

I. PIP General Information																				
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\*List key individuals who are actually working on the PIP and not necessarily everyone who was consulted during the PIP development process.

## **GLOSSARY OF TERMS REFERENCED IN PIP**

**Bureau of Quality Improvement (BQI):** The Bureau of Quality Improvement collaborates with the Service Area Managers for improvement efforts, and with the Service Business Team and the DHS Cabinet for statewide projects requiring coordination or allocation of resources. The Bureau of Quality Improvement consists of a dedicated Quality Assurance & Improvement Coordinator in each of the state’s Service Areas, four (4) centralized Quality Assurance & Improvement Coordinators to provide additional statewide support, and four (4) centralized Management Analysts who provide data support and analysis. All staff are centrally supervised by the Bureau Chief.

**Bureau of Service Support and Training (BSST):** The Bureau of Service Support and Training contains the Service Help Desk and the training unit. The Service Help Desk exists to enable social workers to meet the needs of children and families by providing case consultation on complex cases, answering policy, procedure and system questions from social workers and supervisors throughout the state. Many of the questions fall into the following categories: Intake & Assessment, Adult Services, Case Management, Dependent Adult Evaluations, Placement & Permanency, ISIS, Adoption, Foster Care, Contracting, Transition Planning, Child Care Registration and Training. The Bureau also provides training for the field both with in-house staff and through a contract with Iowa State University.

**Casey Family Programs (CFP):** Casey Family Programs is a foundation focused entirely on foster care and improving the child welfare system. It is committed to helping states, counties and tribes implement effective child welfare practices. It provides nonpartisan research and technical expertise to child welfare system leaders, members of Congress and state legislators so that they may craft laws and policies to better the lives of children in foster care, children at risk of entering the system, and their families.<sup>1</sup>

**Child and Family Services Review (CFSR) Operations Team:** A collaborative of internal DHS staff representing policy, field, and data support and external stakeholders, such as Iowa’s Children’s Justice and Juvenile Court Services

**Child Support Recovery Unit (CSRU):** CSRU is responsible for assisting families to achieve and maintain economic self-sufficiency by establishing and enforcing child and medical support orders and processing support payments. Other services provided by CSRU include:

- Locating non-custodial parents and their sources of income (including employers);
- Establishing paternity;
- Establishing and modifying support orders; and
- Registering other states' orders for enforcement or modification.

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<sup>1</sup> Information excerpted in part from <http://casey.org/AboutUs/>.

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

Child Welfare Services Business Team (SBT): The DHS established a Service Business Team (SBT) to guide collaboration and partnership between DHS central office and service areas in achieving identified child welfare goals.

Iowa Children's Justice (ICJ): Iowa's Court Improvement Project, known as Iowa's Children's Justice (ICJ), is dedicated to improving the lives and future prospects of children who pass through Iowa's dependency courts. Collaboration among courts and others who have a stake in the foster care system is absolutely essential to accomplish far-reaching reforms.<sup>2</sup>

Iowa Children's Justice Advisory Committee (ICJAC): The Iowa Supreme Court formed the Children's Justice Advisory Committee (ICJAC) in response to federal regulations that require the formation of a multi-disciplinary committee to provide advice and feedback to the Judicial Branch regarding the implementation of the Court Improvement Project (CIP) grants. The committee is a multi-disciplinary work group, including many of the child welfare stakeholders, those who are directly related and those who might be impacted by change in practice or policy. Some of the committee's work includes, but is not limited to:

- Formation of task forces and work groups to address issues of improvement needed in the court process;
- Recommendations for Supreme Court rule changes, legislative changes or procedural changes that would improve timeliness, due process or otherwise improve the court process;
- Forwarding of issues that require involvement of state agencies or other state wide organizations to the State Children's Justice Council with recommendations for action; and
- Reviewing of assessment results, identification of court process issues that have statewide implications, development of recommendations for addressing areas needing improvement through task force formation, legislative change, rule change, practice change, and referral to state council for higher level action.<sup>3</sup>

Children's Justice State Council (CJSC): The Children's Justice State Council (CJSC) consists of representatives, appointed by the Supreme Court, from those organizations that are involved in the child welfare system and those organizations that might be impacted by systemic change initiated by this group. It addresses issues brought to the council by one of its members or referred to the council by ICJ staff, ICJAC or the State Court Administrator. If the matter before the council requires action such as a legislative change, funding, etc., the Council makes a recommendation to the Children's Justice Cabinet for action. The Council also has the option to make recommendations to one of its member organizations when action by that organization would adequately address the matter. The

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<sup>2</sup> Information excerpted from [http://www.iowacourts.gov/Administration/Childrens\\_Justice/Childrens\\_Justice/index.asp](http://www.iowacourts.gov/Administration/Childrens_Justice/Childrens_Justice/index.asp).

<sup>3</sup> Information excerpted in part from [http://www.iowacourts.gov/Administration/Childrens\\_Justice/Childrens\\_Justice/Statewide\\_Collaboration/](http://www.iowacourts.gov/Administration/Childrens_Justice/Childrens_Justice/Statewide_Collaboration/).

Council also can enact its own work group made up of members or add others as appropriate to address a specific problem.<sup>4</sup>

Division of Mental Health and Disability Services (MHDS): The DHS' Division of Mental Health and Disability Services (MHDS) works to ensure that quality mental health and disability services are available to lowans who need them regardless of their age, their financial resources, or where they choose to live in Iowa. MHDS' goal is to enable all lowans with disabilities to live, work, and participate fully in the communities of their choice. MHDS is organized into three bureaus: Adult Mental Health and Disability Services, Child and Youth Mental Health and Disability Services, and Accreditation.

Family Interaction/Family Team Meeting (FI/FTM) Committee: The Family Interaction/Family Team Meeting (FI/FTM) Committee consists of representatives from the DHS and service providers. The Committee meets monthly through a seminar call with Family Interaction Practice Champions and Family Team Meeting Facilitators in order to combine the two philosophies to determine the best practice, enhance training, and problem solve on how to evolve this practice to the field for both DHS and provider staff. The calls are facilitated through a public/private partnership. The public/private chairs develop the agenda with ideas generated by all committee members.

General Letter: A general letter, issued by DHS' central office staff to DHS' field staff, provides a summary of changes made to DHS' policy manuals referencing the chapter and page numbers changed.

Juvenile Court Services (JCS): Juvenile Court Services (JCS), which is part of the Judicial branch and the juvenile justice system, responds to complaints of law violations by juveniles. Law enforcement refers juveniles to JCS. The County Attorney may file a petition to adjudicate the youth delinquent in juvenile court. Juvenile court officers work with the youth and family to provide appropriate services.

Juvenile Court Officer (JCO): Juvenile Court Officers (JCOs) work with referred youth and their families to conduct assessments of risk and protective factors (including criminal history, education, employment, family, alcohol/drug use, mental health, attitudes and behaviors, aggression and skills) and determine the appropriate level of intervention. Interventions include the following:

- Diversion from juvenile justice system entirely;
- Informal adjustments;
- Consent decree;
- Delinquency adjudication; and
- Waiver to adult court.

They provide case management and supervision for youth, who are adjudicated delinquent or who receive juvenile court services.

Midwest Child Welfare Implementation Center (MCWIC): The Midwest Child Welfare Implementation Center (MCWIC) is one of five Child Welfare Implementation Centers established by cooperative agreement with the Children's Bureau. Their role is to support and facilitate communication and networking across the public child welfare systems, and to assist States and Tribes to develop and execute multi-year strategic plans for sustainable systems change to improve the quality and effectiveness of child welfare services through focusing on organizational culture, administration, and

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<sup>4</sup> Information excerpted in part from

[http://www.iowacourts.gov/Administration/Childrens\\_Justice/Childrens\\_Justice/Statewide\\_Collaboration/](http://www.iowacourts.gov/Administration/Childrens_Justice/Childrens_Justice/Statewide_Collaboration/).

direct practice with children and families. MCWIC works with the States and Native American Tribes in Region V (Ohio, Indiana, Michigan, Wisconsin, Illinois, and Minnesota) and Region VII (Nebraska, Iowa, Missouri, and Kansas).<sup>5</sup>

The National Project to Improve Representation for Parents Involved in the Child Welfare System (aka National Parent Representation Project): It is a collaborative project between the American Bar Association's Center on Children and the Law, Casey Family Programs, Annie E. Casey Foundation, Child Welfare Fund, and the Steering Committee for the National Parents' Counsel Organization. The following are the project's goals:

- Training and technical assistance for parents' attorneys, courts, and legislators;
- Networking opportunities for parents, parents' attorneys, and parents' advocates, including a list services accessible through the project website, which is [http://www.americanbar.org/groups/child\\_law/projects\\_initiatives/parent\\_representation.html](http://www.americanbar.org/groups/child_law/projects_initiatives/parent_representation.html);
- Resources to improve parent representation;
- Support system-wide reforms; and
- Work to engage meaningfully parents in their own child welfare cases.<sup>6</sup>

Non-Custodial Parent (NCP): A mother or father who does not have primary physical custody of their child and does not reside with their child in the child's residence, including prior to the child's removal from the home if the child is removed

Federal Parent Locator Services (FPLS): The Federal Parent Locator Services (FPLS) are available through Child Support Recovery Unit (CSRU) to assist in identifying and locating non-custodial parents.

Responsible Fatherhood: Responsible Fatherhood is a national campaign to encourage fathers' positive participation in the lives of their children due to the underlying belief that children benefit from the active, positive engagement of both their mothers and fathers in their lives.

Results Oriented Management (ROM): ROM is a web-based system, which will generate daily reports for supervisors and managers regarding performance on selected indicators. ROM is a tool, which shows supervisors and managers their performance level at a point in time.

Service Area Manager (SAM): Administrative managers of a defined geographical service area responsible for their service area's field operations, which includes child welfare and income maintenance programming. SAMs are under the direct supervision of the Division Administrator for Field Operations.

Social Work Administrators (SWAs): Administrative social workers responsible for their defined geographic service area's child welfare practice. SWAs are under the direct supervision of their SAM.

System of Care (SOC): An initiative that incorporates the following principles to meet the diverse needs of children, youth, and families:

- Interagency Collaboration;
- Individualized, Strengths-based Care;
- Cultural and Linguistic Competence;

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<sup>5</sup> Information excerpted in part from <http://www.mcwic.org/>.

<sup>6</sup> Information excerpted from Center on Children and the Law, Child/Court Works, Vol. 11, No. 2, available at [http://www.americanbar.org/content/dam/aba/publishing/child\\_courtworks/ccw\\_vol11\\_no2.authcheckdam.pdf](http://www.americanbar.org/content/dam/aba/publishing/child_courtworks/ccw_vol11_no2.authcheckdam.pdf).

- Child, Youth and Family Involvement;
- Community-Based Approaches; and
- Accountability.<sup>7</sup>

University of Iowa Supervisory Cohort Training: *Improving Recruitment and Retention in Public Child Welfare* was a five-year project of the University of Iowa, School of Social Work in collaboration with the Iowa Department of Human Services (DHS). The University of Iowa's project developed, implemented, and evaluated statewide training for Iowa's public child welfare supervisors, developed and implemented a child welfare specialization for BSW and MSW students, and disseminated project results and training materials.<sup>8</sup>

Youth Bill of Rights: A document delineating the rights of youth in foster care in Iowa.

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<sup>7</sup> Information excerpted in part from *Understanding Systems and Organizational Change*, Webinar Presentation, June 16, 2010, National Technical Assistance and Evaluation Center for Systems of Care, [http://www.childwelfare.gov/downloads/ntaec/20100616\\_UnderstandingSystemsandOrgChange\\_presentation.pdf](http://www.childwelfare.gov/downloads/ntaec/20100616_UnderstandingSystemsandOrgChange_presentation.pdf).

<sup>8</sup> Information excerpted from <http://www.uiowa.edu/~nrcfcp/training/recruitment.shtml#supervisortraining>.

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

### A. PIP Narrative

#### 1. Background of PIP Development

In response to the findings from Iowa's Child and Family Service Review (CFSR) conducted in 2010, Iowa developed its Program Improvement Plan (PIP). On December 21, 2010, Iowa received from the Administration for Children and Families (ACF), Children's Bureau (CB), Region VII office a courtesy copy of the *Final Report, Iowa Child and Family Services Review, December 2010*. Iowa responded on January 10, 2011 with a few technical and factual edits. On March 4, 2011, Iowa received the *Final Report, Iowa Child and Family Services Review, February 2011* with a cover letter, dated February 28, 2011.

After Iowa's CFSR Statewide Exit Conference, conducted August 27, 2010, the Iowa Department of Human Services (DHS) utilized the CFSR Operations Team, a collaborative comprising internal DHS staff representing policy, field, and data support and external stakeholders, such as Iowa Children's Justice (ICJ) and Juvenile Court Services (JCS), to identify three major themes. The CFSR Operations Team shared the themes with the CB Region VII office, the National Resource Center for Organizational Improvement (NRCOI), the National Resource Center for Child Welfare Data and Technology (NRCCWDT), the National Resource Center for Permanency and Family Connections (NRCPFC), and the National Resource Center for In-Home Services (NRCIHS). A fourth theme, Quality Assurance, was added later. The four themes addressed in Iowa's PIP are:

- Family Engagement;
- Permanency Planning;
- Services Provision; and
- Quality Assurance.

Building upon Iowa's strength in collaboration, the DHS' staff established work groups around the first three major themes. The work groups consisted of a variety of individuals, including parents, non-custodial parents, parent partners, youth, foster parents, ICJ staff, tribal representatives, DHS staff (front line workers, supervisors, and administrators), JCS supervisors, private agency providers, substance abuse and mental health professionals, advocates, etc. Work group members were chosen based upon their expertise.

