BSC) with its focus on the needs of minority youth in care
- Minority Youth and Family Initiative (MYFI) with its focus on the needs of minority youth
- IDHS development of cultural efforts and examination of culturally specific improvements
- Relative placements.
- Increased engagement of non-custodial parent (NCP)
- State law, which requires that children in foster care should remain in their home community and school, with documentation required as to why children are not able to remain in their own community
- Iowa U.S. Senator Grassley’s foster youth caucus with its strong tie to Iowa, which includes the voices of foster youth regarding what preserving connections really means to them
- Dream Teams, which is the equivalent of FTMs for older youth in care
- IDHS training/policy that supports compliance with the Indian Child Welfare Act (ICWA)
- Centralized intake procedures, which gathers information from reporters on ICWA and NCP

In preserving important connections for children in foster care, Judges cited that for the most part the child welfare system was effective to very effective in this area. Of the youth surveyed, the following identifies how effective they believed the child welfare system was in preserving connections to:

- Neighborhood – 27.8% not effective, 22.2 % rarely effective, 22.2% very effective
- Community – 27.0% not effective, 27.0% very effective
- Faith/Church – 38.9% very effective, 25.0% usually effective
- Friends – 42.5% very effective, 17.5% not effective
- School – 44.7% very effective, 21.1% usually effective
- Tribe – 35.3% very effective, 29.4% not effective

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

Resources:

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

Financial resources are a barrier for many schools to pay for transportation to the home school when the child is placed out of the home community. However, a collaborative between IDHS, the Iowa Department of Education, and other stakeholders is examining the possible use of Title IV-E funds to assist with transportation costs for foster care children placed out of their home community so that they may remain in their home school.

Stakeholders Feedback:

Stakeholders reported a few barriers to continued improvement for preserving connections for children in foster care. Specifically, stakeholders reported that, in a few communities, children coming out of group care are placed in an alternative school setting in lieu of returning to their home school. Stakeholders indicated that this practice goes against research regarding such arrangements and stigmatizes the children.

Meskwaki Tribe representatives perceived that IDHS workers could enhance their asking about Native American heritage. Tribal representatives suggested that IDHS workers ask about Native American heritage at the child abuse intake. Additionally, tribal representatives suggested developing protocols regarding picking up children on their settlement. Meskwaki Tribe representatives also reported that it is difficult to find foster homes close to their

settlement. Representatives mentioned that some children are in placement from one-and-a half hours to four hours away. Issues regarding licensing are addressed under Section IV, Systemic Factors, G. Foster and Adoptive Home Licensing, Approval, and Recruitment.

Judges reported that there are sometimes issues with children attending the same church or even the same denomination of church, as they were when they were at home or attending church with foster parents when they did not attend at home. Some Judges were uncomfortable with addressing this issue and felt that those decisions should be left to the parent and foster parent to work out through the Department. There were concerns about whether connections were maintained with friends and extended family and the consensus of the Judges was that those efforts were probably lacking in some way, but there was not enough information to form a solid opinion one way or another.

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb– April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|----------------------------|--------------------------------|--------------------|------------------|-----------------|----------------|---------------------|-----------------|----------------|-----------------|----------------|---------------|
| Item 15 Relative placement | 77% | 92% n=310 | 90% n=313 | 91% n=295 | 95% n=366 | 94% n=354 | 96% n=417 | 97% n=247 | 98% n=61 | 94% n=83 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

Case reading data shows a fairly consistent pattern of identifying relatives over the course of time. Recent emphasis on involving non-custodial parents and their kin may help increase this item even further.

In Iowa, for Federal Fiscal Year (FFY) 2009, there were 308 children in foster care placed in licensed relative foster family homes, which represents 5% of all children in foster family home placements. Additionally, there were 2,126 children in foster care placed in unlicensed relative foster family homes, which represents 33% of all children in foster family home placements.

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

The item rated as an Area Needing Improvement.

Twenty-two of the 28 foster care cases were applicable for an assessment of item 15. Cases were not applicable for assessment of this item when children were placed in foster care for the purpose of receiving specialized treatment such as mental health hospitalization or inpatient substance abuse treatment. In assessing this item, reviewers determined whether IDHS made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 17 (77%) of the 22 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 5 (23%) of the 22 applicable cases.

Item 15 was rated as a Strength when reviewers determined that children were placed with relatives or that the agency had made diligent efforts to search for both maternal and paternal relatives. Relatives were “ruled out” as potential placement resources when they were unable or unwilling to care for the children, had a criminal record, or had a history of substantiated child maltreatment.

The item was rated as an Area Needing Improvement when reviewers determined that the agency had not made diligent efforts to search for paternal relatives or for either paternal or maternal relatives.

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

Centralized Intake:

During the development of the centralized intake curriculum, specific questions relating to relative placements were added in order to begin this exploration at the intake level. In May 2007, the centralized intake curriculum was implemented. Eight sites were created to localize intake to the service areas. In July 2010, intake will again be changed to one combined site to serve the entire state. This site will be in Des Moines, the center of the state and be part of the newly created Centralized Service Area.

Family Team Meetings (FTM):

Family team meetings help in the identification of relatives who are willing to be involved as placement resources or as informal supports.

IDHS worker tools:

The use of checklists/concurrent planning questions assists in identifying potential relatives. Reinforcing the use of genograms and other tools to identify resources/supports through the completion of family functional assessments also helped. Child Support Recovery staff provided training to staff on the use of the Parent Locator and other Internet search tools.

Finding Families:

Finding Families was a pilot project in two service areas, Ames and Cedar Rapids, that was successful in identifying relatives. Although there was no funding to continue or expand, IDHS is exploring ways to integrate some of the practices and strategies into practice. One way to emphasize family finding was to publish a practice bulletin on relative placements. In addition, IDHS is currently working on a plan to train field staff and supervisors on Family Finding.

Relative Notification:

In July 2009, the Iowa General Assembly passed legislation regarding Public Law 110-351 to notify relatives within 30 days after removal of a child. IDHS staff utilizes a state form to notify relatives of child placement in foster care.

Stakeholders Feedback:

In addition to the above strengths, stakeholders reported that IDHS non-custodial parent (NCP) training and waiving non-safety requirements for relative placements as strengths contributing to Iowa’s performance. Stakeholders also reported that the Four Oaks Families for Iowa’s Children project promotes the identification of relatives. Meskwaki Tribe representatives reported that some workers in their county work with them to find relative placements. Meskwaki Tribe representatives go out with the IDHS child protective workers to visit the family and to inquire about relatives.

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

Iowa Child Advocacy Board Recommendations:

- Continue efforts to more actively seek and support relatives and other connected adults willing and able to care for children who are removed from their parents’ home and placed under IDHS custody or supervision.
- Continue efforts to increase the use of relative placements and the recruitment of minority family foster care provider.
- Establish policies to guide the seeking, approval, support and ongoing monitoring of IDHS supervised child placements in the homes of persons not licensed as foster parents.
- Continue efforts to educate the general public and system partners about the need for permanent guardians for some children.

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

Staff Resources:

A barrier is the lack of staff time to identify relatives. Although this is difficult, this is an area showing signs of improvement. Non-custodial parent(NCP) involvement begins as soon as the child is a part of the protective assessment. Notification and efforts to include the NCP continue throughout the case to ensure extended parental involvement. Additionally, IDHS now send written notification to all identified relatives that a child has been placed in care to give that relative a chance to be involved as a support or placement option.

Relatives Reluctance:

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

Stakeholder Feedback:

Stakeholders reported that some relatives living out-of-state or out-of-the-area from parents is a barrier as well as the lack of financial supports for relative caregivers. Stakeholders also voiced concern that the child welfare system and some workers have biases regarding working with the non-custodial parent (NCP).

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|--|--------------------------------|--------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 16 Relationship of child in care with parents | 79% | 93% n=308 | 91% n=322 | 91% n=315 | 96% n=331 | 97% n=329 | 97% n=408 | 99% n=234 | 86% n=69 | 97% n=86 | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition due to an approved reduction in the number of cases read since the entire federal tool is utilized.

Case reading data shows steady performance over time for promoting and maintaining the parent-child relationship for children in foster care.

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

The item rated as an Area Needing Improvement.

An assessment of item 16 was applicable for 19 of the 28 foster care cases. A case was considered not applicable for an assessment of this item if parental rights had been terminated prior to the period under review and parents were no longer involved with the child or if a relationship with the parents was considered to be not in the child's best interests. In assessing this item, reviewers determined whether the IDHS made diligent efforts to support or maintain the bond between children in foster care with their mothers and fathers. The results of this assessment were the following:

- Item 16 was rated as a Strength in (79%) of the applicable cases.
- Item 16 was rated as an Area Needing Improvement in (21%) of the applicable cases.

Item 16 was rated as a Strength when reviewers determined one or more of the following

- IDHS promoted the parent-child relationship by facilitating and encouraging frequent visitation and providing transportation for visitation when necessary.
- IDHS promoted the parent-child relationship by involving parents in the child's medical appointments.
- IDHS promoted the parent child relationship by involving parents with the child in recreational and school activities.
- IDHS promoted the parent-child relationship by providing family counseling.

The item was rated as an Area Needing Improvement when reviewers determined that IDHS did not promote parental involvement with the child or attempt to strengthen the parent-child relationship through other activities. In one of the four cases rated as an Area Needing Improvement, reviewers determined that IDHS did not attempt to locate the parents in another country, even though the location of the parents was in the case file. In the other three cases, reviewers determined that IDHS had not made sufficient efforts to promote the father-child relationship or improve the mother-child bond.

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

Family Team Meetings (FTM):

The use of family team meetings have increased the identification of informal supports and family members to assist with visits through transportation and supervision.

Services:

Family Safety, Risk, and Permanency (FSRP) Services allow for greater flexibility in service delivery, which also includes supervision and visitation/interaction.

Foster Parents:

Foster parents who have attended PS-MAPP during their licensures are more willing to have the parent involvement in the child's care when they are in foster care.

Family Interaction:

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

Stakeholder Feedback:

Stakeholders reported strengths in improving performance.

- Increased training for workers around maintaining the parent-child relationship,
- PS-MAPP training was a strength in training foster parents
- *elevate* activities, and other outreach activities and mentoring programs
- QA staff analyzing non-custodial parent (NCP) engagement

In promoting or helping maintain the parent-child relationship for children in foster care when appropriate to do so, Judges cited that for the most part the child welfare system was somewhat effective in this area. It was commented that the Department and the Court are good at “promoting” an ongoing relationship when it is in the child’s best interest; however, transportation sometimes becomes an obstacle in this area. All Judges surveyed concurred that this is an ideal goal to maintain the relationship, but often after permanency is established through guardianship. So, although the Court and the Department promoted an ongoing relationship between birth parents and their children, it is up to the caregivers of the child on how and to what extent these relationships are maintained. Post termination raises other issues and is again generally left up to the parties to devise a plan to implement the goal that may have been established by the Department or the Court. Of the youth surveyed, 32.5% believed that the child welfare system was very effective in keeping their biological family involved and connected in their life and another 27.5% believed it was usually effective.

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

Foster Parents:

Some foster parents may choose to be foster parents with an eye toward adoption, which affects their willingness to work with parents. Stakeholders reported that more support needed to be given to foster parents to help them put into practice working with parents, as some may not see the importance of maintaining the parent-child relationship.

Transportation:

Distance and transportation issues can create barriers in some areas. This is a greater barrier in rural areas that may have less placement options.

Incarcerated Parents:

Promoting the parent-child relationship when parents are incarcerated can also be very difficult for the same reasons that impact visitation/interaction and involvement in case planning.

Stakeholder Feedback:

While stakeholders noted the enhanced engagement of NCPs, stakeholders also reported that more was needed to be done in this area. Specifically, stakeholders reported that NCPs needed to be contacted by IDHS staff earlier in the process and workers need to contact NCPs directly to include them in FTMs and other meetings. Stakeholders reported that some workers may struggle with maintaining the parent-child relationship in another planned permanent living arrangement (APPLA) cases. Stakeholders noted that some foster parents may pull back from working with parents if parents are abusive or not engaged and/or if concurrent planning seems likely, such as a concurrent goal towards adoption.

Child and Family Well-Being

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

In 2003, Iowa did not achieve substantial conformity with Well-Being Outcome 1 based on the finding that the outcome was rated as substantially achieved for 24% of the cases reviewed that was less than the 90% required for a determination of substantial conformity.

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

A. What does policy and procedure require?

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

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

In assessing children and gathering information, the primary consideration must be ensuring safety and protection for the child and the community. The information gathered will help to identify strengths and needs with the family that can be used in planning for possible services and for safe case closure. Safe case closure starts at the beginning of the assessment process. The specific changes that must occur in order for the family to function successfully without external intervention or supports should be identified at the initial assessment of the case.

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|-------------------------------|--------------------------------|--------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| Item 17 Assessment & Services | 72% | 84% | 84% | 88% | 91% | 93% | 94% | 95% | 88% | 87% | Case Readings |

The data from case readings indicates a continued improvement in assessing the needs of families and providing services to meet those needs, with a decline within the last two quarters.

In July 1, 2009, Iowa began using the federal CFSR Case Reading Tool and instructions and collecting data on the 7 outcomes and 23 items. Quality Assurance & Improvement Coordinators assisted in training staff on a common lens to view the items within the parameters of the federal case reading tool.

Supervisors, Quality Assurance & Improvement Coordinators, and local management routinely review the data and evaluate where strategies are working, where practice issues can be strengthened, and what strategies may be implemented that can impact multiple items within the federal standards. In the day to day field supervision supervisors using the case reading instrument integrate CFSR/ best practice in consultation with their staff through routine clinical supervision.

Every supervisor now uses this tool to review cases for staff they supervise. The files for review are stratified by supervisor and randomly selected. When implemented in July 2009, each supervisor reviewed one case file per month; as of February 1, 2010, each supervisor reviews two case files per month. This is a decrease in sample size when compared to previous years; prior to using the federal tool, supervisors were reviewing one case for each of their workers each month using a tool developed within Iowa. Due to the complexities of the federal tool and the learning curve for application, the sample size of cases reviewed decreased in 2009, but consistency with federal

expectations has increased. The sample size will continue to increase as supervisors become more familiar with the CFSR case reading tool.

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

The item rated as an Area Needing Improvement.

An assessment of item 17 was applicable for all 50 cases. In assessing this item, reviewers determined whether IDHS had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in (72%) of the applicable cases.
- Item 17 was rated as an Area Needing Improvement in (28%) of the applicable cases.

Item 17 was rated as a Strength when reviewers determined that the needs of children, parents, and foster parents had been adequately assessed and that identified service needs had been met. The item was rated as an Area Needing Improvement in the foster care cases when reviewers determined the following:

- Lack of assessment of services needs and services to foster parents.
- Incomplete assessment or no assessment of the needs of the children and parents so that many needs were not addressed.
- Adequate assessments but a lack of services provided to children and/or parents to address identified needs.

The item was rated as an Area Needing Improvement in the in-homes services cases when reviewers determined one or more of the following:

- Mother’s needs were not fully assessed either initially or on an ongoing basis.
- Children’s needs were not fully assessed either initially or on an ongoing basis.
- Identified needs were not addressed by services.

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

Since CFSR Round One, Iowa instituted a number of changes to improve our performance.

Visits:

Over the last two fiscal years, IDHS has emphasized visits with children and parents within the context of incremental performance progress. A focus on visiting families and children has resulted in knowing the cases better, having the ability to better assess needs on an ongoing basis, and knowing what impact the services were making. A field protocol was established to track visitation. Workers report within the CWIS system if they have completed visitation each month. If monthly visitation is not done workers are required to document in the case file as to the reason. This method assists in ensuring that visitation is occurring and that adequate efforts are being made to locate and engage parents including noncustodial parents.

Assessments:

IDHS staff utilizes a more comprehensive functional assessment approach, supported by statewide training. In child protective assessment reports, detail in the domain sections supports and improves initial needs assessments of children and their parents for cases referred to ongoing protective services.

For children referred for foster care services, IDHS workers complete a formal foster care behavioral assessment to determine the mental health needs of the foster child. These are to be done within 30 days of initial entry into foster care, when there is significant behavior change, a placement change, TPR (ties in with adoption subsidy or pre-subsidy), and for guardianship subsidy.

Substance Abuse:

In October 2007 the Judicial Branch received a 5 year, \$500,000 a year grant, from the Children’s Bureau. This collaborative grant, *Parents and Children Together (PACT): A Family Drug Court Initiative* is a community based approach to substance abuse treatment that supports the family to remain together or regain the role as primary parents for their children. The initiative is designed to provide a more comprehensive needs assessment for families where parental substance abuse is the major barrier to the safety of the children. It stresses the use of collaborative working relationships between the court, child welfare, substance abuse, mental health and the community in support of improved outcomes in the area of substance abuse.

The statewide grant has five pilot county sites in Iowa, Linn, Polk, Scott, Wapello, and Woodbury counties. The Objectives of the initiative are:

- Increasing the safety, permanency and well-being of children by addressing the substance abuse treatment programming and service gaps for parents through a community collaborative planning approach
- Through a comprehensive training program, creating a common vision of best practices for families with substance abuse problems and involved in the child welfare system due to abuse or neglect of their children
- Documenting Key project elements that support families to successfully protect their children while maintaining a sober lifestyle
- Establishing family drug court in each pilot site

As part of this initiative the state partnership team which includes state, community and provider agencies meets to address state policy and procedure barriers that prevent effective treatment. The project serves 200 families using an evidence based substance abuse family treatment model that incorporates family drug court. Each of the five sites in Iowa were selected based on the high level of substance abuse issues (primarily methamphetamine) in the area, an existent collaborative in each community that was willing to develop new services for children and families, and a committed judge who was willing to establish a family drug court.

Responsible Fatherhood:

In December 2007, IDHS submitted to the Iowa Legislature a report entitled, —Options and Resources Needed to Support Responsible Fatherhood” that contained recommendations regarding engaging the noncustodial parent (NCP). This report was in part due to the existing CFSR results nationwide in reference to state’s efforts to engage fathers in the child welfare system. With a renewed emphasis on engaging NCP, the IDHS Quality Assurance & Improvement staff began developing guides and gathering resource information regarding the importance of NCP involvement on positive outcomes for children. In 2009 a NCP interactive statewide training was offered for Supervisors and Social Work Administrators. Materials were provided to the attendees to begin presenting this information to field staff.

During FY 10, all Service Areas offered the NCP training curriculum to IDHS staff and local providers. In addition to the statewide NCP training, there were also in-person and webinar delivered trainings for both staff and supervisors in February 2010 on implementing, supervising, and sustaining family search and engagement efforts provided by trainers from the National Resource Center for Permanency and Family Connections.

Based on the recommendations contained within the legislative report and the trainings some of the activities that IDHS has since implemented include: asking about the NCP parent during the initial assessment process and throughout the life of the case, working with the custodial parent as to why it is important to involve the NCP, engaging the NCP in current services, and reviewing the need for any services specific to the NCP. In addition, the court is now asking about the family about the NCP and questioning what workers are doing to locate and engage them in the case. Stakeholders reported a strength was the IDHS non-custodial parent (NCP) training provided to staff on engaging the NCP. Stakeholders suggested incorporating the NCP training into the new worker training curriculum.

Family Team Meetings (FTM):

In service areas with high performance, specific focus on family team meetings (including front-loaded, and supporting facilitation by use of dedicated IDHS staff and/or contracts) or pre-removal conferences, focusing on family functioning at the point of assessment (and by contractors), and monthly worker visits to engage and perform ongoing assessments are key strategies.

Recruitment and Retention:

IDHS contract for Resource Family Recruitment and Retention now includes expectations regarding assessing foster parent needs and providing supports to address identified needs. Stakeholders also noted the contract's requirements for assessments and supports of foster parents as a strength.

Staff Education:

IDHS published a practice bulletin related to assessing the needs of birth parents, children and foster parents. In addition to practice bulletins, IDHS provided staff training on family interaction.

Parent Partners:

As noted earlier, IDHS began a Parent Partner program with a goal to spread it statewide over the next four to five years.

Stakeholder Feedback:

In addition to strengths noted above, stakeholders reported several additional strengths for Iowa's child welfare system:

- Model Court that promotes best practices to engage families in the juvenile court process
- Joint treatment planning conferences between IDHS and mental health providers regarding the needs and appropriate services for children with serious mental health issues
- Pre-removal conferences that provide an opportunity to ease the child's transition to foster care and help to identify parental needs at this critical time

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

- Developing a chart for foster parents that identifies the individuals, such as IDHS worker, FSRP worker and what their roles are
- 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/>

Consumers, represented by Parent partner groups and Elevate youth, reported several strengths in Iowa's child welfare system. These included:

- Family team meetings, including their occurring every 6 months
- Parents and Children Together (PACT) drug courts
- Improved communication and involvement of IDHS workers:
 - Caseworkers frequently spoke to youth regarding their needs and services
 - Caseworkers took the time to listen to youth
 - Caseworkers checked on family problems and updated youth on people in their family
 - Caseworkers assisted youth with uncomfortable situations.
- Family interaction
- Targeted services
- Hearings are held every three months and judges ask parents if they have any questions

- Pre-removal conferences that allow visits to be set up right away and provide the opportunity to examine all possible placements including those with the non-custodial parent (NCP) or relative

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

Absent Parent/Incarcerated Parent/Uninvolved Parent:

IDHS approved a review and analysis of case reading data regarding the success and failure in locating and engaging the non-custodial parent in cases and how that impacts positive results for children and families.

As part of the review Quality Assurance & Improvement Coordinators (QA&I) analyzed cases over a three month time period that did not score as a Strength for CFSR Indicator #17 (Needs and Services of Child, Parent and Foster Parents) and/or #18 (Child and Family Involved in Case Planning). Findings were:

| | | | BARRIER | | |
|---------------|-----------|------------------------|-----------------|-----------------|-------------------|
| | ANI Cases | # ANI due to NCP Issue | Identity of NCP | Location of NCP | Engagement of NCP |
| TOTALS | 119 | 64 | 6 | 13 | 47 |

ANI=Area Needing Improvement; NCP=Non-Custodial Parent

From this data, it was clear that Iowa could improve practice around the involvement of non-custodial parents, thus improving outcomes for children and families.

Below are comparisons of items impacted by non-custodial involvement including baseline information from the initial federal on-site review to the current IDHS case reading and administrative data.

| Focus Item | Baseline (from 2003 CFSR) | Current Performance (as of 12/09 Case Reading Data) |
|--|---------------------------|---|
| CFSR #15: Children in foster care are placed with relatives whenever possible | 77% | 94% |
| CFSR #17: Needs of children, their parents, and foster parents are assessed and addressed | 72% | 87% |
| CFSR #18: Children and their parents are involved in the case planning process on an ongoing basis | 66% | 85% |

The data shows these areas as improving based in part on QA&I review and analysis of case reading data and the implementation of recommended strategies to improve identification, location, and engagement of non-custodial parents.

Despite some improvements, there remains a barrier to impacting performance around engaging the absent parent, the incarcerated parent, and/or the uninvolved parent. Continued improvement is needed in the initial search for and engagement of the non-custodial parent (NCP), as well as periodic efforts to locate and engage the NCP during the life of the case. In cases where the NCP declines involvement, more consistency is needed in documenting efforts that were taken and following the protocol for periodic efforts to re-engage the parent.

Stakeholder Feedback:

Stakeholders identified issues and areas where continual progress is needed:

- Identifying and engaging relatives at the earliest possible stage in the case
- Documenting efforts to engage NCP and extended family
- Specialized IDHS staff is needed to identify and locate the NCP

- IDHS having difficulty engaging the correctional system around the NCP
- Confidentiality issues involving extended family
- Perceived stigma regarding being involved with IDHS
- Inconsistency in the availability of resources, particularly in rural counties
- Training around family interaction not being implemented statewide

Stakeholders identified several promising practices or suggestions for statewide implementation:

- Developing a form to track efforts to engage NCP
- Share more information with grandparents
- Expand pre-removal conferences statewide
- Expand Model Court statewide

Consumers, represented by IFAPA, Parent Partner groups, and Elevate youth, reported the following areas needing improvement:

- The language used when referencing foster parents, i.e., foster parents or resource parent
- Confusion regarding differences between visits and family interaction
- Turnover in service providers that affects the quality of relationships with foster parents, parents, and youth
- Inconsistencies within IDHS practice; some IDHS workers complete behavioral assessments of the child jointly with the foster parents while some do not, some invite foster parents to the FTM while other do not, all of which affects the foster parents' involvement in case planning
- Consistency in frequency of family team meetings, including granting parental request for family team meetings
- Communication between caseworkers and youth, caseworkers and parents
- Insurance to cover services for parents
- Social worker education around addiction and child development
- High caseloads
- Communication between legal community and youth and parents
- Availability of mental health services in all communities
- More supervised visits
- Retention of workers

Consumers, represented by IFAPA, Parent Partner groups, and Elevate youth, identified several promising practices or suggestions for statewide implementation:

- Training for foster parents as new laws and rules go into effect that impact them
- Standardize implementation and procedures around FTMs statewide, including increasing its usage
- FTM facilitators should work with the biological parents to stress the importance of involving the foster parents
- Avoid using Internet sites, such as MySpace or Facebook to make determinations if a parent is fit
- Engage minority families more effectively
- Give parents a readable list of what to do in order to get the child back
- Make the IDHS offices more welcoming to parents
- Increase unexpected drop-in visits with parents who use drugs
- Increase number of caseworkers
- Expand PACT drug courts and mental health services
- Support the establishment of support groups for children involved in the juvenile court but not in foster care, similar to Elevate
- Caseworkers provide advance notice before placement change
- Provide a list of what resources IDHS cannot cover
- Caseworkers follow through with what they say they are going to do

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007–Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008–Jan 2009 | Feb –April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|--------------------------------|-------------------|------------------|-----------------|----------------|-------------------|-----------------|----------------|-----------------|----------------|---------------|
| <u>Item 18</u> Child and Family Involvement in Case Planning | 66% | 78% | 78% | 84% | 90% | 90% | 93% | 93% | 86% | 85% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

The case reading data shows a continuing trend of improvement in engaging families in the case planning process with the last two quarters showing a decline. However, the decline may be attributable to the smaller sample size and change in utilizing the federal tool.

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

The item rated as an Area Needing Improvement.

An assessment of item 18 was applicable for all 50 cases. In assessing this item, reviewers determined whether parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) had been involved in the case planning, and if not, whether their involvement was contrary to the child's best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in (66%) of the 50 applicable cases.

Ratings for this item varied as a function of type of case and across sites included in the CFSR. A rating of Strength was assigned to 71% of the foster care cases compared to 59% of the in-home services cases.

Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Fathers who should have been involved in case planning were not involved
- Mothers who should have been involved in case planning were not involved
- Children who were old enough to have been involved in case planning were not involved

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

Judicial:

A notice of court hearings is required to be given to youth in foster care. Effective July 1, 2010, Iowa law presumes a child, 14 years old and older, should attend court hearings and all staffing or family meetings related to the child's placement or services provided to the child. If the child does not attend, IDHS must provide a written record as to why it is not in the child's best interests to attend. The child has the right to see the written record.

Additionally, at FCRB meetings, a child, age 5 or older, is asked to provide information they want the judge to know, usually one to two sentences. This information is shared with the judge as part of the FCRB report to the court.

Reviews:

Dubuque and Davenport use 30-day reviews for children placed out of home in order to promote planning, including concurrent planning, and to reinforce the need to engage parents and children in the change process. Cedar Rapids also is doing periodic internal reviews on children in shelter, group care, and initial foster family placements, including relative placements, to examine issues and characteristics of children in foster care and to determine what planning is occurring. The plan is to continue to implement the CFSR-like tool with all FCRBs utilizing the tool by February 2011.

Family Team Meetings (FTM):

In some parts of the state, FTMs are offered for all cases to engage parents in shared decision making. Additionally, in some areas, foster parents are included in the meeting.

Pre-removal Conferences:

Pre-removal conferences, a type of family team meeting, are utilized in Polk County to engage parents in planning and address the transition, medical, and emotional needs of children when they are placed in foster care.

Multiple Strategies Utilized:

In service areas with high performance there is a specific focus on family team meetings (including front-loaded, and supporting facilitation by use of dedicated IDHS staff and/or contracts), pre-removal conferences, child/parent/foster parent participation, transition events (SW3-SW2 with family and FTM), and monthly worker visits to engage and perform ongoing assessment are key strategies.

ICWA:

Having access to an ICWA specialist for areas without large Indian populations has assisted IDHS staff in engaging Native family involvement. Stakeholders reported that IDHS work with ICWA continues to evolve. Stakeholders noted that IDHS central office has dedicated office space for a tribal representative.

In 2007, Iowa's Indian Child Welfare law changed through a decision remanded by the Iowa Supreme Court. Iowa law was more stringent than the federal ICWA. However, the Iowa Supreme Court's decision resulted in Iowa's law conforming with the federal law.

Stakeholder Feedback:

Stakeholders reported the following strengths:

- IDHS increased efforts to reach and engage NCPs. In addition, to support this change in practice, IDHS provided NCP trainings and defined concerted efforts as part of the trainings, which were discussed further in supervisor/worker clinical consultation.

Consumers, represented by Parent Partner groups and Elevate youth, reported the following strengths:

- Regular family team meetings
- Strength-based practice
- Caseworkers worked with parents, got to know them, and involved them in case planning.
- Caseworkers more involved in school issues and medical appointments.
- Some caseworkers involved youth in writing and updating case plan.
- Some caseworkers kept youth informed about upcoming events.
- Some service providers read the case plan to youth.
- Some youth received a copy of their case plan.
- For some youth, the case plan was developed or updated in their family team meeting.

Meskwaki tribal stakeholders reported that since 2003, they have had a tribal court. They enacted and implemented tribal law and are applying their tribal code to their child welfare cases. The tribal court has 50 child welfare cases. There is awareness of the tribal court and family resolution processes, which is how they work their child welfare cases. In regards to family, a court tribal representative may ask a person attending a hearing what their relationship is to the child. Even if not a blood relative, the tribal court may recognize that person's role with the child.

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

Absent Parent/Incarcerated Parent/Uninvolved Parent:

A continued barrier impacting performance surrounds the absent parent-incarcerated parent-uninvolved parent. IDHS staff needs to continue improvement in the initial search for and engagement of the non-custodial parent, as well as periodic efforts to locate and engage the non-custodial parent (NCP) during the life of the case. In cases where NCP declines involvement, more consistency is needed in documenting efforts and following the protocol for periodic efforts to re-engage the parent. Distance continues to be a barrier with re-engaging NCP in their child's life, particularly as it relates to out-of-state parents. In some cases, mothers are reluctant or refuse to name fathers. However, as noted above, some courts have mothers placed under oath to provide information.

Multiple Barriers:

In service areas with lower performance, barriers cited included workload, constraints of data systems, absent parents, and no-show for monthly visits.

Stakeholder Feedback:

- Stakeholders reported a few barriers to continued improvement in performance. Some workers may "talk at" families instead of engaging them.
- Difficult to find fathers who do not live in the U.S. or who are not citizens. Fathers residing in the U.S. illegally may not want to be located or engaged due to concerns regarding deportation.
- IDHS worker and provider worker turnover
- Fiscal constraints may threaten the one judge-one family practice.

Stakeholders made the following recommendations:

- Define engagement for workers and teach them how to engage parents
- Inform workers of NCP issues and further define "concerted efforts" regarding engaging NCPs
- Examine states who excel in NCP issues for best practices
- Tribal courts for other Native American tribes

Consumers, represented by Parent partner groups and Elevate youth, reported the following areas needing improvement:

- Consistency among caseworkers regarding the amount of time caseworkers spend with parent and youth to develop case plan, especially when updating the case plan or going over it
- Sometimes clients’ case plans are mixed up with other clients’ case plan.
- Inaccurate and redundant information in case plan
- Timeliness of case plans
- Some caseworkers send youth case plans in the mail.
- Some caseworkers do not engage African American youth in a culturally competent ways. One youth reported that sometimes caseworkers utilize middle class, white person perspective.

Consumers, represented by Parent partner groups and Elevate youth, recommended the following:

- Develop the case plan within the context of a family team meeting
- When developing the case plan, workers should have realistic expectations. One parent stated, —My family is not a timeline.”
- Make goals easier for families to achieve
- Caseworkers send information to parents that say, —here is what you should expect your attorney to do.”
- Go over the case plan with the parents and make sure the parents understand the plan, including explaining the recommendations
- The case plan should be a living document and allowed to change regularly.
- Caseworkers provide youth information regarding what they are doing with their case.
- Caseworkers communicate more with providers.
- Update case plan more often
- Let youth know who receives their case plan.
- Give youth a sheet on protocols and numbers to call for help
- Elevate youth should contact Ombudsman to assist youth who need help

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

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007–Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|------------------------------------|--------------------------------|-------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 19</u> SW visits, child | 10% | 69% | 74% | 81% | 84% | 87% | 87% | 90% | 94% | 88% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

The case reading data shows a continued improvement in worker visits with children over the periods reported. The case reading data examines visits with children, in home and in foster care, over a 12-month period. The

percentage of children whose pattern of visits were at least monthly, i.e. in a calendar month, rose from 69% to 94% over the periods reported, with a decrease in performance in the last quarter.

Another data source is administrative data. Administrative data measures visits with foster care children over a 12-month period. According to the administrative data, visits rose from a baseline of 32% in federal fiscal year (FFY) 2007 to 53.23% in FFY 2009. Similarly, visits occurring in the child's residence rose from a FFY 2007 baseline of 65% to 82.04% in FFY 2009.

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

The item rated as an Area needing Improvement.

All 50 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers determined whether the frequency of visits between the caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:

- Item 19 was rated as a Strength in (10%) of the applicable cases.
- Item 19 was rated as an Area Needing Improvement in (90%) of the applicable cases.

Reviewers noted the following with respect to frequency of caseworker visits with children for the 28 foster care cases:

- In 2 cases, visits typically occurred once a month.
- In 26 cases, visits typically occurred less than monthly.

Reviewers noted the following with respect to frequency of caseworker visits with children for the 22 in-home services cases:

- In 1 case, visits typically occurred once a month.
- In 18 cases, visits typically occurred less than monthly.
- In 3 cases, no visits were made.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of visits between caseworkers and children were sufficient to ensure adequate monitoring of the child's safety and well-being and promote attainment of case goals.

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The caseworker did not visit the child during the period under review.
- The frequency of caseworker visits was not sufficient to meet the needs of the child and the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment .
- The frequency of caseworker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment.

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

Child Welfare Redesign:

In 2003, the Better Results for Kids (BR4K) child welfare redesign made several changes, such as reducing child welfare caseloads, which supports monthly visits and a concerted focus on monthly visits with children and parents. The CFSR process also emphasized the importance of caseworker visits with the child.

Visits: Please refer to Item 17.D.

Staff Education:

Beginning in December 2007, IDHS began to provide monthly practice bulletins to its staff in order to highlight practice issues and strategies. These bulletins focused on quality of visits. Stakeholders reported that caseworkers' view of visits has shifted from compliance to best practice.

Technology:

In the Family and Child Services (FACS) system, IDHS workers enter their contacts. As part of system enhancement, the fields cover whether the worker asked quality questions, whether the case plan was reviewed, the location of the visit, whether the child was seen alone, and whether the child was considered safe. IFAPA staff reported that the system's alerts were enhanced to.

Responsible Fatherhood: Please refer to Item 17.D.

Multiple Strategies:

In service areas with high performance, specific focus on monthly worker visits, staff training, lower caseloads, increased staff, weekly supervisions and team meetings, and tracking systems to focus on worker performance are key strategies.

Stakeholder Feedback:

Stakeholders reported that a promising practice is the Keep Kids Safe pilot in Black Hawk County. It is a collaborative effort between the IDHS caseworker, provider, and collateral contacts to front load services in the beginning when more contact is needed. Pilot results indicated no founded cases of re-abuse. However, the frequency and intensity of services was not what they had desired. *elevate* groups reported the following strengths:

- Some caseworkers visited monthly, answered youth's questions, spoke with youth about court hearings, returned calls, and got to know youth.
- Some caseworkers continued to communicate with youth after youth aged out of foster care.
- Youth reported that Transition Information Packets are very helpful.
- Some caseworkers participated in *elevate* apartment makeovers for youth in independent living.

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

Inclement Weather/Distance:

No-shows/cancellations/inclement weather all negatively impact performance. Especially in the more rural environments or when children are placed outside of their community, distance becomes an issue. Full day trips to make visits that are unsuccessful (no-shows) are difficult to reschedule within the same month. This past winter, which was more difficult than usual, resulted in more cancelled visits due to worker safety concerns about traveling or closed roads.

Multiple Barriers:

In Service Areas with lower performance, barriers cited included distance, travel time, not all children being available when visiting, problems with the CWIS system not tracking visits (30 days vs. monthly) and not having a planning tool for future visits (requiring hand tracking systems), caseload size, infancy on using data, and staff viewing visitation as compliance versus how it impacts practice.

Decreased Financial Resources:

As a result of recent declines in state revenue, IDHS experienced a reduction in state funding for staff and implemented a hiring freeze resulting in caseload increases. While additional federal funding through ARRA helped to stabilize funding for child welfare in SFY 2009, IDHS anticipates the caseloads to remain at higher levels

throughout SFY 2010 and SFY2011. Additionally, a decrease in the number of supervisors may impact worker practice. Decreased financial resources will present challenges to meeting expectations to increase monthly visits.

Stakeholder Feedback:

In addition to the barriers noted above, stakeholders reported that the budget and reorganization may negatively impact performance, due to increased caseload size. Stakeholders also reported that some workers may not know how to collaborate with service providers. IFAPA staff questioned whether foster parents are aware of IDHS worker visits with the children in their care. *elevate* groups reported the following areas needing improvement:

- Some caseworkers do not visit youth monthly or visit only around court time.
- Some caseworkers spend a minimal amount of time visiting with youth.
- Some caseworkers do not answer their phone and fail to return phone calls to youth
- Some youth felt like that caseworkers were —Doing their job – not much more”.
- One youth stated that it —feels like some workers judge families; work with you based on past not present and future.”

Stakeholders recommended taking statewide the Keep Kids Safe pilot. However, stakeholders noted that there may be some contract and caseload issues that would prevent this from occurring. Stakeholders also recommended further education for IDHS workers in collaborating with service providers. *elevate* groups recommended the following:

- Visit youth more often, e.g. at least once a month
- Have some visits within the community
- Increase involvement and communication between caseworkers and youth
- —Each child has a —safety person”, someone who doesn’t change even though they move to different placement.”

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

A. What does policy and procedure require?

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

B. What does the data tell us?

| Outcome | Baseline (2003 Federal Review) | Nov 2007 – Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008– Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|--------------------------------------|--------------------------------|---------------------|------------------|-----------------|----------------|--------------------|------------------|----------------|-----------------|----------------|---------------|
| <u>Item 20</u> SW visits, parents | 23% | 46% | 46% | 53% | 57% | 55% | 60% | 67% | 64% | 71% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

Case readings indicate a continued upward trend toward improvement in the case managers’ ability to meet with parents or primary caretakers on a consistent basis while serving the child and family. The percentage of cases rated as a strength rose from a low of 46% to a high of 71% over the periods reported. Similar to other states, visits with the non-custodial parent (NCP) affects our performance.

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

The item rated as an Area Needing Improvement.

An assessment of item 20 was applicable for 48 of the 50 cases. There were two foster care cases that were not applicable for this assessment because TPR had been attained for the parents prior to the period under review and parents were no longer involved in the lives of the children and there were no adoptive parents. Reviewers assessed whether the caseworker’s face-to-face contact with the children’s mothers and fathers was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children’s safety and well-being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 11 (23%) of the 48 cases (3 of which were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 37 (77%) of the 48 cases 923 of which were foster care cases).

Typical patterns of caseworker visits with mothers were the following (41 applicable cases):

- Twice a month visits - 2 cases (1 of which was a foster care case).
- Monthly visits – 7 cases (3 of which were foster care cases).
- Less than monthly visits – 31 cases (15 of which were foster care cases).
- No visits – 1 case (which was a foster care case).

Typical patterns of caseworker visits with fathers were the following (27 applicable cases):

- Monthly visits - 4 cases (none of which were foster care cases).
- Less than monthly visits - 20 cases (10 of which were foster care cases).
- No visits – 3 cases (2 of which were foster care cases).

Item 20 was rated as a Strength when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children and that visits focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Visits were not occurring with sufficient frequency, but when they did occur they focused on substantive issues pertaining to the case (26 cases).
- Visits were not occurring with sufficient frequency, nor did they focus on substantive issues pertaining to the case (10 cases).
- Visits were occurring with sufficient frequency, but did not focus on substantive issues pertaining to the case (1 case).

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

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

Stakeholder Feedback:

To improve practice regarding the NCP, stakeholders reported several promising practices instituted since Round One. IDHS published practice bulletins to educate staff on identifying, locating, and engaging the NCP. IDHS provided NCP training for staff regarding examining worker bias and the importance of father involvement. Child Support Recovery Unit (CSRU) staff trained child welfare staff on utilizing the Parent Locator service. Stakeholders also reported family interaction, collaborative initiatives, and broadening the child welfare team as promising practices. In Tama County, IDHS staff works cooperatively with Meskwaki Family Services on child welfare cases. Parent partner groups reported the following strengths:

- Some caseworkers meet with the client monthly or more frequently as needed, return phone calls, and communicate well with the parent, such as trying to get to know the parent and answering parents’ questions.
- Some workers show compassion.

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

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

Stakeholder Feedback:

Stakeholders reported continuing barriers regarding engaging the NCP. Stakeholders reported that some workers continue to have bias regarding working with the NCP and/or not utilize the Parent Locator service. Stakeholders perceived needed improvement in the collaboration between child welfare staff and CSRU and income maintenance staff in identifying and locating fathers and paying for paternity testing. Another barrier is mothers do not always identify the father. Some parents do not want to engage with the child welfare system, such as out-of-state, out-of-country, and incarcerated parents. Stakeholders felt that the child welfare system needed to work more with the correctional system in regards to incarcerated parents and training regarding working with military families. Stakeholders reported that interpreter services are available but accessibility of these services varies across the state and/or lack of interpreters for specific dialects.

Parent partner groups reported the following areas needing improvement:

- Parents reported that some workers are inconsistent in their communication
- Parents reported that some workers do not visit month and time their visits around court hearings.
- Parents reported that some workers do not visit in the parental home.

Parent partner groups recommended the following:

- Increase number of workers
- Increase worker contact with parents
- Visits occur within the parental home

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

In 2003, Iowa achieved substantial conformity with Well-Being Outcome 2. The outcome was determined to be substantially achieved in 92.7% of the applicable cases, which exceeds the 90% required for substantial conformity. The CFSR found that IDHS made concerted efforts to effectively assess children's educational needs and provide appropriate services to meet those needs.

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

A. What does policy and procedure require?

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

It is the IDHS caseworker’s responsibility to ensure the child in foster care is in the appropriate educational setting. The caseworker must consider not only the physical location of the school, but also whether the child’s educational needs are met. Such a determination requires the involvement of the parent, teachers, caretakers, and school personnel. In addition, the child should remain in his home school, unless it is not in the child’s best interest. If remaining in the home school is not in the child’s best interest, caseworkers must document why.

When a child entering foster care changes schools, Iowa law requires school records to be transferred within five school days. In addition, Iowa law requires every school-age child in foster care, age 5-16, to be enrolled as a full-time elementary or secondary school student or to have completed secondary school. The IDHS case manager is responsible to ensure, when a child in foster care changes schools, the receiving school receives transcripts within 5 days of notification from the IDHS case manager. Additionally, the parent or legal guardian is authorized to sign consent forms unless a court order specifically delegates this responsibility to another party, such as a foster parent or case manager.

Ninety days before a child’s 18th birthday and 90 days before the child exits foster care, a transition plan, which includes an educational plan, must be developed or updated. Juvenile courts ask at each court hearing about the transition plans. Federal law requires state child welfare agencies to collaborate with local education agencies to improve educational stability for children in foster care. Local Education Agencies include the public or private schools, or Area Education Agencies.

B. What does the data tell us?

| Outcome | Baseline | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008– Jan 2009 | Feb – April 2009 | May – Jun 2009 | July – Sep 2009 | Oct – Dec 2009 | Data Source |
|---|----------|-----------------------|------------------------|-----------------------|----------------------|-----------------------------|------------------------|----------------------|-----------------------|----------------------|------------------|
| <u>Item 21</u> Educational needs of child | 93% | 94% | 92% | 93% | 96% | 96% | 97% | 97% | 100% | 95% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

Case reading data shows improvement over time, with a decrease noted in the last quarter. However, performance meets 95% federal expectation.

Child welfare service supervisors conduct a random case reading on two cases per child welfare worker in their respective units. The purpose of this assessment is to determine whether or not the agency made concerted efforts to assess the child’s educational needs. All foster care placement cases are assessed for this measure. In-home cases are also applicable for an assessment if educational issues were relevant to the reason for IDHS involvement.

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

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

The item rated as a Strength.

An assessment of item 21 was applicable for 41 of the 50 cases reviewed. Cases that were not applicable for assessment were those in which the children were not of school age or did not have needs pertaining to education-related issues. In assessing this item, reviewers determined whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 38 (93%) of the 41 applicable cases (25 of which were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 3 (7%) of the 41 applicable cases (1 of which was a foster care case).

Item 21 was rated as a Strength when reviewers determined that all potential educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement in two in-home services cases when reviewers determined that children had education-related needs that were not addressed. The item was rated as an Area Needing Improvement in a third case because the child did not receive educational testing prior to a placement in a residential facility in another State, which resulted in a deterioration in the child's school performance.

Iowa has a strong history of good educational programs, and those strengths benefit children in foster care. Stakeholders in all counties agreed that positive collaboration between IDHS and Iowa schools allows IDHS to effectively meet children's educational needs.

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

Judicial Efforts:

- The Polk County Model Court encouraged the use of the National Council of Juvenile and Family Court Judges checklists by juvenile court judges to assure concerns relative to a child's education are addressed.
- The Polk County Juvenile Court is working with Zero to Three, a national child advocacy organization, to improve court ordered services for children below the age of three. The project is targeting children of parents who were charged with drug abuse. The goal of the project is to respond more effectively and quickly to the needs of infants and toddlers affected by parental drug use.
- Juvenile court judges implemented in their orders the provision that the custodian of the child can sign educational paperwork, such as consents for field trips.

Iowa Foster and Adoptive Parent Association (IFAPA):

The Iowa Foster & Adoptive Parent Association (IFAPA) also distributes pamphlets and brochures to both foster parents and educators related to children's issues and needs.

elevate:

In 2007, Iowa's Elevate youth created an educational DVD that was made for teachers about and by foster youth. The purpose of the DVD was to educate educators on the special issues that foster children face.

Early Access:

In Iowa, a service under IDEA Part C is called Early ACCESS. Federal law requires referral to Early ACCESS of all children who have experienced child abuse under the age of three. Regarding the Early ACCESS program, the Iowa Department of Education received \$1.7 million from the state legislature in January of 2007 to expand early intervention services for children under age three who have been abused or neglected. Early ACCESS is using stakeholder recommendations to improve Child Abuse Prevention and Treatment Act (CAPTA) referral procedures in Iowa.

Resulting from stakeholder feedback as part of the Quality Service Review (QSR) process, a focus group of stakeholders identified why the number of children referred to the Early ACCESS program was so low. Local service providers believed that the referral process could be improved and that the IDHS social worker is not involved in the referral to Early ACCESS. The recommendation was made that the child protective assessor make a direct referral to Early ACCESS, based on screening for a developmental delay during the child protective assessment. IDHS implemented a system change in our child protective system, STAR, to automatically refer children to Early ACCESS.

IDHS and Early ACCESS participated in a pilot project to test out the recommendation and to implement the new procedure statewide. During the pilot, workers discovered that parents were reluctant to disclose any concerns about their child's development. The workers felt that parents were afraid that if they disclosed any concerns it would have a negative impact on the abuse findings. For this reason, the developmental screening procedures were

not added to the assessment procedures. IDHS and the Iowa Department of Education have agreed to hire a staff member to help develop the capacity of IDHS contractors to provide service coordination to children eligible for IDEA Part C. This two-year project is intended to help expand the number of children who receive early intervention services.

There has been a steady increase in the number of children in this category who have been abused or neglected, that received early intervention services. The results are below.

CAPTA and Foster Care Referrals to IDEA Part C

| Year | CAPTA Referrals | Number served by Part C | Number below age 3 in Foster care | Number Foster care served by Part C |
|-------|-----------------|-------------------------|-----------------------------------|-------------------------------------|
| FY 09 | 3,610 | 581 | 2,148 | 666 |
| FY 08 | 3,973 | 496 | 2,560 | 592 |
| FY 07 | 4,393 | 439 | 2,963 | 445 |
| FY06 | 4,145 | 328 | 2,459 | 365 |

Iowa Department of Education:

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

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

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

- Release of the document —Education of Foster Children in Iowa” (February 2006)
- The DOE has revised its policy on student attendance to make court appearances –excused absences”
- DOE representatives now serve on several state panels, commissions, and committees, including the IDHS- Judicial Branch (JB) IV-B Stakeholder Panel and the Judicial Branch’s Children’s Justice State Council
- The DOE collaborates with its partners in education and non-educational agencies using interagency agreements. For example, the AEA directors of special education meet with IDHS foster care staff to plan joint strategies to improve school success for foster care children.
- School and AEA employees attended the March 2007 Children’s Justice Summit and are involved in Children’s Justice district court teams.

The DOE understands the needs that arise from frequent school changes. To address those needs, the department is preparing programs to assist with course credit recovery and course component recovery. Recent legislative changes have increased schools’ abilities to serve children in foster care. For example, the reauthorized IDEA allows schools and AEA’s to spend up to 15% of their federal special education dollars to provide early intervention services to children who need additional academic and behavioral support to succeed in the general education environment. The IDEA also places an emphasis on positive behavioral interventions and supports, in contrast to punitive discipline techniques. Part C of the IDEA also provides for linkages between child welfare and early intervention services for infants and toddlers with disabilities. The IDEA also requires the DOE

to appoint a representative of the state agency responsible for foster care to the state’s special education advisory panel. These legislative changes have the potential to improve educational outcomes for children in foster care.

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

The Department of Education also ensures that foster children receive the same periodic progress reports (e.g., report cards, IEP progress reports) as other students. Report cards and other documents are provided to the parents of foster children and/or to the IDHS. The Family and Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student records. Due to this federal statute limiting the disclosure of personally identifiable information contained in education records report cards are not typically provided to foster parents, unless a consent for release of information has been signed by the established parent and/or IDHS.

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

Transition plans or services are required at the age of 14 for children in special education. Also, all students are by statute required to prepare, in conjunction with their schools, a plan of study in their 8th grade year. The plan of study, also known as “have a plan”, must address “career options and shall identify the coursework needed in grades nine through twelve to support the student’s postsecondary education and career options.” The DOE sees the value in jointly developing the transition plans required by education law and the transition plans required by child welfare law. The DOE anticipates such a discussion could occur through the mechanisms set forth in the interagency agreement, recently renegotiated, between the Iowa Department’s of Education and Human Services.

Collaboration:

Education and Foster Care Summit: On 2-19-09, the Children’s Justice, IDHS, and DOE met to review follow-up and next steps from the 12-5-08 Education and Foster Care Summit. Out of this effort, the educational collaborative group was born. The collaborative group meets monthly to discuss and move forward issues that affect foster care children’s educational success. The group recently developed a written notification tool for caseworkers to utilize when notifying schools of placement or placement change. The tool also lists the state law requirement regarding transfer of records within 5 days. In addition, a variety of Empowerment projects and school readiness projects across Iowa assist in preparing children for educational success. These projects represent collaboration among various stakeholders within local communities.

Training:

IDHS published one of five bulletins it plans on publishing to train workers on the importance of assessing and addressing the educational needs of children, particularly foster care children.

Stakeholder Feedback:

Stakeholders reported several strengths and promising practices in ensuring children’s educational needs are assessed and addressed. Stakeholders reported that pre- and post-removal conferences, family team meetings, Dream Teams, transition staffing, family interaction, and providing transportation reimbursement for foster parents support the identification of educational needs and provide a means to address issues within a collaborative environment. There has been a dramatic increase in utilizing family team meetings to address a multitude of child and family issues.

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

Education:

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

Implementation of McKinney Homeless Assistance Act:

In 2008, the Department of Human Services partnered with the courts, Department of Education and various stakeholders to form the Education Collaborative, with the intent of improving education outcomes of children in foster care. The collaborative has identified a subcommittee to define “awaiting foster care”, as it applies to the McKinney Vento Act. A definition will allow educators, child welfare professionals, and advocates to function with a clear understanding of who, of children in foster care, are protected under the McKinney Vento Act.

Parental Reluctance:

As previously noted, because Early ACCESS is a voluntary program, not all parents have used the services available, even though they are invited by letter asking if they would like to have their children evaluated for possible developmental delays. While small improvements in the number of abused and neglected children served by Early ACCESS have been seen, research indicates that Iowa should be identifying and serving three to four times the number of children currently served under Iowa’s Part C system. During SFY 2009, 581 children below the age of three, who were abused or neglected, received early intervention services through the state’s IDEA Part C program. Stakeholders also reported that the inability of IDHS workers to sign consent forms for Early ACCESS services is a barrier. The DOE does not recognize IDHS workers as authorized to sign the forms and IDHS cannot allow foster parents to sign the forms.

Department of Education Identified Barriers:

In the view of the DOE, information exchange and confidentiality is a barrier. Another barrier is transfer of coursework and credits. The department believes its credit recovery and component recovery initiatives will address this issue in part. However, this will not completely remove this barrier because of the local control that each school district, more than 360 statewide, will exercise over its curriculum, textbooks, grading standards, and course offerings. For example, some schools assign credits based on quarters, some on semesters, and some on trimesters. A foster child who is taking trigonometry before removal from home may be placed in a foster home located in a district where trigonometry will not be offered until the following year.

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

Stakeholder Feedback:

Stakeholders reported that current state law does not provide enforcement regarding the requirement to transfer records within 5 days of IDHS notifying the home school of the child’s placement. IDHS and the DOE need to work collaboratively to track foster care children’s experiences in the educational system.

Stakeholder Recommendations:

Stakeholders recommended expansion of pre- and post-removal conferences and standardization of family team meetings (FTM) statewide. These conferences and meetings provide a collaborative environment to discuss a range of issues, including a child’s education. Stakeholders also recommended expanding Early Head Start and

Empowerment activities, collaboration with the Iowa Association of School Boards, and integration of mental health services within the school system.

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

In 2003, Iowa did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 78.7% of the 47 applicable cases, which is less than the 90% required for a determination of substantial conformity.

Although the individual items pertaining to this outcome were rated as a Strength, there were an insufficient number of cases in which both items were rated as a Strength. That is, in some cases, IDHS was consistently effective in addressing children’s physical health issues, but not their mental health service needs, and in some cases, the opposite was true.

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

A. What does policy and procedure require?

To ensure compliance with federal and state laws, policy requires that in partnership with the family, agency workers must develop measurable goals and strategies that build on client strengths whenever possible. The foundation for developing effective strategies is rooted in a thorough functional assessment. The purposes of strategies are to identify actions that must occur in order to reach the desired goals. Additionally, policy requires that the need for foster care placement and service shall be determined by an assessment of the child and family to determine their needs and appropriateness of services. Assessments and screening of the physical health needs of children involved in child welfare services is paramount. If a child is placed out of their home, a physical health screening is required within 14 days of placement.

B. What does the data tell us?

| Outcome | Baseline | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008 – Jan 2009 | Feb – April 2009 | May – Jun 2009 | Jul – Sep 2009 | Oct – Dec 2009 | Data Source |
|--|----------|--------------------|------------------|-----------------|----------------|---------------------|------------------|----------------|----------------|----------------|---------------|
| <u>Item 22</u> Physical health of child | 89% | 65% | 64% | 71% | 73% | 77% | 78% | 82% | 82% | 88% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

Case reading data shows an initial decline in performance from the baseline with consistent improvement over time. However, Iowa is still performing below federal expectations of 95% for this item.

Child welfare service supervisors conduct a random case reading on two cases per child welfare worker in their respective units. The purpose of this assessment is to determine whether or not the agency made concerted efforts to assess the child’s physical needs including dental health needs. All foster care placement cases are assessed for this measure. In-home cases are also applicable for an assessment if physical health issues were relevant to the reason for IDHS involvement.

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

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

The item rated as a Strength.

An assessment of item 22 was applicable for 38 of the 50 cases reviewed. Cases that were not applicable for this assessment were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers determined whether (1) children's physical health needs had been appropriately assessed; and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 34 (89%) of the 38 applicable cases (23 of which were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 4 (11%) of the 38 applicable cases (all of which were foster care cases).

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services provided as needed. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Children had dental needs that were not met (1 case).
- Children did not have health screening at entry into foster care (2 cases).
- The child did not receive preventative health care while in shelter care for several months (1 case)

Stakeholders commenting on this item were in general agreement that IDHS is effective in meeting children's physical health needs, although it was noted that there are widespread difficulties finding Medicaid providers for dental services. Stakeholders in one county also reported recent difficulties accessing vision care because providers do not want to accept Medicaid payments.

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

Collaboration:

In Polk County, IDHS established a partnership with the county's health department and Visiting Nurse Services to conduct health screenings at pre-removal conferences. Additionally, a nurse is on call to attend emergency removals with law enforcement. Income maintenance workers also attend pre-removal conferences and family team meetings (FMSs) to ensure that health insurance is activated quickly. These efforts promote assessment of health issues, including dental issues, to ensure that identified needs are addressed when a child enters foster care. Polk County also is collaborating with Youth Emergency Shelter Services, House of Mercy, and the juvenile court to screen for fetal alcohol spectrum disorders.

IDHS, Iowa Medicaid Enterprise (IME), and Child Health Specialty Clinics (CHSC) are collaborating on meeting the Fostering Connections Act requirements related to health care of foster care children. The group is considering having a care coordinator for foster care children, who will be educated in the health arena. However, costs for this position have not been identified yet. The child welfare system has access to Medicaid data, such as the last well child visit, immunizations, dental provider contact information, and other health provider contact information, which will assist in IDHS ensuring continuity of services for children in the child welfare system, especially foster care children.

IDHS workers are working with foster parents to stress the importance of the physical exam and are enlisting foster parents assistance in ensuring the exams occur timely. Compliance with this is being tracked through supervisory oversight and the quality improvement process.

Iowa Foster and Adoptive Parent Association (IFAPA):

IFAPA published a useful resource book for kinship caregivers, which provides information on resources to ensure the health care and dental health needs of children are assessed and addressed.

Iowa Department of Education:

State law requires children entering kindergarten to have a dental screen by an Iowa dentist and a dental examination when the child is in 9th grade. Additionally, children receive vision screenings through the school. The Iowa Department of Public Health (IDPH) works with families to address high lead levels, as appropriate. Additionally, IDPH has a computer system, which tracks immunizations for children. IDHS collaborates with IDPH to allow workers read access to these records.

Dental:

I-Smile is Iowa’s oral health coordination system. There are 22 regions covering all 99 Iowa counties. Local oral health coordinators, among the multiple duties, may present information to IDHS local offices. Additionally, I-Smile dentists have presented information to community stakeholders, such as the Model Court Training Academy. The I-Smile program’s mission is to ensure that children’s dental health needs are assessed and addressed. Stakeholders especially mentioned the local I-Smile initiatives in Story and Scott counties as promising practices. In Polk County, judges ask about when the child is going to the dentist and give out toothbrushes. This practice may be seen in other parts of the state as well.