On October 29, 2010, DHS' staff conducted a PIP training, which included a presentation by CB Region VII staff, for work group members and alternates. As part of the PIP training, Iowa Child Welfare Director, Wendy Rickman, presented information on Iowa's desire to build upon its previous PIP through three key strategies, Family Interaction, Family Team Decision-Making Meetings, and Collaboration and Partnership with External Stakeholders, which served as a framework for developing the goals, action steps, and benchmarks in the PIP. Ms. Rickman also mentioned the need to focus on supervision and quality assurance. On November 2, 2010, Iowa held its PIP kickoff event with the assistance of the NRCOI, NRCCWDT, and NRCIHS. The PIP kick-off event launched the work for the work groups. During November and December 2010, work groups met for five days and analyzed Iowa's preliminary findings,

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identified two separate strategies, enhanced supervision and caseworker visits, and developed and prioritized the goals and action steps. The CFSR Operations Team then reviewed, prioritized, and approved the results from the work groups. On February 22, 2011 through February 24, 2011, a work group comprising DHS' field, policy, and quality assurance staff refined further the PIP. Additionally, the CFSR Operations Team discussed and approved the PIP. The strategies and action steps, identified under the four themes, are:

- Family Engagement:
  - Caseworker Visits: Increase quality and frequency of caseworker visits with parents and children;
  - Collaboration and Partnership with External Stakeholders: Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative; Expand Parent Partners
- Permanency Planning:
  - Family Team Decision-Making Meetings (FTDM): Increase effective use and facilitation of FTDMs to improve family's engagement in case planning;
  - Collaboration and Partnership with External Stakeholders: Improve permanency for youth; Expand foster care and foster care alumni youth involvement;
  - Family Interaction (FI): Improve integration of FI practice; Increase identification, location, and engagement of relatives and other supports in FI practice
- Services Provision:
  - Collaboration and Partnership with External Stakeholders: Strengthen Community Partnership for Protecting Children (CPPC); Align services with safety, permanency, and well-being outcomes; Support development of an array of children's mental health services to improve capacity and access; Enhance ability to address educational needs of children; Improve cultural competency and responsiveness of the child welfare system
- Quality Assurance (QA) System: Implement a reliable and valid QA system for case reviews to effectively monitor progress and make changes in strategy based on case reading data (Discussed in Quality Assurance, Implementation and Monitoring, and Data and Measurement Plan sections).
  - Quality Assurance and Improvement (QA&I) system;
  - Supervision – Support supervisors in practice to enhance frontline practice around safety, permanency, and well-being outcomes

*Safety:* Iowa's 2010 CFSR indicated that Iowa did not meet the national safety standard of Absence of Maltreatment Recurrence, also referred to as repeat maltreatment (Item 2), which is 94.6%. Iowa's performance was at 91.9%. Iowa believes that repeat maltreatment is a complex issue with a number of affecting factors, such as poverty, family stress, mental health and substance abuse issues, etc. Iowa's approach to addressing this complex issue is multi-pronged, from prevention activities to service delivery. Specifically, Iowa is engaging communities in prevention activities through strengthening Community Partnership for Protecting Children (CPPC) and awarding contracts under the Iowa Child Abuse Prevention Program (ICAPP) to provide prevention services to children and families at risk for child maltreatment. Once families have experienced child maltreatment, Family Team Decision-Making

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(FTDM) meetings provide a holistic approach to gathering the family, the family's informal supports, and professionals to collaborate with the family in addressing the underlying issues that led to the maltreatment. Another strategy to address repeat maltreatment is a strengthened focus on supervision, which will support consistent, effective child welfare practices, such as identifying underlying issues, connecting the family to appropriate services, which will meet their needs, and conducting consistent safety and risk assessments throughout the life of the case. Iowa's service providers are collaborating with the DHS through the new service array contracts to ensure that services provided meet the underlying needs of the children and families served, with contracts having specific performance measures for repeat maltreatment and/or maltreatment while in care. Iowa also is engaging communities by collaborating with the Iowa Department of Public Health (IDPH) and the Iowa Children's Justice (ICJ) to coordinate service delivery for families involved in child welfare with substance abuse issues with the goal of ensuring that families receive the necessary and appropriate level of substance abuse services to meet their needs and prevent further maltreatment. Since repeat maltreatment is a complex issue, it is difficult to measure how effective one particular strategy is in reducing the incidence of repeat maltreatment. Iowa believes that together the efforts noted above, which are in the enclosed Program Improvement Plan (PIP), will reduce repeat maltreatment for children in Iowa.

*Placement Stability:* Placement stability, similar to repeat maltreatment, is a complex issue with a variety of factors contributing to stability or instability for children in foster care. According to statistics cited in the National Resource Center for Permanency and Family Connections (NRC-PFC) Placement Stability Information Packet (December 2009), placement instability was due in one study to:

—...about 70% of placement changes were made to implement procedural, policy, and system mandates, e.g., moves to place a child with relatives or a sibling; almost 20% were linked to children's behavior problems; and the remaining 10% to both foster and biological family related issues (James, 2004)."

Furthermore, the Information Packet noted identified factors contributing to instability were —...frequent use of shelters for initial placements and disruptions, few placement settings available for children with disabilities or behavior problems, inconsistent support services to foster parents, and mismatching placements to children's needs (Children's Bureau/ACF/DHHS, 2004)." In Iowa's 2010 CFSR, the on-site review noted that initial placements were based on bed availability, not the skills and training of foster parents, and there was a lack of relative or foster home placement resources, which contributed to Iowa's placement instability. Iowa did not meet the national standard of 101.5 for Permanency Composite 4: Placement Stability. Iowa's performance was 94.0.

According to NRC-PFC's Information Packet, the CFSR first round identified the following factors promoting placement stability, —...placement with relatives, adequate services to children, parents, and foster parents, involvement of children and parents in case planning, and caseworker contacts with parents (Children's Bureau/ACF/DHHS, 2004)."

Iowa's approach to addressing placement stability in the PIP is multifaceted. Specifically, Iowa will utilize the following strategies to address factors affecting stability:

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- Engage fathers and non-custodial parents, preferably early in the case, which may enable children to be placed initially with a parent or which may enlarge the pool of relatives as placement options or supports to the family if the parent is not a placement option;
- Enhance Family Team Decision-Making Meetings (FTDM), which will engage children, parents, and their supports in identifying underlying issues that led to the maltreatment, connecting the children and parents to adequate services to meet their needs, and collaboratively addressing potential placement disruption issues before they occur;
- Integrate Family Interaction (FI) more fully in child welfare practice, which will enhance and promote the parent-child relationship thereby supporting the child emotionally while in care;
- Recruitment and Retention of Foster and Adoptive Parents contract, which stresses having the right families for the children coming into care in Iowa, not just having families, and which supports foster parents in working with the biological parents and the children in their care; and
- Plan, Do, Study, Act (PDSA).

Given the multitude of the above strategies that Iowa will utilize, it will be difficult to identify which strategy improved placement stability in Iowa. However, the Quality Assurance system will monitor the implementation of each strategy to assess effectiveness of each strategy in achieving that strategy's stated goal, which collectively should increase placement stability for Iowa's children in foster care.

The enclosed Program Improvement Plan (PIP) builds on the previous round's PIP and the strengths of Iowa's child welfare system for improved outcomes related to child and family safety, permanency, and well-being. It incorporates the following:

- Analysis of Iowa's 2003 CFSR findings and PIP;
- Information included in Iowa's 2010 Statewide Assessment;
- Findings from *Final Report, Iowa Child and Family Services Review, February 2011*;
- Feedback from DHS and private agency supervisors regarding supervision;
- Surveys on caseworker visits and Family Team Decision-Making Meetings (FTDMs);
- Strategies, goals, and action steps developed by the three PIP work groups, comprising a variety of internal and external stakeholders;
- Collaboration with Iowa's Judicial Branch through Iowa's Children's Justice (ICJ) and Juvenile Court Services (JCS);
- Collaboration with parents, youth, foster parents, tribal representatives, private agencies, advocates, substance abuse and mental health professionals; and
- Collaboration with federal partners, including ACF Region VII staff, the National Resource Center for Organizational Improvement (NRCOI), the National Resource Center for Child Welfare Data and Technology (NRCCWDT), the National Resource Center for Permanency and Family Connections (NRCPCF), and the National Resource Center for In-Home Services (NRCIHS).

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### 2. *Strategies, Goals, Action Steps, and Benchmarks*

#### ***Training Applicable to Benchmarks:***

Under all the themes, several of the action steps include benchmarks requiring training, which may include the DHS' staff and external child welfare partners, such as Juvenile Court Services (JCS) staff, service providers' staff, attorneys, judges, Court Appointed Special Advocates (CASAs), Foster Care Review Boards (FCRB), etc. The PIP identifies training required as evidenced by an Integrated Training Plan or a Training Plan. To train all of the various entities, the DHS and its partners will determine, as part of the PIP benchmark for that strategy, the best way to train the applicable groups, i.e. train everyone at once, rollout training one service area at a time, joint training with external partners, etc. Some benchmarks may lend themselves to training everyone at once while for others, training may need to be one service area at a time or coordinated between the DHS and external partners.

#### ***Quality Assurance and Improvement Applicable to Benchmarks:***

Under all the themes, most of the action steps include a benchmark that addresses development and implementation of a plan to analyze the results of the benchmark, in order to improve performance continuously. The DHS' Bureau of Quality Improvement (BQI) will develop and implement the analytic plan and will provide results of the analysis to the DHS' Service Business Team (SBT). The SBT will determine how best to disseminate the analysis to the field, such as utilizing the chain of command, monthly Supervisor Seminars, bi-monthly conference calls, practice bulletins, etc., which will be specific to that particular benchmark. The BQI will work with the SBT to determine how best to gauge results informing practice, such as developing local strategies, making policy changes, conducting case readings by supervisors or BQI staff, etc.

### **Family Engagement**

*Improve Caseworker Visits:* Iowa believes frequent and quality caseworker visits between the caseworker and the child(ren) and parents are important to:

- Ensure the safety of child(ren);
- Develop and maintain the caseworker's relationship with the child(ren) and parents;
- Address the reasons why the DHS is involved with the family;
- Ensure that appropriate services are provided to meet the child(ren) and parents' needs;
- Troubleshoot issues in a timely manner;
- Support the child(ren) in placement;
- Achieve timely permanency for child(ren); and
- Support overall positive outcomes for child(ren) and parents.

In the 2003 CFSR, 10% of cases reviewed substantially achieved Item 19, which is caseworker visits with children, and 23% of cases reviewed substantially achieved Item 20, which is caseworker visits with parents. By contrast, in Iowa's 2010 CFSR, 65% of cases

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reviewed substantially achieved Item 19 and 43% of cases reviewed substantially achieved Item 20. Iowa made a significant improvement between the 2003 and 2010 CFSRs, especially for caseworker visits with children.

The DHS' standard for frequency of caseworker visits is that the caseworker will visit the child, other applicable children in the family, if an in-home case, and the parents at least once in a calendar month, with the frequency of the visits based upon the needs of the child(ren). Regarding the quality of visits, the visits focus on issues pertinent to the case plan and progress, addressing the safety, permanency, and well-being of the child(ren). The majority of DHS' worker visits should occur where the child(ren) is currently residing. Time spent should be with the child(ren) alone for interacting, interviewing and observing.

To increase the quality of caseworker visits with parents and children, including caseworkers' assessment of children's safety and risk, a work group comprising DHS' staff (field, policy, and data support) and a Juvenile Court Services (JCS) representative will:

- gather, review, and evaluate current best practices;
- identify key concepts for conducting and documenting quality visits;
- develop a standard practice for documentation of quality visits with parents and children;
- identify any electronic technological system enhancements that would support implementation of the standard practice document; and,
- implement the new standard practice document.

The DHS' Bureau of Quality Improvement (BQI) will monitor the implementation of the new standard practice document reflecting the quality of visits, analyze its findings, and provide the analysis to the DHS' central office and field staff for any needed practice changes in order to achieve desired outcomes.

To address barriers, such as high caseloads, in conducting frequent caseworker visits with parents and children, the work group will:

- Review policies, procedures, and guidelines related to casework for streamlining work;
- Consider assignment of some casework processes to other staff;
- Obtain assistance from computer data systems;
- Determine effective ways to assign cases; and
- Create workload management techniques.

The work group will make recommendations to the DHS' Service Business Team (SBT), which will decide what recommendations to implement given available resources. The work group, in collaboration with the DHS' BQI, will evaluate the effectiveness of the implemented recommendations in increasing frequency and quality of caseworker visits and will revise and/or implement new recommendations as necessary to achieve more frequent, high quality caseworker visits with parents and children.

The DHS' Bureau of Service Support and Training (BSST) will support caseworker visits through educating staff on best practices related to quality visits and documentation of visits as well as changes in work processes implemented because of work group

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recommendations. Iowa's information technology (IT) staff will support field staff by implementing identified electronic technological system enhancements that will support implementation of the standard practice document, within available resource capacity.

*Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative:* The DHS believes that children benefit from the active positive involvement of both mothers and fathers. To support the inclusion of both parents within the child welfare system, Iowa began the Responsible Fatherhood and Non-Custodial Parent (NCP) initiative. The initiative comprised training to staff on identifying, locating, and engaging fathers and NCPs.

To build upon existing efforts, a work group comprising DHS' staff (policy, field, and data support) and external partners, such as juvenile court, Parent Partners (PP), will develop standard practices regarding engagement. To support the DHS' frontline practice changes, the DHS' staff will review and revise policy to involve fathers and NCPs throughout the life of the case. DHS' staff also will research any existing arrangements with the Department of Corrections and/or begin negotiations and collaboration with the Department of Corrections to address incarcerated parent issues and will work with the DHS' Child Support Recovery Unit (CSRU) regarding field staff accessing the Federal Parent Locator Services (FPLS). DHS' staff will ensure that field staff is trained on the standard practices and the FPLS and the information is integrated into training curricula. Additionally, information will be shared with service providers, CASAs, FCRBs, CPPC, PP, judges, attorneys, Juvenile Court Services, (JCS), etc. regarding the importance of involving fathers, non-custodial parents, standard practices, and DHS' practice changes to be implemented.