Checklists:

IDHS staff utilizes health checklists at the time of a child’s removal from their home in order to ensure physical health needs are met. The physical health form was updated recently with subtle changes to include dental and mental health screenings.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT):

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

Iowa Medicaid Enterprise (IME):

IME conducts outreach efforts to Iowa dentists to become Medicaid-enrolled providers. This practice helps to ensure an adequate supply of dentists to serve Medicaid eligible patients, including those served by the Iowa’s child welfare system. Iowa Medicaid reimburses transportation costs, within allowable limits and subject to eligibility criteria, for Medicaid clients across the state. In October 2010, IME plans to expand this service to parents whose children are covered by Medicaid. In 2006 Iowa exercised the option to extend Medicaid to youth who age out of foster care ages 18-21, which is referred to as Medicaid for Independent Young Adults (MIYA). To increase participation the Iowa After Care Services Network (IASN) works with IDHS income maintenance workers to identify young adults whose Medicaid ended so that they can resolve recertification issues.

Policy Changes:

IDHS revised policy in June 2008 to clarify when physical exams were to be completed and added dental and mental health screening information to the Physical Record form that the medical professional would be completing for the child’s physical exam. Other policy revisions in October 2009 related to foster family services are:

- Foster parents cannot smoke in their home or car while the foster child is present
- Additional safety standards for the foster parent’s home, and

- Requiring that all foster parents be certified in CPR and First Aid.

Stakeholder Feedback:

In addition to the strengths and promising practices noted above, stakeholders reported that, in certain areas of the state, workers utilize placement packets to ensure that all needs and associated services are identified. Furthermore, group care and residential provider contracts require the assessment and provision of medical and dental health care. Stakeholders also reported that family interaction supports this item as parents have the opportunity to be involved in the child’s medical and dental care appointments. Stakeholders also reported that the Fostering Connections Act is a strength as it supports the coordination of health services.

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

Use of standardized forms:

Within the IDHS statewide electronic case flow system there is a Pediatric Symptom checklist form. This is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate medical interventions can be initiated as early as possible. While the form is targeted for children placed in foster care, it can be used for all children. Field staff completes the form with the parents, foster parents, or with older youth to screen for medical and mental health issues. Stakeholders felt the current physical exam tool does not ask enough questions to thoroughly determine possible medical and/or mental health issues. At this time there is no tracking of data specifically regarding the use of this screening tool.

At the local level various health screening instruments and tools are being used as doctors prefer using their own medical instruments for screening. As a result the challenge remains to develop a screening checklist tool that would be accepted and used consistently across the state.

Documentation:

Case readings reveal that screening for health issues occur more often than it appears; this may be due to lack of documentation in the case file. Currently, this issue is being addressed at the supervisory level.

Stakeholder Feedback:

Stakeholders reported that access to specialty clinics, dentists taking Medicaid patients (due to low reimbursement rates), coverage for prescriptions and dental services (including orthodontia), financial resources, and transportation issues as barriers. Iowa’s reimbursement rate is low for Medicaid providers, which deters medical and dental professionals from accepting Medicaid patients. Specific to dental services, Iowa Medicaid pays up front for orthodontia work, which means that if a family moves, the originating dentist receives all the money for the services with the subsequent dentist receiving no payment. In this area stakeholders identified a need for additional supports for relative caregivers. Currently, caregivers can apply for the Family Investment Program (FIP) to assist them in meeting the medical needs of the child they are caring for. Further assistance has been limited due to the state’s limited financial resources.

Stakeholders recommended that IDHS replace its current physical exam form with the American Academy of Pediatrics Foster Care Health Exam, which includes a summary sheet and a full report. The use of this professionally recognized form would eliminate uncertainties regarding the current form by health care professionals. In responding to this recommendation, IDHS needs to review the federal and state laws to ensure that the proposed summary sheet can be used. It was also recommended that IDHS refine its policy to clarify that dental health is part of assessing and addressing health care needs of children. Stakeholders also reported that Iowa’s policy to have a physical exam completed within 14 days of removal is a barrier as there are difficulties in getting the physicals scheduled and conducted within the 14-day timeframe.

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

A. What does policy and procedure require?

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

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

B. What does the data tell us?

| Outcome | Baseline | Nov 2007– Jan 2008 | Feb – April 2008 | May – July 2008 | Aug – Oct 2008 | Nov 2008– Jan 2009 | Feb – April 2009 | May – Jun 2009 | Jul – Sep 2009 | Oct – Dec 2009 | Data Source |
|-----------------------------------|----------|--------------------|------------------|-----------------|----------------|--------------------|------------------|----------------|----------------|----------------|---------------|
| Item 23 Mental health of child | 86% | 90% | 92% | 90% | 94% | 94% | 95% | 96% | 99% | 97% | Case Readings |

Note: Effective 7/1/09, Iowa's Case Reading Tool was replaced with the Federal CFSR Case Reading Tool; the sample size also decreased during this transition.

Case reading data shows an increase in performance over time, with the last quarter showing a small decrease, yet still above the 95% federal requirement. An increase in performance can be attributed in part to the adoption and statewide implementation of the federal fostering connections law with its emphasis on mental health issues for children and services.

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

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

The item rated as a Strength.

An assessment of item 23 was applicable for 44 of the 50 cases reviewed. Cases that were not applicable were foster care cases in which the child was too young for an assessment of mental health needs or mental health needs were not the reason for IDHS contact with the child. In assessing this item, reviewers determined whether (1) mental health needs had been appropriately assessed, and (2) appropriate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 38 (86%) of the 44 applicable cases (21 of which were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 6 (14%) of the 44 applicable cases (4 of which were foster care cases).

Reviewers determined that children's mental health needs were ~~–significantly~~ assessed in 41 cases, and ~~–partially~~ assessed in 3 cases. Reviewers determined that identified mental health service needs were ~~–significantly met~~ in 34

cases, ~~partially met~~ in 6 cases, ~~not at all met~~ in 2 cases, and there were no identified mental health needs in 2 cases.

Item 23 was rated as a Strength when reviewers determined that children’s mental health needs were "significantly" or ~~partially~~ assessed, and mental health needs were significantly addressed when necessary. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Mental health needs were not fully assessed (2 in-home services cases and 1 foster care case).
- Mental health needs were assessed but needed services were not provided or were ended prematurely (3 foster care cases).

Stakeholders commenting on this item reported that there are waiting lists for services for children and limits for length of treatment. They identified mental health services gaps with regard to psychiatric services, substance abuse treatment, and mental health assessments for children in foster care. It was difficult to address children’s mental health needs because mental health providers do not attend case staffings or appear in court hearings as their time is not ~~reimbursable~~ for these activities.

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

Children’s Mental Health Waiver:

In 2006, Iowa instituted and then expanded in 2007 the Children’s Mental Health (CMH) Medicaid Home and Community Based Services waiver. The intent of this program is to avoid placement by allowing children with behavioral health needs to be served in the community using services and supports unavailable through other mental health programs that can be utilized with traditional services to develop a comprehensive support system for children with serious emotional disturbance (SED). The table below describes the program more fully.

| Children’s Mental Health Waiver | | | | |
|--|----------------------|------|------|------|
| | <i>Calendar Year</i> | | | |
| | 2006 | 2007 | 2008 | 2009 |
| Enrolled | 238 | 504 | 669 | 641 |
| On Waiting List | 381 | 223 | 388 | 425 |

At this time children on the waiting list are being served whenever possible with other services to help meet their needs. Until state funding increases there will continue to be a waiting list for these children.

IDHS Mental Health and Disability Services Division:

In 2006, IDHS created the Division of Mental Health and Disability Services, which includes the Bureau of Children’s Mental Health. The division enhances coordination between child welfare and mental health. Additionally, the division transferred money to fund after care services for SED clients. IDHS workers utilize in-state mental health resources in lieu of out-of-state placement.

Transition Planning Specialists:

IDHS Transition Planning Specialists (TPSs) involve staff from Vocational Rehabilitation when addressing mental health needs of other youth transitioning to adulthood. TPS also request a redetermination of disability 6 months prior to a child turning 18 in order to facilitate a seamless transition from the child to adult mental health system.

Projects:

There are a variety of projects across Iowa addressing the needs of children with a Serious Emotional Disturbance (SED).² Implementation of a federally funded pilot project in NE Iowa focuses on systems of care for children. Included is a 10 county region (with plans to expand to an additional nine county area in south central Iowa). It is expected that these initiatives will provide a model for how to create a system of care statewide. Polk County currently has a zero to eight SAMSHA grant and a systems of care grant to address mental health needs of children. Cedar Rapids area is replicating Dubuque’s circle of care.

Empowerment:

Stakeholders reported that there are several Empowerment projects across the state, which focus on the mental health of children. Additionally, in some areas of the state, decategorization boards provide grants for school based mental health services. Empowerment funded four diagnostic trainings across the state for the Zero to Three project.

Judicial:

- Judges are reviewing transition plans for older youth and making findings regarding the need for mental health services in adulthood
- If a child is denied social security disability benefits, the court can extend the Guardian Ad Litem’s involvement with the child past the age of 18
- Parents and Children Together (PACT) drug courts examine comprehensively the family’s functioning, including the mental health needs of children
- Through CAPTA, court personnel receive training regarding infant and toddler mental health issues
- Children’s Justice Initiative provides grants for statewide training on mental health issues
- The Drake Legal Clinic is working with IDHS to establish guardianships at no cost in Polk County

Iowa Legislative Changes:

There were changes to Iowa laws that preclude a family having to relinquish custody of a child in order to access mental or behavioral health services. Additionally, psychiatric medical institutions for children are prohibited from denying admission based on the fact that a child is not a ward of the state. Licensed Practitioners of the Healing Arts are now able to complete an assessment for mental health/therapy services through the Medicaid program. These Remedial Services are provided through Medicaid to address the mental and behavioral health needs of children and adults that do not require being in a particular service setting in order to receive them.

Enhancement of State Mental Health System:

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

- Reduce inequalities in access to treatment and services in the community;

² Past projects in Iowa have included sites in Story, Polk, Linn, and Dubuque Counties. Currently, there is new project funded in Northeast Iowa, called Circle of Care, which began to serve youth in January 2008. The service array being developed includes care coordination, psychological evaluation assessment and recommendations for treatment, family team meetings, and wrap-around services. The Division of Mental Health and Disability Services submitted a funding proposal for a second System of Care Grant to SAMHSA that would be similar to the Northeast Iowa project and serve nine additional counties.

- Prevent or reduce utilization of more costly, restrictive care such as institutional care, residential treatment, out of state placements, or other out-of-home placements;
- Divert youth with mental illness from unnecessary involvement with law enforcement, corrections, and juvenile justice;
- Reduce unnecessary involvement of youth with child welfare services;
- Provide needed services to children and youth in the community; and
- Promote strengths-based, community and family-driven services and supports, including in-home services.

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

Stakeholder Feedback:

Stakeholders reported several promising practices, such as juvenile justice’s use of functional family therapy, telemedicine or telehealth, Family Safety, Risk, and Permanency (FSRP) services and the CASA program. Collaboration at the state level among agencies to address mental health issues is occurring. Stakeholders suggested the next step was to get local community organizations to collaborate. A recommendation is that IDHS may want to use a standardized tool to assess a child’s mental health status at entry into the child welfare system and then every six months.

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

Resources:

Accessibility to mental health services can be problematic in parts of the state; either services do not exist or they are limited, causing waiting lists. Funding is always an issue, along with the allocation of resources. Iowa has historically spent large sums on out of home placements for children who could not function in their homes and communities. The mental health system redesign would create a true wrap-around system that provides high-intensity services to these children and youth, and that would divert all but the most seriously emotionally disturbed from out of home placements, such as psychiatric medical institutions for children.

Fragmented System:

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

Stakeholder Feedback:

Stakeholders reported there were waiting lists for children, including the CMH waiver, limits for length of treatment, inadequate number of inpatient beds, limited effective outpatient services, shortage of psychiatrists and other mental health professionals who serve children, and regional caps across the state for access to psychiatric services, substance abuse treatment, and mental health assessments. Additionally, the quality of mental health services varies across the state. Stakeholders also noted that mental health providers do not attend case staffings or appear at court hearings because their time is not “reimbursable” for these activities. Stakeholders recommended incorporating local Child Protection Centers (CPC) and Community Partnerships for Protecting Children (CPPC) in addressing mental health services for children in local communities.

Section IV – Systemic Factors

Statewide Information System

In 2003, Iowa achieved substantial conformity with the systemic factor of Statewide Information System.

On February 5, 2010, eleven stakeholders, internal and external, met to discuss the Statewide Information System. Their feedback is listed under the applicable sub-section.

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

Since April 1995, Iowa's State Automated Child Welfare Information System (SACWIS) has been in operation statewide. 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. Iowa is in the final stages of federal review for SACWIS acceptance. In February 2008 Iowa's SACWIS was placed on hiatus while plans were being developed to either create a new SACWIS system or make changes necessary to bring the current system into compliance. It was determined to make changes necessary to bring the current system into compliance and an APD is being created outlining steps needed to complete those tasks.

Iowa's SACWIS consists of two main components, Family and Children's Services (FACS) and Statewide Tracking and Reporting (STAR). FACS is the child welfare case management and payment system for the Department. It 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 22,000 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 IDHS locations to every IDHS 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 only 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, IDHS 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

A. What does policy and procedure require?

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

B. What does the data tell us?

Between April and November 2008, Iowa conducted eight Iowa-CFSR reviews in Polk, Scott, Tama, Pottawattamie, Winneshiek, Dickinson, Cerro Gordo, and Linn counties. Each county conducted in-depth case reviews and case interviews and conducted eight focus groups with various stakeholder groups, such as IDHS/JCO Administrators, legal representatives, CASAs, FCRBs, youth, foster parents, etc. As part of this review, the following strengths were noted regarding Iowa's SACWIS:

- FACS is available statewide and has the capacity to maintain and track required information in the system: legal status, demographic characteristics, location, and goals for the placement of every child in foster care.
- JCS utilized Data Warehouse reports for management.
- Data reports are effectively used by management and supervisors as one tool to measure performance and improve practice.
- There is no child under the care of the Department for whom information on their whereabouts is not in the information system.

The review also noted the following concerns:

- ICIS, used by Juvenile Court and JCS, and FACS, used by IDHS, are separate systems that currently do not communicate.
- FACS, ICIS, and Data Warehouse are not always user friendly and a skilled specialist must be used to access information.
- Data reports look backwards and current information would allow the use of data as a planning tool. In some areas of the state, data is hand-tallied by supervisors because it is not available in the system, such as the number of eligible cases for FSRP services.
- Repetitive entry of data in the system takes valuable worker time.
- Some critical information to determine performance is not readily available in the system, e.g., we cannot identify number of families in the system and which family has FSRP services.

In March 2008, IDHS administrative staff surveyed frontline staff and supervisors regarding their use of the SACWIS system. Ninety percent of the 408 respondents indicated that the data system was sometimes or usually effective in providing timely and accurate data. Fifty-eight percent indicated that data reports are useful. In the comments to the survey, respondents expressed concerns about the accuracy of data entry that affects timeliness and accuracy of the data reports. Some comments expressed a need for better information regarding how and when entries should be made. Other comments were unsure of what data reports were available.

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

The item rated as a Strength.

This item was rated as a Strength because Iowa’s child welfare information system (CWIS) met the standards for identifying the status, demographic characteristics, and location of children in foster care.

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

The quality of the data has improved significantly since Community Care started in 2005.

Stakeholders reported a number of strengths with Iowa’s SACWIS that included:

- The alignment of reporting measures with CFSR measures related to outcomes
- Utilizing data to drive practice and improve quality of data
- Increased use of permanency composites, including key measures, and other data
- Permanency composites are tab-produced periodically as a static report. Through a joint project between CJJP and IDHS, juvenile court utilizes name and address information from the SACWIS system for electronic notification of hearings to foster parents and relative caregivers.
- A mutual exchange occurs through IDHS service provider contract monitors. Information is exchanged on a monthly or quarterly basis, whichever is applicable.
- Standardized child abuse information was requested, prioritized, and made available on the IDHS website.

Changes in Iowa’s SACWIS,

- A review of the alert system and movement towards a web-based system was done and changes were made.
- Stakeholders also reported that Iowa’s SACWIS is interlaced with the quality assurance system.

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

Stakeholders reported several issues that affect Iowa’s overall SACWIS performance:

- Staffing
- Interface issues with other systems
- Data entry issues and website issues
- IDHS website is not user friendly
- Hand-tallying still occurs for certain data
- Data reports look back rather than providing information that could be used proactively
- Data information is slow in coming but accurate once received.

Case Review System

Iowa was not in substantial conformity with the systemic factor of Case Review System.

The Case Review System encompasses Items 25 through 29.

Item 25: Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Item 26: Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Item 27: Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Item 28: Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

Item 29: Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

A. What does policy and procedure require?

Policy requires the social work case manager to develop a case plan for each child and family receiving services that meets federal and state requirements. A case plan shall be developed in partnership with the child and family. The case plan shall:

- Define the change requirements to be met by the family;
- Frame a long-term view of what it takes for the family to live together safely and successfully, independent of outside supervision;
- Specify the necessary behavior patterns that the caregiver must consistently demonstrate to reunify the family and conclude external supervision by the court and the Department.
- Include sustainable conditions and supports necessary to reunify the family and conclude external supervision by the court and the Department.

Procedure requires the social work case manager to develop the case plan and file it in the case record before services begin unless:

- The Department receives judicial notice that services have been court-ordered. The worker completes the case plan within 45 days from the date they received notice.
- Services are provided for the protection and well-being of a child. The worker completes the case plan within 45 days from the date services are provided through the Department begin, unless:
 - Services are court-ordered, or
 - Immediate provision of services is necessary for the protection and well-being of the child.

Policy requires that the status of each child shall be reviewed periodically but no less frequently than every six months by a court or by administrative review in order to determine:

- The safety of the child,
- The continuing necessity for and appropriateness of placement, and
- The extent of compliance with the case plan and the extent of progress that has been made toward alleviating or mitigating the causes necessitating services.

There are several ways that the case may be reviewed every six months.

- Administrative review, such as reviews through the Foster Care Review Board
- Juvenile court hearings
- Social work case manager updates the case plan, oftentimes through the use of a Family Team Meeting

—Administrative review” means a review open to the participation of the parent of the child, conducted by a panel of appropriate persons, at least one of whom is not responsible for the case management of or delivery of services to either the child or the parents who are the subject of the review.

Iowa law specifies that, if the court has not waived reasonable efforts, a permanency hearing shall be held within twelve months of the date the child was removed from the home. If the court waived reasonable efforts, the permanency hearing shall be held within thirty days of the date the requirements were waived.

Iowa law further specifies that following an initial permanency hearing and the entry of a permanency order, which places a child in the custody or guardianship of another person or agency, the court retains jurisdiction and annually reviews the order to ascertain whether the best interest of the child is being served. The goal of the permanency hearing is to establish or affirm the permanency goal. Each subsequent permanency hearing is to review the goal in place at the time, and determine if that still remains the most appropriate goal for the child. (in the child’s best interest).

Termination of Parental Rights

Policy requires that IDHS workers file or join in a petition for termination of parental rights when the child has been in foster care for at least 15 of the most recent 22 months. The “count” begins with the earlier of:

- The date of the judicial finding of child abuse and neglect (usually the adjudicatory hearing), or
- 60 days after the child’s removal from the home and placement in a substitute care setting.

Unless an exception applies, evidence of the petition for termination of parental rights must be maintained in the case file. Any “exception” for filing for termination of parental rights must be specified in the case file. For children whose goal is changed from reunification to adoption, IDHS workers consider the guidelines established by the federal Adoption and Safe Families Act (ASFA) on seeking termination of parental rights, which might affect the timeline for permanency actions. Exceptions to the requirement on termination of parental rights include the following:

- A relative is caring for the child.
- The case plan documents a compelling reason that termination of parental rights would not be in the best interest of the child.
- A limited extension of time is justified to allow the Department to provide the child’s family the services deemed necessary for the child’s safe return home, consistent with the timeframes set in the case plan.

“Compelling reasons”

The term “compelling reasons” is used in two different provisions in ASFA:

- The Department may determine it has a compelling reason not to file a termination petition when the child has been in care for 15 of the last 22 months.

- The court may determine at a permanency hearing that there is a compelling reason that reunification, adoption, guardianship, and relative placement are not in the child’s best interests. If the court makes such a finding, it may order another planned permanent living arrangement for the child.

—Compelling reasons” not to provide a child with the highest level of permanency available must be convincing and forceful. A compelling reason must be supported with very strong, case-specific facts and evidence which includes justification for the decisions and reasons why all other more permanent options for a child are not reasonable, appropriate or possible.

The social work case manager and the family team determine compelling reasons after consultation with the guardian ad litem. If the guardian ad litem supports the plan, the reasons must be reviewed and approved in a permanency staffing. The social work case manager must document the compelling reasons and the date of the staffing in the case permanency plan.

—Compelling reasons” not to file a termination petition must be considered on a case-by-case basis in relation to the individual circumstances of the child and family. The state may not identify a specific category of children who are excluded from one or more permanency options. For example, the Department cannot categorically exclude delinquents from being considered for adoption.

In the permanency goal narrative, the social work case manager documents for the court the case-specific justification (compelling reasons) that reunification, adoption, guardianship, or placement in the custody of a suitable person are not viable options for the child. If there is not a court order that acknowledges the exception, the social work case manager documents the exception in the case plan.

Iowa law requires that a foster parent, relative, or other individual providing pre-adoptive care to the child receives notification of hearings and has the opportunity to be heard.

B. What does the data tell us?

Please refer to D. below.

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

Iowa was not in substantial conformity with the factor of Case Review System.

- Item 25 was rated as an Area Needing Improvement because case plans were not consistently developed jointly with the child’s parents.
- Item 26 was rated as a Strength because the State implemented court reviews, Foster Care Review Board Reviews, and administrative reviews, all of which fulfilled the requirement of a review of the status of each child no less frequently than once every 6 months.
- Item 27 was rated as a Strength because the State had a process in place for conducting permanency reviews and the reviews were held in a timely manner consistent with federal requirements.
- Item 28 was rated as a Strength because Iowa established a process for terminating parental rights which conformed to ASFA provisions and functions as required.
- Item 29 was rated as an Area Needing Improvement because key stakeholders in IDHS, the courts, and the community did not seem to have a clear and uniform understanding of who was responsible for notifying foster parents of reviews or court hearings, although the Statewide Assessment indicated that there was a written protocol for this process.

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

Family Team Meetings (FTM):

FTMs bring the child, parents, informal and formal supports, and the IDHS worker together to review strengths and needs of the family and to devise a plan to meet the needs of the family progressing towards safe case closure. Due to this practice change, parents work in tandem with the IDHS worker to develop the case plan.

Foster Parent and Relative Caregiver Notification of Hearings:

Effective February 16, 2010, Iowa's Clerk of Courts send out an electronic notice of hearings to foster parents and relative caregivers of children involved in juvenile court utilizing a standardized form. The court's ISIS system and child welfare's CWIS system link to provide the addresses. Initially, the system was tested for accuracy of notices sent, such as reaching the current caretaker for the child. The system was accurate 98% of the time in sending the notices to the current caretaker. There was no testing for those we might be missing. Iowa is just now starting to test for gaps, such as missing caretakers. Based on feedback so far, Iowa believes notices are getting to most caretakers. However, we will be testing by pulling files in some counties to see if notices have been sent to all foster parents whose children in placement had a hearing. .

Partnerships:

Iowa has strong partnerships with the Court, Judges, and Children's Justice. For more detailed information, please refer to Section IV, Systemic Factors, Agency Responsiveness.

Foster Care Review Board:

The Iowa Child Advocacy Board's Foster Care Review Board (FCRB) program continues to provide an additional oversight function to children in foster care placement in Iowa, and has expanded its role and refined its practices since the CFSR Round One. Local boards now operate in 62 Iowa counties, and in FY2009, FCRB volunteers held 3,645 case reviews. FCRBs continue to solicit the participation of children, parents, and foster parents, which, together with the reports and testimony from IDHS workers, service providers and others, helps to inform and facilitate the boards' assessment of case needs and each child's movement toward permanency. In 2008, local boards began revising their protocols to align their case review procedures and reports with federal CFSR best practice indicators. Findings regarding these indicators and other case plan developments are provided to IDHS and the Courts with case-specific information and recommendations, as well as, through aggregate data reports.

Court Appointed Special Advocate (CASA):

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

Court:

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

Children's Justice (CJ) staff worked with the Chief Judges and District Court Administrators to select the review sites in each district. The county Clerks of Court and Court Administration staff assisted CJ staff in scheduling and organizing the reviews. CJ staff provided the assessment services, including interviews, data gathering, court

observation, and analysis of the results. In some counties, IDHS staff, court administration staff, and student interns assisted in data gathering and court observations.

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

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

Courtroom Hearings:

Setting of Hearings

The Resource Guidelines, *Improving Court Practice in Child Abuse and Neglect Cases*, indicate that best practice is for all hearings to be held in the courtroom with all parties present. There were clear differences in hearing settings among the assessment counties. For many sites, court hearings are routinely held in the courtroom, with a minimal amount of chamber hearings and paper reviews. A few judges hold a significant number of hearings in the judges' chambers or by paper review. There are only three judges that Children's Justice staff observed primarily doing chamber hearings or paper reviews. They serve seven counties. Iowa has 99 counties and 50 judges who serve on the juvenile bench.

Fourteen sites scheduled certain times for hearing each case. Three sites still used block scheduling for certain days or for particular types of hearings. These results were compiled through observation, interviews and case file reviews.

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

Exemplary practices observed, include:

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

Results of strong judicial leadership that supported courtroom hearings were:

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

Time certain scheduling, that is, set times for a case to be heard, is identified in the Resource Guidelines as best practice. This practice is deemed a more effective utilization of court time, participants' time, and the time of the other professionals involved in the case. In this series of reviews, timely hearings were accomplished in time certain scheduling. Block scheduling resulted in the longest wait time of 80 minutes.

Length of Hearing and Hearings Delays

The Resource Guidelines state that enough time should be allocated in the court docket to allow for a thorough and meaningful hearing. Best practice suggests this would include time to determine the issues that need to be addressed and time for inquiry of all of the parties.

- In the assessment counties reviewed, the average length of time for a hearing was 16 minutes. The longest hearing held in the assessment counties was 75 minutes. The shortest hearing was 3 minutes. Also important is the timely commencement of hearings. The average delay for all assessment counties was 18 minutes. The longest delay was 80 minutes in a county that used block scheduling. The most common reasons listed for the delays were distribution of reports, waiting for parties or their attorneys, or the court was fulfilling other responsibilities.

Timeframes**1. Child In Need of Assistance (CINA) Petition filing to Adjudication Hearing**

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

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

2. Adjudication to Disposition

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

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

3. Disposition to Dispositional Review

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

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

4. Removal to Permanency Hearing

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

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

5. Termination of Parental Rights (TPR) Petition to TPR Hearing:

Guideline: Within 60 days after TPR petition filed, the TPR Hearing is held.

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

6. TPR Hearing to Post TPR Review

Guideline: A Post TPR Review Hearing is held within 6 months after the TPR order is entered, if the child is not in an adoptive placement. This type of hearing is the same as a 6 month ongoing review hearing. Because Iowa's courts see the termination of parental rights case as a new case, Iowa starts the count at 6 months from the TPR decision

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

7. Timeliness of Court Orders

Guideline: The Resource Guidelines indicate that best practice is to issue the court order at the end of the hearing. Court rules indicate that all hearings must have a ruling completed within 60 days

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

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

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

Continuances:

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

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

- Attorneys were not available
- Not enough time to hold the hearing
- Did not receive a report from IDHS
- Did not list a reason

- Conflict in schedule
- Notice issues

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

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

Since continuances appear to be an area that will need improvement, IDHS decided to take look at the cases that had one continuance to see what percent had further continuances. Each continuance granted in a case meant a delay in achieving permanency for a child. With the exception of a few cases, most hearings were continued an average of 30 days or less. This seems to represent a slight improvement from the 2005 reassessment. The average length of continuance during the previous assessment was 39 days.

Appearance of Parties

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

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

It is important to note that observations made during court hearings were the most accurate way to report attendance of parties. Practice varied in terms of who was listed as being in attendance in court orders. In some counties the judge listed everyone in attendance while in others, it listed the county attorney, Guardians ad Litem, IDHS, parents and their attorneys. Another important point is it was not always easy to identify during court observations if fathers had been actively engaged in the case or whether they had legal counsel. IDHS results reflected those situations where fathers were involved and if they had an attorney. A low rate of attendance by fathers and other parties may indicate a diligent search to locate them has not yet been completed or they have not been considered as essential to the case. Child and Family Service Review (CFSR) guidelines require active efforts to involve the father.

Quality and Timeliness of Information Presented for Judicial Decision Making:

Information Provided to the Court

The most common reports submitted to court were the IDHS Case Permanency Plan, private provider reports, CASA and FCRB reports, social histories and psycho/social evaluations. Reviewers found a wide range of practices within and across all sites with regard to timeliness of submission, quality and completeness of reports. In two of

the assessment counties, a quick reference sheet or cover page was developed to assist the judge and attorneys with the current status of the case. In other counties, information was not submitted timely or was incomplete. In seven of the counties, reviewers received feedback that reports were not being filed timely or there was not an updated report filed prior to the court hearing.

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

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

This is a continuing pattern previously identified in the initial assessment of 1996. In the 1996 report, hallway conferences designed to reach stipulation were —preferred in order to keep conflict out of the courtroom and eliminate the need for formal hearings under the assumption this is better for the families. This unfounded belief deprives families of their right to a full and fair hearing and often results in children remaining in the system longer.” Several strengths identified in the assessment were:

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

Judicial Leadership

Topics considered within judicial leadership are:

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

Judicial leadership provided the structure and direction in the most effective courtrooms. This was demonstrated through clear expectations regarding behavior, attendance, quality of representation, quality of information, timely

reports, judicial inquiry, and courtroom hearing process. Where judicial leadership was less direct or inconsistent, the courtroom expectations were also less clear and the process drifted away from best practice.