The Child Welfare Partners Committee (CWPC) training subcommittee, the DHS' Bureau of Service Support and Training (BSST), the Iowa Children's Justice (ICJ) Training Committee, and DHS' staff will research and choose available father engagement curricula for DHS' caseworkers and external partners, such as service providers, attorneys and judges, and will implement the curricula via training and/or information to the groups to be trained. The DHS' Bureau of Quality Improvement (BQI) will evaluate effectiveness of DHS' field staff efforts to increase father and NCP engagement through developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

Iowa will access training/technical assistance from the National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System (QIC-NRF), such as reviewing QIC-NRF caseworker curricula and exploring QIC-NRF available resources to enhance father engagement and build external partners' capacity to serve fathers effectively in the community.

*Expand Parent Partners (PP):* The Iowa Parent Partners (PP) seeks to provide better outcomes around repeat maltreatment and reunification. PP are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. PP provides support to parents that are involved with the DHS and are working towards reunification. PP mentor one-on-one, celebrate families' successes and strengths, exemplify advocacy, facilitate training and presentations, and collaborate with the DHS and child welfare. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry.

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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 for Protecting Children (CPPC) participation. PP work with social workers, legal professionals, community based organizations, and others to provide resources for the parents they are mentoring. The goal of the PP approach is to help birth parents be successful in completing their case plan goals. This is achieved by providing families with PP who are healthy, stable, and model success.

In July 2009, the DHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the PP approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six current PP sites to 22 PP sites over five years. In the summer of 2011, Iowa anticipates adding 7 PP sites. To support the expansion of PP, the DHS' policy staff will evaluate how to increase efficiencies through conversations with Family Safety, Risk, and Permanency services (FSRP) providers, will review PP feedback and will make recommendations for policy and practice changes.

In collaboration with the Child Welfare Partners Committee (CWPC) training subcommittee, policy staff will expand the PP Building a Better Future (BABF) train-the-trainer program, conduct trainings, and increase PP participation in DHS and provider trainings. The goal for the BABF train-the-trainer program is to recruit enough BABF trainers strategically located geographically so that each PP program has access to both a professional and parent trainer. The BABF training must be facilitated with a pair of trainers: a DHS staff or a child welfare professional and a PP. Most sites hold BABF trainings twice a year to maintain capacity for PP.

Potential new trainers must co-train a minimum of two times and be evaluated by a Master trainer and attend a train-the-trainer session. Master trainers received their training from the national trainers or have conducted six BABF trainings with good participant evaluations. Once a trainer has been approved by a Master trainer, they often provide the local BABF training or provide BABF training for a new Parent Partner site. It takes approximately two years to become an approved trainer. For more information regarding the PP and BABF see [http://www.dhs.state.ia.us/cppc/Parent\\_Partner\\_Program/index.html](http://www.dhs.state.ia.us/cppc/Parent_Partner_Program/index.html).

Each year, potential new trainers, Approved trainers, and Masters trainers attend BABF train-the-trainer two-day sessions. There are three primary reasons for this: to review any curriculum changes, model the training for potential new trainers, and skill building for the Approved trainers. As the PP program grows, Iowa needs to expand the training pool to ensure there are enough trainers to meet the demand.

Currently, Iowa has 8 Master trainers (4 parents and 4 professionals), 4 Approved trainers (2 parents and 2 professionals) and 15 in the process to be approved (10 parents and 5 professionals). The anticipated need is approximately 10 Masters and 10-14 Approved trainers to cover geographically the state. Even after this goal is met due to transitions, Iowa will need to continually recruit new trainers to maintain a pool of qualified trainers.

Iowa tracks the number of trainings and participants who attend BABF trainings as well as receives the training evaluations. As the number of Approved trainers and Master trainers increases, the number of trainings will increase as well as the accessibility to training.

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The evidence of completion is when we have enough trainers to maintain the statewide capacity for implementing BABF training to sustain the PP and the majority of pertinent DHS' staff have been trained.

Once a site is approved for a PP program, BABF training with a Master trainer is scheduled for this area. Approximately, six to eight months after this initial training, another BABF training is held in order to build capacity. Approximately 60%-70% of the first-year sites have had two trainings within the first year. All the new sites have had two trainings within the first year and a half. After these two trainings are held, sites are responsible for contracting directly with Master or Approved trainers for their local trainings. Most sites recruit potential trainers from within their program to participate in the train-the-trainer program as a sustainability strategy.

Quarterly, each PP site submits a report to the PP state coordinator. Within this report, sites track how many parents were involved in local activities, trainings including DHS and provider trainings, and how parents are participating on various committees. The state coordinator tracks the number of parents who are participating in state level trainings as well as state level committees. This tracking enables Iowa to compile the number of parents involved in specific activities, trainings as well as committees, and monitor the increased participation.

Additionally, to support the sustainability of PP, PP and FSRP contractors will begin conversations around collaborating. Through partnership with the MCWIC, Iowa will conduct an extensive evaluation of the PP approach through surveys, administrative data, focus groups, and/or individual interviews to determine the approach's effectiveness in supporting timely reunification and successful reunification to prevent re-entry.

### Permanency Planning

*Enhance Family Team Decision-Making Meetings (FTDM):* As part of Iowa's PIP from CFSR round one, the DHS adopted FTDMs as a means to empower, engage and encourage families to take ownership and control over their own lives. The FTDM process, a strength-based process, encourages families to draw upon formal and informal supports, promotes team decision-making, and provides a healthy environment for resolving conflict and solving problems. 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. Additionally, parents and children are engaged in the case planning process, including discussion of safety concerns, reunification efforts, family interactions, and permanency plans, including concurrent permanency plans. Children and parents engaged in the case planning process facilitates timely and appropriate establishment of permanency goals, including concurrent permanency goals.

Results of the 2010 CFSR indicated that FTDMs are not utilized consistently in all cases, the effectiveness is influenced by facilitator skill, and there is no quality assurance component to gauge effectiveness.

The Family Interaction/Family Team Meeting (FI/FTM) Committee will examine current FTDM practices across the state, including barriers to effectiveness in processes, and review the current FTDM standards and handbook, which will include, but not be limited to:

- Creating DHS' staff engagement in the FTDM philosophy and process;

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- Reviewing the standards for preparation of FTDMs;
- Selecting criteria for effective preparation of FTDMs;
- Establishing best practices when FTDMs should be held in the life of the case;
- Assessing length of time to achieve goals of FTDMs (e.g. 1 ½ hours); and
- Identifying the FTDMs behavioral benchmarks for moving the family toward success and safe case closure.

In an effort to increase the effectiveness of FTDMs, the FI/FTM Committee, in collaboration with the Child Welfare Partners Committee (CWPC) training subcommittee, will review the current FTDM facilitator approval process, both for DHS staff and external stakeholders, including barriers and required training, and will implement a revised approval process, if determined necessary by the group. Both committees also will identify barriers to establishing a re-approval process, establish, and implement the re-approval process, including any required training. The committees may recommend that the “approval” process become a “certification” process. If approved by the Service Business Team (SBT), the committees will provide additional recommendations. Additionally, the committees will discuss the structure of the re-approval process, such as whether everyone currently “approved” goes through the re-approval process and how to structure implementation of the re-approval process, e.g. staged implementation.

To gauge effectiveness of FTDMs, the DHS’ Bureau of Quality Improvement (BQI) will develop and implement a plan to monitor FTDMs throughout the life of the case, develop and implement a survey for families to complete indicating how effectively they believed they were engaged in the FTDM, and develop and implement a plan for a qualitative analysis of family engagement. The DHS’ BQI will analyze findings and provide the analysis to DHS central office and field staff for any needed practice changes in order to achieve desired outcomes.

*Improve Placement Stability:* Iowa believes the best way to demonstrate improvement in placement stability measures is to focus on avoiding placement moves at the onset of each foster care case. To accomplish this, Iowa is targeting three important factors:

- Identifying best practices to consistently and completely identify all family resources, immediate and extended, as soon as DHS becomes involved (Responsible Fatherhood/NCP and Family Interaction);
- Engaging immediate and extended family in case planning to support the child in the home, to prepare the family as a possible placement resource, if needed, or as a resource to provide support to the child in the out-of-home placement, which maintains family relationships and provides possible long term permanency (Family Team Decision-Making meetings (FTDM)); and
- Developing recruitment, retention, and matching of foster and adoptive parents to children in foster care, including supportive services for the families as well for licensed/unlicensed relative homes, to properly equip these placement resources to handle issues, which likely test the caregiver.

Iowa also will initiate a specific Plan, Do, Study, Act (PDSA). The PDSA model is a multi-step model that moves from trying an innovative idea on a very small set of cases to moving the work statewide. The DHS’ BQI will analyze placement stability data to identify the lowest performing service area in the state. The selected service area will work with BQI staff to analyze the data, design the PDSA, and implement the PDSA. After the conclusion of the PDSA, the DHS’ BQI will evaluate the results of the PDSA and

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lessons learned. These results will be shared with service areas across the state to improve frontline practice around stability for children in foster care. The PDSA will be modified to reflect lessons learned and then will be replicated in another service area, the next to the lowest performing service area. The process will continue until all service areas have conducted a PDSA with lessons learned continuously revising the PDSA with the aim of improving placement stability statewide.

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

Another project in Iowa is the **Families for Iowa's Children (FIC)** federal demonstration project. On November 23, 2009, Four Oaks Family and Children's Services (Four Oaks), on behalf of Iowa KidsNet, and in collaboration with the DHS, 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), ICJ, 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 was implemented in twenty-six counties. Prior to the July 1, 2010 DHS' reorganization, there were eight service areas with two of those service areas being Ames and Cedar Rapids. The FIC grant proposal indicated that the project would be implemented in the Ames and Cedar Rapids service areas, which comprised 26 counties, 12 in the Ames service area and 14 in the Cedar Rapids service area. These counties are Pocohantas, Humboldt, Wright, Calhoun, Webster, Hamilton, Hardin, Story, Marshall, Tama, Jasper, Poweshiek, Benton, Linn, Jones, Iowa, Johnson, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Appanoose, Davis, and Van Buren. The rationale for utilizing the previously defined Ames and Cedar Rapids service areas included their growth in the foster care population, higher rates of child poverty, substance abuse issues, and increased rates of teen pregnancy. The target population for FIC is children (ages 0-17) who enter (or re-enter) family foster care. Over the three-years of the project, FIC anticipates serving 200 children.

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

- More often placed with relatives;

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- Large number of family members/natural supports identified;
- More frequent FTDMs attended by larger numbers of family members/natural supports;
- More contact with their workers;
- More frequent visits with parents and siblings; and
- 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; and
- Higher rates of family permanency.

The University of Iowa will evaluate the effectiveness of the project. The DHS and its partners will study the results of the project to determine feasibility of statewide implementation.

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

DHS, ICJ and IDPH made a collaborative decision to pilot the HF2310 protocol in four counties, two Parents and Children Together (PACT) drug court sites and two non-drug court sites. The two PACT drug court sites, Wapello and Scott counties, were piloted between July 1, 2009 and September 31, 2009. The two non-drug court sites, Montgomery and Mahaska counties, were piloted between March 1, 2010 and May 30, 2010. The participants at all four sites were DHS' caseworkers and substance abuse treatment providers within each of the counties. Participants were trained at joint training sessions held at each of the pilot sites to introduce the protocol and to promote joint accountability and shared outcomes among the agencies. They also took an online education course offered by the National Center on Substance Abuse and Child Welfare (NCSACW) to understand better their counterpart's practices and approaches to substance use disorders in child welfare cases. On-line substance abuse training was offered for DHS workers, while substance abuse treatment staff were asked to take the child welfare training.

At the conclusion of the pilot project, a survey and focus groups were conducted for the DHS' caseworkers and substance abuse treatment providers participating in the pilot projects. The purpose of the survey and focus groups were to understand better participants' experiences and to assist DHS and IDPH in identifying the strengths of the protocol, any concerns or issues related to joint service planning, and any timing issues related to the evaluation and services to families experiencing substance use disorders.

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Overall, the protocol was seen as helpful in identifying clients for referral for substance abuse evaluations. Being a part of a joint protocol decreased barriers between agencies and increased communication. Examples built into the protocol about how to partner within agencies was seen as helpful and improved outcomes for families. In analyzing the findings, findings were reflective of current literature regarding collaboration among the child welfare and the substance abuse treatment systems. The major barriers were shared definitions, attitudes, differences in training and education, timing and funding, and information systems. However, pilot sites that had developed relationships with each other prior to implementation of the protocol reported it enhanced their ability to work cooperatively with each other. Those sites whose relationships were not as strong reported more communication issues and problems with various tools or aspects of the protocol.

DHS, ICJ, and IDPH will expand the Joint Substance Abuse Protocol by rolling it out in two additional counties. Counties having higher rates of abuse per 1,000 would be targeted and recruited. Targeted and recruited counties interested in the protocol would receive training from the DHS and IDPH on the protocol and tools. The ultimate goal is to strengthen the collaboration between the child welfare system and the substance abuse treatment system so that families receive the appropriate level of treatment and services and they do not get lost between the two systems. The hypothesis is that with successful substance abuse treatment the rate of repeat maltreatment in these counties will decrease. Although it is difficult to ascertain whether one particular strategy impacts repeat maltreatment, it is possible, through utilization of surveys with DHS' staff and substance abuse professionals, to determine if the collaboration is yielding positive outcomes for the families jointly served.

**Iowa Children's Justice (ICJ):** Iowa Children's Justice (ICJ) extensively collaborates with the DHS through court practice and court training to address permanency for children in out-of-home placements.

*Court Practice:* The CFSR Final Report identified differences in court permanency practices as a concern. To promote consistency, quality, and effectiveness of court permanency practices, ICJ identified multiple strategies, including but not limited to:

- Developing consistent standards for attorneys representing parents and attorneys representing the agency to impact the quality of representation;
- Providing attorney and judges training to promote quality practices that contribute to permanency; and
- Collaborating with child welfare partners to implement a common vision and practice model for child permanency in Iowa.

ICJ identified a focus to promote juvenile court improvement by developing standards for parents and agency representation. Two task forces were established in September 2010 and training was provided to task force members on September 16, 2010. The goals of the task forces are developing standards for quality representation and addressing enforceability.

It is expected that quality representation for parents will lead to:

- Improved legal guidance to parents;
- Improved parental support by the attorney;
- Improved involvement of parents in court hearings and parents' better understanding of court processes;

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- Improved due process rights for parents; and, ultimately,
- More timely and effective permanency for children.

It is expected that quality representation for the agency will contribute to improved support, legal guidance, and ultimately contribute to the safety of the child.

The next steps to adoption of the standards are to submit task force report recommendations to the Iowa Children's Justice Advisory Committee (ICJAC) by June 30, 2011 for review and modification prior to sending it to the Iowa Supreme Court for consideration for adoption by October 30, 2011.

Training developed by the Public Defender's Office and ICJ attorney training subcommittee in 2010 contributes to quality representation of parents. ICJ will continue to support and finance efforts to provide training for parents' attorneys for this pilot through fall 2011. ICJAC maintains a commitment to financially supporting quality attorney training. In collaboration with the Public Defender's Office, ICJ will develop an evaluation process to assess and improve the training. If the evaluation process demonstrates improvement, ICJAC will consider continuation of funding this intensive training.

A recent strategy for improving parent representation and increasing the number of attorneys interested in working in the child welfare system is a collaborative effort between the University of Iowa's Law School and ICJ. ICJ provided financial support to establish a "family assistance center" devoted to providing training coupled with hands-on courtroom experience for 3<sup>rd</sup> year law students focused on quality representation of parents in the child welfare system. Training developed and provided to these law students will contribute to further improving training for attorneys practicing in the juvenile court. A director was hired and the next steps are establishment of an advisory committee, University of Iowa representation on the ICJAC, and program development and acceptance of the first students in the 2011 academic year.

*Court Training:* The CFSR Final Report identified differences in court permanency practices as a concern as well as the court's role in timely and effective permanency for children. To promote consistency, quality, and effectiveness of court permanency practices, ICJ collaborated with child welfare partners to develop and implement a common vision and practice model for child permanency in Iowa, The Blueprint for Forever Families 2011.

The Blueprint for Forever Families 2011 (The Blueprint) debuted at the Permanency Summit for Iowa in May 2011. The Blueprint sets the permanency model of practice for Iowa's child welfare system. The Permanency Summit, which comprised two days of training with multidisciplinary participants attending, was designed to:

- Present the tenets and main principles of The Blueprint for Forever Families 2011;
- Clarify the courts' and other child welfare professionals' role and impact on permanency planning;
- Present research-based, strength-based community practice options and allow participants to discuss relevant strategies for permanency that they can implement upon return to their daily practice;

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- Provide breakout sessions where participants, by profession, can discuss implementation strategies for presented practices and then discuss, by geographic areas, strategies for overcoming barriers and promoting practice implementation; and
- Publish presented information and videos on the ICJ website.

Next steps include providing practice bulletins and webinars, to promote relevant strategies for permanency in social worker practice and stimulate supervisory supervisor/worker discussions, and multi-disciplinary training and support through the use of districts teams for local change efforts. In addition, Judges' training will continue with the theme of permanency, focusing more on best practice for permanency in the court, to promote more consistency in court practice.

Juvenile Court Services (JCS) also collaborates with the DHS to improve permanency for youth through:

- Chief Juvenile Court Officer and Service Area Manager joint meetings;
- Alternative to detention pilot projects with Casey Family Programs;
- Model Court in Polk County; and
- Collaboration on reducing the number of JCS children in out-of-home care.

The DHS' Bureau of Quality Improvement (BQI) will evaluate effectiveness of DHS' field staff efforts to improve permanency for youth (e.g. Permanency Roundtables, Families for Iowa's Children (FIC), and the joint substance abuse protocol with IDPH and ICJ) by developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

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

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

The IFCYC has become a conduit for youth to share their knowledge of the child welfare system through creating a mechanism where youth are trained, prepared, supported, and compensated for their time. The Council offers a central location where interested policy makers, providers, advocacy groups and others can go for opinions and suggestions from youth involved in foster care or foster care alumni.

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Iowa will implement a new contract for the IFCYC, which will include evaluating the effectiveness of the Council through contract performance measures. The DHS is monitoring deliverables of the contractor and certain performance measures of the participants. For example, the contract may require there be a youth meeting at least monthly in 10 chapter locations. As for performance, youth participants will be surveyed, at least annually, to determine their participation in youth development activities and perceived support from peers and staff.

The IFCYC will develop and implement a Youth Bill of Rights. The Bill of Rights is something youth in care have asked for via their advocacy at the Council. They want a Bill of Rights so youth who follow them in the child welfare system will know they have a right to see their family, receive an explanation as to why they are in care, participate in school activities, etc. The Bill of Rights will be included in the DHS policy manual along with the foster parent and child rights section that currently exists—but is not written by Iowans. The Bill of Rights is intended to be "by youth and for youth" so the Council will drive awareness raising efforts via their website, trainings, and chapter meetings. The audience is primarily youth and their caretakers, regardless of placement type.

To support the connection between the Council, DHS' policy and field staff, and service providers' staff, the DHS' policy staff will issue a practice bulletin and/or conduct a conference call to ensure DHS and service provider staff has information regarding the Council. In addition, the Bill of Rights will be included in practice guidance to child welfare professionals (DHS and service providers), educators and the courts. The DHS and its external stakeholders will explore avenues of implementing and will implement the Bill of Rights into practice.

*Integrate Family Interaction (FI):* The Family Interaction (FI) Planning model promoted throughout Iowa and based on the work of Norma Ginther seeks to achieve timely and safe reunification through systematic and frequent visitation between children and their parents after removal. Specific goals of FI Planning are to:

- Reduce the child's sense of abandonment and loss upon removal;
- Resolve the threats of harm requiring that family interactions be monitored;
- Provide the opportunity for families to maintain relationships, enhance well-being, and to learn, practice and demonstrate new behaviors and patterns of interaction;
- Maintain meaningful contact consistent with the development and/or special needs of the child and family that will further progress toward achieving permanency for the child;
- Maintain relationships with siblings, parents, and other individuals;
- Provide opportunity to assess caregiver/child relationship; and
- Provide opportunity to assess caregiver needs.

The DHS' staff ensures, with the assistance of service providers, foster parents, relatives, etc., that frequent and meaningful interactions are planned and attained.

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As part of Iowa's strategy to address safety and permanency in the Program Improvement Plan (PIP), Iowa will improve integration of FI into practice. The Family Interaction/Family Team Meeting (FI/FTM) Committee will be responsible to ensure that the work, which includes but is not limited to the following, is completed:

- Clarify the purpose of FI, the specific practice expectations or skills, and documentation expectations;
- Clarify how safety and risk are assessed in FI observations;
- Clarify responsibilities of various FI roles, including relatives and supports;
- Clarify who changes FI forms and training as the curriculum is owned by Mid-Iowa Family Therapy, Inc.;
- Review current best practices, Iowa tools, resources, and supporting documentation, including barriers, resources and best practices for identifying, locating and engaging relatives and supports in FI practice by DHS and service provider staff;
- Recommend and/or choose one observation tool, which will assist those observing FI to appropriately assess safety and risk during interactions and will document their assessment;
- Develop an implementation plan to implement fully FI into practice, including identifying, locating, and engaging relatives and supports, through utilization of a standardized observation tool; and
- Provide information to the court and attorneys regarding strengthening FI, to facilitate support for the model.

The FI/FTM Committee in partnership with the Child Welfare Partners Committee (CWPC) training subcommittee will address joint DHS and service provider FI training and support, to include, but not be limited to:

- Consider how FI fits with Family Team Decision-Making Meetings (FTDMs) and information captured in the case permanency plan;
- Incorporate FI in the DHS' training plan, with frequency of trainings to be identified by the group;
- First train supervisors, then staff, so that supervisors can mentor staff in their thinking about and implementation of FI with the aim of moving practice forward;
- Offer FI training more than one time per year; and
- Utilize service area practice champions to support on-going practice improvement.

To support fully integrating FI into practice, the DHS' policy staff will incorporate FI practice guidance, including identifying, locating, and engaging relatives and supports, into the DHS' employee policy manuals. A general letter will be issued by the DHS' policy staff to the DHS' field staff to communicate changes to the DHS' employee policy manuals.

Iowa Children's Justice (ICJ) Training: The Multi-disciplinary Training Subcommittee will work with the above mentioned groups to coordinate information and training that supports focusing on permanency. A primary focus will be on assisting the districts in understanding how the roles of all the stakeholders can lead to timely, stable permanency for kids. The primary vehicles that lead to permanency include early and often family interaction, family team decision-making meetings, improved quality of representation and better collaboration.

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In order to ascertain whether FI practice has a positive impact on achieving permanency, the DHS' Bureau of Quality Improvement (BQI) will develop and implement a monitoring plan, which will determine if FIs are occurring; documentation reflects quality, relatives and supports are identified, located, and engaged as part of the FI practice; and interactions positively impacted permanency outcomes. They will conduct an analysis of their findings and disseminate to central office and field staff for continuous quality improvement of FI practice in order to achieve the desired outcomes.

### Services Provision

*Strengthen Community Partnership for Protecting Children (CPPC):* Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities and states can adopt to improve how children are protected from abuse and/or neglect. 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 child abuse, reducing the number of children experiencing repeated maltreatment, safely decreasing the number of out-of-home placements, and promoting timely reunification when children are placed in foster care. CPPC is not a "program" – rather, it is a way of working with families to help services and supports to be more inviting, need-based, accessible and relevant. It incorporates prevention strategies as well as those interventions needed to address abuse, once identified.

CPPC is guided by four key strategies: 1) shared decision-making; 2) individualized course of action utilizing family team meetings; 3) neighborhood/community networks; and 4) policy and practice change. There are four levels of implementation per strategy:

- Level 1 – Early development of the four strategies;
- Level 2 – Achievements built on Level 1;
- Level 3 – Mature CPPC site; and
- Level 4 – Ideal CPPC.

As a community embarks on implementing CPPC, the level of implementation depends upon: (1) length of time as a CPPC community; (2) existing community assets and liabilities; (3) community's ability to collaborate; and (4) leadership strength, stability and ability to motivate others. Recognizing that sites have unique strengths and needs, stakeholders developed an assessment tool (referred to as the "level document") to define and clarify current capacity and ways to deepen efforts and broaden implementation. The tool also provides process measures to identify progress and develop guidance toward meeting desired outcomes.

The level document is organized around the four CPPC strategies, with the four levels per strategy. In keeping with the philosophy of shared decision-making, this tool was developed by representatives of CPPC sites based on their actual experiences and capacity. Minimum expectations were defined, with Level 1 representing the early stages of development. Level 2 builds on achievements from Level 1. Level 3 is based on Cedar Rapids' implementation because it is the most mature CPPC site with the most time invested. Level 4 is based on the vision of the ideal CPPC, one that has not yet been fully realized, but is achievable. The level document with

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comprehensive descriptions of each level for each strategy can be found at:

[http://www.dhs.state.ia.us/cppc/service\\_reviews/index.html](http://www.dhs.state.ia.us/cppc/service_reviews/index.html).

At the beginning of each fiscal year, CPPC sites are required to submit a plan stating the goals for each year. These plans are first developed and approved by the CPPC local steering committee and then submitted to the local Decategorization (Decat) board. Once the plans are approved locally, they are submitted to the DHS' state CPPC coordinator for further review and approval. Before funding is allocated, the DHS' Service Area Manager (SAM) approves and signs the contract. Local CPPCs meet monthly to monitor their progress. CPPC sites are asked to collect performance outcome data on the implementation of all four strategies: shared decision-making; neighborhood/community networking; individualized course of action; and policy and practice change. At the end of each fiscal year, sites are required to submit the data in a progress report. Again, the local CPPC steering committee approves this report and then it is submitted to the local Decat board for review. Sites then submit the report to the DHS state CPPC coordinator who reviews and collects data from each report. The DHS' state coordinator often will contact sites for clarification.

The DHS' state coordinator compiles the data from the sites' reports into a statewide comprehensive report that is shared with the Community Partnership Executive Committee (CPEC) for review. From this review, areas that need improvement are identified and assigned to CPEC Evaluation Task Teams for further examination and recommendations on how to address certain issues of low-performance sites. For this comprehensive report, see CPPC 2010 Report @

[http://www.dhs.state.ia.us/cppc/service\\_reviews/index.html](http://www.dhs.state.ia.us/cppc/service_reviews/index.html).

As part of quality assurance, through the level document and reporting mechanisms, the DHS' policy staff can measure the progress towards the implementation of the four strategies. Through site visits with the local CPPC steering committees, and feedback at the regional and state meetings, the DHS' state CPPC coordinator verifies information in the reports and provides technical assistance on opportunities for improvement. CPPC sites share their progress at the peer-support regional meeting (9 actual meetings) and two statewide meetings.

*Align services with safety, permanency, and well-being outcomes:* Iowa's child welfare providers are essential partners in improving Iowa's child welfare system. Continued collaboration between the DHS and service providers, especially regarding service array, will result in improved outcomes for Iowa's children and families. Iowa believes that its child welfare service array should improve performance with safety, permanency, and well-being outcomes. New contracts for Iowa's child welfare service delivery, which will take effect on or about July 1, 2011, are aligned with these outcomes. Each contract has performance measures linked to these outcomes, including cultural competency and responsiveness, which provides oversight and accountability for improved performance. For example, Safety Plan Services and Family Safety, Risk, and Permanency Services providers will receive financial incentives, through their contracts, if they prevent repeat maltreatment in the cases they serve. The following services will have new contracts:

- Safety Plan Services (SPS): SPS are for families engaged in a child abuse assessment or Child In Need of Assistance (CINA) assessment with a need for safety plan services. SPS provide a flexible array of strategies and interventions to monitor,

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evaluate, and intervene to ensure the child's safety; and evaluate and supplement the protective capacities of the child's caregivers to prevent repeat maltreatment.