Quality of Representation

As noted in previous assessments, most respondents regarded quality of representation as an issue that needed to be reviewed further. While judicial leadership can affect the quality of representation, this issue warrants discussion and review of its own. There are many experienced attorneys who participate because they are committed to juvenile practice. They demonstrate understanding of the change in requirements, the need of children and families, and the important role that attorneys play. In response to the assessment's findings, the following occurred:

- In 2007, Iowa Supreme Court appointed three task forces staffed by Children's Justice to address the quality of representation, including, but not limited to the development of standards of practice for each of the roles including Guardians ad Litem, parents' representatives, and representation by the county attorneys. While each task force completed reports and established recommendations, no standards were developed, and there remained inconsistencies in the quality of representation. After the 2008 report, the Supreme Court requested that Children's Justice establish two new task forces, whose sole purpose is to establish standards of practice for parents' representation and standards of practice for state agency representation. These task forces have just been formed and will not complete their work until Spring of 2011.
- Children's Justice Advisory Committee will submit to the Supreme Court a policy or guidelines on the use of continuances in CINA proceedings.
- Children's Justice provides assistance to interested districts in developing a plan for improvement.
- Children's Justice works with interested districts to develop a self-assessment tool that could be used by any county or district to monitor them. This process could address monitoring key timeframes in cases.

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

Stakeholder Feedback:

Item 25: Stakeholders reported that IDHS, *elevate*, Iowa Foster and Adoptive Parent Association (IFAPA), the court system, Court Appointed Special Advocate (CASA) and Foster Care Review Board (FCRB) representatives met to develop a new case plan that is still in progress. The new case plan will meet everyone's needs while trying to make it user friendly for families. Meskwaki tribal stakeholders reported that they have a tickler file in their database so they know when a case plan is due. Stakeholders indicated that family team meetings are an excellent way to engage youth and parents in the case planning process. However, stakeholders indicated that family team meetings have not been standardized across the state, particularly in regards to frequency.

Item 26: Stakeholders reported that some courts are conducting 3-month reviews, which leads to quicker permanency and case closure. Three-month reviews are the standard practice among 11 Associate Juvenile Judges and considered best practice for other judges. Stakeholders also reported that best practice is to schedule hearings at the bench. In some areas, court orders are ready before parties leave the courtroom. Stakeholders also reported the development of children's justice summits, two in the state, as a promising practice including the Iowa Supreme Court that made juvenile court cases a priority.

Item 27: Stakeholders reported several promising practices that support timely permanency hearings these included family drug courts and Parents and Children Together (PACT) that increases permanency as these courts meet frequently, e.g. every week or two, and Parent Partners that encourages the family's participation in court. Stakeholders reported that another promising practice is the Decision Point Analysis collaboration between IDHS,

the Court, and Foster Care Review Board (FCRB). The goal of the DPA collaboration is to merge IDHS and Court assessments so that a true picture of child welfare practice is attained through an efficient process.

Item 28: Stakeholders reported several strengths in Iowa’s TPR process. Stakeholders reported that within 60 days of the TPR hearing an order must be issued. If the order is not issued within this timeframe, the judge must report to the State Court Administrator why the order was not completed. Iowa has also expedited appeals. The Volunteer Lawyers Project, which primarily takes uncontested cases, provides legal representation for families to facilitate guardianship or a change of custody through district court. The subsidized guardianship program is another promising practice where families can pursue guardianship. Regarding guardianship, recent legislation enacted will allow the juvenile court to transfer to probate court a guardianship case. The CINA and services case would close ending juvenile court and IDHS involvement. This would occur in cases where the child is in a safe and permanent guardianship placement for a long time.

Item 29: Stakeholders reported that foster parents have an opportunity to be heard in juvenile court hearings. Foster parents receive support from Iowa KidsNet and IFAPA. In addition, the Foster Care Review Board (FCRB) sends notices to foster parents regarding their reviews and court hearings and encourages them to attend. Currently, the Court and IDHS provides court notices to relative caregivers of the child. However, the court does not provide notice to extended family. There is some discrepancies in how court orders are either hand delivered or mailed to the parents while the court e-mails the orders to IDHS and attorneys. The court is working on saving orders on a central server available to the clerk of court, who will send out the orders out to all parties. The court is rolling this out of their Electronic Docket Management System (EDMS).

IFAPA :

IFAPA staff reported that they updated a booklet for foster parents regarding the court process and that they collaborate with the courts for training for foster and adoptive parents on the court process. Additionally, IFAPA, working with the Court, *elevate*, and others, published booklets for children to help understand the court process. IFAPA also collaborate with Area Agencies on Aging to support grandparents who are caregivers for their grandchildren.

IFAPA staff also reported several promising practices. Polk County’s piloting of the Passport booklet to adulthood is one. The Passport is a New York City Family Court tool for judges. Currently, a workgroup is revising the tool to conform to Iowa practice. Once the pilot is completed and changes made, the Passport booklet may be utilized statewide. The booklet consolidates pertinent information about the child, including significant connections such as teachers and coaches that will go with the child, back home or in an adoptive home. The Passport booklet meets Fostering Connections requirements. Additional Polk County promising practices include Reunification picnics, Adoption Saturdays, and Model Court, which address disproportionality issues, fatherhood, and provides resource guides.

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

Stakeholder Feedback:

Item 25: Stakeholders reported that the case plan and court requirements do not always align, particularly in the context of Child In Need of Assistance assessments. Court requirements may not be timely with the case plan due to waiting on court hearings, and meeting other timelines. Courts do not utilize standardized forms across the state and there is a need to train judges regarding required information. Other barriers are that the case permanency plan is not reader friendly and that FTMs are not standardized across the state and there is no clear collection of data regarding them. Meskwaki tribal stakeholders reported a barrier in engaging families regarding benchmarks and the lack of behavioral health language benchmarks in case plans.

Item 26: Stakeholders reported that a challenge for the courts will be to continue 3-month reviews while at the same time experiencing a decrease in juvenile judges and court days. Workers will need to complete case plans more often, which will require more work time while at the same time caseloads rise due to staffing reductions. In addition, 3-month reviews require attorneys to expend more time on their cases, which will increase attorney costs.

Item 28: Stakeholders reported barriers that in some areas of the state it is difficult to get contested TPR cases on the docket, which results in untimely hearings. Other concerns include orders are not issued timely after the hearing and court dockets are heavy and with the 10 court furlough days in place scheduling cases becomes very difficult.

Item 29: Stakeholders reported that some foster parents do not feel like they are a team member. Some foster parents may not attend court hearings due to the possibility of being called as a witness and being cross-examined on the stand.

IFAPA Feedback:

IFAPA staff reported that some foster parents do not feel heard. Foster parents have a right to attend court hearings but that some IDHS workers discourage foster parents from attending. Foster youth also want to be a part of the court hearing. IFAPA staff reported that some guardian ad litem see children and some do not unless it is right before court.

Court Hearings:

Setting: Assessment sites that routinely had hearings or conferences in the judge’s chambers had the greatest challenges including:

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

Scheduling: When the practices of block scheduling, hearings in judges’ chamber, and paper reviews were used, reviewers identified the following challenges:

- Required determinations in court orders were less accurate.
- The judge had little opportunity to directly inquire of the family or other participants when in chambers, relying only on the attorneys
- There was a higher emphasis given to achieving stipulations.
- Parents reported they did not feel as if they knew what was happening during court hearings Foster parents did not have the opportunity to be heard.

Timeliness: Many Iowa courts reviewed were not in compliance with guidelines or best practice recommendations for timing between hearings, such as the 6 month periodic reviews and the 12 month permanency hearings. Possible reasons offered for these delays included:

- Lack of docket time or lack of effective use of docket time
- Frequent continuances, some were to allow completion of reports and assessments
- Lack of availability of attorneys
- Planned delays for families to resolve their own situations
- Lack of awareness of the actual time between hearings

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

Continuances:

- Twelve sites had continuances in over 50% of their cases.
- Continuances were granted with only stipulation of the parties as the reason, or what appeared to be little review by the judge and with no reason stated in the order for continuance. Not enough time to hold hearings and scheduling conflicts were listed as the reasons
- Other court cases were still taking priority over juvenile court

Quality of Representation: With no adopted standards of best practice, issues were:

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

Quality and Timeliness of Information Presented to the Court:

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

Stakeholder Recommendations:

Stakeholders recommended the following to improve performance for the Case Review System:

- Train workers on collaboration with other system professionals
- Expand Model Court statewide

Quality Assurance System

In 2003, Iowa was not in substantial conformity with the systemic factor of Quality Assurance System.

Item 30: Standards Ensuring Quality Services: Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Item 31: Quality Assurance System: Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Service Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluation program improvement measures implemented?

A. What does policy and procedure require?

Policy and procedure conveys rights, responsibilities, and redress to the public. Policy includes standards that support quality in all the work performed, such as: standards for foster care licensure, for both family foster homes and group care facilities, including safety checks of foster caregivers, required training, background checks, etc.;

standards for information gathered during child protective referrals; standards for assessment of safety and risk throughout the life of the case. Standard operating procedures for daily work set guidelines for the field, integrating quality assurance into daily operations. In addition, more formalized quality assurance and improvement efforts may look at established procedures and determine if they are effective, efficient, and producing positive results for children and families. QA efforts assist with assuring the consistency between the policy/procedure and practice. Supervisors also play a crucial role in assuring quality through routine clinical supervision with each of their workers; consultation regarding specific cases, services provided, and actions taken promote clinical discussion and guidance to workers to promote positive outcomes.

B. What does the data tell us?

Initially our QA efforts focused on the strategies that were identified in our PIP. The chart below illustrates the QA focus and indicates progress from the CFSR review in 2003 to performance as of 12/09. Baseline performance and performance as of 12/09 for both case reading and administrative data are included for comparison:

| Focus Item | Baseline (from 2003 CFSR) | Current Performance (Case Reading Data) (as of 12/09) | Current Performance (Admin Data) (as of 12/09) |
|-----------------------------------|------------------------------|---|--|
| Timeliness of response | 73% | NA | 88% |
| Repeat Maltreatment | 11.4% | NA | 8% |
| Face-to-Face Visits with Children | 10% | 88% | 81% |
| Face-to-Face Visits with Parents | 23% | 71% | 45% |
| Foster Care Re-Entry | 60% | 97% | 87% |

In some cases, data are available through both the case reading tool and administrative data. In the chart above, both of these measures are included. Differences between reported administrative data and reported case reading data can be attributed to the following:

1. Case reading data is based on a limited number of cases that have been reviewed during the reporting period; administrative data evaluates everyone in the system rather than a sample of cases.
2. Definitions for administrative data may vary from definitions for rating case reviews. For example, when evaluating worker visits with parents and worker visits with children, the reviewer is allowed to use clinical judgment to determine whether there is a “pattern” of visits throughout the period under review, but administrative data parameters require a visit every month.

In addition, the following comments regarding QA were compiled from focus groups made up of IDHS employees, foster parents, judicial branch employees, parents and youth while completing reviews across the state in 2008 (see —Organizational Structure” for more information on these reviews)

Focus Group Feedback on QA:

- There is a feedback loop between QA, practice improvement, policy, and training.
- QA staff has an influence on policy and practice statewide.
- QA evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.
- Contractors and providers are more engaged in QA activities for the service areas; local surveys and partnership meetings provide valuable information from providers about quality.
- Improvement could be made in educating and involving stakeholders in additional QA processes
- Data reports are a look back.
- Easily accessible and current data information would allow for better planning and response to areas of concern.

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

Iowa was not in substantial conformity with the systemic factor of Quality Assurance System.

- Item 30 was rated as a Strength because Iowa had numerous standards in place that addressed the health and safety of children in foster family homes and other types of placements.
- Item 31 was rated as an Area Needing Improvement because Iowa did not have a statewide quality assurance system.

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

Item 30: The state continues to apply licensing standards, including criminal record checks, annual foster parent training requirements, and annual re-certification, for all foster parents. Initial training to new foster parents statewide is provided through PS-MAPP. Iowa contracts with Iowa KidsNet for recruitment and retention of foster parents and this contract includes performance-based outcomes, such as recruitment of family foster homes according to service area –specific needs; these focus on recruiting not only additional foster families, but also recruiting culturally and racially diverse families that represent the local population. In addition, satisfaction with the array of services offered is assessed quarterly by surveying current resource families, families who have recently ended their involvement in foster care services, and staff from the IDHS.

In 2007, Iowa implemented Safety Plan Services (SPS) and Family Safety, Risk, and Permanency (FSRP) Services. Contracts for these services with providers contain performance-based outcome measures consistent with Federal expectations, such as reuniting children in foster care with their parents within 12 months, maintaining reunification/ children do not re-enter foster care, and keeping children safe/free of repeat maltreatment

In 2007, Iowa developed and presented in-depth training regarding safety, including safety versus risk, using the safety assessment, developing and using safety plans, and how IDHS and contractors can work together to assure the safety of children. This training was presented to a mixed audience of IDHS employees and contractors, which promoted rich discussion and common understanding. The training was well received and implemented statewide.

Item 31: Following Round One, Iowa implemented and has continuously operated an identifiable Quality Assurance and Improvement (QA&I) system, which was one aspect of the state PIP response. The QA&I system serves all of Iowa’s 99 counties, which corresponds to all jurisdictions covered in the Child and Family Services Plan. The QA&I system evaluates the quality of services, identifies strengths and addresses prioritized need areas of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa’s Child Welfare system.

A significant improvement that has been made since the implementation of the QA&I system following Round One is the availability and accessibility of data used to assess performance and improvement. Data from case reviews as well as administrative data regarding CFSR measures and best practices are incorporated into daily operations, which has led to a better understanding of priorities and informed decision-making. The system continues to function to improve safety, permanency and well-being results for children and families of Iowa. The following is a link to the Iowa IDHS Quality Assurance and Improvement website:

http://www.dhs.state.ia.us/Partners/PublicInformation/DHSDivisions/RBA/QA_and_I/RBA%20Home.html.

The Department implemented a” **Digital Dashboard**” in 2004 which provided quarterly performance data to staff, managers, and the public on the six child welfare measures with national standards. The digital dashboard allows data to be viewed by State, Service Area, Supervisor, IDHS/JCS, Judicial District, County, and Worker; this level of detail allows reports to be used throughout the child welfare system for monitoring performance and identifying areas of focus.

In 2009, the Department increased the information available to staff and managers with 18 of the items measured as

part of the new round two CFSR measures electronically reported on a monthly basis, and quarterly reporting on the remaining items and the composites. Currently, work is underway to enhance data reporting further through a single source location for all CFSR-related measures.

The Iowa IDHS 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 Iowa IDHS 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.

Organizational Structure and Tools Supporting Quality Assurance and Improvement:

The organizational structure for the QA&I effort includes the Bureau of Quality Assurance and Improvement, a unit for statewide guidance, support and coordination. In addition, QA&I includes a dedicated Quality Assurance & Improvement Coordinator in each of the state’s Service Areas, and also a Management Analyst providing data support and analysis in each of the state’s Service Areas. Effective 7/1/10, restructuring of the department will result in Management Analysts being centralized, but they will continue to 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 IDHS Cabinet for statewide projects requiring coordination or allocation of resources.

1. ***Strategic Focus:*** IDHS 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 Department 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, by service area and statewide at all levels throughout the Department, data on the priority items; analysis and trending 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; this leads to the sharing of information on effective strategies that may be implemented across service areas. Examples of quality assurance and improvement efforts that have impacted strategies in the field include:

- increasing engagement and involvement of non-custodial parents in case planning
- an analysis regarding common characteristics of children in Iowa’s child welfare system that have APPLA (Another Planned Permanent Living Arrangement) as their permanency goal which included:
 - identification of trends for APPLA’s application, and
 - local discussions on strategies to use to assure children gain the greatest permanency possible
- research and sharing of evidence-based practices in child welfare that resulted in analysis of cases involving repeat maltreatment and generalizing lessons learned to open cases.

In addition to statewide initiatives, Quality Assurance and Improvement staff have participated in local projects looking at child protective intakes and CFSR related measures, etc. These are local projects prioritized through data review. Additional examples of Quality Assurance and Improvement efforts are included in the appropriate practice sections in the statewide assessment. Monitoring the progress of initiatives is a joint responsibility between field and central office staff and may vary based on the initiative.

2. **Case Reviews:** With the implementation of Iowa’s PIP, case reviews were established as a way to gather data on our performance and provide feedback to improve our child welfare system. The tool used was based on CFSR standards, but was modified in order to identify recent improvement in the PIP areas; for instance, we looked at the previous three months rather than using a 12-month period under review. From implementation of the case review system in January 2006 through June 30, 2009, supervisors reviewed one case per month for each worker they supervised and provided feedback through clinical consultation with each worker.

Effective July 1, 2009, Iowa began using the federal CFSR case reading instructions and collecting data on the 7 outcomes and 23 items; at this time, Iowa does not have the capacity to record electronically the sub questions within items 1 – 23. Quality Assurance & Improvement Coordinators assisted in training staff on a common lens to view the items within the federal case reading tool; supervisors, Quality Assurance & Improvement Coordinators, and local management routinely review the data and evaluate where strategies are working, where practice issues can be strengthened, and what strategies may be implemented that can impact multiple items within the federal standards.

Every supervisor uses this tool to review cases for staff they supervise. When implemented in July 2009, each supervisor reviewed one case file per month; as of February 1, 2010, each supervisor reviews two files per month. This is a decrease in sample size when compared to previous years; prior to using the federal tool, supervisors were reviewing one case for each of their workers each month using a tool developed within Iowa. Due to the complexities of the federal tool and the learning curve for application, the sample size of cases reviewed decreased in 2009 (see chart below), but consistency with federal expectations has increased.

The supervisory case reading data is readily available to each service area for analysis by service area, county, supervisor, judicial district, etc. The data is compiled quarterly on a statewide basis for analysis of performance and identification of trends. Managers, administrators, supervisors, Quality Assurance & Improvement staff, field staff, policy staff, etc. utilize this data to determine focus areas both statewide and on a service area level.

| <i>Year</i> | <i>Total # Cases Reviewed</i> | <i>Year</i> | <i>Total # Cases Reviewed</i> |
|-------------|-------------------------------|-------------|-------------------------------|
| 2006 | 1,452 | 2007 | 3,450 |
| 2008 | 4,009 | 2009 | 2,374 |

3. **Satisfaction surveys** have been utilized to collect information quarterly from stakeholders regarding a variety of issues such as Family Team Meetings, Safety Plan Services, Family Safety, Risk, and Permanency Services, and Foster Parent services. Participants in these surveys include families involved in services, foster parents, IDHS workers, GALs, etc. Some of these surveys are on-going as satisfaction is part of contracting with providers. Overall, satisfaction survey results have been very positive, but have also confirmed issues needing addressed as the State revamped how services are provided. This input contributed to local service area collaborations to trouble-shoot issues identified.

4. **Targeted Projects:** Iowa uses “focused Quality Assurance and Improvement projects” to create statewide performance improvement in specific result areas. These projects use the PDSA approach in efforts to make quick and meaningful improvement that affects positive outcomes for families and children.

5. **Learning and Shared Understanding:** Iowa’s Quality Assurance and Improvement system encourages, supports, and participates in practice discussions and quality assurance reviews across jurisdictional boundaries promote and support learning and shared understanding. The process helps to identify where all areas share a common lens as well as discrepant areas when staff believe that practice was consistent, but in reality were not; the root causes of these inconsistencies could then be addressed to improve consistency, quality of services, and results.

Promising Practice Initiatives

Lean/Kaizen: The QA&I system uses a variety of improvement tools, including Lean / Kaizen. Lean is a collection of principles and tools that improve the speed of any process by eliminating waste. Kaizen is one tool used in Lean / Six Sigma process improvement. Kaizen, a combination of two Japanese words meaning, change and for human good, refers to an approach to continuous improvement that clarifies goals and uses quick, small, incremental changes routinely applied and sustained over a long period that results in significant performance improvements.

Permanency Composites (see Appendix for additional information): When the permanency composites for the second round of the CFSR were implemented, Iowa developed procedures and reports to mirror the federal information so we could more closely monitor and evaluate our performance. IDHS staff, on a quarterly basis, generates, reviews, and analyzes these reports. Initial analysis indicated that there was much variability in our service areas across the state, and identified which composite measures most needed improvement.

Judicial/IDHS Joint Decision Point Analysis:

IDHS and Children’s Justice are currently working to develop a joint decision point analysis tool. This tool would focus reviewers on a specific point in the life of the case to determine how Court and IDHS involvement influenced outcomes. This integrated review process will engage child welfare partners and stakeholders as reviewers and provide a holistic system review and report. Planned implementation is for FY 2010.

Common Language and Lens:

Use and familiarity with the federal CFSR Case Reading tool has helped to provide a common language and lens to use throughout the child welfare system. Practice is evolving and being driven by local area collaborations.

Performance Based Contracting:

Outcome targets are included in contracts with private providers. This is a learning process as the state moves forward, but is promoting accountability in the child welfare system and will evolve with time. Also included in the contracts is the requirement for all contractors to achieve national accreditation.

Casey Breakthrough Series:

Iowa is participating in the Casey Expansion Breakthrough Series, which involves parents, Hispanic Outreach Center, youth, juvenile court, and concerned citizens. IDHS shares its data with the University of Iowa researcher in order to evaluate the effectiveness of this initiative.

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

In 2008, while conducting the Iowa CFSRs in eight Iowa counties, stakeholder reported opportunities for improvement of Iowa’s QA&I system, which included:

- Increase the amount of direct contact between Quality Assurance & Improvement staff, the field, and stakeholders.
- Educate and involve stakeholders in additional QA&I processes
- Increase communication regarding the role of QA&I and how it can support practice
- Develop easily accessible and current data reports to allow for better planning .

Stakeholder Feedback:

Stakeholders reported a few resource issues or barriers to continued improvement. Specifically, stakeholders reported that resources, such as information technology, funding, and staffing, need to be increased. The meshing of state level and national accreditation requirements continues to be an issue. Avoid duplicating, sending mixed messages, or creating an additional layer of requirements between IDHS requirements and national accreditation requirements. Finally, the challenge of compliance versus outcome-based performance in performance based contracting.

Staff and Provider Training

In 2003, Iowa did not achieve substantial conformity with the systemic factor of Staff and Provider Training.

Item 32: Initial Staff Training: Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Item 33: Ongoing Staff Training: Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Item 34: Foster and Adoptive Parent Training: Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

In 1988, IDHS and Iowa State University (ISU) developed and established the —Basic Ordering Agreement” to provide access to professional services to IDHS and for ISU to act as the lead institution in a consortium of public and private organizations located in Iowa. Annually, a contract and revised list of task orders is finalized. The staff development and training plan supports the goals and objectives addressed in the title IV-B and IV-E programs covered by the Child and Family Service Plan.

In addition to training provided for IDHS staff and partners through the agreement, the Department continues to provide additional training opportunities through contract trainers and IDHS staff. These trainings focus on the development of skills and behaviors that will support the achievement of permanency. Through the educational resources of the consortium, contractors, and IDHS 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. For example, training that 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 IDHS personnel. CPPC training addresses engaging families through assessment and facilitation of family team meetings in which the case plan is developed. Training includes the practice skills of engaging families in the case planning process. There is a focus on informal supports for families as well as collaborative work with service providers as a case management strategy.

On the Job Training (OJT) modules are developed using IV-E funds (75%) as OJT tools. The only part of OJT that is funded at the 75% training match rate is curriculum development. OJT training modules are part of the initial training. OJT is self-learning with supervision that is not funded with any training funds. OJT prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The OJT and the face-to-face training are blended providing sequential learning.

The department uses federal matching funds for training for foster care and adoption assistance under title IV-E at the rate of 75% times the penetration rate. Training staff provide training IDHS personnel, for current or prospective foster or adoptive parents, and for members of the state licensed or approved child care institutions providing care to foster and adopted children receiving title IV-E assistance. The child care 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 IDHS employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, training for other child welfare partners will use 60% times the penetration rate. When contracted service providers and other child welfare partners attend training designed to enhance title IV-E objectives, the department may reimburse travel and per diem expenses. Over 600 field staff has title IV-E-related duties in foster care, adoption assistance, and transition living. Curriculum addressing the needed competencies for employees is developed and included in the Core Course Catalog.

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

IDHS contracts with the Iowa Department of Inspections and Appeals (DIA), through an interagency agreement, and 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 receive training through participation in IDHS core courses and specialized training programs administered by the FCRB. Additionally, IDHS provides for initial and in-service training of Court Appointed Special Advocate (CASA) volunteers through the DIA interagency agreement. The CASA volunteers must be volunteers for the Iowa Child Advocacy Board. The costs for these trainings are paid in part by title IV-E training funds through the state's approved cost allocation plan.

A. What does policy and procedure require?

Initial and ongoing staff training is detailed in the IDHS Training Plan requirements. The Training Plan lays out for both social worker 2s and 3s the required learning activities. New social workers have a five-day basic foundation training before case assignment. Initial training combines face-to face training with on the job training modules and ongoing mentoring over 12 months. In order to provide consistency statewide, the OJT modules are guided with the use of a standardized checklist and directed shadowing and journaling sheets that the new worker uses and interacts with their supervisor during supervisory time. Each supervisor follows the same sequence yet individualizes the learning with the supervisory time to the experience and competency that the new worker brings.

Required initial training includes these real time courses:

First six months:

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

By end of 12 months:

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

IDHS training uses a Blended Learning format in the New Social Worker Guidebook and the New Social Worker Monitoring Checklist. Blended learning is an optimum blend of self-study, instructor-led events, and group collaboration with each deployed in a blend of asynchronous (directed study) or synchronous (real time learning) modules appropriate to the learning. Feedback is sent to the new worker and supervisor after the introductory course. The self-directed learning activities are guided by the New Social Worker Monitoring Checklist, which includes: IDHS vision and mission, Model of Practice, Social Worker Competencies, which laws and policies guide their practice and ICWA, MEPA Acts and Mexican Consulate Agreement. To assist with transfer of learning, there are a series of shadowing exercises and a journaling component.

Supervisors and Service Area Managers monitor employee completion to ensure initial training is provided before case assignments. Training is documented and monitored via the Iowa Interagency Training System, (IITS System).

Electronic evaluations are sent to participants after training for feedback to make ongoing improvements related to currency and completeness. Learning Needs Surveys are conducted with experienced staff to determine advance level course needs. Future courses focus on furthering the social work case management concepts, skill building, outcomes, and competency levels.

Workers are required to complete a minimum of 24 hours child welfare training annually after the initial 12 months. IDHS ongoing training is provided in a variety of formats:

- Local training, such as the safety training with providers,
- Distance learning delivered training via the Iowa Communications Network,
- Face-to-face training on such topics such as ICWA and Assessments, and
- Technology and on-line training modules via the New Worker Guidebook.

Ongoing training is a mix of required training and advanced courses including such courses as Frequently Seen Families: Practical Help for your Most Difficult Cases of Chronic Neglect and Cultural Competence Training in addition to a yearly ICWA training. Supervisors monitor their staff training and note training at annual review. After each ongoing (and initial) course, participants complete an anonymous web based survey. At the completion of the course, an email is sent to the participant with the web link to complete the survey. The survey information is used to refine the training as needed. The number of hours is calculated at the individual employee anniversary date as this information is part of the annual review. There is not a statewide report of percentages of training hours since the 12 month time frame is variable across all employees.

As part of last round's PIP, Iowa revised its policy regarding service supervisor training. Service supervisors are required now to complete a minimum of 24 hours child welfare/ supervisory training annually. Supervisory training includes participating in the Recruitment and Retention grant's curriculum of Committed to Excellence through Supervision and the Supervisory Transition Training modules. Both of these trainings are in cooperation with the University of Iowa Department of Social Work and the Department with funding from the Children's Bureau.

Foster parent pre-service training is required by law as a condition of initial licensure. All adults in the household who will be co-parenting the foster child are expected to complete both:

- The entire 30 hours of the approved pre-service training (PS-MAPP).
- The one-hour individual study module, "Universal Precautions in Foster and Adoptive Homes."

The PS-MAPP curriculum developed by the Child Welfare Institute and revised by Iowa State University meets the Department's pre-service training requirements. The PS-MAPP curriculum is provided through the area community college system.

This pre-service training is important for prospective foster parents because:

- It ensures that they experience a realistic view of foster care and the needs of children in foster care and their families.
- It assists them in understanding before being licensed:
 - The expectations and role of the foster parent
 - The role of the child's worker
 - The impact of fostering on their own family.
- It prepares them for the challenges and stresses of fostering.
- It aids them in the licensing process by exploring the various areas of foster family home care with other prospective foster parents.
- It helps them make a more knowledgeable decision about pursuing foster care licensing and identifying the types of children for whom they could provide care.

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

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

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

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

The Iowa Department of Human Services contracts with the Department of Inspections and appeals for formal reviews of the facilities' compliance with statutes and rules. Facility staff are mandatory reporters and are subject to rules and code relating to that status.

B. What does the data tell us?

In 2009, training staff conducted a survey of 18 stakeholders, who noted strengths and opportunities for improvement. Updates to training occurred and plans were developed to enhance and refine initial and ongoing training. Future directions are E-learning and more focus on practical skill based training with greater assistance with a learning management system to assist with learning transfer. Training staff implemented a learning needs survey to focus on areas of needed learning for ongoing training that is not required training.

Survey respondents' identification of strengths is listed under D. below.

In 2008, the University of Iowa School of Social Work evaluated supervisor training for the two federal grants, improving recruitment and retention, and improving outcomes for youth in transition. The evaluation found a high level of participation by IDHS supervisors (ranging from 92% - 96% across sessions). In addition, knowledge tests administered before and after the training demonstrated increased knowledge among participants (78% to 93% across sessions).