- Family Safety, Risk, and Permanency (FSRP) Services: FSRP services are targeted to families with children at risk of abuse. FSRP services are targeted to children and families for whom the DHS has, following a child protective, 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, permanency, and well-being 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. One of the goals of the FSRP services is to address the underlying issues, which led to the child maltreatment, and to prevent repeat maltreatment.
- Child Welfare Emergency Services (CWES): CWES broaden Iowa's child welfare service array by providing short-term, temporary interventions that focus on the child(ren)'s safety, permanency, and well-being. CWES are intended to immediately respond to the needs of children under the age of 18 and their families. CWES approaches range from the least restrictive —Crisis Interventions” that can be used, e.g., family conflict mediations or in-home services provided before children require removal from their home, to more restrictive —Emergency” services including out-of-home placements with relatives, foster families, or Emergency Juvenile Shelter Care (as permitted by the Iowa Code). The DHS, juvenile court services, and law enforcement refer eligible children to CWES.
- Foster Group Care: Foster group care facilities, which comprises emergency shelters and residential group care facilities, are an important part of the foster care system, providing twenty-four-hour substitute care for children who are unable to live in a foster family home. Some children cannot be maintained safely in a family foster home setting due to a need for a more structured environment and more intensive programming to address behavioral issues. For these children, residential group care facilities provide the structure and programming needed. Contract performance measures around parent and sibling visitation for youth in group care will support the child's connection to family thereby reducing negative behavior which might disrupt the placement.
- Supervised Apartment Living Foster Care: Supervised apartment living foster care offers youth who have a need for foster care the opportunity to transition to an apartment in the community while still receiving supervision and assistance. Supervised apartment living is an arrangement where the youth lives in an apartment unit, shops for food, prepares individual meals, and manages time for cleaning and laundry.
- Recruitment and Retention of Foster and Adoptive Parents: The Recruitment and Retention of Foster and Adoptive Parents contract includes recruitment and retention activities to strengthen foster care and adoptive services in Iowa's child welfare system. As part of the contract, the contractor will license/relicense foster homes and approve/renew adoptive homes. In the 2010 CFSR, the onsite review noted that initial placements were based on bed availability and not the skills and training of foster parents and there was a lack of relative or foster home placements, which were cited as reasons for placement instability. Consequently, the new recruitment and retention contract represents a significant shift in how the DHS wants to move recruitment and retention of resource families forward. Recruitment strategies stress having the right families for the children coming into care, not just having families. Recruitment plans will be based on service area data on the children coming into care, their age, race, ethnicity, number of siblings and special needs. Based on that data, recruitment plans will identify the gap in the needed homes for those children and determine targets to narrow those gaps. There is a direct tie between recruitment/retention

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and matching. The same child characteristics are found in the recruitment and retention part of the contract and the matching part of the contract. The new contract includes performance measures, based on cohorts of children coming into care, for increasing foster homes that are reflective of the children coming into care and for sustaining children in their foster homes for at least four consecutive months. The message is the first placement should be the child's only placement.

Performance measures also are restructured to move towards keeping children close to home, in foster and adoptive families that understand and/or share their racial and ethnic heritage, families who will work with birth parents, and who will keep siblings together. The proximity and stability measures are based on incremental improvements to have a child's first placement into family foster care be stable for four months and to be within 20 miles of their removal home. The measures are designed to impact the child's first placement so the child is matched with the right family the first time. Tying the performance measures, recruitment and retention plans, and matching together will improve placement stability over time. Data has shown a higher likelihood of placement stability once children have remained in the placement for at least four months. The contractor also will engage in retention efforts including 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.

- Iowa Foster Care Youth Council (IFCYC) (See description above under *Permanency Planning*)
- Iowa Child Abuse Prevention Program (ICAPP): The ICAPP contract provides statewide administration of funds for local child abuse prevention councils to implement community-based primary and secondary prevention projects. The new contract will emphasize a more comprehensive array of programming that aligns closer with current trends in state and local child abuse data and increasing secondary prevention programming, which provides prevention services to children and families at risk for child maltreatment with a goal of preventing initial or repeat maltreatment.

The DHS' and service providers' staff will receive training on the new service contracts. The DHS' staff and service providers' staff will have quarterly and annual contractor meetings, specific to program areas, to discuss issues within the delivery of services, innovations to service delivery, and any other topics necessary to improve Iowa's child welfare service array. Training for judges and attorneys also will be offered.

The DHS' Bureau of Quality Improvement (BQI), in collaboration with program managers, will evaluate effectiveness of services through the contract performance measures and through annual all contractor meetings by developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

Support the development of an array of children's mental health services to improve capacity and access: Although the 2010 CFSSR Final Report noted that Iowa lacks a children's mental health system, findings also showed that Iowa rated a "strength" for item 23, mental/behavioral health of the child. Iowa's child welfare system assessed and provided appropriate services to children who had identified mental health needs.

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In the 2011 Iowa legislative session, which ended June 30, 2011, legislators recognized the need to redesign Iowa's mental health system for adults and children. The legislature considered several bills to begin the process. The DHS' Division of Mental Health and Disability Services (MHDS) was designated to develop, implement, oversee, and manage the mental health services system for children, youth, and their families. Iowa's child welfare system will continue to collaborate with MHDS and other agencies to meet the intent of redesigning Iowa's mental health system. At this time, Iowa does not have the specifics regarding the redesign. However, information regarding redesign activities are accessible at <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

In Iowa currently, community based mental health services for children exist. However, services vary statewide and access is limited typically by location, service availability, family resources, and/or the insurance status of the family. The DHS' MHDS continues to establish a comprehensive community based mental health services system for children, youth, and families through the development of local/regional Systems of Care. In the local/regional System of Care, a local lead agency is established to coordinate mental health services with formal and informal supports, including the services of other involved agencies such as education, child welfare, law enforcement, juvenile court services, primary health care, inpatient/residential treatment and others who are involved with the child and the child's family. The purpose of the System of Care is to improve options for families who have children or youth with mental health disorders by developing community based service capacity to support these children and youth in the places they thrive most, living at home with their own families, attending their own schools, and participating as members of their own communities. Iowa's child welfare system will collaborate with MHDS to support development of the children's mental health system with the goal of improving capacity and access.

*Enhance ability to address educational needs of children:* The Department of Education (DE), Juvenile Justice System, and the DHS hosted the first Education Summit on December 5, 2008, by recommendation of the Iowa Children's Justice State Council, to collaboratively address the educational needs of children in the child welfare system. The Education Collaborative, as it has come to be known, has focused primarily on two areas: system coordination/data exchange and the state's compliance with the federal law, which became effective October 1, 2008, Fostering Connections to Success and Increasing Adoptions Act of 2008. The Collaborative has representatives from DE, DHS, courts, youth and families and has leadership from a foremost national expert from the American Bar Association Legal Center for Foster Care and Education, Kathleen McNaught. The group meets every 3-6 months, but informally works together regularly to share practice guidance, collaboratively solve problems, and address policy issues as they arise. The Collaborative is viewed as one of the best examples of the DHS and DE working together.

For children placed in foster care, transportation is one of the key barriers to youth remaining in their home school, especially in rural areas. While Iowa realizes we cannot fix this issue overnight, Iowa intends to, minimally, provide practice guidance via a newsletter and staff training to caseworkers, educators and the courts on efforts that are working to provide transportation assistance. For example, DHS and DE recently mailed, to all school districts in Iowa, a policy decision from the Department of Education regarding transportation and other supports for youth — *awaiting foster care*” for purposes of the McKinney Vento Act. The work in this area shows up where there is a need for transportation. Iowa sees some local service areas using creative funding, such as decategorization dollars, but the formalized work being done for transportation is through the Education Collaborative.

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The DE and the DHS implemented and will continue a data sharing Memorandum of Understanding (MOU) to examine the frequency of school change when a child enters foster care and possible remedies, such as transportation assistance, which can help keep a child in his or her home school thereby avoiding a transfer of credits issue due to a child changing schools because of placement. Additionally, DE and DHS will explore the possibility of determining a baseline number of credits for children in foster care.

The DHS' Bureau of Quality Improvement (BQI), in collaboration with the Education Collaborative, will develop and implement a plan to evaluate effectiveness of activities to address transportation to home school and transfer credit issues for children in the child welfare system and will analyze the results for impact on the outcome with a report to central office and field, which will inform field practice.

*Increase cultural competency and responsiveness of the child welfare system:* To improve the cultural competency and responsiveness of Iowa's child welfare system, the DHS and external partners will continue to collaborate to increase the knowledge and skills of the child welfare workforce through sharing and using best practices identified from the following cultural competency projects:

- Decision Point Analysis (DPA): DPA is a collaboration between the DHS, Iowa Children's Justice (ICJ), Juvenile Court Services (JCS), Foster Care Review Board (FCRB), and Casey Family Programs. The goal of the DPA collaboration is to merge the DHS and Juvenile Court assessments to attain a true picture of child welfare practice, particularly as it relates to disproportionality.
- Minority Youth and Family Initiatives (MYFI): In March 2004, the DHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families in the child welfare system. Disparities persist, but the project to reduce disparities among Native Americans has been particularly successful in establishing bridges between the DHS and tribal officials in northwest Iowa and in increasing the use of relative placements. A separate project addressing African American families in Des Moines is also helping to build bridges between the DHS and the community.
- Breakthrough Series Collaborative (BSC): The DHS staff, ICJ, and Casey Family Programs collaborate on a Casey BSC to identify, develop, test, implement and spread promising strategies to reduce disproportionality and disparate outcomes for minority children and their families. There currently are eight sites with at least one in each DHS service area. The Iowa Supreme Court authorized judges to participate at BSC sites.

Additionally, a work group comprising DHS' staff (policy, field, and data support) and external partners, such as ICJ and other external stakeholders, will create and implement a plan on how to connect and collaborate with minority members of Iowa's communities to remove cultural barriers to successful service delivery and to share results and best practices. Iowa's new service array contracts also include enhanced cultural competency expectations. Furthermore, the Bureau of Service Support and Training (BSST) and the Child Welfare Partners Committee (CWPC) training subcommittee will build on the current training plan to address cultural competency and responsiveness, including implementing any new training and on-going practice supports.

The work group, in collaboration with the DHS' Bureau of Quality Improvement (BQI), will develop and implement a plan to evaluate effectiveness of activities to increase cultural competency and responsiveness of DHS staff and will analyze the results for impact on outcomes, with a report to central office, the field, and ICJ, which will inform field practice.

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### Quality Assurance (QA) System

#### Quality Assurance and Improvement (QA&I) System:

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

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

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

- Establishing desired outcomes and standards of expected performance. The 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 DHS Child Welfare Model of Practice;
- Monitoring actual performance and outcomes and comparing them with expectations for performance and outcomes;
- Analyzing discrepancies between desired and actual performance;
- Based on analysis, prioritizing focused goals for improvement; and
- Implementing strategies to improve, monitor results and adjust strategies when needed.

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

Effective July 1, 2009, Iowa began using the federal CFSR case reading instructions and collecting data on the 7 outcomes and 23 items. QICs assisted in training staff on a common lens to view the items within the federal case reading tool. Supervisors, QICs, 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.

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Iowa's use of the CFSR case reading tool resulted in higher scoring in most categories than found during the 2010 federal on-site review. Two factors appeared related. One was training and one was scoring oversight. Training 70 plus supervisors in the nuance of the CFSR tool, providing an adequate number of mentored case reading experiences, and feedback, required resources in both time and personnel beyond what was available in Iowa. While reviewers were asked to use the CFSR criteria, only the item scoring was captured on Iowa's automated tool, therefore the sub-item completion and scoring could not be monitored or validated.

Due to the 2010 CFSR concerns regarding the QA system addressing key practice areas effectively, providing feedback on findings, or evaluating program improvement measures, particularly as it relates to case reviews, QICs will conduct the case reviews for the PIP as outlined under the Data and Management Plan below. The small number of QICs can invest the time to receive specialized training and on-going mentoring over time to become able to accurately and consistently score using the CFSR tool aligned with the federal lens. Supports will be developed to capture and track sub-items to assure they are treated in an accurate and consistent fashion.

*Enhance Supervision:* Iowa recognizes supervision as a key strategy to ensure quality social work practice, to recruit and retain quality social workers, and to support those social workers in ways that enhance morale and job satisfaction, which will enhance workers' performance thereby improving safety, permanency, and well-being outcomes for the children and families served.

In the 2010 CFSR Final Report, it was noted that Iowa does not meet the national standard for Absence of Maltreatment Recurrence of 94.6%. Iowa's performance was at 91.9%. Findings from the CFSR Final Report also noted that:

- timeframes of initiation for face-to-face contact with the child victim exceeded State of Iowa policy requirements for the 24 and 96 hour requirements;
- safety and risk assessments were not comprehensive or consistently conducted on an ongoing basis throughout the life of the case; and
- even though Iowa has a wide array of services to provide to families, services did not address the safety concerns and/or the underlying needs of families.

Iowa has policies, procedures, and a comprehensive training program that addresses timeframes for initiation of face-to-face contact with the child victim, appropriate assessments, including those for safety and risk, assessing for underlying needs of families, and permanency planning practices, such as timely establishing appropriate permanency goals, concerted efforts to achieve permanency goals, concurrent planning, etc. Iowa identified that supervisors are a key strategy in improving frontline practice regarding safety, permanency, and well-being for children.

To support supervisors' effectiveness with their staff and to improve frontline practice, Iowa will implement a model of supervisory practice. In federal fiscal year (FFY) 2005, the University of Iowa, National Resource Center for Family Centered Practice, was awarded a grant to develop, implement, and evaluate supervisor training for DHS' supervisors across the State of Iowa. In 2008, the University of Iowa trained the DHS' supervisors on the curricula, which is accessible at

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<http://www.uiowa.edu/~nrcfcp/training/recruitment.shtml#supervisortraining>. To build on these earlier training efforts in developing a model of supervisory practice, a work group comprising DHS staff (field, policy, training, and data support) will collaborate with the University of Iowa, the National Resource Center for In-Home Services (NRCIHS), to perform work, which will include but not be limited to the following:

- Review and assess utilization of the University of Iowa Supervisory Cohort Training;
- Assess resources for development of the model of supervisory practice, including peer and/or mentored support or champions;
- Review supervisor competencies;
- Develop and/or select a model of supervisory practice that will undergird frontline practice related to safety, permanency, and well-being, such as:
  - Ensuring timeliness of initiation of child abuse assessments;
  - Ensuring that initial and ongoing safety and risk assessments occur;
  - Ensuring underlying issues are identified and appropriate services are provided;
  - Supporting permanency planning practices, including providing services to support placement in lieu of placement changes, establishing timely and appropriate permanency goals, conducting timely, concerted efforts to achieve permanency goals, consistently utilizing concurrent planning, engaging fathers and non-custodial parents, consistently addressing the permanency needs for children with the goal of APPLA, and ongoing review of the appropriateness of the established permanency goal;
  - Supporting staff's development of culturally competent practice; and
  - Addressing accessibility of DHS supervisors by workers, families, and providers.
- Coordinate University of Iowa Supervisory Cohort Training and Results Oriented Management (ROM) work and supports to ensure alignment with model of supervisory practice;
- Implement the model of supervisory practice, including necessary training and on-going supports;
- Collaborate with the NRCIHS to develop a framework for evaluating the effectiveness of the model;
- Evaluate the effectiveness of the model; and
- Revise model based upon findings.