In 2009, IDHS distributed a learning survey to gauge the training needs of staff. The survey is a strengths-based approach to identifying staff skills, competencies, and training needs. It promotes discussion between supervisor and staff to fully assess the worker's knowledge base and what types of training the worker needs in order to enhance their skill set. The learning survey and individual learning plan had dual purposes. Foremost this process is to provide the supervisor and staff member with a review of where they are professionally and then develop an individualized learning plan. In addition the aggregate info is used to provide a look at what the primary learning needs are across the state. Below are statewide most frequent responses with the competency listed below:

- # 9 Domestic Violence: *Can accurately identify dynamics and indicators of domestic violence (including physical, psychological, sexual). Understands the effects on the family system and applies this knowledge in all work with children and families.*
- # 22 Involvement of Father/ Non-custodial parent: *Demonstrates and values the positive role and involvement of the father in the child's life. Demonstrates proficiency with a variety of search tools to locate non-custodial parents. Supports and encourages the involvement of the father and non-custodial parent in case planning and decision-making. Responds to the needs of the father and non-custodial parent. Demonstrates the ability to negotiate the family issues that prevent engagement of non-custodial parents.*
- # 21 Kin Involvement: *Demonstrates and values the involvement of kin in the child's life by doing early diligent searches of both maternal and paternal relatives and engaging as an informal support/family resource. Understands multi-generational family systems and as a result can anticipate and secure resources to mediate family conflict at its emergence.*
- # 11 Mental Health: *Can accurately identify dynamics and indicators of mental health issues including mental health issues associated with trauma events. Understands the effects on the family system and applies this knowledge in all work with children and families. Understands how dual diagnosis of family members increase risks for children in the home.*
- # 10 Substance Abuse: *Can accurately identify dynamics and indicators of substance abuse. Understands the effects on the family system and applies this knowledge in all work with children and families. Understands how dual diagnosis of family members increase risks for children in the home.*
- # 14 Safety Assessments and Safety Plans- 2X: *Demonstrates knowledge and skill in the design and implementation of the safety assessments and safety plans to protect children with the family.*

Iowa Foster and Adoptive Parent Association (IFAPA) Survey: In early March 2008, an online survey was sent to foster and adoptive parents whose email addresses are in the IFAPA database. There were 771 total respondents. However, not all respondents answered all of the questions. The following is their feedback regarding training.

| Statement | Number of Respondents | Agreed/Strongly Agreed % | Neutral % | Disagree/Strongly Disagreed % |
|--|-----------------------|--------------------------|-----------|-------------------------------|
| Initial training provides me with the skills to adequately meet the needs of children placed in my care. | 771 | 68% | 18% | 14% |
| Post-licensure/approval training provides me with the knowledge and skills to adequately meet the needs of the children placed in my care. | 757 | 75% | 17% | 9% |
| “I am comfortable engaging with birth parents when it can be done in a way that does not put my family or the foster child at risk of harm.” | 725 | 82% | 13% | 6% |

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

Iowa was not in substantial conformity with the systemic factor of Staff and Provider Training:

- Item 32 was rated as an Area Needing Improvement because, although Iowa had a well-conceptualized and broad pre-service training curriculum for caseworkers, the training system was not functioning as it should. Specifically, the ability of caseworkers to participate in training in a timely manner was compromised due to reductions in the frequency of offering the training and the high caseloads that caseworkers carried. Further, in the absence of a functioning QA system, IDHS was reliant on front-line supervisors to ensure quality casework, but there was not sufficient supervisory training to support supervisors in this process.
- Item 33 was rated as an Area Needing Improvement because the availability of on-going training had been significantly reduced due to a 75% reduction in funds available for training purposes.
- Item 34 was rated as a Strength because pre-service training was offered using the Parenting for Safety Model Approach to Partnerships in Parenting (PS-MAPP) curriculum and in-service training was provided through the Iowa Foster and Adoptive Parents Association (IFAPA).

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

Since the budget crisis for state government in 2003, which significantly affected our training program, funding has increased. IDHS implemented efforts and strategies so that training:

- introduces, clarifies and reinforces the agency's clinical practice model,
- introduces, clarifies and reinforces the importance of initial and ongoing family assessment, throughout the life of a case, particularly at points of transition,
- introduces and reinforces the value of and ways of facilitating the family's involvement in service planning,
- delivers a coherent message to all partners, and
- provides supervisors with training in the clinical, administrative and education aspects of their jobs.

The State continues to maintain a well-conceptualized and broad pre-service and ongoing training curriculum for caseworkers. Procedural requirements for pre-service training reinforce the requirement to have training before a new worker receives cases. Through updated and expanded training opportunities, the pre-service and ongoing training offerings now adequately meet training needs for new and ongoing workers. Since 2006, caseloads that caseworkers carry decreased significantly, from 51 to 30 per worker, which improved the ability of caseworkers to participate in training in a timely manner.

Iowa has a functioning quality assurance system and there is a strong feedback-loop between training, supervision, and quality assurance. Quality Assurance has a strong representation on the training committee and QA Coordinators meet with the Social Work Administrators quarterly to provide a continual feedback loop focused on practice and results. Iowa recognized that supervisors are the key to practice improvement. A grant from our

federal partners specifically addressed the need for supervisors to have regular training options, as well as, training that focuses on their skills to provide quality clinical supervision.

Survey respondents noted strengths of the training system. The training survey was conducted using the CFSR pre-assessment survey core questions on Item 32: Initial Staff Training and Item 33: Ongoing Staff Training In the 1st quarter of 2008. The eighteen respondents were a mix of social workers and supervisors across the state, who were members of the Service Training Committee.

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

Based on survey respondents’ feedback, the following recommendations were implemented:

- Identification of staff for focus groups to assist in reviewing and updating new worker training
- A learning survey for course development

Based on staff identification of advanced training for experienced social workers as an area needing improvement and to enhance the diversity of training options, IDHS implemented the following training:

- Monthly distance learning opportunities e.g. bureau calls, access to National Resource Center distance learning, online training opportunities;
- CFSR practice bulletins as a guide to supervisor monthly training of staff ; and
- Advanced training for workers and advanced learning courses for supervisors
 - IDHS offers continuing professional development for social work graduate college work, as funding is available. If funding is identified, IDHS may re-establish 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, if funding is identified, IDHS may re-establish a BSW Traineeship practicum program for placements in departmental professional settings for senior undergraduate students preparing for employment with IDHS.

Additional improvements since the round one review include:

- On the job training (OJT) was added to the initial training and utilized in conjunction with the classroom learning and online resources in a blended training approach. Classroom learning is a combination of information and competency based demonstration.
- The frequency of course offerings increased and required basic foundation courses are available to staff within a short time of their hire.
- Parent partners and *elevate* youth share their experiences with new staff in trainings.
- For staff employed prior to implementation of the new worker training, the supervisor can decide to send the worker through the training or any part of the training for a “refresher”.
- Courses will be offered to refresh staff, as needed, to move into other positions due to the reorganization.

- New initiatives are immediately incorporated into training. Information on new initiatives is provided to training personnel through bi-monthly CIDS calls and representation on the training committee, which comprises a variety of field and training staff and stakeholders.
- Training incorporates service providers as well as IDHS staff as much as possible in order to provide the same information and allow for rich discussions.
- The Iowa Interagency Monitoring System maintains a history of training on all staff, which is available for staff and supervisors to review. It is not tied to the Learning Management System (LMS) provided through Iowa State University (ISU). The LMS, which is not part of the IDHS system, is available to the state workforce. LMS resources, videos, and training are available from the first day of a new worker's employment.
- As noted in A. above, IDHS has been collaborating with the University of Iowa, School of Social Work, Professor Miriam Landsman, Principal Investigator, on two Children's Bureau training grants that targeted supervisory training. These grants on Recruitment and Retention and Transition Training provided needed supervisory training.

In November 2008, IDHS and the Coalition for Family and Children's Services in Iowa, hereafter referred to as The Coalition, signed the contract for The Coalition to administer the \$250,000 child welfare provider training allocation. The Coalition developed a proposed training plan for the remainder of SFY 2009-SFY 2011. The plan includes 45 days of face-to-face sessions, focused on the following topics: de-escalation, substance abuse and chemical dependency, engaging youth and families, safety planning and risk assessment, child development, clinical supervision, and the supervisor's role in addressing worker stress. The plan also includes access to online training.

In March 2009, the Coalition launched the Child Welfare Provider Training Academy website. All details of upcoming training for children welfare provider frontline staff and supervisors are available at www.cw-academy.org. The website is updated periodically to include any new offerings of training. The website allows for online registration and provides an immediate confirmation of registration. It also provides information on courses, trainers, locations, dates, etc.

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

Pre-service and ongoing training for foster and adoptive parents are of high quality and readily accessible.

In January 2007, the State entered into a contract with Iowa KidsNet for the recruitment and retention of foster and adoptive homes. On July 1, 2007, IKN assumed responsibility for the orientation, initial training, licensure, retention and recruitment of foster and adoptive parents using the Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting (PS-MAPP) curriculum. This curriculum has been used in Iowa since 2003. IKN maintains a statewide, centralized customer service center that fields initial inquiries from interested families about the orientation and training process. IKN posts the orientation and class dates on the IKN website. Prior to this contract, the State had several contracts with several different providers for licensing, and contracted with different agencies for training and recruitment. Having one contractor for the recruitment, retention, and licensing streamlines the process.

IFAPA has developed —Preventative Practices,” and Managing Risk” trainings. IFAPA offers nine, 2-hour sessions on Building Strengths, a curriculum that has training modules on boundaries, professional relationships, placement practices, foster family system, behavioral emergencies, documentation, foundation for discipline and strategies, and recognizing risks. These trainings build on the PS-MAPP, —Preventative Practices” and —Managing Your Risk” classes. IFAPA sponsors a statewide, annual conference for foster and adoptive parents. Classes are offered at the conference related to fostering and adopting, and the classes are approved for the annual re-licensure training

requirement. IFAPA also sponsors support groups. Participation in the support groups can count towards the re-licensure training requirements if training is provided through the support group.

IFAPA posts information about the trainings on its website, and sends mailings about the trainings to foster and adoptive parents and unlicensed relative caregivers who have joined IFAPA.

Every Service Area in the state has an IFAPA liaison (who is a licensed foster parent) who provides peer support and outreach to foster and adoptive parents. Although not an official ~~trainer,~~” the liaison provides information to foster and adoptive parents related to a variety of topics, with an emphasis on navigating the IDHS systems and licensing requirements.

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

IKN, IFAPA, and IDHS systems track foster parent training, however, they do not interface. IFAPA tracks registration to see if there will be enough participants to offer a course. IKN licensing workers look at the number of in-service trainings completed by the foster parent to see if they have met the requirement. This information is noted in the licensing packet (home study, record checks, etc.) that is sent to IDHS. The IDHS licensing worker enters the number of in-service training hours into the SACWIS. Ultimately, the foster parent is responsible for tracking their training hours and having documentation of training participation. IKN reviews training at renewal and if the family did not meet their training requirements, they cannot be relicensed. Anecdotally, very few families are not relicensed because they do not meet training hours.

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

Identified strengths are:

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

Stakeholder Feedback (2009):

- The curriculum that the State uses for foster/adoptive families, ~~—Partnering for Safety and Permanency Model Approach to Partnership in Parenting”~~ has led to consistency and quality in training since its implementation in 2003

- Courses available to foster and adoptive parents after licensure often link to the concepts taught in PS-MAPP.
- PS-MAPP participants are generally receptive to communication and interaction with birth parents.
- Foster and adoptive parents should have CPR and First Aid training; a variety of opinions were offered regarding the logistics and specific timeframes for this certification.

Stakeholder Feedback:

Item 32: Stakeholders reported several strengths. Stakeholders reported that the Information Management System is able to track participation and training needs for staff. Stakeholders reported that there is a feedback loop from trainers to supervisors on each staff coming through initial training. Stakeholders reported that IDHS training is available to service providers and tribes in order to provide the same information and allow for rich discussions.

Item 33: Stakeholders reported several strengths, such as joint training, collaboration, utilization of curricula, utilization of technology, and the Child Welfare Provider Academy. Stakeholders reported that over the last couple of years, IDHS and providers participate in joint trainings, e.g. trainings on safety, family team meetings, family interaction, and risk. Stakeholders also reported increased collaboration, coordination, and alignment between IDHS, Juvenile Court, and providers, e.g. family interaction training and practice bulletins for IDHS, providers, and judges, and concerted efforts across the state to collaborate with partners.

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

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

Identified resource issues or barriers are:

- PS-MAPP and IFAPA course offerings are dependent upon the number of people interested in attending.
- There is no mandated annual training for adoptive parents, who are often dealing with challenging and complex behaviors.
- Foster and adoptive parent reimbursement is not tied to the level of expertise of the foster parents; this impacts the “incentive” for foster parents to seek additional training.
- Foster parents have a variety of options for annual training for re-licensure; however, there is little guidance provided for developing a “training plan” that will ensure that foster parents are getting the training they need.
- There is an absence of “Nuts and Bolts” training for foster and adoptive parents about working with IDHS, reimbursement types, and practical matters related to foster/adoptive care.
- The number and type of staff development trainings that can be offered to facility staff is tied to the resources available to that facility.

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

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

TA Requests and Planned Requests:

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

Stakeholder Feedback (2009):

In 2009, stakeholders identified a few resource issues or barriers related to foster/adoptive parent training, such as:

- The curriculum of PS-MAPP is of high quality, but standardized to the point of inhibiting exploration of issues that are unique to the group being taught. Some team members related this to a lack of relative-specific training, as there is currently no established relative-caregiver curriculum. Licensed kin go through the same training as non-kin caretakers. The curriculum is geared towards the latter group.
- It can be difficult for families to find childcare while they attend PS-MAPP and challenging to commit to the lengthy training process. Families in rural setting sometimes have to travel long distances to access on-site trainings.
- There is at times a long period of time between the time of the initial contact with a potential family, and the time that the initial PS-MAPP training begins. This could contribute to families dropping out of the process.

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

Stakeholder Feedback:

Item 32: Stakeholders reported that IDHS could utilize a formalized mentoring system, including utilizing lead staff as mentors. Stakeholders reported that increasing retirements will create a knowledge deficit and that reorganization issues that have yet to be determined.

Item 33: Stakeholders reported that since psychiatric medical institutes for children (PMIC) and remedial service providers (RSP) are funded by Medicaid, they are not included in the Child Welfare Provider Academy. The Coalition reported that lack of communication is still an issue between providers and IDHS. Stakeholders also reported that while the child welfare system maximizes resources as much as possible, funding is always a consideration.

Stakeholder Recommendations:

Stakeholders recommended setting a standing date for training that includes court, IDHS, and providers in order to avoid scheduling issues. Stakeholders also recommended having a universal training calendar which would incorporate all child welfare training.

Service Array and Resource Development

Iowa did not achieve substantial conformity with the systemic factor of Service Array.

Item 35: Array of Services: Does the State have in plan an array of services to meet the needs of children and families served by the child welfare agency?

Item 36: Service Accessibility: Are these services accessible to families and children throughout the State?

Item 37: Individualizing Services: Can services be individualized to meet the unique needs of the children and family served by the child welfare agency?

A. What does policy and procedure require?

IDHS workers conduct an individualized assessment of each eligible child and family’s service needs. Workers involve the family in a partnership to assess and identify strengths and needs. Working with the child and family, the IDHS worker selects the most appropriate available services to address concerns about the child and family and promote the safety, permanency, and well being of the child.

Family-centered services are designed to deliver a flexible array of strategies and interventions to promote achievement of the goals of child and family safety, risk reduction, and permanency for children. The provider is responsible for meeting identified needs of referred children and families. The goal is to deliver services with sufficient intensity to maintain the child’s safety and restore the functioning of the child and family. Approval for delivery of services is obtained from Department supervisors. If the court has ordered a service, the Department shall make payment based on the court order, subject to availability of funds.

When the Department has approved provision of family-centered child welfare services for a child and family, IDHS workers notify the provider indicating the specific service category authorized and the duration of the authorization. Workers take steps to initiate services as rapidly as possible based on case circumstances and child and family needs. Workers ensure that family-centered services are delivered in whatever locations are determined to be most appropriate to meet the family’s needs. Workers also adhere to all relevant laws and regulations concerning the re-dissemination of child abuse information.

Workers manage the service delivery through accessing, implementing, coordinating and monitoring services to ensure that the most appropriate services are being provided, as planned and identified by the family team and outlined in the case permanency plan.

B. What does the data tell us?

Data pertinent to services are listed in D.

The breadth and scope of services listed in D. below shows that Iowa has a multitude and variety of services to meet the complex needs of the children and families we serve.

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

Iowa was not in substantial conformity with the systemic factor of Service Array. The CFSR found that severe budget cuts resulted in significant reductions in the service array, leading to a number of critical services either being eliminated or sharply reduced. All three items were rated as Areas Needing Improvement:

- Item 35 was rated as an Area Needing Improvement because recent budget cuts had resulted in significant reductions in the service array, leading to a number of critical services either being eliminated or sharply reduced, particularly with regard to culturally appropriate and bilingual services.
- Item 36 was rated as an Area Needing Improvement because services were not available in all areas of the State, particularly in rural areas.
- Item 37 was rated as an Area Needing Improvement because services are not routinely meeting the diverse needs of the children and families.

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

Since 2005, IDHS has strengthened the array of services for children and families through two methods: 1) implementing community-based supports for families, and 2) changes in formal child welfare services. The Department expanded the array of child welfare services to provide greater flexibility and embrace strength-based, family-focused philosophies of intervention. The service array is intended 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 are granted flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety and permanency. There is enhanced focus on culturally responsive services and connecting children and families to community resources and informal supports.

Safety Plan Services are designed to provide culturally sensitive assessment, interventions and supports to assure safety of child/children during the Department's time limited child protective or Child In Need of Assistance (CINA) assessment process to remediate the circumstances that brought the child to the attention of the Department. These services are to keep the children safe from neglect and abuse and maintain or improve a child's safety status.

Family Safety, Risk, and Permanency (FSRP) Services are designed to provide, in the family's home and/or other designated locations as determined by the case plan, culturally sensitive interventions and supports to achieve safety and permanency for children.

Contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the Service Area or Sub-Area and describe their plan to tailor services to best serve families of different race/ethnicity and cultural backgrounds.

Assessment Services:

IDHS provides child abuse and Child In Need of Assistance (CINA) assessments for families who come to the department's attention. Additionally, ongoing social work case managers provide safety and risk assessment through various means, including the use of Family Team Meetings (FTM)s. All of these assessments examine the family's strengths and needs in order to support the families' efforts to provide a safe home environment for their children. For information regarding safety and risk assessments, please refer to Section III, Narrative, Safety, Items 2 through 4.

Child Protection Centers (CPC) provide forensic interviews and medical exams for children suspected of being abused. In addition, CPCs provide medical treatment, counseling and/or referrals, case review and case tracking, prevention and community education, and advocacy services. Although there are five CPCs located in various regions of the state, the entire state has access to these services through their regional CPC. For more information on the CPCs, please refer to Section III, Narrative, Item 2.D.

Safety Services:

Community Care is a single statewide performance-based contract for delivery of child and family focused services and supports provided to families referred from the department in all rural and urban areas of the state. Community care is identified as needed to prevent future abuse and to respond to the family's need for support beyond current formal or informal systems. Community Care services and supports can only be accessed through the IDHS child protective assessment process and only for those families who meet the defined eligibility criteria and who voluntarily accept a referral to Community Care. By providing families, with lower risks of abuse, access to services voluntarily and without IDHS monitoring, resources are then better focused on the families that IDHS is there to serve. For more information on Community Care, please refer to Section III, Narrative, Item 2.D.

Community-based child abuse prevention (CBCAP) services in Iowa are administered through a contract with Prevent Child Abuse Iowa (PCAI). Two-thirds of the funding is awarded competitively through a Request for Proposals (RFP) to CPPC sites to strengthen local child abuse prevention activities. The activities include:

- Parent education programs such as Parents as Teachers, The Nurturing Program, Incredible Years, and Love and Logic
- Home visitation programs
- Home and group-based family support programs
- Child sexual abuse prevention
- Respite and crisis child care
- Community awareness activities

Thirty counties received funding for 2009-2010.

In addition to CPPC sites, funding is awarded for respite child care through a contract with Youth Emergency Services and Shelter for families with children who have a disability diagnosis. YESS accepts children from all parts of the state. PCIA also provides funding for crisis child care through local providers. Currently, crisis child care services are provided in Boone, Buchanan, Carroll, Linn, and Marshall counties.

PCIA also administers the Iowa Child Abuse Prevention Program, state and federally funded, through local child abuse prevention councils. These councils develop and operate programs that provide one or more of the following services:

- Crisis nursery
- Parent education
- Respite care
- Sexual abuse prevention
- Young parent support

The table below provides information for SFY 09.

| Program | Funds Received | No. of Projects | Parents/Adults Served | Families Served | Children Served | Hours of Care | Volunteers | Volunteer Hours |
|-------------------------|----------------|-----------------|-----------------------|-----------------|-----------------|---------------|------------|-----------------|
| Crisis Nursery | \$120,000 | 6 | | 291 | 559 | 25,298 | 112 | 29,422 |
| Parent Education | \$477,404 | 53 | 3,383 | | 4,701 | | 827 | 6,300 |
| Respite Care | \$151,270 | 20 | | 970 | 1,793 | 62,777 | 565 | 5,589 |
| Sexual Abuse Prevention | \$424,433 | 68 | 11,505 | | 51,698 | | 535 | 4,295 |
| Young Parent Support | \$128,500 | 24 | 1,778 | | 2,138 | | 464 | 2,937 |
| Other Funded Projects | \$8,000 | 3 | 210 | | 4,720 | | 32 | 78 |
| TOTALS | \$1,309,607 | 174 | 16,876 | 1,261 | 65,609 | 88,075 | 2,535 | 48,621 |

Source: Prevent Child Abuse Iowa, available at http://pcaiowa.org/iowa_child_abuse_prevention_program.html

Community Partnership for Protecting Children (CPPC):

Community Partnership for Protecting Children (CPPC) approach aims to keep children safe from abuse and neglect and to support families. This approach recognizes that keeping children safe is everybody’s business and that community members must have opportunities to help vulnerable families and shape the services and supports offered. In Iowa, CPPCs have brought together parents, youth, social service professionals, faith ministries, local business, schools and caring neighbors to help design, govern and participate in programs that seek to create a continuum of care and support for children, youth and parents in their neighborhoods.

Each partnership creates a network of agencies, neighborhood groups and families to support the overall mission of the community child protection. Core members of networks include; schools, faith institutions, mental health professionals and healthcare providers, substance abuse and domestic violence programs, police, childcare providers, parents groups, and IDHS. Networks develop community —hub³, places that provide the base of operations for partnership-related activities in the area. Child protection services staff is linked with these hubs, which are easily accessible to families, to work closely with other service providers, and to learn more about the unique characteristics of the community in which they are located. Each CPPC establishes a local decision-making body that reviews the effectiveness of community child protection and engages community members to participate in and support the initiative.

Each site forms a decision-making group to create the structure for the local partnership. This group takes responsibility for setting the ongoing direction of the partnership and leads efforts to reach out to neighborhood residents, parents, local faith institutions, and schools and to inform the broader public about the purposes and benefits of community child protection. In addition, this group takes primary responsibility for self-evaluation that includes the assessment of Quality Service Reviews. IDHS is partnering with CPPC sites to implement 2 demonstration projects with the hope to ultimately rollout statewide. Since the CFSR Round One, 60 counties established CPPCs. For more information on CPPCs, please refer to Section III, Narrative, Item 2.D.

Safe Haven:

Through Iowa’s Safe Haven Law, parents, or another person who has the parent’s authorization, can leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment, which reduces the risk of harm to children who might otherwise be abandoned by parents. To date, 14 infants were surrendered.

Shelter Care:

Between January 2004 and September 2005, the number of youth in shelter care decreased by 26%, reflecting primarily a significant (60%) reduction in median length of stay for both IDHS and JCS placements. In October 2005, IDHS implemented new contracts with shelter care facilities that provided for guaranteed payment of 273

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

Services to Prevent Removal:

Breakthrough Series Collaborative: Counties and Casey Family Programs collaborate on a Casey Breakthrough Series Collaborative (BSC) to address disproportionality and disparate outcomes. The goal for each participating county in this statewide collaborative is to identify, develop, test, implement and spread promising strategies for improving practice in the service of reducing disproportionality and disparities. Successful strategies that have a positive impact on minority children and their families will spread throughout the state. Participating counties are Black Hawk, Dubuque, Johnson, Linn, Polk, Scott, and Webster. The Iowa Supreme Court authorized judges to participate at BSC sites.

Children’s Mental Health (CMH) Medicaid Waiver:

CMH provides services for children that have behavioral health needs that would otherwise require placement. Please refer to Section III, Narrative, Item 3.D. for detailed information.

Family Development and Self-Sufficiency (FaDSS):

The FaDSS program provides in-home case management to families who are at risk of long-term dependency on welfare payments, Iowa Family Investment Program (FIP). FaDSS offers FIP families with significant or multiple barriers supportive services designed to help them reach economic self-sufficiency. The Department of Human Rights, Division of Community Action Agencies, administers the program. Many of Iowa’s child welfare families have difficulty achieving sustained economic self-sufficiency. FaDSS services support child welfare efforts to prevent abuse and removal from the home by supporting the family and reducing stressors the family experiences. *Habilitation Services* are available for children 16 to 17 years old through their County Point Coordinator (CPC). The contractor, Magellan, assists families in accessing these services, including job services.

Iowa Community Empowerment:

Empowerment’s vision is that "every child, beginning at birth, will be healthy and successful." Empowerment is a process to empower individuals and their communities to achieve desired results to improve the quality of life for children ages birth - 5 years and their families. Activities build community capacity to deliver a comprehensive and integrated early care, health and education system. Activities are community identified and driven.

Juvenile Drug Courts:

Juvenile Drug Courts are similar to PACT drug courts in that there is heightened judicial oversight of cases where juveniles are experiencing substance abuse issues. These courts help to keep kids out of out-of-home placements and assist in the child’s reintegration into the community.

Medicaid Remedial Services Program (RSP):

Medicaid Remedial Services Program (RSP) provides services for Medicaid eligible children with behavioral health needs. An average of over 6,500 children a month have been served through RSP. These children are not involved in the formal child welfare system, and include children participating in the adoption subsidy program. As the table below demonstrates, the need for this service continues to increase.

| REMEDIAL SERVICES | |
|-------------------------|------------------------------|
| State Fiscal Year (SFY) | Average Number of Recipients |
| 2009 | 6,684 |
| 2008 | 5,323 |
| 2007 | 2,844 |

Minority Youth and Family Initiative (MYFI):

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

Safety Plan Services (SPS) and Family Safety, Risk, and Permanency (FSRP) services:

IDHS implemented performance-based contracts with monetary incentives for improved outcomes. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for providers to deliver services based on child and family needs in exchange for greater provider accountability for positive outcomes. These services are individualized to the unique needs of the child and family.

Substance Abuse Services:

- Parents and Children Together (PACT) drug courts provide heightened judicial oversight over substance abuse child welfare cases.
- Drug Testing: In FY 2008, IDHS allocated funding for drug testing of parents in open child welfare cases. Prior to this, funding was only available for drug testing during a child abuse assessment, through court ordered services on a limited basis for families involved in juvenile court, and through locally funded decategorization projects.

Services to Achieve Permanency for Foster Care Children:

Boone County Initiative: Boone County received a federal grant for independent living providers and transitional living providers to collaborate in order to learn from each other.

Circle of Care aka Systems of Care for Community Based Services for Children and Youth – Community Circle of Care:

Community Circle of Care (CCC) is a joint state and federal system of care funded project site that serves children and youth with Serious Emotional Disturbance (SED) and their families residing in 10 counties in NE Iowa. In order to be eligible for CCC services, children must live within the 10 county service area, be age 21 or younger, and have a diagnosed, or diagnosable, Axis I serious emotional disorder. The lead agency is the Child Health Specialty Clinic, which operates the Community Circle of Care.

Circle of Care (Polk) aka Systems of Care for Community Based Services for Children and Youth: This Systems of Care (SOC) site is funded through state funding, which was disseminated through a competitive bid process. This SOC site is in the initial stages of implementation. Child Guidance Center is a community mental health center that is the lead agency for Systems of Care development in Polk County.

Court Appointed Special Advocates (CASA):

The Iowa Court Appointed Special Advocate (CASA) Program recruits, trains and supports community volunteers to serve as an effective voice in court for abused and neglected children, strengthening efforts to ensure that each child is living in a safe, permanent and nurturing home. CASAs are typically assigned one case at a time and do a variety of things to promote the child's best interests, such as investigation, assessment, facilitation, monitoring and advocacy. CASAs are recruited to serve in all 99 Iowa counties.

Foster Care Review Board (FCRB):

The Iowa Foster Care Review Board Program (FCRB) recruits, trains and supports community volunteers to serve on local community boards working to improve how permanency is achieved for Iowa children placed in foster care. Over 60 local boards meet monthly to review the status of children who have been removed from their parents. Some local boards utilize a CFSR like tool to review cases. Advisory recommendations in the child's best interests are provided by the boards to the court and other system officials.

Jim Casey Youth Opportunity Initiative:

Because of the positive work in Iowa related to transition, IDHS utilized funding to expand the Jim Casey Youth Opportunity Initiative to other sites.

Legal Fees:

In FY 2008, IDHS allocated funding to reimburse legal fees associated with achieving permanency for a child through guardianship or transfer of custody in district court. Previously, funding was only available for legal fees associated with adoption subsidy.

Parent Partners:

Parent Partners is an initiative, which trains parents, who have successfully had their children returned home from foster care, to provide support and mentoring to parents that have an open child welfare case.

Polk County Judicial Efforts:

In Polk County, the court is developing a “passport” for older youth, 16 years old and higher, to ensure that their transition to adulthood is as smooth as possible. This practice may be changed to include youth 14 years old and higher.

Project Recovery and Ticket to Hope:

These programs assist counties affected by disasters. Results indicate programs were successful as IDHS has not seen a spike in child welfare cases in disaster areas.

Responsible Fatherhood and Non-Custodial Parent (NCP) training:

In 2007, IDHS responded to a legislative requirement requesting information on how well IDHS serves fathers across its programs. IDHS identified strengths and areas needing improvement within the report. Since that time, IDHS staff received practice bulletins detailing the need to include the NCP, mostly fathers, in services to child welfare families. Child support recovery unit staff conducted training with the child welfare staff on how to identify and locate fathers, including how to utilize the Federal Parent Locator and other tools. Within the last year, quality assurance (QA) staff conducted trainings and provided resources on engaging the NCP.

Subsidized Guardianship Waiver:

In February 2007, IDHS implemented IV-E Subsidized Guardianship waiver. To date, six children have achieved permanency through guardianship as a result of this program. IDHS is currently examining the feasibility of expanding subsidized guardianship. Children 16 years old and older, who receive subsidized guardianship or who are adopted, are now eligible to receive after care services. Effective September 1, 2010, the subsidized guardianship waiver will end.

Transition Services:

Over the last 2 years, IDHS implemented several changes to improve outcomes for youth that transition from foster care to young adulthood.

- Preparation for Adult Living (PAL) provides ongoing support for youth that left foster care at age 18, and are working or in post-secondary education. In state fiscal year (SFY) 2009, 293 youth, on average, participated monthly in PAL.
- Medicaid for Young Adults (MIYA) provides Medicaid coverage for youth that have left foster care at age 18. In SFY 2009, 372 youth participated, on average, in MIYA.
- The College Aid Commission implemented a new program expanding post-secondary educational support.
- All Iowa Opportunity Foster Care Youth Grants provide financial assistance for youth that have left foster care at age 18 (or were adopted at age 16 or older) that are attending post-secondary education. For the 2009-2010 academic years, there were 122 youth participating in the All Iowa Opportunity Foster Care Youth Grant program.

Transitioning Youth Initiative/Dream Teams:

Transitioning Youth Initiative (TYI) focuses on building collaborative efforts, increasing partnerships, integrating services and resources to improve outcomes among youth over the age of 16. The initiative focuses on youth who are involved in or who have aged out of Iowa's foster care system. The three 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*** 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. To date, eleven counties utilize the TYI/Dream Teams.

Iowa Child Welfare System Changes:

The following child welfare system changes were initiated:

- Single statewide foster and adoptive family recruitment, training, matching and support contract
 - Iowa KidsNet offers free support services to resource families (foster and adoptive parents). The ultimate goal of Iowa KidsNet support services is to strengthen placements, prevent disruption and achieve permanency. This service is a support service available to foster parents and /or adoptive parents with a IDHS subsidized adoption. Foster families are automatically assigned a support specialist after completing PS-MAPP training. Adoptive families are assigned a support specialist upon the family's request. Adoption support services help prevent adoption dissolution.
- Single statewide foster and adoptive family peer support contract
 - Iowa Foster and Adoptive Parents Association (IFAPA) provides vital peer support. IFAPA has peer liaisons throughout the state of Iowa who are experienced foster and adoptive parents. IFAPA recently instituted two multi-cultural liaisons who provide training and support for transracial foster care and adoptive placements.
- Multiple regional contracts with private child welfare agencies, who provide safety and permanency services to abused children and their families. These contracts create efficiencies and ensure availability and accessibility of services statewide. Additionally, the Child Welfare Public and Private Partnership brings IDHS and service providers together to collaborate on a variety of issues aimed at improving Iowa's child welfare system.
- As part of Better Results for Kids (BR4K) redesign, IDHS instituted the use of *Family Team Meetings (FTM)* to engage parents and youth in identifying family strengths and needs, as well as service plans. Between July 2006 and December 2006, IDHS staff almost tripled the number of FTM's used to engage families in case planning – from 284 per month to 819 per month.
- Along with the advent of Family Team Meetings, IDHS emphasized pursuing placements with relatives or kinship care, and utilized the family team meetings as a means to identify the supports needed to sustain a relative placement.

- Bilingual staff

Decategorization:

Decategorization is another process by which flexible, more individualized services can be provided at the local level. In 1987, the Iowa General Assembly authorized the Child Welfare Decategorization Program as an initiative designed to deliver more effective services to children and families. The intention of decategorization of child welfare and juvenile justice funding is to help communities achieve a system in which services are driven by client strengths and needs, rather than by the diverse eligibility requirements and service definitions of categorical programs and funding streams. The legislation requires participation by the Department of Human Services, Juvenile Court Services, and the County.

Decategorization 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. Decategorization projects are organized by county or clusters of counties. Today, there are 40 decategorization projects across the state of Iowa, covering every county.

Supports:

- *IDHS 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, IDHS 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.

Judicial:

Juvenile courts utilize a problem solving approach to analyze whether families receive necessary services to meet their unique needs. Judges inquire from parties whether they are satisfied with the services that they are receiving. Judges also give parties opportunity to request additional services. Each judicial district has projects to improve juvenile court oversight of child welfare and juvenile justice cases, including collaboration with IDHS. Judicial districts receive mini-grants from the Children's Justice Initiative to fund these projects.

Stakeholder Feedback:

Stakeholders reported several promising practices, such as Parent Partners, family team meetings (FTM), Dream Teams, and juvenile justice practices such as a new statewide assessment, evidence-based practice, and the use of Motivational Interviewing and Family Functional Therapy.

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

Distance:

It is more challenging to deliver services in rural areas of the state.

Decategorization:

Budget limitations in FY10 have affected resource allocation to Decategorization Projects.

Stakeholder Feedback:

- The implementation of the Adam Walsh Act is a barrier in that it enforces requirements of licensure for foster/adoptive relative caregivers who are not licensed. *(For example, a grandmother has placement of*

her grandchildren with her. She is ready to adopt the children. However, there is a six-month delay in the adoption due to the necessity of the grandmother to provide new information in order to comply with the law).

- Budget cuts and fiscal restraints impact workers through increased caseloads
- A need for more drug testing services and a statewide standard for when to test
- Need to standardize contracting across the state when it comes to family team meeting (FTM) facilitation. Some areas of the state employ external FTM facilitators while others utilize trained IDHS FTM facilitators.

Agency Responsiveness to the Community

In 2003, Iowa achieved substantial conformity with the systemic factor of Agency Responsiveness to the Community.

Item 38: State Engagement in Consultation With Stakeholders: In implementing the provisions of the Child and Family Service Plan (CFSP), does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-service agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Item 39: Agency Annual Reports Pursuant to the CFSP: Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

Item 40: Coordination of CFSP Services With Other Federal Programs: Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assist programs serving the same population?

A. What does policy and procedure require?

Under Iowa Code section 234.3, a child welfare advisory committee was established to advise the administrator and the department of human services on programmatic and budgetary matters related to the provision or purchase of child welfare services.

B. What does the data tell us?

Information contained in D. below shows that Iowa's child welfare system collaborates with a multitude of internal and external stakeholders.

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

Iowa was in substantial conformity with the systemic factor of Agency Responsive to the Community.

- This item is rated as a Strength because the State is very inclusive and engages many partners in the development and implementation of the goals and objectives of the CFSP. Despite the rating of a Strength for this item, there is a need for the State to be more inclusive of Tribes in planning its goal and activities.
- Item 39 is rated as Strength because the State maintains a consultative relationship with its partners.

- Item 40 is rated as a Strength because the State maximizes opportunities to coordinate with Federal and federally assisted service programs.

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

IDHS continues to collaborate with other groups in order to keep children safe and strengthen vulnerable families. IDHS also listens to the voices of these groups for input on child welfare policy and practice. Collaborative partners include:

- Juvenile Court
- County Attorneys
- Private child welfare providers
- Substance abuse treatment providers
- Schools and teachers
- Education Collaborative
- Domestic violence agencies
- Communities
- Mental health providers
- Medical community
- Foster care review boards
- Court appointed special advocates (CASA)
- Parents attorneys and guardians-ad-litem
- Youth (Elevate)
- Parents (Parent Partners, Moms Off Meth, etc.)
- Foster parents (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:

IDHS collaborates with the following state agencies:

- Department of Education - The Education Collaborative is a collaborative effort between the Iowa Department of Education, IDHS, Children’s Justice Initiative, and other key community stakeholders to address issues related to the education of Iowa’s foster care youth.
- Department of Public Health (DPH) –
 - IDHS collaborates with DPH and other health care agencies/organizations to implement health related provisions of the Fostering Connections Act.
 - IDHS collaborates with DPH’s Division of Substance Abuse on substance abuse testing protocols and services.
- 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

Judicial Leadership/Children’s Justice:

In 1993, the Family Preservation and Support Services Program Act created the Court Improvement Program. The Iowa Supreme Court has used these funds over the years to strengthen training for attorneys and judges, and develop recommendations to improve the court’s role in child welfare cases. In January 2002, the Supreme Court

implemented an expedited process for termination of parental rights (TPR) appeals that transformed permanency for children, reducing the appeals timeframe from an average of a year or more to 90 days.

In May 2004, the Pew Commission on Children in Foster Care issued a report including a set of recommendations to strengthen the role of the court to ensure that children are protected from harm and are able to grow up in permanent families. These included recommendations for court performance measures, requirements for collaboration with public child welfare agencies, effective advocacy for children through attorneys and CASA programs, and leadership from state Chief Justices. Several of these recommendations ultimately ended up in the Deficit Reduction Act of 2005 in the form of additional CIP grant dollars and projects.

In September 2005, the National Center for State Courts, coordinated the first National Judicial Leadership Summit for the Protection of Children: Changing Lives by Changing Systems in Minnesota. The Supreme Court Justice represented the Supreme Court at that Summit, and came back determined to have the Iowa Supreme Court take a stronger leadership role in child welfare.

After she was elected as Chief Justice in 2006, Chief Justice Marcia Ternus led the Court to adopt the Pew Commission recommendations on 9-10-07, and worked with the Chief District Court Judges to establish the “One Family-One Judge” system. She also held a similar summit here in Iowa, created the Children’s Justice State Council, established a system of court reviews in each of the eight Judicial Districts as a means of monitoring and improving the quality of judicial overview of child welfare cases, and directed each of the Chief Judges to establish a Children’s Justice committee and process. IDHS staff is active in the State Council, as well as in the local Children’s Justice committees.

IDHS work on the Children’s Justice State Council is currently focused primarily on four topics – education, children in foster care, the role of the county attorney as IDHS attorney, and the relationship of the county attorney and IDHS in light of recent Supreme Court decision that the county attorney is to represent IDHS.

Children’s Justice Initiative is exploring the possibility of electronic transfer of records from IDHS to the courts, such as case permanency plans, social histories, provider reports, etc.

Child Welfare Advisory Committee (CWAC):

The Iowa General Assembly created the CWAC in 2007. The CWAC began meeting in the spring of 2008. They meet approximately every other month or more frequently if necessary. They formed four subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee has joined forces with the Children’s Justice sub-committee on the same issue and with IDHS and Department of Education to develop a shared agenda.

Child Welfare Partners Committee (CWPC):

The CWPC exists because both public and private agencies recognize the need for a strong partnership. The CWPC will promote, practice, and model the way for continued collaboration and quality improvement. Through collaborative public-private efforts, there will be created a more accountable, results-driven, high quality, integrated system of contracted services that achieves results consistent with federal and state mandates and the Child & Family Service Review outcomes and performance indicators. The Committee serves as the State’s primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Typically, the Child and Family Service Plan (CFSP) and the Annual Progress Service Report (APSR) are presented to the CWPC for comments. However, in this year’s CFSR process, several representatives from CWPC served on workgroups to provide input into this statewide assessment and several are participating in the onsite review, either as reviewers or as stakeholder interviewees. 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 children and families jointly served deserve no less than the best collaborative effort. 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 goal: child safety, permanency and well-being for Iowa's children and families. Collaboration and shared accountability will keep the focus on child welfare outcomes.

On November 16, 2009, the CWPC began their own blog at <http://iowajourneyofpartnership.blogspot.com/>.

Child Welfare Stakeholder Panel:

In December 2006, IDHS and the Children's Justice Division of the Court Administrator's Office created the Child Welfare Stakeholder Panel to engage stakeholders in the CFSR and IV-B Child Welfare plan. This group includes 40+ representatives of all major child welfare stakeholder groups and they meet quarterly. The Division and the Court retain decision-making authority in those areas in which they have responsibility under federal and state statutes and regulation.

The purpose of the Child and Family Services Stakeholder Panel is to provide consultation and actively involve stakeholders in the Division and the Court's child welfare initiatives and programs:

- Child and Family Service Plan (CFSP) reflects initiatives and activities going on through communities, private providers and other stakeholders that help the state meet federal expectations.
- Child and Family Service Review (CFSR) Statewide Assessment
- CFSR onsite review
- CFSR Program Improvement Plan (PIP)
- Achievement of federal outcome measures
- Review of local practice and the role of IDHS in assisting children and families to achieve permanency
- Identification of emerging issues and/or needs and discussion of possible impact on child safety and permanency.

Coordination with Tribes:

The IDHS is committed to compliance with both the federal Indian Child Welfare Act [ICWA] and the Iowa Indian Child Welfare Act, which became effective July 1, 2003, and provides several more stringent protections for tribes and Native American children and families. The 2008 Supreme Court decisions have resulted in changes in the definition of "Indian Child" in IA-ICWA to be consistent with the federal definition.

In state fiscal year (SFY) 2005, IDHS implemented the following activities, which continue today:

- IDHS put in place a contract with a Native American individual, or organization that employs Native American staff, to provide technical assistance, consultation, and training to state staff on ICWA cases, issues, and best practices.
- IDHS implemented a Minority Youth and Families Initiative (MYFI) demonstration project in Woodbury County that focused on reducing the overrepresentation of Native American children and families in the child welfare system. Lessons learned from this project will be used to inform future training, practice, and compliance efforts statewide.

The IDHS plans to continue and broaden efforts to consult with tribes on child welfare issues over the next five years in order to increase case compliance and ingrain tribal/state consultation and coordination into the culture of the child welfare system. In order to achieve the highest level of consultation, coordination, and case compliance in accordance with the spirit of the ICWA statutes, the IDHS plans the following activities:

- Provision of ICWA training opportunities for public and private child welfare staff, judges, attorneys, tribal social services workers, and others. IDHS will collaborate with tribal representatives, the Iowa Court

Improvement Project, and others to assess training needs and develop the most responsive training with a focus on best practices in ICWA cases.

- IDHS will continue to collaborate with tribal representatives to ensure that state staff have current contact information for tribal ICWA and social services staff from tribes with a common Iowa presence in order to promote tribal/state collaboration in case planning and service delivery.
- IDHS 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.
- IDHS is incorporating efforts to recruit additional Native American foster and adoptive families into the overall state recruitment plan and will work closely with tribal representatives on these efforts in order to gain their input regarding the most effective strategies to utilize.
- IDHS will continue participation in monthly meetings of the Community Initiative for Native Children and Families Initiative in Sioux City. Input received from this group will be used to guide state efforts to impact compliance with ICWA requirements.
- In FY2004, IDHS began working with tribal representatives to explore the development of tribal/state agreements on child welfare matters. Technical assistance for these efforts is being provided through the National Indian Child Welfare Act Association. IDHS and the Meskwaki Nation signed a Memorandum of Agreement (MOA) on July 18, 2006. IDHS has provided a copy of the memorandum of agreement with all staff and provide training. In 2010, the Meskwaki Tribe and IDHS will rewrite the department's MOA with the tribe. IDHS anticipates the MOA to be completed within the next 6 months.
- IDHS will continue to partner with tribal representatives in order to share data on Native American children and families in the state child welfare system and the outcomes achieved by these children and families. Through these efforts, tribal and state representatives will have objective data on which to base discussions on system strengths, concerns, and areas where remedial efforts need to be focused.
- State staff is working 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. IDHS staff requested Meskwaki Family Services (MFS) conduct an internal file review using IV-E and CFSR checklists. IDHS staff will work with MFS staff to resolve identified issues.
- On June 17 2010, in conjunction with IDHS worker training via ICN, Jerry Foxhoven from Children's Middleton Center will, in concert with Meskwaki Tribe, provide ICWA training for IDHS workers.
- At this time, the Meskwaki Tribe and IDHS are developing protocols and procedures regarding how both parties respond to child abuse investigations and issues, such as notification of the tribe, access to the tribal settlement, asking about Native American heritage, etc., when the tribe is involved. The hope is to have the protocol ready for roll out by May 1, 2010.
- The Meskwaki Tribe is examining their definition of "Indian child". The wording was developed and presented to the tribal council twice, available for tribal public comment, and scheduled to go back to the tribal council within the next month or two.

Technology:

Stakeholders reported that IDHS Digital Dashboard provides information to community stakeholders regarding Iowa's child welfare performance. Additionally, the ability to file electronic applications for benefits helps families receive benefits quicker.

Stakeholder Feedback:

Stakeholders reported several strengths related to agency responsiveness. Stakeholders reported that IDHS service areas have community liaisons to collaborate with local community stakeholders. Stakeholders noted that IDHS consults with the legal community, such as with the Youth Law Center in Polk County, the Public Defender's office, and county attorneys. Additionally, stakeholders reported that IDHS collaborates with a variety of organizations to address child and family issues, including immigrant and non-English speaking family's service needs, such as the HOLA Center, the Iowa Coalition Against Domestic Violence, elevate, Parent Partners, and the

Iowa Foster and Adoptive Parent Association. Stakeholders noted recent IDHS efforts to consult local stakeholders through the mini-CFSRs held in 2008 and to consult non-custodial parents (NCP) in their 2007 work.

Stakeholders also reported that community conversations around group care, the National Council Juvenile and Family Court Judges Zero to Three project, and Model Court in Polk County as promising practices poised to spread through the state due to Children’s Justice Initiative.

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

Stakeholder Feedback:

Stakeholders reported that child support issues were a barrier, particularly when support issues intersected with the juvenile court. However, stakeholders noted that, due to the reorganization, IDHS Child Support Recovery Unit (CSRU) is now more structurally able to work with child welfare as a resource within IDHS for working with juvenile courts. For example, a non-custodial parent (NCP) is granted custody of the child in juvenile court but has to continue to pay child support due to a district court order. Juvenile court now gives notice to district court regarding the change in custody and district court suspends the NCP’s current child support payments.

Stakeholders also reported that not all education districts have the technology to allow an efficient flow of information. Additionally, questions regarding who can have access remain, e.g. caseworker access to information.

Foster and Adoptive Home Licensing, Approval, and Recruitment

In 2003, Iowa achieved substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Item 41: Standards for Foster Homes and Institutions: Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Item 42: Standards Applied Equally: Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

Item 43: Requirements for Criminal Background Checks: Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Item 44: Diligent Recruitment of Foster and Adoptive Homes: Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements: Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

IDHS, in consultation with the Iowa Foster and Adoptive Parent Association (IFAPA), developed rule changes for foster and adoptive parent licensing/approval. Among other things, the changes implemented the recommendations from the Child Death Review Committee that IDHS require foster parents to be certified in CPR and First Aid. The

changes also prohibit foster parents smoking while caring for children in foster care. Prior to noticing the rule changes, IDHS worked with IFAPA to engage foster parent input into the rules.

A. What does policy and procedure require?

Since 1981, Iowa has maintained comprehensive standards for foster family and adoptive family homes. Iowa law specifies these standards in Iowa Code Chapter 237 and Iowa Administrative Code 441-113 and 200. Policy and procedures are maintained in IDHS Policy Manual Chapter 12B, which addresses foster family licensing, and Chapters 17F, 17F(1), 17F(2) and 17F(3), which addresses adoption standards. Iowa Code 237 and Iowa Administrative Code Chapters 105, 112, 114, and 115 govern licensing standards for and regulation of shelter and group facilities that care for children who receive foster or adoptive assistance under title IV-E. IDHS contracts with the Department of Inspections and Appeals (DIA) for the initial licensure, annual onsite visit, unannounced visits, and re-licensure of these facilities. IDHS governs licensing decisions for facilities and issues the licenses and Notices of Decision.

On January 1, 2007, the Department entered into a contract for the recruitment and retention (R&R) of foster and adoptive parents with Iowa KidsNet (IKN). As part of that contract, IKN licenses/relicenses foster homes and approves/renews adoptive homes. IKN also works in collaboration with DHS and IFAPA to retain foster/adoptive families. Retention efforts include activities such as special local and statewide events, recognition of foster and adoptive families in local media outlets, and engaging licensed foster families and approved adoptive families in recruitment activities.

Prospective foster/adoptive parents attend orientation, offered through the R&R contractor, and make application to become licensed/approved. Upon receipt of an application, record checks, such as child abuse, criminal, and sex offender registry, are completed. Families determined eligible to continue in the process are referred for pre-service (PS-MAPP) training, unless a waiver is granted.

Foster Family Home Licensure: During the 30-hour PS-MAPP training, the consultative and home study process is initiated. As part of the licensing process, applicants provide:

- Universal Precaution self study training
- PS-MAPP family profile
- Physician's report for foster and adoptive parents
- HIV general agreement
- Foster Care Private Water supply survey (well water)
- Provision for alternate water supply (if applicable)
- Floor Plan of the home/living space
- Three reference names and addresses (three additional references are selected and contacted by the home study licensing worker)
- Finger Prints
- Applicable consents to release of information

Additional documentation provided to the Department by the home study licensing worker includes:

- The Foster Family Survey Report, which documents the foster family's compliance with all licensing requirements
- The home study summary and recommendation
- Recommendation for Provisional Licenses, if applicable
- All forms obtained through record checks and assessment of the family

IKN staff submits this packet of information to the Department for approval. Prior to issuing the initial license, the Service Area Manager (or designee) reviews the information. Files on all licensed family foster homes include the packet of information and IDHS maintains the files county office in which the family resides.

Foster homes are reviewed annually. As part of the annual review, IKN staff updates the home study, provides a recommendation, and submits these and the following documents for IDHS review and approval:

- Application
- Survey Report
- Record checks
- Training reports
- Unannounced visit report – During the licensing period but prior to renewal, the IKN licensing worker makes at least one unannounced visit to assess the quality of the living situation and to determine compliance with licensing standards.
- HIV general agreement
- Family Profile Part 1 and 2
- Other optional forms, including physician’s report and private water supply form

The foster family file includes record check evaluations, if applicable (conducted by the Department), copies of current and past licenses, Notices of Action, and other relevant information pertinent to the history of the home. When a family is approved for a foster home license, the IDHS licensing worker enters demographic and approval status into FACS. IDHS licensing worker also enters the results of unannounced visits into FACS. IKN receives a monthly report of licenses that are coming due for renewal and any licenses that are overdue for renewal. At the state level, IDHS monitors the status of family foster care licenses on a monthly basis.

Iowa has not implemented dual licensure for foster and adoptive families. Licensed foster families who later want to adopt must complete a home study update to become approved for adoption. The applicants do not need to complete pre-service training but do have to complete fingerprint record checks.

Adoptive Homes: As noted above, families interested in becoming adoptive families are required to attend orientation and PS-MAPP training. In accordance with Iowa law, adoptive families also are subject to a pre-placement investigation. The pre-placement investigation is conducted to determine whether the prospective adoptive individual or family is suitable for placement of a special needs minor child. The results of the investigation are documented in the same home study format used for foster home licensing. Licensed child placing agencies staff or certified adoption investigators must complete adoptive home studies. Adoptive home studies are valid for one year and updated annually, as long as the individual or family remains interested in continuing to adopt.

Relative Care Homes: Relatives must be licensed to receive foster care payment. Relatives and non-relatives are subject to the same licensing requirements described above if they are to receive foster care payment. However, the Court may waive the adoption home study for relatives within the fourth degree of biological relationship when the child has been in the care of the relative for six months. These relatives may or may not be licensed foster parents but many of these are unlicensed relative situations where the relative has had the child in their home and want to adopt the child. Relative placements are subject to child protection standards including the completion of criminal and child abuse record checks.

The Iowa KidsNet contract contains performance standards related to the submission of the foster home licensing packet or completed adoption home study to the Department within 110 days of the date a new applicant begins pre-service (PS-MAPP) training. For renewals and updates, the timeframe is 45 days prior to the expiration of the foster or adoptive home study.

IDHS has administrative rules that allow the agency director to make exceptions to specific rules in individual cases. Exceptions are granted at the complete discretion of the director after consideration of all relevant factors.

Policy and procedure require standards for foster homes and facilities be applied equally and objectively. Exceptions to policy are allowed. An example of an approved exception is: The Director may make exceptions to the bedroom window size in regards to the height of the window that is higher than rule requirement of no more than 44” from the floor to the window sill. In this situation, if there is a permanent structure or a bed under the window that allows the child to be able to exit the window in an emergency, then it is approved. Another example, if the bedroom would not allow 40 square feet per child and two siblings are in the same bedroom, Iowa would approve an exception to policy to maintain the siblings in the placement. In determining whether to approve an exception to policy, IDHS determine if the situation impacts the safety/health of the child. If the situation would impact the safety/health of the child, the exception would not be approved. Exceptions are only good for one year and we can reconsider exceptions. There is no data for all child care facilities on the number of exceptions issued in the last 2 years.

There is a standardized process and protocol for evaluation of unlicensed relative homes when IDHS contracts with IKN to do them. Per the contract, IKN uses a standard home study template.

Per Iowa Administrative Code 441—113.13(237) and 441-200.4 (1)(b), Effective May 1, 2009, the Department submits record checks for each applicant living in the home of the foster or adoptive applicant to determine whether they have founded child abuse reports, criminal convictions, or have been placed on the sex offender registry. Each person subject to record checks is finger printed for a national criminal history check, except for persons under the age of 18. IKN assists applicants in completing required record checks. Each person in the home age 14 or older is subject to all record checks, except finger printing.

In 2007, the Iowa General Assembly enacted the Adam Walsh Child Protection and Safety Act of 2006. The Department complies with this law.

Per Iowa Administrative Code 441- 113.13(1) and 441- 200.4(1)(b), if the applicant or anyone living in the home has a record of founded child abuse, a criminal conviction, or placement on the sex offender registry, the Department will not license the applicant as a foster family or approve that applicant as an adoptive parent, unless an evaluation determines that the abuse or criminal conviction does not warrant prohibition of license. If there is a —hi’, IDHS does the evaluation with at least three staff persons with knowledge of the process. The evaluation considers the nature and seriousness of the founded child abuse or crime in relation to the position sought or held, the time elapsed since the circumstances under which the abuse or crime was committed, the degree of rehabilitation, the likelihood that the person will commit the abuse or crime again, and the number of abuses or crimes committed by the person. This process occurs prior to the applicant attending the PS-MAPP pre-service. The fingerprinting result is not required to be returned prior to attending PS-MAPP. Due to the length of time it takes for out-of-state records to be returned, IDHS has authorized that PS-MAPP can be started prior to the records checks being returned in those instances.

The administrative code specifies exceptions to the evaluation process that are tied to more serious crimes. In these cases, IDHS denies the application automatically without an evaluation. IDHS also issues the appropriate notice for any action taken on the application to be a foster or adoptive parent. The applicant has the right to appeal and no further action is taken until the appeal is heard and a decision rendered. If a child was placed in a home with an unlicensed caregiver who later seeks to go through the licensing process, the background check process is implemented regardless of whether or not it has been done prior to licensure. IDHS developed a IV-E checklist that is used to assure compliance for claiming IV-E funds. In addition, IDHS has a IV-E unit and several staff around the state who are responsible for case reviews for claiming compliance. IDHS staff monitors and reads case files for compliance. Criminal records checks are part of IV-E compliance requirements.

IKN is responsible for getting all information to IDHS in a timely manner and prior to the expiration of licensing. Incentive payments are tied to timely submission of all information. In accordance with Iowa Administrative Code,

Chapters 105 and 114, staff of shelter and facilities is required to undergo criminal and child abuse background checks. IDHS is responsible for evaluating record check —his” for facility staff.

Iowa recruitment practices comply with the principles of the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoptions Act of 1996.

The Department’s contract with IKN requires that they develop and implement Service Area specific recruitment plans within 60 days of the effective date of the contract. The contract specifies that each plan needs to:

- Be based on a needs assessment of each service area, including area-specific data provided by IDHS; Recruitment targets are based on child population, child demographics, geographic placement information.
- Include strategies that will result in the recruitment of resource families willing to care for the children entering care in each area;
- Be approved by IDHS;
- Include strategies to recruit minority families, with specific emphasis on African American, Hispanic, Native American resource families;
- Include strategies to recruit families for specific populations such as teens, large sibling groups, and children with mental and physical challenges;
- Include strategies to develop partnerships with faith-based organizations; and
- Include a description of family and peer mentoring, including strategies that will assist resource families to support the successful transition of teens to adulthood.
- IKN and service area recruitment teams meet monthly to review strategies, discuss the effectiveness of strategies, and made necessary adjustments to area plans. Strategies that demonstrate effectiveness are shared across the state.

Recruitment Plans developed in the service areas established numerical goals for increasing the number of families in each area. Some areas established numerical goals for targeted recruitment categories as defined by the area recruitment and retention teams. Areas identified and completed over the course of the last year specific activities. The Dubuque Service Area achieved its overall numerical recruitment goal. A key component of the recruitment and retention contract is the provision of support to foster and adoptive families. This support has as its goals the retention of foster and adoptive parents, and the stability of placements.

Iowa law requires that a child be placed on the Iowa Adoption Exchange System (IAES) 60 days after termination of parental rights and assignment of guardianship to the State, if an adoptive home has not been located. If a placement has not been located 90 days after the child is registered on IAES, Iowa law requires that the child must be registered on a national electronic exchange and electronic photo listing system. Registration on IAES 60 days after TPR allows for the transition of the case from the foster care worker to the adoption worker. It also allows for the timeframe in which the TPR can be appealed. Registration on the national exchange within 90 days after placement on the state exchange allows for in-state options to be explored prior to looking nationally. These timeframes have not impacted on the timeliness of permanency for children. Staff are actively involved in seeking adoptive placements for children once the decision is made to pursue TPR.

Central Office staff may grant a deferral for a limited time period for specific reasons. Prospective adoptive families requesting a special needs child are registered on the adoptive exchange upon receipt of an approved home study.

Frontline IDHS workers are responsible for entering the IAES information for both children and families into the system. Through its contract with IDHS, Iowa KidsNet (IKN) is responsible for registering children and updating information on the national exchange that is located on the AdoptUsKids website. IKN receives its information on which kids need to go on the national exchange from IDHS. IKN provides waiting adoptive families with AdoptUsKids registration information. IKN’s contract also specifies that it is to coordinate ongoing recruitment and retention activities with national recruitment initiatives, such as AdoptUsKids and the Wendy’s Wonderful Kids

project.