The DHS' Bureau of Quality Improvement (BQI) will collaborate with the above group to evaluate effectiveness of the supervisory model of practice on improving Safety Outcomes 1 and 2 and will provide analysis for central office and field staff to consider in revising the model to achieve the desired outcomes.

To assist supervisors and management in supporting and enhancing frontline practice, the DHS' Policy Bureau, University of Kansas, Casey Family Programs, and Iowa's Child Welfare Information System (CWIS) Bureau are collaborating to implement Results Oriented Management (ROM) in Iowa. ROM is a web-based system, which will generate daily reports for supervisors and managers regarding performance on selected indicators. The reports generated from ROM will include the following:

- Permanency Composites 1 through 4, including measures;
- National Safety Data Indicators, Absence of Maltreatment Recurrence and Absence of Maltreatment in Foster Care;

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- Permanency outcome indicators for those who entered care 12 months ago and 24 months ago;
- Management reports, such as caseload counts, level of care and length of stay for children in foster care, countdowns to various permanency goals, discharge reason from foster care and re-entry information;
- Monthly caseworker visits with children, including visits for every full month, visits in the home, and those pending or completed; and
- Child protective services indicators, such as report conclusions, investigations completed within 30 days of report receipt, initiating face-to-face contact within 24 hours of report acceptance, and pending investigations.

Supervisors and managers will utilize the reports to drive practice discussions and improvements with staff.

Iowa kicked off the ROM project in March 2011 with the development of a project charter defining the goals of the project in more detail. The initial scope of the project was defined, as presented below.

### *Iowa ROM Project Scope:*

This project will implement the Results Oriented Management (ROM) reporting system that will enable DHS workers to track and measure the performance of management units within the agency (e.g. service areas, counties, supervisors), individual workers, contractors who are providing services purchased by the agency and others with whom DHS collaborates in meeting the needs of children and families. Data will be in a near real time environment that will provide both a historical perspective and up-to-date views of performance.

The system will provide access for both DHS' staff and service providers' staff who have DHS contracts for the provision of child welfare services, including but not limited to, Safety Plan Services and FSRP service providers, Group Care providers, After Care providers, and Foster and Adoptive Home Recruitment and Retention providers.

The system will provide a number of core reports, which can be modified by a system administrator globally or by a user for their specific reports.

The system also will provide custom reports and will incorporate additional data fields that can be used to further customize, sort and filter views of both the core reports and the custom reports.

The ROM project has been divided into two phases. The first phase will be to populate the basic data tables with Iowa data and release that system to staff and stakeholders. The second phase will focus on customization and enhancement of the ROM system to improve our ability to use the system in Iowa.

As of the end of May 2011, work has focused on the technical aspects of developing data extracts to populate the ROM system with Iowa data so that Iowa program staff can develop a better understanding of the capabilities of the system and identify any desired

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enhancements to the system. Iowa anticipates having our data in a test environment in July 2011. As our understanding of the system and its capabilities improves, we will continue to update the project plan.

### 3. *Implementation and Monitoring*

Implementation of action steps and benchmarks will be in accordance with information contained in section III. PIP Matrix. The matrix delineates the category of the benchmark (e.g., practice, policy, training, QA, information technology (IT), etc.), describes the benchmark, the lead group responsible for the benchmark's completion, the evidence of completion for the benchmark, and the projected quarter when the benchmark will be completed. The group responsible for the benchmark will provide their work to the Service Business Team (SBT) for review and approval prior to implementation, which will ensure the work is completed within resource capabilities. The overall implementation concept is to train staff, implement the benchmark, allow 90 days for practice focus to be established and reinforced by supervisors, and have QA monitor.

The following implementation and monitoring process will be utilized:

- For each Action Step noted in the PIP, there is a Lead Person Responsible. These individuals have overall responsibility to ensure that the benchmark(s) for the Action Step is completed on schedule. They will determine PIP work groups needing charters and will develop charters for those groups to provide direction. They will collaborate directly with the Group Chair to address issues or barriers in meeting the completion date.
- Each PIP work group will have a Group Chair who will:
  - convene and facilitate work group meetings;
  - collaborate with work group members to develop the group's work plan, designate a record keeper, and delegate tasks, as appropriate;
  - identify and reach out to other appropriate individuals to complete the work for the benchmark; and
  - submit the group's monthly progress reports to the CFSR Coordinator with a courtesy copy to the Service Business Team (SBT) administrative personnel.
    - Reports will detail activities already undertaken related to the benchmark, activities which will be undertaken, timeframes to complete activities, when evidence of completion of benchmark(s) will be completed, and any deviation from PIP quarter due for the benchmark(s) will be noted and explained.
    - If a benchmark is completed, the report will include the evidence of completion as outlined in the PIP.
- At a minimum, the CFSR Coordinator will have monthly communication with the SBT to provide them with an update on PIP progress, to discuss any issues, and to provide team members an opportunity to provide feedback.
- The SBT will either approve or disapprove any applicable PIP activity and provide the information to the CFSR Coordinator and the Group Chair. The SBT will include representatives from Iowa Children's Justice and Juvenile Court Services in monthly meetings when the PIP is discussed.
- The CFSR Coordinator will utilize the 30-day reports and actions taken by the SBT to prepare Iowa's quarterly PIP reporting to the Children's Bureau Regional Office.

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Iowa's Quality Assurance (QA) System will monitor the effectiveness of most of the strategies through case readings and other activities, as described below in the Data and Measurement Plan. All data and analysis will be submitted to the SBT for information and follow-up action, when needed.

Iowa will submit quarterly reports, including information on performance, trends, and any actions taken in response to QA analyses, to the Children's Bureau Region VII Office 45 days after the quarter ends.

### 4. *Data and Measurement Plan*

As noted above under the Quality Assurance (QA) System, the federal CFSR on-site review found issues regarding the validity of Iowa's QA system, case review data. Specifically, the data Iowa provided in the Statewide Assessment was not representative of what was found during the on-site review. Therefore, Iowa will need to enhance its case review process and establish baselines for items monitored in the PIP. After coordinating with the National Resource Center for Organizational Improvement (NRCOI) to receive training/clarifications of the CFSR Onsite Review Instrument, Quality Improvement Coordinators (QICs) will begin reviews for the prospective baseline period of October 2011 to September 2012 with NRCOI staff assisting with second level reviews to establish Iowa's baseline performance for the PIP.

Iowa will utilize the following measurement methodologies for PIP purposes:

- Administrative data from State Automated Child Welfare Information System (SACWIS) for Permanency Composite 4: Placement Stability, including all applicable sub-measures;
- DHS' Bureau of Quality Improvement (BQI) will conduct case reviews utilizing the federal CFSR Onsite Review Instrument;
- DHS' BQI will conduct periodic targeted reviews of a small number of cases specific to understanding factors impacting performance, as needed and determined by the Service Business Team (SBT) following review and analysis of monthly and quarterly progress reports;
- The satisfaction survey for Family Team Decision-Making Meeting (FTDM) participants to complete to evaluate effectiveness of engagement strategies; and
- Periodic direct conversation and/or observation of family engagement in FTDMs, as determined by the SBT, following review and analysis of monthly and quarterly progress reports.

Iowa will utilize the following available data:

- Administrative data will be used for Permanency Composite 4: Placement Stability, including the sub-measures;
- Case reviews will be utilized to monitor Items 1, 3, 4, 7, 10, 17, 18, 19, and 20. Due to on-site review concerns regarding the QA system addressing key practice areas effectively, providing feedback on findings, or evaluating program improvement measures, particularly as it relates to case reviews, Iowa will establish baselines for these items;

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

- Case readings will be gathered quarterly through case reviews once the PIP-related requested training, support, and clarifications are in place (see III. PIP Matrix, for more information);
- In each quarter during the baseline period, 75 cases will be selected from the (sample period) 12 months prior to each review quarter. The 12-month sample period plus the portion of the review quarter up to the date of the review will constitute the period under review (PUR) for the baseline period; and
- Following the Baseline period, on-going reviews will occur each quarter beginning October 2012, by reviewing 75 cases which will be selected from the (sample period) of the 12 months prior to each review quarter. The 12-month sample period plus the portion of the review quarter up to the date of the review will constitute the period under review (PUR) for the on-going review period.

Iowa's Quality Assurance and Improvement (QA&I) review process will comprise the following elements:

- Type(s) of review:
  - Case Readings:
    - QIC staff will:
      - serve as case reviewers;
      - receive training from an approved trainer, similar to that given to reviewers prior to an on-site review;
      - read approximately the first month's sample (25 of the first quarter's 75 cases) under the review of the approved NRCOI trainer acting as mentor and second level reviewer; and
      - continue to review 75 cases each quarter during both the baseline and on-going review periods.
    - QICs will conduct a second level review each quarter for a sample of cases for a discussion of scoring consistency and identification of trends.
    - The review will be a case file review for cases selected by random sample, stratified by Iowa's five Service Areas. In each quarter, 10 of the 15 cases per Service Area will be from the major metropolitan area in that Service Area, through both the baseline and on-going review periods.
    - Additional information will be collected from families either in person or by phone for items 18 through 20, which will be used in scoring those cases.
    - The review will occur on-site where the file is located and any loose filing will be drop filed in advance of the agreed upon time.
    - Normally the review is expected to be completed without contacting the caseworker, but arrangements will be made so the caseworker or supervisor are available during the case file review to answer any questions which may arise.
  - Analyses: BQI staff will conduct a quarterly analysis of administrative and case reading data to identify trends where progress is occurring, and where progress is expected and not occurring. Additionally, a root cause analysis will be used to identify barriers and develop recommendations to improve results. All data and analysis will be submitted to the SBT for information and follow-up action when needed.
- Type(s) of cases reviewed (ie. foster care, in-home):

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

- A stratified random sample of 75 total cases balanced for each Service Area at 15 each, including both foster care and in-home cases, will be pulled and reviewed each quarter. Over time, the case mix should closely mirror the even mix of the universe of cases in Iowa, which maintains a roughly even split between in-home and placement cases.
- Minimally, an in-home case will have been open for at least 60 consecutive days to be eligible. For a foster care case to be eligible, the placement case will have been open for 24 hours or more.
- Each case will be selected only once within a 12-month period. Should a case previously randomly selected be selected a second time, it will be pulled and a replacement case selected from the oversample will be substituted.
- Oversample cases also will be used, when needed, to assure that the quarterly sample has no items with fewer cases than used during the baseline period.
- Tools or instruments used: Instructions from the CFSR Onsite Review Instrument.
- Types and numbers of cases sampled and reviewed: The federal on-site review used a sample size of 65 to evaluate Iowa performance. For PIP reporting, Iowa will utilize a random sample of foster care and in-home services cases and review 75 cases per quarter, 300 cases per year. The random sample will result in representative proportions of foster care and in-home cases.
- Metropolitan area reviewed for baseline setting and monitoring purposes: Polk County cases will be included in each quarter in the case review sample.
- Sample Period: The sample period will be a rolling 12-month period, representing the 12 months prior to each review quarter. For example, a review conducted in November 2011, for the quarter October to December 2011, will have a sample period of October 2010 through September 2011.
- Period Under Review (PUR): The PUR will be the 12-month sample period plus the portion of the review quarter up to the date of the review. For example, a review conducted on November 3, 2011 would include the sample period (October 2010 to September 2011) plus the days up to November 3, 2011.
- Sustainability: Sustainability was a significant consideration when developing Iowa's data and measurement plan. Moving from Iowa's current structure of supervisors conducting case reviews for PIP reporting to the BQI will decrease the number of cases read per quarter, which contributes to sustainability without negatively affecting the functionality of the data to represent statewide trends. However, supervisors will remain involved in reviewing cases for their staff but they will not utilize the same review tool and reviews will focus on targeted CFSR elements.

### 5. Potential Barriers to PIP Completion

Over the last three years, the DHS 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

## **II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN**

- \$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, the DHS' and other state agency employees were offered an early retirement incentive with separation from state employment by June 24, 2010. Approximately, six-hundred-thirty-eight DHS staff retired. Many critical positions were refilled, especially those positions under child protection which include CAPTA and the Children's Justice Act grant.

The DHS' State Fiscal Year (SFY) 2012 budget was approved recently. Due to the continued reduction in funding for operations and services, 14 probationary field employees were laid off. However, the DHS' does not anticipate any additional layoffs for SFY 2012. The DHS' continues to make every attempt to reduce the impact that a reduction in financial resources has on staffing and services provided to children and families served by Iowa's child welfare system.

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

### B. PIP Strategy Summary/Technical Assistance (TA) Plan

THEME	PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
Family Engagement	1. Caseworker Visits	<ul style="list-style-type: none"> <li>Inadequate assessment of parents, foster parents, and children's needs</li> <li>Insufficient involvement of children and parents in case planning</li> <li>Insufficient caseworker visits with parents and children in regard to frequency and/or quality of visits</li> </ul>	To Be Determined through Training/Technical Assistance Coordination Center (T/TACC)
Permanency Planning	1. Family Team Decision-Making Meetings	<ul style="list-style-type: none"> <li>Permanency practices, such as unstable and multiple placement settings, siblings not placed together, inappropriateness or untimely establishment of permanency goals, lack of timely reunification or guardianship, lack of timely adoptions, lack of permanent placement for Another Planned Permanent Living Arrangement (APPLA) cases and/or provision of independent living services</li> <li>Foster care re-entries</li> <li>Insufficient assessing and/or addressing the child's medical, dental, and mental health needs</li> </ul>	To Be Determined through Training/Technical Assistance Coordination Center (T/TACC)
	2. PDSA	<ul style="list-style-type: none"> <li>Iowa does not meet the national standard for Permanency Composite 4: Placement Stability.</li> </ul>	To Be Determined through Training/Technical Assistance Coordination Center (T/TACC)
	3. Family Interaction	<ul style="list-style-type: none"> <li>Insufficient efforts to support the child's relationship with siblings and parents, including sufficient visitation</li> <li>Insufficient efforts to maintain child's connections to extended family, his/her cultural heritage, or maintain any connections for the child</li> <li>Insufficient relative searches</li> </ul>	To Be Determined through Training/Technical Assistance Coordination Center (T/TACC)

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

THEME	PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
Services Provision*	1. Collaboration and Partnership with External Stakeholders*	<ul style="list-style-type: none"> <li>• Lack of appropriate services provided, including services to prepare child for independent living</li> <li>• Permanency practices, such as unstable and multiple placement settings, siblings not placed together, inappropriate or untimely establishment of permanency goals, lack of timely reunification, guardianship, or adoption</li> <li>• Foster care re-entries</li> <li>• Insufficient efforts to support the child’s relationship with siblings and parents, including sufficient visitation</li> <li>• Educational needs of children were not assessed or addressed</li> <li>• Services not accessible to families in all jurisdictions, including a lack of available appropriate services due to rural nature of some communities and budget cuts</li> <li>• Lack of culturally sensitive services and providers, including interpreters for non-English speaking populations</li> <li>• Limitations on services from private insurers and Medicaid</li> <li>• Parents loss of Medicaid when children enter foster care</li> </ul>	National Quality Improvement Center for Non-Resident Fathers and the Child Welfare System – assistance with improving practice related to father and non-custodial parent engagement
Quality Assurance System	1. Quality Assurance System	Questionable whether QA system effectively addresses key practice areas, provides feedback on findings, or evaluates program improvement measures	National Resource Center on Organizational Improvement – training on CFSR Onsite Instrument
	2. Supervision	<ul style="list-style-type: none"> <li>• Investigations were not initiated within the required State time guidelines (24 and 96 hours)</li> <li>• More than 1 substantiated report of maltreatment within a 6 month Period</li> <li>• Risk and safety assessments, including assessing safety and risk for other children in home and ongoing assessments, especially prior to reunification and post-reunification</li> <li>• Safety concerns not addressed</li> <li>• Services not provided or services provided did not target key safety concerns</li> </ul>	National Resource Center for In-Home Services – assistance in reviewing what already has been done, in selecting and/or developing a model of supervisory practice, then refining supervisory practice, and training supervisors and management on how to

## II. PIP NARRATIVE AND STRATEGY SUMMARY TRAINING/TECHNICAL ASSISTANCE (T/TA) PLAN

THEME	PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
			interpret & utilize data

Note: Strategies are numbered and this numbering system is retained in Section III. PIP Matrix. However, the numbering sequence starts over under each theme.

\*Collaboration and Partnership with External Stakeholders is contained under the themes, Family Engagement and Permanency Planning as well as Services Provision.

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

#### Part A: Strategy Measurement Plan and Quarterly Status Report

THEME: FAMILY ENGAGEMENT				Applicable CFR Outcomes or Systemic Factors: Well-Being Outcome 1 and Well-Being Outcome 3		
Primary Strategy 1: Caseworker Visits				Applicable CFR Items: 17, 18, 19, 20, 22, 23		
Goal 1: Enhanced caseworker relationships with parents and children which promote positive child and family safety, permanency, and well-being outcomes						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Increased quality and frequency of caseworker visits with parents and children		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Practice	A. Develop and implement a standard practice of documentation for quality visits with parents and children	Service Support and Training Bureau Chief, SWAs & JCS	Summary of Analysis/Findings	Q1		
	1. Gather, review, and evaluate current best practices for identifying key concepts necessary for quality visits and documentation of visits	↓				
	2. Finalize standard practice document	↓	Practice Document	Q2		
	3. Implement standard practice document	↓	Implementation Plan	Q4		
	4. Revise standard practice document based on QA&I analyses (See #4 below)	↓	Summary of revisions	↓		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Increased quality and frequency of caseworker visits with parents and children		Policy Bureau Chief	See Below			
Category	Benchmarks					
2. Policy and Practice	A. Ensure policy and practice are aligned:	Policy Bureau Chief/Service Support and Training Bureau Chief; SWAs, JCS	Summary of Analysis/Findings	Q2		
	1. Work group reviews policies, procedures, and guidelines related to casework for streamlining work, assignment to other staff, assistance from computer data systems, effective ways to assign cases, creative workload management techniques, etc. and makes recommendations for implementation to Service Business Team (SBT)	↓	Implementation Plan	Q4		
	2. Implement recommendations approved by SBT, including any policy revisions	↓	Summary of Analysis/Findings	↓		
	3. Evaluate effectiveness of recommendations	↓	Summary of revisions	↓		
	4. Revise plan based upon QA&I analyses (See #4 below)	↓				

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Increased quality and frequency of caseworker visits with parents and children		Policy Bureau Chief	See Below			
Category	Benchmarks					
2. Policy & Practice Cont.	B. Provide information to judges, attorneys, and Juvenile Court Services regarding standard practice document.	Policy Bureau Chief	Informational Material	Q3		
3. Training	A. Deliver training/information regarding quality visit standard practice document and work processes to DHS field staff, as specified in the training plan	Service Support and Training Bureau Chief	Training Plan	Q3		
4. QA & I	A. Develop plan to monitor quality and frequency of caseworker visits (see section related to effectiveness of QA system for more information)	QI Bureau Chief	Implementation Plan	Q2		
	B. Implement plan	↓	Summary of Implementation	Q3		
	C. Continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q4		
5. IT	A. Identify data supports needed to support quality caseworker visit practice	CWIS Bureau Chief;	Summary of data supports	Q6		
	B. Implement any needed system supports to support quality caseworker visit practice	Service Support and Training Bureau Chief	Implementation Plan	Q8		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

	<i>Renegotiated Action Steps and Benchmarks</i>				
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THEME: FAMILY ENGAGEMENT				Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcome 1		
Primary Strategy 2: Collaboration and Partnerships with External Stakeholders				Applicable CFSR Items: 17, 18, 20		
Goal 1: Expand community support initiatives across the state that meaningfully engage and support fathers and non-custodial parents.						
Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Practice	A. Develop standard practice document for engaging fathers and NCPs (mothers and fathers) utilizing information available from Parent Partners and national resources	Service Support and Training Bureau Chief, Policy Bureau & SWAs	Standard practice document	Q2		
	B. Implement standard practice document		Implementation Plan	Q4		
	C. Revise standard practice document based upon QA&I analyses (See #4 below)	↓	Summary of Revisions	↓		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<b>Action Step 1:</b> Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative		Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					
2. Policy	<p>A. Review and revise policy to involve fathers and NCPs throughout the Life of the Case</p> <p>B. Collaborate with Child Support Recovery Unit (CSRU) to review and revise protocol for DHS staff to access Federal Parent Locator Services</p> <p>C. Research any existing arrangements with Iowa Department of Corrections (DOC) and/or begin negotiations and collaboration to include incarcerated parents in child welfare through assessment of needs and services, inclusion in case planning, contact with children through phone calls, letters, and visits, etc.</p> <p>D. Provide information to judges, attorneys, and Juvenile Court Services regarding importance of father and NCP involvement, standard practices, and practice changes to be implemented.</p>	<p>Policy Bureau Chief</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>General Letter to DHS field staff summarizing policy revisions</p> <p>Revised protocol</p> <p>Summary of collaboration efforts</p> <p>Informational Materials</p>	<p>Q1</p> <p>↓</p> <p>Q2</p> <p>Q3</p>		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative		Policy Bureau Chief	See Below			
Category	Benchmarks					
3. Training	<p>A. Implement father engagement training:</p> <p>1. Research and choose available father engagement curricula for caseworkers, service providers, attorneys, and judges</p> <p>2. Deliver training and/or information regarding curricula to caseworkers, service providers, CASAs, FCRBs, attorneys, and judges for implementation</p> <p>B. Train DHS staff on standard practices and revised protocol for accessing Federal Parent Locator Services</p> <p>C. Integrate standard practices and access to Federal Parent Locator Services into the training curricula</p> <p>D. Revise training based upon QA&amp;I analyses (See #4 below)</p>	<p>Service Support &amp; Training Bureau, CWPC Training Subcommittee; Policy Bureau Chief &amp; CJ Training Committee</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>Summary of analysis and curricula chosen</p> <p>Integrated Training Plan</p> <p>Summary of revisions</p> <p>Training Curricula</p> <p>Summary of revisions</p>	<p>Q2</p> <p>Q3</p> <p>↓</p> <p>↓</p> <p>Q4</p>		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative		Policy Bureau Chief	See Below			
Category	Benchmarks					
4. QA & I	A. Develop plan to evaluate effectiveness of father engagement training on practice (see section related to effectiveness of QA system for more information)	QI Bureau Chief	Implementation Plan	Q2		
	B. Implement plan	↓	Summary of Implementation	Q3		
	C. Continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q4		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

THEME: FAMILY ENGAGEMENT					Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcome 1	
Primary Strategy 2: Collaboration and Partnerships with External Stakeholders						
Goal 2: Expand community support initiatives across the state that meaningfully engage and support parents, including non-custodial parents, whose children have been removed and placed out-of-the home.					Applicable CFSR Items: 17, 18, 20	
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Expand Parent Partners		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Practice	A. Additional sites complete readiness assessment form, startup processes, and planning worksheet	Policy Bureau Chief	Readiness Assessment Form	Q1		
	B. Select and notify sites of selection	↓	Site Notification	Q2		
	C. Provide orientation to selected sites	↓	Orientation Materials	Q3		
	D. Provide additional assistance to sites, when needed	↓	Year End Report	Q6		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<b>Action Step 1:</b> Expand Parent Partners		Policy Bureau Chief	See Below			
Category	Benchmarks					
2. Policy	A. Review Parent Partner feedback and make recommendations for policy and practice changes through representation on state, regional and local Parent Partner site steering committees; conference calls with coordinator and parents, which occur three times each per year, i.e. 6 calls/per year, and MCWIC evaluations.  B. Parent Rights and Responsibilities in policy manual	Policy Bureau Chief  ↓	Summary of practice and policy revisions  General Letter to DHS field staff summarizing policy revisions	Q4 & Q8  Q3		
3. Training	A. Expand Parent Partner train-the-trainer program  B. Each new Parent Partner program receives two Building A Better Future (BABF) trainings  C. Increase Parent Partners participation in DHS and provider trainings	Policy Bureau Chief/CWPC Training Subcommittee  ↓	Training Evaluations  ↓  Summary of participation in trainings	Q2  Q7  Q4 & Q8		
4. QA	A. Midwest Child Welfare Implementation Center (MCWIC) is evaluating Parent Partner program through surveys, administrative data, focus groups, and/or individual interviews.	MCWIC	Summary of MCWIC analysis	Q4 & Q6		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

*Renegotiated Action Steps and Benchmarks*

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<b>THEME: PERMANENCY PLANNING</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1		
<b>Primary Strategy 1:</b> Family Team Decision-Making Meetings (FTDM)				<b>Applicable CFSR Items:</b> 5, 6, 7, 8, 9, 10		
<b>Goal:</b> Improve effectiveness of FTDM to achieve increased positive outcomes for children and families around safety, permanency, including placement stability, and well-being						
<b>Action Steps and Benchmarks</b>		<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
<b>Action Step 1:</b> Increase the effective use and facilitation of FTDMs to improve family's engagement in case planning		Service Support and Training Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					

### III. PIP Matrix

State: **IOWA**

Type of Report: **PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)**

Date Submitted: **September 2, 2011**

1. Practice	<p>A. Examine practice of FTDMs across state, including barriers to effectiveness in processes</p> <p>B. Review currently existing standards and handbook:</p> <ol style="list-style-type: none"> <li>1. Review standards for preparation of FTDMs and identify barriers to effective preparation</li> <li>2. Select criteria for effective preparation of FTDMs</li> <li>3. Establish recommended best practices: <ul style="list-style-type: none"> <li>• in the Life of the Case (LOC) when FTDMs will be held;</li> <li>• length of time to achieve goals of FTDMs within meeting; and</li> <li>• behavioral benchmarks for moving family toward success and safe case closure</li> </ul> </li> </ol> <p>C. Review current facilitator approval process (DHS and external) and develop re-approval process:</p> <ol style="list-style-type: none"> <li>1. Identify barriers to and required training for facilitator approval process and re-approval process; based on analysis and findings, revise initial approval process and establish re-approval criteria</li> <li>2. Implement revised approval process and re-approval process</li> </ol>	<p>FI/FTM Committee</p> <p>↓</p> <p>↓</p> <p>↓</p> <p>FI/FTM, CWPC &amp; CJ Training Committees</p> <p>↓</p> <p>↓</p>	<p>Summary of analysis/findings</p> <p>Summary of analysis/findings</p> <p>Recommended Standards</p> <p>Summary of best practice decisions</p> <p>Summary of analysis/findings &amp; established criteria</p> <p>Implementation Plan</p>	<p>Q1</p> <p>↓</p> <p>Q2</p> <p>↓</p> <p>Q3</p> <p>Q5</p>		
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### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Increase the effective use and facilitation of FTDMs to improve family's engagement in case planning		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
2. Policy	A. Review and revise policy	Policy Bureau Chief	General Letter to DHS field staff summarizing policy revisions	Q3		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<p>3. Training</p>	<p>A. Review initial and on-going training required for FTDM facilitator (DHS and external) track of courses to ensure training focuses on all pertinent components, such as the following topics which may be discussed:</p> <ul style="list-style-type: none"> <li>• Family Engagement</li> <li>• Motivational Interviewing</li> <li>• Crisis Intervention</li> <li>• Mediation</li> <li>• Safety and Risk Assessments</li> <li>• Permanency (concurrent planning and placement stability)</li> <li>• Cultural competency/responsiveness</li> <li>• Domestic violence</li> <li>• Stages of the case</li> <li>• Substance abuse</li> <li>• Mental health</li> </ul> <p>B. Develop education and training plan for attorneys, judges and other partners in the child welfare system in collaboration with Children's Justice (CJ) Training Committee.</p> <p>C. Finalize plan for facilitator training implementation</p> <p>D. Implement training plan and provide on-going practice supports.</p> <p>E. Implement training plan for external stakeholders.</p>	<p>FI/FTM, CWPC &amp; CJ Training Committees</p> <p>↓</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>Summary of analysis/findings</p> <p>Integrated Training Plan</p> <p>Implementation Plan</p> <p>Training Evaluations</p> <p>↓</p>	<p>Q4</p> <p>↓</p> <p>↓</p> <p>Q5</p> <p>↓</p>		
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### III. PIP Matrix