IKN maintains a list of waiting children on its website. Their practice is to place the child on the IKN website when they place the child on the National Exchange, unless requested by IDHS not to do so.

IDHS has a statewide process in place to expedite adoptive placements between counties within the state.

Iowa abides by the Safe and Timely Interstate Placement of Foster Children Act of 2006. IKN completes the foster and adoptive home studies referred through ICPC. Through an established process, the Compact Administrator and local IDHS offices ensure that IKN receives the requests in a timely manner. IKN also has a 60-day timeframe for processing relative home studies.

Iowa implemented the Interstate Compact of Medical Assistance, a provision of COBRA. This assures that children, who are eligible to receive adoption subsidy and who are placed out of or who are coming into the state, receive Medicaid. Medicaid Reciprocity was established in 2007, which further increases the pool of children eligible for Medicaid. Per the Adoption Program Manager estimate, as of March 2008, there were approximately 300 children benefiting from ICAMA (This total includes children from other states coming into Iowa, and Iowa children moving to other states.) Currently, 43 states provide reciprocal Medicaid. Statewide procedures are in place to ensure that eligible children obtain access to Medicaid.

B. What does the data tell us?

Recruitment and Retention Contract Performance Measures: Data gathered for timeliness of completed paperwork sent to IDHS:

| Performance Measure | July – Sept 2009 | Oct –Dec 2009 | Jan – Mar 2010 |
|---|------------------|---------------|----------------|
| 95% of completed packet sent to IDHS 110 days from start of PS-MAPP. Referrals started 2/1/07. | 89.1% | 87.4% | 80.1 |
| 98% renewals and updates sent to IDHS at least 45 days prior to the license expiration. Renewal referrals started 5/1/07. | 88.7% | 88.5% | 87.5 |

Iowa Foster and Adoptive Parent Association (IFAPA) Survey: In early March 2008, an online survey was sent to foster and adoptive parents whose email addresses were in the IFAPA database. The following provides their feedback regarding three questions asked pertaining to licensing. The survey data lets IDHS know the degree to which foster/adoptive families feel burdened by the licensing or approval process. Depending upon the survey responses, IDHS would explore the details as to what foster/adoptive families find burdensome of the process and then to make any changes to alleviate the situation.

| Survey Statement | Number of Respondents | Agreed/Strongly Agreed % | Neutral % | Disagree/Strongly Disagreed % |
|--|-----------------------|--------------------------|-----------|-------------------------------|
| –The licensing process promotes safety of children without undue burden to the family.” | 755 | 69% | 18% | 12% |
| –The adoption approval process promotes safety of children without undue burden to the family.” | 728 | 58% | 34% | 8% |
| –I plan to continue to be a licensed foster parent and/or approved adoptive parent for the next year.” | 771 | 81% | 9% | 10% |

Percentages may not total 100% due to rounding.

Foster and Adoptive Parent Data: According to data provided by IKN, 423 families were newly licensed across the state from February 2007 through December 2007. From Jan 2008 through December 2008, 587 families had an initial license/approval, i.e. were newly licensed.

According to IDHS data for reporting month February 2008, there were 2,995 licensed foster families in the State, 1,292 had foster placements during that month and 1,703 did not. Total license capacity for February 2008 was 6,994 while the number of children in placement was 2424.

According to IDHS Iowa Adoption Exchange data, for reporting month February 2008, there were 534 families approved for adoption in the state, 351 had adoptive placements and 183 had none. In FY09, Iowa averaged 702 children a month who were available for adoption. However, many of these children are placed in foster or relative homes that will be adopting. Also, not all adoptive families are entered on Iowa Adoption Exchange. Relatives and families who are licensed for foster care who subsequently become approved for adoption are not often listed on the adoptive family exchange as these families are adopting children currently in their homes.

Foster and Adoptive Children Data: Chart A reflects the racial and ethnic breakdown of children in non-relative foster family care for calendar year 2008; Chart B reflects the breakdown in relative care (both licensed and unlicensed.) (Source IDHS)

CHART A: Non-relative foster family

| Service Area | American Indian / Alaskan | Asian | Black / African American | Hawaiian Islander | White | Multiple Race | Unknown | Total | Ethnicity |
|----------------|---------------------------|-------|--------------------------|-------------------|-------|---------------|---------|--------|-----------|
| Ames | 5.8% | 0.9% | 5.8% | 1.3% | 75.1% | 0.9% | 10.2% | 100.0% | 12.0% |
| Cedar Rapids | 0.8% | 0.8% | 28.3% | 0.2% | 65.0% | 1.8% | 3.1% | 100.0% | 5.7% |
| Council Bluffs | 2.4% | 0.3% | 4.5% | 0.0% | 89.9% | 0.3% | 2.4% | 100.0% | 4.2% |
| Davenport | 0.9% | 0.9% | 19.2% | 0.0% | 69.4% | 3.5% | 6.1% | 100.0% | 10.9% |
| Des Moines | 1.7% | 1.2% | 15.5% | 0.0% | 62.9% | 4.3% | 14.5% | 100.0% | 9.0% |
| Dubuque | 0.5% | 0.5% | 8.3% | 0.0% | 75.5% | 2.5% | 12.7% | 100.0% | 2.0% |
| Sioux City | 7.6% | 0.8% | 8.9% | 0.8% | 70.2% | 2.3% | 9.4% | 100.0% | 14.8% |
| Waterloo | 1.6% | 0.4% | 15.4% | 0.0% | 69.6% | 1.6% | 11.5% | 100.0% | 8.3% |
| Total | 2.7% | 0.8% | 14.6% | 0.3% | 71.0% | 2.2% | 8.5% | 100.0% | 8.5% |

CHART B: Unlicensed and licensed relative

| Service Area | American Indian / Alaskan Native | Asian | Black / African American | Hawaiian Islander | White | Multiple Race | Unknown | Total | Ethnicity |
|----------------|----------------------------------|-------|--------------------------|-------------------|-------|---------------|---------|--------|-----------|
| Ames | 3.9% | 2.2% | 8.8% | 0.0% | 76.2% | 1.7% | 7.2% | 100.0% | 7.2% |
| Cedar Rapids | 0.7% | 0.3% | 20.9% | 1.0% | 69.5% | 2.3% | 5.3% | 100.0% | 5.0% |
| Council Bluffs | 0.5% | 0.0% | 3.7% | 0.0% | 89.5% | 2.1% | 4.2% | 100.0% | 5.2% |
| Davenport | 0.0% | 0.0% | 22.9% | 0.9% | 67.0% | 1.8% | 7.3% | 100.0% | 10.1% |
| Des Moines | 0.4% | 0.4% | 17.7% | 0.7% | 59.6% | 3.2% | 18.1% | 100.0% | 11.3% |
| Dubuque | 0.0% | 0.9% | 2.8% | 0.0% | 82.1% | 0.9% | 13.2% | 100.0% | 4.7% |
| Sioux City | 11.7% | 1.8% | 4.9% | 0.6% | 69.3% | 0.0% | 11.7% | 100.0% | 14.1% |
| Waterloo | 0.0% | 1.8% | 23.4% | 0.0% | 56.8% | 3.6% | 14.4% | 100.0% | 7.2% |
| Total | 2.1% | 0.8% | 13.7% | 0.5% | 70.8% | 2.1% | 10.0% | 100.0% | 8.1% |

Foster Youth in Need of Foster Care Placement: IKN —“Matching Report” lists the number of children in need of foster care placement as well as descriptive characteristic information regarding the children.

- March 2009: There were 32 children with outstanding referrals for foster home placement. Eleven were teens; four were youth with a history of sexually acting out; four were specific to the Dubuque Service Area; three were for a specific geographic location, e.g. within a certain school district, county, etc.; three were for specific behavioral or special needs accommodations, e.g. do not place with young children, medical needs, etc; and sixteen children were for pending visits. Children could have more than one reason for the difficulty in finding placement, e.g. a teen with sexual acting out behaviors.
- March 2008: There were 43 children statewide in need of foster care placement. Thirty-five of these children were teens, 17 had a history of sexual perpetration, 32 were specific to the Waterloo Service Area, and 36 had specific matching requests by IDHS workers, e.g. specific school, location, no placement with younger children, etc.

Iowa Adoption Exchange System: Children are placed on this exchange if, after 60 days from termination of parental rights, there is no home identified for them.

| Report Month/Year | Total Number of Children Registered | Race | | | | | | Ethnicity |
|-------------------|-------------------------------------|-------|-------|----------|-------|--------|-----|-----------------|
| | | Asian | AI/AN | Black/AA | White | HI/OPI | UTD | Hispanic/Latino |
| May 2009 | 100 | 2 | 0 | 23 | 59 | 0 | 6 | 3 |
| February 2008 | 96 | 1 | 1 | 0 | 78 | 1 | 2 | 1 |

AI/AN=American Indian/Alaskan Native; Black/AA=Black/African American; HI/OPI=Hawaiian Islander/Other Pacific Island; UTD=Unable To Determine

Iowa ICPC Data: The following table shows the movement of children out of and into the State of Iowa.

| Calendar Year | Out of Iowa | | Into Iowa | |
|---------------|---------------|---------------------|---------------|---------------------|
| | FC Placements | Adoptive Placements | FC Placements | Adoptive Placements |
| 2009 | 45 | 117 | 111 | 122 |
| 2008 | 55 | 134 | 61 | 86 |
| 2007 | 55 | 134 | 60 | 81 |
| 2006 | 39 | 143 | 54 | 86 |

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

Iowa achieved substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention:

- Item 41 is rated as a Strength because the State has established and implemented comprehensive standards for foster family homes and child care institutions.
- Item 42 is rated as a Strength because standards are applied consistently.
- Item 43 is rated as a Strength because the State consistently conducts the necessary background clearances that are in compliance with Federal requirements.
- Item 44 was rated as an Area Needing Improvement because, although the State has a Statewide recruitment contract in place, there is insufficient focus on recruiting foster and adoptive homes that reflect the ethnic and racial diversity of the children entering foster care, particularly Native American children.
- Item 45 is rated as a Strength because the State has a functioning process for obtaining cross-jurisdictional resources for waiting children.

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

To improve Iowa's performance regarding Item 44, Iowa incorporated several strategies into the PIP, such as a need based assessment for each area, the development of a diligent recruitment plan with TA from Adopt US Kids, specialized training to IDHS staff, focused communication about unmet needs, a plan to work with communities of faith, and the development of service area teams that would participate in recruitment plan development. Additionally, the PIP established the goal of developing a performance-based contract for recruitment and retention.

In 2004, AdoptUsKids provided technical assistance through planning sessions that involved stakeholders from IDHS, private agencies, and foster/adoptive parents. From 2002 until January 2007, IDHS contracted with IFAPA for the recruitment and retention of foster and adoptive parents (through the Kidsake project.) IFAPA established recruitment teams in each of the IDHS services areas to address local recruitment needs. Kidsake developed the Heart Gallery (describe) and had a website that listed Iowa's Waiting Children. IFAPA established the liaison system of support and published several helpful handbooks for foster/adoptive parents.

The current performance-based, statewide recruitment and retention contract provisions with IKN capture the core elements of the PIP plan.

As state workers increased their visits in foster homes, the oversight of the homes has been enhanced. Workers bring to the attention of state and contracted licensing home workers deficiencies and concerns related to the home in timely manner.

The State continues to develop dual licensure standards that will ensure that foster and adoptive parents have uniform licensing requirements.

In September 2007 as part of a federal IV-E audit, provider licensing files were reviewed. The reviewers noted that, “Licensing files were well organized with appropriate criminal background checks and clearances for the length of the child’s stay in placement.”

- In March 2008, the IDHS and IKN collaborated to create a statewide “checklist” that is to be used with all licensing and approval packets submitted to IDHS.
- There is a standardized set of criteria used when granting variances and exceptions
- IDHS developed a Kinship Care workgroup that explored several issues related to relative caregivers. This workgroup developed and disseminated a “Kinship Care Guide” for IDHS workers. The team created a checklist for “protective capacities” related to caregivers. Rules and policy have been drafted.
- There is a Polk County Model Court project that has as its focus kinship care.
- The statewide R&R contract specifies that the contractor is responsible for ensuring that record checks are completed on people in the home who are required to have them. IDHS monitors this to ensure completion prior to the issuance of a license.
- The establishment of staff dedicated to IV-E compliance has bolstered efforts to ensure that criminal records checks are completed on foster and adoptive parents
- There is a standardized process in place for record check evaluations
- The contractor has implemented the use of SING to check all records, which has reduced the delays in getting the needed record check information. No issues were identified in family foster care during the September 2007 IV-E audit.
- Adoptive families who have an approved study have annual criminal and child abuse record checks.

In regards to the IKN’s recruitment and retention contract, there are several promising practices noted.

- IKN is using real time data to accurately identify and address targeted recruitment priorities. As this data becomes better utilized and analyzed, gaps will be more effectively identified and addressed.
- IKN is collaborating with Wendy’s Wonderful Kids and AdoptUs Kids and is implementing “Fostering Faith” initiatives
- IKN has utilized the expertise of Charlotte McCullough, a child welfare consultant, to assist in the development of viable recruitment strategies and methods of analysis.
- In Woodbury County in the Sioux City area, there is a specialized IDHS team that serves clients who self-identify as Native Americans. This team organizes specialized cultural activities that explore Native traditions. These activities are open to Native American children and families that the unit serves. In May 2008, a “Meet and Greet the Elder” activity took place. There are two Native American liaisons that work with the team at the local IDHS office. Members of this team are in a unique position to understand the complexity and uniqueness of the Native American cultures in the area. This knowledge could play a significant role in developing effective recruitment strategies for Native American families. These staff people can assist in building cultural competency amongst other staff members.
- There are two additional specialized units within the Sioux City Area Recruitment team for Native American and Hispanic families.
- The Sioux City Area Elevate team has actively participated in recruitment efforts.
- The Casey/CSSP Alliance on Racial Equity is providing support for grass roots organization of Native Americans in the Sioux City region. This holds the potential for collaboration and networking for effective recruitment efforts.
- In Waterloo, the recruitment team is collaborating with a group that is addressing the issue of minority disproportionality in foster care.
- Creative recruitment strategies to both identify the relevant family profile for the purpose of meeting recruitment priorities are in the process of being identified but not yet implemented by IKN.
- IKN has a recruitment specialist or two in each Service Area who are allocated part-time to both directly implement and facilitate volunteers to assist with meeting recruitment goals. These recruitment specialists are

currently licensed foster parents so have credibility among currently licensed families (who are accessed for the purpose of recruitment), and potential families.

- IKN is expanding support to families from the point of inquiry through the licensing process.

The central office for the Interstate Compact for the Placement of Children (ICPC) continues efforts begun in 2007 to improve the accuracy and efficiency for placing children safely across state lines. Tracking ICPC requests by each service area helps home studies and placement requests to be finished in a timely manner. ICPC is used to place children with parents and relatives whenever possible.

- Establishment of “point person” in each area as central contact for ICPC referrals from Central Office
- ICPC administrator is responsive to needs of field and other states in expediting referrals
- IKN has implemented text and email alerts to Waiting Parents; IKN lists children on its own electronic “Waiting Child” exchange, in addition to listing children on the National Exchange
- Establishment of ICAMA reciprocity in 2007

Judicial Focus Group: On March 7, 2008, a Judicial Focus group responded to questions concerning Iowa’s child welfare system. The group comprised eight judges from across the state, with experience in Juvenile Court matters from 8 months to 18 years. The judges responded to three questions posed to them. The questions and their responses are below.

- —How effectively has the State implemented licensing or approval standards for foster family homes and child care institutions (group care facilities) that ensure the safety and health of children in foster care?”
 - Six judges responded that they were not aware of the training requirements of foster parents or group care facilities, and were therefore unable to answer.
 - One judge responded that he felt the Department was proactive in moving forward to license foster homes that were suitable, and to provide training that was appropriate.
 - One judge commented that he regularly does training, or meets with foster parents in order to answer questions (non-specific to any pending case) that the foster parents may have (systemic questions).
- —How effectively has the State implemented a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children needing foster and adoptive homes? Does the current pool of foster families reflect the ethnic and racial diversity of children in need of foster care and adoptive placement, and meet most of the foster care placement needs of the children it serves? Please identify strengths and barriers or unmet recruitment needs.”
 - Most of the responses from the judges focused on the new process of using Iowa KidsNet as a resource for securing foster homes for children, and the fact that this new system does not, from the judges’ perspectives work as well as when the social work case managers or child protection workers were assigned that responsibility.
 - The judges also responded that there were insufficient foster homes in all of their jurisdictions to deal with the increasing number of Latino families that are in our courts. It also appeared to at least one judge that overall there appear to be fewer homes now than there were before. A judge noted that in his community there are too few foster homes, and too few foster homes that reflect the racial and ethnic diversity of his community. He felt, however, that the department was “building bridges” in the community to recruit foster parents from the African-American and Latino communities, and thought that this was a step in the right direction. Otherwise, the judges were largely unaware of the processes used by the department to recruit potential foster and adoptive families that reflect ethnic diversity. All of the judges agreed that the current pool of foster families do not reflect ethnic and racial diversity of the entire population of children in need of placement. Another Judge noted that while there are insufficient numbers of foster parents in his community to address the Latino population, it may be difficult to secure many foster families because of the

- transient nature of that community. Many or most of the families work in packing plants, or do migratory labor and are not stable residents of the community for long periods of time.
- Another barrier noted was that in rural communities there are very few African-American families available to recruit to become foster parents, or adoptive placements for children. Judges were also somewhat unsure of the process, or tools the department uses to recruit foster parents, whether those prospective foster parents are Caucasian or a member of a minority group.
- —How effectively does the State seek out and use families who live in other jurisdictions (for example, out of State) to facilitate timely adoptive or permanent placements for waiting children? Please identify strengths and barriers or gaps in cross-jurisdictional efforts.”
 - All of the judges concurred that the department actively works toward placing children in out-of-state placements. They indicated that the real hold-up in these cases is not the department dragging their feet. They indicated that the real problems lie with the Interstate Compact Office... usually of the receiving state. (Few problems cited with the IDHS ICPC office.) This was generally regarded as a real strength of the department.

Stakeholder Assessment (2009): Stakeholders rated several key areas regarding this systemic factor.

- The team rated this area as —Very effective” - the State has a procedure to ensure that title IV-E and IV-B funds are provided only to children placed in homes or child care institutions that meet the full licensure standards, and the procedure is applied consistently to all homes and facilities.”
- Stakeholders determined that the State is —Very effective- The State has an effective process in place for conducting criminal background clearances on prospective foster and adoptive parents before licensing or approving them to care for children, and applies the process consistently and timely to foster and adoptive caregivers statewide.” Stakeholders discussed the results of the last IV-E audit in September 2007, noting that IDHS was in substantial conformity with IV-E requirements in regard to licensing.
- Stakeholders rated the State as —Sometimes effective- an effective recruitment plan generally is in place statewide and is implemented sometimes.” Team members noted that there were some transition issues with the implementation of a new contract. Like the previous recruitment contract, the current statewide contract builds upon localized recruitment and retention teams who participate in developing Service Area specific plans. The composition of the teams and the degree of participation by IDHS varies. The initial plans were built upon data provided by IDHS, but that data was not gathered in a consistent manner statewide. Plans were not developed using a standardized method of analysis or goal-setting statewide. The contract encompassed many facets of the foster and adoptive care process, and taking on recruitment in addition to matching and support by the contractor was a lot to take on at one time. Stakeholders shared that IKN was recently doing promising work with data gathered in the last year by IKN, applying a methodical analysis to the data in order to determine standard goals. Stakeholders agreed that this type of work was needed to move the recruitment efforts forward.
- Stakeholders determined that the State is, —Usually effective- The State most often seeks homes across jurisdictional boundaries for children in need of placement, by listing them in appropriate exchanges or other means, and places children in appropriate homes when identified.”

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

There are some resource issues or barriers related to the licensing process, such as:

- The licensing process is time-consuming and lengthy.
- The State tracking and payment system used for foster care licensing does not contain information about variances and exceptions. While this in and of itself is not an indicator of the State’s overall performance in this area, incorporating this information into the tracking and payment system could enhance efforts to track and monitor performance.

- Law enforcement in some areas will not do fingerprinting for people under the age of 18; in that case, the contractor is to submit an exception to policy request. This lengthens the licensing processing time.
- Current law does not require annual records checks for foster parents and facility staff.
- The IV-E audit in September 2007 revealed that a few employees in group homes did not contain the explanation of follow-up when there was a “hit” on an employee but safety requirements were determined to be met.

In addition, there are few resource issues or barriers related recruitment and retention, such as:

- There was an inconsistent approach in methodology and goal setting in different service areas in the development of recruitment plans when the IKN contract was initiated.
- There is insufficient data that demonstrates what types of supports are needed for families to “convert” their interests to better meeting the type of needs that youth who are being referred today have. There is insufficient data that demonstrates what type of supports work to retain families who are currently licensed and provide a meaningful resource to youth being referred today. If current resource families continue to be viewed as the best resource for meeting these needs and for recruiting other families who have similar values/attitudes/interests, more effort will need to be made to better understand how this should occur.
- Two bordering states, Illinois and Nebraska, do not provide Reciprocal Medicaid
- Some states will not do adoptive studies unless TPR has occurred; this impacts timely permanency in some cases through ICAMA
- There are no resources available to reimburse relative placements.

Stakeholder Feedback (2009):

Stakeholders reported a few resource issues or barriers, such as:

- The difficulty that the requirement that everyone in the foster or adoptive home who is fourteen years of age or older be subject to fingerprinting can pose, as law enforcement is reluctant to do fingerprinting on anyone younger than 18 in some areas. There was agreement that fingerprinting does provide an extra measure of protection for children, as it can pick up “hits” that are missed in conventional records checks.
- Concerns were noted about the lack of legal basis for mandating that records checks be done annually on foster parents, as is the requirement for adoptive parents.
- There was discussion about the need for training for IDHS staffs on how to evaluate record check hits in a culturally- competent manner.
- Stakeholders talked about the need for a different “method” of recruitment that builds upon existing connections and networks. All agreed that the standard “billboard” technique is not effective in recruiting a sufficient number or type of foster parent to meet the needs of children in need of placement.
- Stakeholders noted that funding for recruitment has historically been inadequate. IDHS agreed that the State is moving in the right direction and acknowledged that IDHS can continue to improve our efforts in this area.

Stakeholder Recommendations (2009):

Stakeholders recommended that rules be implemented to require foster families and facility staff to undergo records checks on an annual basis. Also, they recommended that the rules be revised to require evaluation of both confirmed and founded abuse reports. Currently, evaluation is limited to founded abuse reports.

Section V – State Assessment of Strengths and Needs

Seven Outcomes and Systemic Factors

Results of the Self-Evaluation

The evaluations are in two broad areas, outcomes and systemic factors. Outcomes measure the results in safety, permanency, and child and family well-being. Systemic factors measure the capacity and usefulness of the state’s “infrastructure” that enable social workers, judges, and providers to do their jobs. The threshold is extremely high. Please see attachments “Outcomes” and “Systemic factors” for thresholds unique to each item.

Generally speaking, Iowa does well in systemic areas. In the outcomes area, some results are encouraging and some point to weaknesses.

Some outcomes use data indicators and others use case reading data. Here is a summary of some of the items you will find in the statewide self assessment:

Outcome areas:

- The national standard requires that fewer than 5.4 percent of children in the child welfare system experience a second confirmed report of neglect or abuse within six months of the first confirmed report of neglect or abuse. Iowa’s rate of 8.1 percent is not in substantial compliance. It should be noted that in 2003 Iowa’s percentage was 11.2%.
- The national standard requires that less than .32 percent of children in foster care experience another maltreatment episode. Statewide, Iowa’s rate is .29 percent.
- Although many children taken from the home for safety reasons are reunited with parents after services are provided, we are not always returning children timely.
- In Iowa, children, who cannot be reunited and are adopted, are achieving timely adoptions.
- In 95% of all cases, children should be and are being safely maintained in their homes whenever possible. Services to prevent removal are a strength in Iowa.
- Although Iowa does not meet the federal standard for visits with children, we have made notable progress.

Systemic Areas:

- Iowa’s statewide system of keeping track of at-risk children and their histories meets or exceeds federal requirements. It is accessible to appropriate staff.
- Iowa meets the federal requirement for periodic review of every child in foster care. There is a strong partnership between the judiciary, the IDHS, and the Foster Care Review Board.
- Iowa has an array of services, including strong prevention and permanency programs. Iowa is lacking in specific services, such as access to substance abuse and mental health services in rural areas and dental providers who take Medicaid.

- Iowa has a statewide and focused plan to recruit and support adoptive and foster parents, although there remains a shortage of families, who are ethnically and /racially diverse and who are able to provide care for large sibling groups.
- Iowa’s system of quality assurance is comprehensive and has mechanisms in place to evaluate the quality of services, including the identification of strengths and weaknesses within the child welfare system. Upcoming challenges include a diminished workforce and the sustainability of quality assurance.

Iowa’s child welfare system has several outstanding strengths, chief among them being the dedication of staff, providers, and the judicial system. Additionally, Family Team Meetings, Family Interaction, CPPC expansion, Parent Partners, one judge/one family, foster care review boards and family drug court are key strategies for success. There are also obvious areas for improvements. We appreciate the input received from stakeholders in the development of the statewide self-assessment. We look forward to the remaining steps in the evaluation process, especially working with our partners to implement program improvements that help us achieve improved outcomes for the children and families we serve.

Overall Barriers:

Safety Outcome 1: The State of Iowa is not meeting this outcome. The following are major barriers:

- Lack of documentation regarding extending timelines to see the child and safety assessment of other children in the home
- Difficulty in coordinating efforts with other partners, especially law enforcement in meeting timelines
- Diminished staff resources
- Limited therapeutic resources
- Inconsistent provision of services to non-custodial parent (NCP)

Safety Outcome 2: The State of Iowa is meeting this outcome. A few identified areas needing improvement are:

- Communication between DHS and Juvenile Court regarding effectiveness of voluntary services prior to a family’s court involvement
- Consistent statewide use of risk reassessment tool
- Limited staff, time, and resources including access to services to prevent removals in rural counties, and lack of health insurance

Permanency Outcome 1: The State of Iowa is not meeting this outcome. The following are major barriers:

- Inconsistent use of Family Team Meetings (FTM)
- Limited resources:
 - Staff time
 - Financial resources to compensate external FTM facilitators
 - Mental health and substance abuse resources, especially within rural areas
- Short timeframes for permanency
- Iowa Code places IDHS workers in positions where they must choose APPLA.
- Trial visits do not count as reunification, which delays permanency.
- Court delays and appeal process
- Engagement of NCP, including those incarcerated

Permanency Outcome 2: The State of Iowa is not meeting this outcome. The following are major barriers:

- Transportation and travel time involved with visitation
- Placement coordination challenges for siblings not placed together

- Transporter hours do not always coincide with family’s schedule
- Perception that all visits must be supervised
- Limited resources:
 - Adequate number of foster homes, including culturally diverse foster homes, and alternatives to group care
 - Transportation
 - Financial resources

Well-Being Outcome 1: The State of Iowa is not meeting this outcome. Identified barriers are:

- Identifying and engaging relatives at the earliest possible stage in the case
- Non-custodial parent issues, including documenting efforts
- Resources:
 - Reduction in state resources, including staff, due to recession
 - Availability of resources, especially within rural areas
- Turnover in service providers and DHS staff that affects the quality of relationships with foster parents, parents, and youth
- Inconsistencies within IDHS practice, such as in frequency of family team meetings, communication with youth, parents, and service providers
- No-shows/cancellations/inclement weather affect visit performance

Well-Being Outcome 2: The State of Iowa is meeting this outcome. A few identified areas needing improvement are:

- Inconsistencies exist with children placed in residential treatment or group care settings relative to education, such as transfer of records, extracurricular activity involvement, and coordination between multiple providers
- Information exchange and confidentiality

Well-Being Outcome 3: The State of Iowa is not meeting this outcome. The following are identified barriers:

- Consistent use of standardized forms
- Documentation
- Access to specialty clinics
- Dentists taking Medicaid patients (due to low reimbursement rates)
- Coverage for prescriptions and dental services (including orthodontia)
- Financial resources
- Transportation issues

Statewide Information System: Iowa is in substantial conformity this systemic factor. Some areas identified as needing improvement are:

- Staffing
- Interface issues with other systems
- Data entry issues and website issues
- IDHS website is not user friendly
- Data reports look back rather than providing information that could be used proactively
- Data information is slow in coming but accurate once received.

Case Review System: Iowa is not in substantial conformity with this systemic factor. Identified barriers are:

- Case plan and court requirements do not always align
- Courts do not utilize standardized forms across the state
- Lack of statewide standardization of family team meetings

- Difficult to get contested TPR cases on the docket, which results in untimely hearings
- Court orders are not issued timely after the hearing
- Court dockets are heavy

Quality Assurance System: Iowa is in substantial conformity with this systemic factor. Some areas identified as needing improvement are:

- Limited resources, such as information technology, funding, and staffing
- Meshing of state level and national accreditation requirements

Staff and Provider Training: Iowa is in substantial conformity with this systemic factor. Some areas identified as needing improvement are:

- Policy and procedure need to be continually relayed to staff
- Resources needed to sustain training
- PS-MAPP and IFAPA course offerings are dependent upon the number of people interested in attending
- It can be difficult for families to find childcare while they attend PS-MAPP and challenging to commit to the lengthy training process.
- Foster and adoptive parent reimbursement is not tied to the level of expertise of the foster parents

Service Array and Resource Development: Iowa is not in substantial conformity with this systemic factor. Identified barriers are:

- Distance, challenging to deliver services in rural areas
- Reduced resources:
 - Financial resources
 - Availability and accessibility of mental health and substance abuse services
 - DHS staff

Agency Responsiveness to the Community: Iowa is in substantial conformity with this systemic factor. One identified area needing improvement is addressing child support issues when Juvenile Court is involved.

Foster and Adoptive Home Licensing, Approval, and Recruitment: Iowa is in substantial conformity with this systemic factor. Some areas identified as needing improvement are:

- The licensing process is time-consuming and lengthy.
- The State tracking and payment system used for foster care licensing does not contain information about variances and exceptions.
- Law enforcement in some areas will not do fingerprinting for people under the age of 18; in that case, the contractor is to submit an exception to policy request. This lengthens the licensing processing time.
- Current law does not require annual records checks for foster parents and facility staff.
- Two bordering states, Illinois and Nebraska, do not provide Reciprocal Medicaid

Areas needing improvement that Iowa would like to examine more closely during the onsite review:

- IDHS would like the CFSR onsite review to explore placement stability.

Program Improvement Planning (PIP) Strategies IA is contemplating using: Given the Department's recent reorganization and reduced resources, Iowa requests technical assistance from the National Child Welfare Resource Center for Organizational Improvement in developing our PIP.

Recommended Sites for Iowa’s Onsite Review

Polk County (Metropolitan Site):

Polk County is in the middle of the state. The county seat is Des Moines, Iowa’s capitol. Polk County is a metropolitan area with a population of 424,778. The local DHS office is located in Des Moines.

Key Data:

- Polk County met the Absence of Maltreatment in Foster Care safety indicator and Permanency Composite 3, similar to the state. Polk County met two of the three measures for Permanency Composite 3.
- Polk County did not meet the Absence of Recurrent Maltreatment and Permanency Composites 1 and 4, similar to the state. In addition, Polk County did not meet Permanency Composite 2, which the state met.
- Polk County’s racial distribution is 89.4% White, 5.5% Black/African American, 3.1% Asian, 1.5% 2 or More Races, 0.5% American Indian/Alaskan Native, and 0.1% Native Hawaiian/Other Pacific Islander. Polk County has slightly more Hispanic citizens, 6.7%, than the state as a whole, 4.2%.
- Polk County has an overrepresentation of Black/African American, American Indian/Alaskan Native, and Native Hawaiian/Other Pacific Islander youth in foster care. In addition, while 6.7% of Polk County is Hispanic, in the foster care sample, 9.4% of Hispanic children are in care in Polk County.
- Polk County has the following promising practices: Zero to Three- Attachment evaluations, Family Interaction, New Parent Orientation, Parent Partners, Transitioning Youth Initiative, Pre-and Post-Removal Conferences, Family Drug Court, Decategorization activities, Court Appointed Special Advocate, and the Drake Middleton Clinic.
- Polk County has the following partnerships: Drake Middleton Center, Elevate, MDT Trauma Team, CSARC (sex abuse), Model Court, System of Care (mental health), Provider Oversight meeting, Community Partnership for Protecting Children, Reunification Picnic, Child Protection Center, R-House (relative training and family interaction).
- Polk County is in the Fifth Judicial District, the county of our state capital, and Iowa’s most populous county. This district also includes the counties of Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Jasper, Lucas, Madison, Marion, Polk, Ringgold, Taylor, Union, Warren, and Wayne. There are four judges who serve on the juvenile bench in Polk County, one Associate Juvenile Judge and three District Associate judges. Associate Juvenile Judge, Connie Cohen, has served on the bench over 15 years. In addition to her regular caseload of CINA and delinquency cases, she presides over a specialty infant mental health court. She has served on the Court Improvement Project (now Children’s Justice) Advisory Committee since the inception of CIP grants in 1994. She also chairs the Judicial Training subcommittee of the CIP Training and Education Steering Committee. She chairs or serves on a variety of other juvenile and child welfare related committees and work groups. She is a frequent lecturer in Iowa and across the nation. In addition, she serves on the board of the Permanency Planning Division of the National Council of Juvenile and Family Court Judges. There are two District Associate Judges, Carol Egly and Louise Jacobs, having served on the juvenile bench for 23 and 12 years respectively, both with prior experience in District Court. Both judges have served on Children’s Justice work groups. Judge Carol Egly, leads the PSSF family drug court pilot site, one of 6 sites in the state participating in the Children’s Bureau Discretionary Grant of Children’s Justice focused on families where substance abuse is the primary barrier to child safety and permanency. Children’s Justice is the lead agency on this grant. She also serves on the Children’s Justice Juvenile Data Committee. The third District Associate judge has recently been appointed to the juvenile bench. He attended all required juvenile training prior to taking the juvenile bench. Polk County is a Model Court through the NCJFCJ. Several Children’s Justice staff is members of the Model Court team. In March 2010, through a joint effort of Children’s Justice and NCJFCJ, four members of the Polk County Model Court Team and a judge from Black Hawk County will make a site visit to New Orleans to observe the implementation of —benchmark” hearings, a specialized hearing for youth in foster care who are

transitioning from foster care. Similar to a family team meeting, this type of hearing allows the child to direct his future, assembling those professionals, foster parents and other significant adults who will assist him or her in a plan for self-sufficiency. Once returning from a site visit, Children’s Justice will assist Polk County and Black Hawk County in initiating benchmark hearings.

- Since Polk County is a metropolitan area, the county has a plethora of community resources and community stakeholders.

Webster County

Webster County is located in the central part of the state, a little North and West of Polk County. It is approximately 2 hours from Des Moines. Webster County is a rural county with a population of 38,517. Fort Dodge is the county seat for Webster County and the county’s IDHS office is located there.

Key Data:

- Webster County did not meet any of the safety indicators, unlike the state, which met the Absence of Maltreatment in Foster Care safety indicator.
- Iowa would like to further assess the barriers Webster County is experiencing in meeting the safety indicators.
- Webster County met Permanency Composites 2 and 3. The county met two of the five measures for Permanency Composite 2 and two of the three measures for Permanency Composite 3.
- Webster County did not meet Permanency Composites 1 and 4, which mirrors the state’s performance. The county met two of the four measures for Permanency Composite 1. The county met only one measure out of three for Permanency Composite 4.
- Iowa would like to further assess the barriers, including those identified by Webster County under Permanency Composite 1, which Webster County is experiencing in meeting Permanency Composites 1 and 4.
- Similar to the state’s racial makeup, Webster County’s population is largely White (93.5%) followed by Black/African American (3.9%), 2 or More Races (1.3%), Asian (0.8%), and American Indian/Alaskan Native (0.4%). Similar to the state’s ethnic makeup, Webster County has a small Hispanic population, 3.1%. The state has a Hispanic population of 4.2%. Webster County is not close to a tribe.
- Webster County has an overrepresentation of Black/African American and American Indian/Alaskan Native youth in foster care. Similar to Scott and Dubuque counties, Webster County is participating in the Casey Breakthrough Series Collaborative to address this issue.
- Some of Webster County’s promising practices are the Breakthrough Series Collaborative (Disproportionality), Linking Families and Communities (Empowerment and Decat), Transition Planning for Youth, Crisis Intervention, Family Functioning Therapy, Parent Partners, Drug Endangered Children Task Force, Children’s Juvenile Justice Initiative, and *elevate*.
- Due to a gap between resources available and need, Webster County is exploring the possibility of becoming a site for a Child Protection Center.
- Webster and Marshall Counties are in the Second Judicial District. The Second Judicial District includes the counties of Boone, Bremer, Butler, Calhoun, Carroll, Cerro Gordo, Floyd, Franklin, Greene, Hamilton, Hancock, Hardin, Humboldt, Marshall, Mitchell, Pocahontas, Sac, Story, Webster, Winnebago, Worth, and Wright. There is one Associate Juvenile Judge, James McGlynn, who serves on the juvenile bench in Webster County. Due to the small size of the county, he also hears juvenile cases in other counties along with other types of cases. He has served on the juvenile bench 10 years. As part of Children’s Justice, he is presently a member of the Casey Breakthrough Series on Disproportionality site team. He will also participate in the NCJFCJ benchcard training in April and implement use of the benchcard. He is a member of the Children’s Justice Second Judicial District Team. A special effort that they made through

the use of Court Improvement funds was to host a “train the trainer” session of “Strengthening Families”, with facilitators offering the 10 week session for families in some of the district’s rural communities.

- Challenges or problem areas which they want assessed through the CFSR:
 - Resource limitations (particularly mental health, such as not enough providers, difficulty getting in, frequency of services not meeting clients’ needs)
 - Mental health commitments being rolled into IDHS/CINA cases.
- Webster County mentioned difficulties with substance abuse providers as a barrier to achieving Permanency Composite 1. The CFSR will enhance understanding of the underlying issues regarding this barrier, which in turn will enable Iowa to perfect the Child Welfare/Substance Abuse Collaboration protocol.
- We anticipate that the majority of family interviews will be face to face in the community. We do not anticipate extraordinary travel or phone contact.

Linn County

Linn County is in the northeastern part of the state, two hours from Des Moines. The county seat is Cedar Rapids. Linn County is a metropolitan area with a population of 208,574. The local IDHS office is located in Cedar Rapids.

Key Data:

- Linn County did not meet any of the national safety indicators, Absence of Recurrent Maltreatment or Absence of Maltreatment in Foster Care.
- Out of the four composites, Linn County met only one, Permanency Composite 3, Permanency for Children and Youth in Foster Care for Long Periods of Time. Linn County met 2 of the 3 measures for Permanency Composite 3 and met one measure out of five for Permanency Composite 2.
- Linn County’s general population is largely White (92.3%). Black/African American’s represent 3.7% of the general population, closely followed by Asian (2.0%). 2 or More Races (1.6%), American Indian/Alaskan Native 0.4%, and Hawaiian/Other Pacific Islander (0.1%). Linn County is not close to a tribe.
- Linn County has an overrepresentation of Black/African American Youth in foster care. Similar to Scott, Dubuque, and Webster counties, Linn County is participating in the Casey Breakthrough Series Collaborative to address this issue.
- Linn County has several promising practices to increase their performance. These promising practices are PACT Drug Court, Permanency Planning Reviews, Parent Partners, BSC, FCRB (CFSR Model), CASA, CPPC, TYI, and *elevate*. However, despite these promising practices, Linn County did not meet the safety indicators or Permanency Composites 1, 2, and 4.
- Linn County mentioned challenges with Juvenile Court as a barrier to their performance, specifically for Permanency Composite 1.
- Linn County is in the Sixth Judicial District, and Cedar Rapids is the second largest city in the state. Two primary judges hear most of the Child In Need of Assistance cases. The Associate Juvenile Judge, Susan Flaherty has served on the juvenile bench for 15 years. She is a member of the CIP Data Committee since its inception. She leads the Linn County PSSF family drug court pilot site for Children’s Justice, one of 6 sites in the state, participating in a Children’s Bureau Discretionary Grant focused on families where substance abuse is the primary barrier to child safety and permanency. Barbara Liesveld, District Associate Judge, serves on the second juvenile bench. She was appointed as a judge 3 years ago and carries a mixed caseload of child welfare and delinquency cases. Judge Liesveld is a member of the Casey Breakthrough Series on Disproportionality and will be initiating the use of the NCJFCJ Benchcard in April, through the Children’s Justice/NCJFCJ collaboration.
- Since Linn County is an urban county, the county has a multitude of community resources and community stakeholders.

- We anticipate that the majority of family interviews will be face to face in the community. We do not anticipate extraordinary travel or phone contact.

Comments regarding Iowa’s experience with the Statewide Assessment Instrument and the process:

- Involvement of the stakeholders is a valuable process which can be enhanced to directly impact system improvement strategies. States should utilize the opportunity to educate the stakeholders about the current system in order to correct any misperceptions. This approach with the stakeholder’s forums would allow for a meaningful discussion regarding the current system and future recommendations.
- The Statewide Assessment Instrument requires duplicating multiple sections. This creates a lengthy report.
- It is a beneficial process for the states to focus on activities under the child and family service plan to address areas needing improvement and provides a focus for state’s activities under the child and family and service plan.

Names, affiliations, and roles of the individuals who participated in the Statewide Assessment process:

Child Welfare Services – Service Business Team

IDHS has established a Service Business Team to guide the collaboration and partnership between Central Office and Service Area in achieving the goals of the Child Welfare Strategic Plan. The Service Business Team is responsible for developing and monitoring the Child Welfare Strategic plan.

The Service Business Team members include the Division Administrator of Field Operations Support, a Service Area Manager, and the Division Administrator of Child and Family Services.

The Service Business Team has chartered six Task Teams. These teams are responsible for different aspects under the Child Welfare Strategic Plan. These task teams cover the following areas:

- Safety
- Permanency
- Service Array and Agency Responsiveness
- Case Review
- Statewide Information System, Quality Assurance, and Training
- Foster and Adoptive Parent Recruitment and Licensing

Teams are co-led by a staff person from Central Office (either the Division of Child and Family Services [DCFS] or the Division of Field Operations [DFO]) and by a representative of the Service Areas. External stakeholders are invited to work on specific activities as appropriate.

| Content Area | Items | Leadership | Team Members |
|--------------|---|---|--|
| Safety | Items 1-4 <ul style="list-style-type: none"> • Timeliness of Investigations • Repeat Maltreatment • Children are Safely Maintained in Homes • Risk Assessment and Safety Management | <ul style="list-style-type: none"> • Jerry Foxhoven, Co-chair, Middleton Center for Children’s Rights • Mike McInroy, Co-chair IDHS Field Supervisor • Julie Allison, Facilitator, IDHS, Bureau Chief Child Protection | <ul style="list-style-type: none"> • Tony Montoya, IDHS, Field Office Support Unit (FOSU) • Mary Sue Potter, IDHS, Field Office Support Unit (FOSU) • Wendy Woodhouse, IDHS, Quality Assurance (QA) • Rosemary Norlin, IDHS, Adult, Children & Families Service (ACFS) SBT task team • Sue Tesdahl, Child Protection Center • Amy Hennies, Boys Town • Karen Salic, Hancock County Attorney • Fred Gay, Polk County Attorney • Corey McClure, Polk County Assistant Attorney • Polk Co. CPA Supervisor |
| Permanency | Items 5-16 <ul style="list-style-type: none"> • Foster Care Re-entries • Stability • Permanency Goal <ul style="list-style-type: none"> ○ Reunification, guardianship, permanent placement with relatives ○ Adoption ○ APPLA • Continuity of family relationships • Placement with siblings • Visiting with Parents and Siblings • Preserving Connections • Relative Placement • Relationship of child in foster care with parents | <ul style="list-style-type: none"> • Richard Moore, Co-Chair, CASA • Mindy Norwood, Co-Chair, IDHS Program Manager • Gail Barber, Facilitator, Juvenile Court | <ul style="list-style-type: none"> • Pat Anderson, IDHS, Social Work Administrator (SWA) • Brenda McClure, IDHS, Field Office Support Unit, FOSU • Ann Johnson, IDHS, Management Analysis • Carol Behrer, Child Welfare Advisory Cmte • Terri Bailey - Foster Parent • Krista (Steffen) Penrod - ELEVATE • Ruth Ann Jarrett, Iowa KidsNet • Mike Sorci, Youth Law Center • Vickie Frick, CFI • Reba Blackcloud, Tribal Rep. • Scott Hobart, Juvenile Court Officer (JCO) • Holli Miller, IDHS, Adult, Children & Families Service (ACFS) • Joellyn Johnston, IDHS, Social Work Supervisor |

| Content Area | Items | Leadership | Team Members |
|---|--|--|--|
| Service Array & Agency Responsiveness [plus well-being] | Items: 21 - 23, 35 -40 <ul style="list-style-type: none"> • Educational needs • Physical & dental health of the child • Mental health of the child • Array of Services • Service Accessibility • Individualizing Services • Engaging Stakeholders • CFSP Report in consultation • Coordination of CFSP Services with other federal programs | <ul style="list-style-type: none"> • Marcy Mendenhall, Co-Chair , Scott Co. KIDS Empowerment • Jim Chesnik, Co-Chair IDHS, Adult, Children & Families Service (ACFS) • Gary Lippe, Facilitator, IDHS Service Area Manager (SAM) | <ul style="list-style-type: none"> • Nora Bergren, IDHS, Quality Assurance (QA) • Carmen Davenport, IDHS, Field Office Support Unit (FOSU) • Larry Johansen, IDHS, Quality Assurance (QA) • Annette Dunn, IDHS, Management Analysis • Vicki Pilcher, IDHS, Management Analysis • Doug Wolfe, IDHS, Adult, Children & Families Service (ACFS) • Sally Nadolsky, Iowa Medicaid Enterprise (IME) • Roxanne Thompson, IDHS, Social Work Administrator (SWA) • Annie von Gillern, Middleton Center for Children's Rights • Mike Mitchell, Four Oaks • Judge Cohen, Judicial Branch • Jen Van Liew, Visiting Nurses Polk Co. • Allison Lasley, Meskwaki Family Services |
| Case Review [plus well-being] | Items 17 - 20, 25-29 <ul style="list-style-type: none"> • Needs and services of child, parents, and foster parents • Child and family involvement in case planning • Case worker visits with the child • Case worker visits with parents • Written Case Plan • Periodic Reviews • Permanency Hearings • Termination of Parental Rights • Notice of Hearings and Reviews to Caregivers | <ul style="list-style-type: none"> • Judge Owens, Co-Chair • John Burke, Co Chair IDHS, Quality Assurance (QA) • Trisha Barto, Facilitator, IDHS Program Manager | <ul style="list-style-type: none"> • Holly Karr-White, IDHS, Social Work Administrator (SWA) • Audrey Dunn , IDHS, Field Office Support Unit (FOSU) • Larry Johansen, IDHS, Quality Assurance (QA) • Angela Stark, Iowa Foster & Adoptive Patent Association (IFAPA) • Dave Zimmermann, Foster Care Review Board (FCRB) • Carmen Clavin, Webster Co. Parent Partner • Julie Glenn and/or Ashleigh Sinclair, Youth* • Sheri Foster, Mid-Iowa • Judge Theresa Essmann Mahoney, Meskwaki Tribal Court • Suzanne Wanatee, Clerk of Court, Meskwaki Tribal Court • Cat Vander Zee, Intern, IDHS • Kathy Miller, State Public Defender's Office • Andrea Vitzthum, Polk Co. Asst. Co. Atty • Kathy Thompson, Judicial Branch |

| Content Area | Items | Leadership | Team Members |
|--|---|---|--|
| Statewide Information System; Quality Assurance and Training | Items 24, 30-33 <ul style="list-style-type: none"> • Statewide Information System • Standards Ensuring Quality Services • Quality Assurance System • Initial Staff Training • Ongoing Staff Training | <ul style="list-style-type: none"> • Miriam Landsman, Co-Chair, University of IA • Margie Poorman, Co-Chair, IDHS, Training • Susan Godwin, Facilitator IDHS, Quality Assurance (QA) | <ul style="list-style-type: none"> • Todd Savage, IDHS, Social Work Administrator (SWA) • Jan Von Arb, IDHS, Field Office Support Unit (FOSU) • Jeff Regula, ACFS • Jeff Terrell, IDHS, Quality Assurance (QA) • Amber Tolzin, CWIS • Matthew Rensch, DM • Lori Mozena, Mid-Iowa FT • Carl McPherson, Judicial Branch • Kristi Oliver, Coalition for Family & Children Services in IA • Donell Lloyd, Tanager Place • Jane Kieler, Judicial Branch |
| Foster and Adoptive Recruitment and Licensing | Items 34, 41-45 <ul style="list-style-type: none"> • Foster and Adoptive Parent Training • Standards for Foster Homes and Institutions • Standards applied equally • Requirements for Criminal Background Checks • Diligent Recruitment of Foster and Adoptive Homes • ICPC: Cross Jurisdictional Resources for Permanent Placement | <ul style="list-style-type: none"> • Lynhon Stout, IFAPA • Tracey Parker, Co-Chair • Trisha Barto, Facilitator Facilitator, IDHS, Program Manager | <ul style="list-style-type: none"> • Roberta Harris, IDHS, Field Office Support Unit (FOSU) • Heather Davidson, Adult, Children & Families Service (ACFS) • Jan Pratt, IDHS, Social Work Administrator (SWA) • Gerry Prine, Interstate Compact (ICPC) • Nancy Magnall, Iowa Foster & Adoptive Parent Association (IFAPA) • Kelly Malone, Iowa KidsNet • Mylene Wanatee, Meskwaki Family Services • Jessica Culp, Iowa Foster & Adoptive Parent Association (IFAPA) • Doyle Evans, Judicial Branch |

| Child Welfare Advisory Committee | | | |
|----------------------------------|------------|-----------|---|
| Role | First Name | Last Name | Affiliations |
| Chair | Jerry | Foxhoven | Director, Middleton Center for Children's Rights |
| Vice-Chair | George | Estle | CEO - Tanager Place |
| Member | George | Belitsos | CEO - Youth and Shelter Services |
| Member | Cynthia | Cox | Former Executive Dir. Clarinda Academy |
| Member | Kathleen | Kilnoski | District Assc. Judge |
| Member | Miriam | Landsman | Social Work Professor/Child Welfare Researcher |
| Member | Jean | McAleeer | Executive Director - Francis Lauer |
| Member | Matthew | McDowell | Lead Counselor |
| Member | Nancy | Magnall | Adoption Information Specialist - Iowa Foster and Adoptive Parent Association |
| Member | Richard | Moore | Administrator - IA Dept. Inspections and Appeals |
| Member | Kathleen | Penkert | Private Business Owner/Social Worker |
| Member | Randal | Peters | Educational Consultant |
| Member | Ronald | Stehl | Executive Director - Youth Homes of Mid America |
| Member | David | VanNingen | Executive Director - Hope Haven |
| Member | Tiffany | Wilson | Youth Representative |

| | | | |
|------------|---------|-----------|--|
| Ex Officio | Charlie | Krogmeier | Director, Iowa Department of Human Services |
| Ex Officio | Wendy | Rickman | Administrator, Iowa Department of Human Services |
| Ex Officio | Charles | Isenhardt | State Representative (D), District 27 |
| Ex Officio | Renee | Schulte | State Representative (R), District 27 |
| Ex Officio | Amanda | Ragan | State Senator (D), District 7 |
| Ex Officio | James | Seymour | State Senator (R), District 28 |

| Child Welfare Stakeholder Panel | | | |
|---------------------------------|-----------|----------------------------------|-------------------|
| First name | Last Name | Group/Organization | Role |
| Allison | Lasley | Tribal Representative (Meskwaki) | Community Partner |
| Frank | LaMere | Tribal Representative | Community Partner |
| Senta | Kreger | Decat | Community Partner |
| Gabriel | Meints | Youth | Consumer |
| ManDee | Phillips | Youth | Consumer |
| Mike | Merrick | Youth | Consumer |
| Janell | Jimmerson | Birth Parent | Consumer |
| Melody | Spengler | Birth Parent | Consumer |
| Spencer | Keeton | Birth Parent | Consumer |
| Lesa | Keeton | Birth Parent | Consumer |
| Terry | Bailey | Foster/Adoptive Parent | Consumer |
| Julie | Seeman | Foster/Adoptive Parent | Consumer |

| Child Welfare Stakeholder Panel | | | |
|---------------------------------|---------------|---|-----------------------|
| First name | Last Name | Group/Organization | Role |
| Kim | Combes | Foster/Adoptive Parent | Consumer |
| Andrea | Moyer | Kinship Provider -Relative Adoptive Parent | Consumer |
| Ivan | Davis | Kinship Provider - Grandparent | Consumer |
| Gail | Barber | State Court Administration (co-chair) | Court |
| Kathy | Thompson | State Court Administration | Court |
| David | Larson | District Associate Judge | Court |
| Sylvia | Lewis | District Associate Judge | Court |
| Scott | Hobart | Juvenile Court Officer | Court |
| Wendy | Rickman | CW Division Administrator | IDHS |
| Kara | Hudson | CFSR State Coordinator | IDHS |
| Margaret | Wright | Child Welfare Bureau Chief | IDHS |
| Sandy | Lint | CPPC Program Manager | IDHS |
| Roxanne | Gould | Community Liasion | IDHS |
| Theresa | Hirst | Social Worker II | IDHS |
| Annette | Williams | IA Coalition against domestic violence | Domestic Violence |
| Manuel | Karnale | Middleton Legal Clinic | Legal Representatives |
| Mike | Barker | Large multi-service CW agency (Children's Square USA) | Provider |
| Janice | Lane | Large multi-service CW agency (Children and Families of Iowa) | Provider |
| Ruth | Phillips | Youth Development Org. (ELEVATE) | Provider |
| Christine | Secrist-Mertz | Community Care | Provider |
| Kelli | Malone | Family Centered Agency (Four Oaks) | Provider |
| Kim | Abbey | Shelter Care Agency (YSS) | Provider |
| Kelli | Soyer | NASW Director | Public Interest Group |
| Carol | Beher | Youth Policy Institute | Public Interest Group |
| Kristie | Oliver | Coalition for Family & Children's Services | State Level Partner |
| Brad | Richardson | University of Iowa - School of SW | State Level Partner |
| Richard | Early | AG-DEC | State Level Partner |
| Jim | Donoghue | Department of Education (CFS) | State Level Partner |
| Lynhon | Stout | IFAPA | State Level Partner |
| Steve | Scott | Prevent Child Abuse Iowa | State Level Partner |
| Dean | Austin | Department of Public Health (SA) | State Level Partner |
| Joan | Discher | Iowa Plan | State Level Partner |
| Diane | Johnson | Iowa Plan | State Level Partner |
| Melissa | Esquivel | Department of Human Rights (Latino Affairs) | State Level Partner |
| Eric | Sage | Department of Human Rights (CJJP) | State Level Partner |
| Carl | Smith | MHMRDDBI Commission | State Level Partner |
| Sue | Lerdal | Legislative Services Agency | State Level Partner |
| Deborah | Helsen | Legislative Services Agency | State Level Partner |

ANCROYNMS

ABA – American Bar Association
ACF – Administration of Children and Families
ACFS – Adult, Children, and Family Services Division
AFCARS – Adoption and Foster Care Automated Reporting System
AHA – American Humane Association
AIS – Adoption Information Specialist
ASFA – Adoption and Safe Families Act
ATB – Across the Board
BSW – Bachelor of Social Work
CASA – Court Appointed Special Advocate
CCPPC – Clark Community Partnership for Protecting Children
CDRT – Child Death Review Team
CEU – Continuing Education Unit
CFSR – Child and Family Service Review
CINA – Child in Need of Assistance
CINCF – Community Initiative for Native American Children and Families
CIP – Court Improvement Project
CJCO – Chief Juvenile Court Officers
CJJP – Criminal and Juvenile Justice Planning Division
CPC – Child Protection Council
CPPC – Community Partnership for Protecting Children
CPS – Child Protective Services
CPTA – Child Protective Training Academy
CPW – Child Protective Worker
CWAC – Child Welfare Advisory Council
CWPC – Child Welfare Partnership Committee
CWIS – Child Welfare Information System
DBDPS – Division of Behavioral, Developmental and Protective Services
DECAT – Decategorization
DHHS – Department of Health and Human Services
DHS – Department of Human Services
DIA – Department of Inspections and Appeals
DPH – Department of Public Health
DV – Domestic Violence
EPSDT – Early Periodic Screening, Diagnosis and Testing
FACS – Family and Children's Services
FIP – Family Investment Program
FOSU – Field Operations Support Unit
FSRP – Family Safety, Risk, and Permanency services
FTDM – Family Team Decision-making Meeting
FFY – Federal Fiscal Year
GAL – Guardian Ad Litem

HFI – Healthy Families Iowa
HHS – Health and Human Services
HOPES – Healthy Opportunities for Parents to Experience Success
IAC – Iowa Administrative Code
IAES – Iowa Adoption Exchange System
ICFCRB – Iowa Citizen Foster Care Review Board
ICN – Iowa Communication Network
ICWA – Indian Child Welfare Act
IDE – Iowa Department of Education
IDHS – Iowa Department of Human Services
IDPH – Iowa Department of Public Health
IFAPA – Iowa Foster and Adoptive Parents Association
IITS – Iowa Interagency Training System
IJB – Iowa Judicial Branch
IM – Income Maintenance
ISU – Iowa State University
IT – Information Technology
JCO – Juvenile Court Officer
JCS – Juvenile Court Services
MAPP – Model Approach to Partnerships in Parenting
MDT – Multidisciplinary Teams
MEPA – Multiethnic Placement Act
MHI – Mental Health Institute
MSW – Master of Social Work
NCANDS – Neglect and child Abuse National Data System
NCFAS – North Carolina Family Assessment Scale
OJT – On the Job Training
PAL – Preparation for Adult Living
PCA Iowa – Prevent Child Abuse Iowa
PMIC – Psychiatric Medical Institution for Children
QSR – Quality Service Review
RBA – Results Based Accountability
Risk Assessments: Child protective workers assess risk of maltreatment during a child abuse assessment and to document this in the Summary of Safety/Risk section of the child abuse assessment.
Risk Re-Assessments: The ongoing case manager will reassess risk informally throughout the life of the case and formally document their findings on the risk reassessment. Workers conduct a formal reassessment of risk when updating the case plan and at case closure.
Safety Assessments: The safety assessment tool is designed to guide the determination whether a child is in present or immediate danger and assists in defining interventions needed immediately to safeguard the child after assessing the threat of maltreatment, vulnerability of the child, and the protective capacity of the caretaker. Safety and risk assessments are required throughout the life of the case from the point of a child abuse intake to the closure of the service case. Formal safety assessments are required:

- within 24 hours of first contact with the child during a child protective assessment,
- at the conclusion of a child abuse assessment,
- whenever circumstances suggest the child is in an unsafe situation,
- prior to a decision to recommend unsupervised visitation,
- prior to the decision to recommend reunification, and

prior to the decision to recommend closing protective services **RTS** – Rehabilitation Treatment Services

SACWIS – Statewide Automated Child Welfare Information Systems

SAM – Service Area Manager

SBT – Service Business Team

SDA – Service Delivery Area

SIDS – Sudden Infant Death Syndrome

SIG – State Incentive Grant

STAR – Statewide Tracking Assessment Reports

SW – Social Worker

TANF – Temporary Assistance to Needy Families

TPR – Termination of Parental Rights

U of I – University of Iowa