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Increase the effective use and facilitation of FTDMs to improve family's engagement in case planning		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
4. QA & I	A. Develop plan to monitor family engagement throughout the Life of the Case, a survey for families on effective engagement through FTDMs, and a quality assurance component to determine if FTDMs are effectively engaging children and parents	QI Bureau Chief	Implementation Plan	Q4		
	B. Implement plan	↓	Summary of Implementation	Q5		
	C. Continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q6		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

THEME: PERMANENCY PLANNING					Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1	
Primary Strategy 2: Plan, Do, Study, Act (PDSA)					Applicable CFSR Items: 6	
Goal: Improve placement stability						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step: Improve placement stability		Service Support & Training Bureau Chief	See Below			
Category	Benchmarks					
1. Practice	A. Service area prepares for and implements PDSA standard work, which assures high quality, predictability, replicable processes and results	Service Support & Training Bureau Chief	Summary of PDSA implementation	Q2		
2. QA & I	A. Analyze placement stability data identifying lowest performing service area  B. Provide expertise to service area in support of PDSA, including facilitating and follow-up  C. Analyze PDSA results for impact on outcome with report to central office and field, which will inform field practice	QI Bureau Chief  ↓  ↓	Analysis Summary  Service Area Scope of Work Documents  Analysis Report	Q1  Q2 & Q4  Q3 & Q6		
<b>Renegotiated Action Steps and Benchmarks</b>						

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<b>THEME: PERMANENCY PLANNING</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1		
<b>Primary Strategy 3:</b> Collaboration and Partnerships with External Stakeholders						
<b>Goal 1:</b> Expand community support initiatives across the state that meaningfully engage and support parents and relatives, including non-custodial parents, to achieve permanency for children placed out-of-the home				<b>Applicable CFSR Items:</b> 8, 10		
<b>Action Steps and Benchmarks</b>		<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
Action Step 2: Improve permanency for youth		Service Support and Training Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					

### III. PIP Matrix

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1. Practice	A. Integrate Permanency Roundtables into ongoing practice: 1. Implement Round 2	Service Support & Training Bureau Chief, Iowa	Summary of findings and analysis	Q2		
	2. Develop and implement sustainability plan to imbed process in practice and culture addressing the significant impact on the field resources	Children's Justice, Casey Family Programs	Sustainability Plan, including implementation information	Q5		
	B. Study the results of the Families for Iowa's Children (FIC) federal demonstration project to integrate lessons learned into practice, utilizing available resources	Service Support & Training Bureau Chief	Summary of analysis/findings	Q6		
	C. Expand Joint Substance Abuse Protocol to 2 more counties, 1 county in each quarter: 1. Obtain data for counties showing rates of child abuse per 1000 and identify top 3 for recruitment	DHS, Iowa Children's Justice & IDPH ↓	Summary of data and identified counties	Q2		
	2. Market joint protocol to top 3 counties	↓	Summary of marketing efforts	Q3		
	3. Continue 2. above until 2 counties who want to participate are secured	↓	Summary of recruiting efforts	Q4		
	4. Provide joint protocol training to counties	↓	Training Materials & Evaluations	Q5		
	5. Finalize plan to expand joint protocol 1 county in each quarter	↓	Implementation Plan	Q5 & Q6		

### III. PIP Matrix

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2. Court Practice	<p>A. ICJ will oversee, promote, and staff the work of two multidisciplinary task forces to develop attorney standards of practice:</p> <ol style="list-style-type: none"> <li>1. State Agency Representation Standards Task Force</li> <li>2. Parent Representation Standards Task Force:               <ol style="list-style-type: none"> <li>a. Standards with recommendations will be sent to the ICJ advisory committee by 6/30/11 for review and revision.</li> <li>b. Standards will be sent to the Iowa Supreme Court for adoption consideration by 10/30/11.</li> <li>c. ICJ will follow directives of the Iowa Supreme Court for review, revision, or implementation.</li> </ol> </li> </ol>	Iowa Children's Justice & State Council	<p>Summary of task force efforts</p> <p>Standards of Practice</p> <p>Notification of standards sent to Iowa Supreme Court</p> <p>Summary of action to be taken</p>	<p>Q1</p> <p>↓</p> <p>Q2</p> <p>Q4</p>		
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### III. PIP Matrix

State: IOWA

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2. Court Practice Continued	<p>B. Continue New Parent Attorney Training Pilot:</p> <ol style="list-style-type: none"> <li>1. Iowa Children's Justice, in collaboration with the Public Defender's Office, is hosting a three-day training for attorneys serving in Juvenile Court highlighting the key issues and outlining the attorneys' role in achieving permanency for children.</li> <li>2. Evaluate training for effectiveness</li> <li>3. Use evaluation results to inform training improvements or provide alternative training</li> </ol>	<p>Iowa Children's Justice &amp; State Public Defenders Office</p> <p>↓</p> <p>↓</p>	<p>Training Materials</p> <p>Training Evaluations</p> <p>Summary of findings and analysis</p>	<p>Q4</p> <p>Q5</p> <p>Q6</p>		
	<p>C. Collaboration with the University of Iowa regarding a new parents' representation project in their legal clinic:</p> <ul style="list-style-type: none"> <li>• Establishment of an advisory committee,</li> <li>• U of I representation on the ICJ Advisory Committee, and</li> <li>• Acceptance of the first students in the 2011 academic year.</li> </ul>	<p>Iowa Children's Justice and University of Iowa</p>	<p>Summary of project's progress</p>	<p>Q4</p>		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Improve permanency for youth		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
2. Court Practice Continued	D. Collaboration with the National Parent Representation Project (NPRP) for interdisciplinary team to participate in a three-day training at the Cornerstone Advocacy Institute	Iowa Children's Justice and NPRP	Summary of training and analysis of its' impact on Iowa practice	Q4		
	E. Collaborate on Permanency Round Tables: 1. Upon request, coordinate GAL representation for District Permanency Round Tables	Iowa Children's Justice and DHS	Summary of GAL involvement in District Permanency Roundtables	↓		

### III. PIP Matrix

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3. Court Training	<p>A. Develop Permanency Blueprint</p> <ol style="list-style-type: none"> <li>1. Present principles at the Permanency Summit</li> <li>2. Publish for access by all Iowa Child Welfare professionals</li> </ol> <p>B. Conduct Permanency Summit</p> <ol style="list-style-type: none"> <li>1. Providing, upon request, ICJ consultation and support for court district for local change efforts</li> </ol> <p>C. Judges Training October 2011</p>	<p>Child Welfare Advisory Committee (CWAC)</p> <p>Iowa Children's Justice, DHS &amp; CWAC</p> <p>Iowa Children's Justice</p>	<p>Blueprint</p> <p>Summary of marketing efforts</p> <p>Summary of consultation &amp; support provided</p> <p>Training Materials &amp; Evaluations</p>	<p>Q1</p> <p>↓</p> <p>Q4 &amp; Q8</p> <p>Q2</p>		
4. Training	<p>A. Develop and implement training regarding practice knowledge acquired through practice activities identified in 1. above for DHS and service provider staff</p>	<p>Service Support &amp; Training Bureau Chief; CWPC Training Subcommittee</p>	<p>Integrated Training Plan &amp; Training Evaluations</p>	<p>Q7</p>		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Improve permanency for youth		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
5. QA&I	<p>A. Develop plan to evaluate effectiveness of practices identified in 1. above (see section related to effectiveness of QA system for more information):</p> <p>1. Permanency Roundtables and FIC</p> <p>2. Joint Substance Abuse Protocol</p> <p>B. Implement plan and continuously analyze results for impact on outcome with report to central office and field, which will inform field practice</p>	<p>QI Bureau Chief</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>Implementation Plan</p> <p>↓</p> <p>↓</p> <p>Analysis Report</p>	<p>Q6</p> <p>↓</p> <p>Q7</p>		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

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Date Submitted: September 2, 2011

<b>THEME: PERMANENCY PLANNING</b>				<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1		
<b>Primary Strategy 3:</b> Collaboration and Partnerships with External Stakeholders						
<b>Goal 2:</b> Expand community support initiatives across the state that meaningfully engage and support youth who have been removed and placed out-of-the home.				<b>Applicable CFSR Items:</b> 7, 8, 9, 10		
<b>Action Steps and Benchmarks</b>		<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
Action Step 1: Expand foster care and foster care alumni youth involvement		Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					

### III. PIP Matrix

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1. Policy	A. Implement new contract for Iowa Foster Care Youth Council:						
	1. Issue Request for Proposals (RFP) and issue contract to successful bidder	Policy Bureau Chief	Contract performance measures	Q1			
	2. Communicate to DHS and service provider staff information regarding the Iowa Foster Care Youth Council through a written practice bulletin and/or conference call	↓	Practice Bulletin or Newsletter	↓			
	B. Implement Youth Bill of Rights:	Iowa Youth Council	Copy of Youth Bill of Rights	Q2			
	1. Develop Youth Bill of Rights						
	2. Incorporate Youth Bill of Rights into DHS' policy manual	Policy Bureau	General Letter to DHS field staff summarizing policy revision	Q3			
	3. Finalize mechanisms and implement Youth Bill of Rights into DHS and service providers' practice	DHS/CWPC	Integrated Implementation Plan	Q4			
	C. Evaluate effectiveness of Iowa Foster Care Youth Council to expand youth involvement through contract performance measures	Policy Bureau Chief	Performance Reporting	Q5			
	<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

### III. PIP Matrix

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THEME: PERMANENCY PLANNING				Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2		
<b>Primary Strategy 4:</b> Family Interaction				Applicable CFSR Items: 12, 13, 16		
<b>Goal:</b> Enhance quality, frequency, and predictability of interactions between parents and children, where safety and risk can be evaluated, the ongoing development of the child is fostered, and the child's attachment with the parents is enhanced and preserved.						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Category	Benchmarks	Service Support and Training Bureau Chief	See Below			
1. Practice	A. Evaluate quality, safety, and risk in family interaction observations through implementing an observation tool for standardized use by DHS and service provider staff: 1. Review current best practices, Iowa tools, resources and supporting documents and revise  2. Finalize and implement plan  3. Revise tool based upon QA&I analyses (See #5 below)	FI/FTM Committee  ↓  ↓  ↓	Summary of analysis/findings and revisions  Implementation Plan  Summary of analysis/findings and revisions	Q3  Q5  Q6		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<b>Action Step 1:</b> Improve integration of Family Interaction into practice <b>Category</b>   <b>Benchmarks</b>		Service Support and Training Bureau Chief	See Below			
2. Policy	A. Incorporate Family Interaction practice guidance into DHS policy manuals	Policy Bureau Chief	General Letter to DHS field staff summarizing policy revisions	Q3		
3. Court	A. Iowa Children's Justice will collaborate with DHS in on-going training for family interaction beginning in Q2.	Iowa Children's Justice	Summary of courts involvement in training and description of collaboration efforts	Q5		
4. Training	A. Provide statewide joint DHS/Provider Family Interaction training and practice support more than once per year	FI/FTM Committee/CWPC Training Subcommittee	Integrated Training Plan	Q5		
5. QA & I	A. Develop plan to monitor quality of family interactions (see section related to effectiveness of the QA system for more information)	QI Bureau Chief	Implementation Plan	Q4		
	B. Implement plan	↓	Summary of Implementation	Q5		
	C. Continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>						

### III. PIP Matrix

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THEME: PERMANENCY PLANNING				Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2		
<b>Primary Strategy 4:</b> Family Interaction				Applicable CFSR Items: 12, 13, 14, 15, 16		
<b>Goal:</b> Enhance quality, frequency, and predictability of interactions between parents and children, where safety and risk can be evaluated, the ongoing development of the child is fostered, and the child's attachment with the parents is enhanced and preserved.						
<b>Action Steps and Benchmarks</b>		<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
<b>Action Step 2:</b> Increase identification, location, and engagement of relatives and other supports in the Family Interaction practice		Service Support and Training Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					
1. Practice	A. Utilize FI/FTDM preparation to identify relatives and other supports that can participate in Family Interaction:	FI/FTM Committee				
	1. Review current resources and best practices for locating relatives and supports, including Parent Partners, NCPs and Responsible Fatherhood	↓	Summary of analysis/findings	Q3		
	2. Finalize and implement plan to imbed identifying and locating relatives and other supports in Family Interaction	↓	Implementation Plan	Q5		
	3. Revise plan based upon QA&I analyses (See #4 below)	↓	Summary of analysis/findings and revisions	Q8		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<b>Action Step 2:</b> Increase identification, location, and engagement of relatives and other supports in the Family Interaction practice		Service Support and Training Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					
2. Policy	A. Review and revise DHS policy manuals	Policy Bureau Chief	General Letter to DHS field staff summarizing policy revisions	Q3		
3. Training	A. Review current training plan and modify	FI/FTM /CWPC Training Committees	Integrated Training Plan	Q4		
	B. Deliver training/information to DHS and service provider staff	↓	Training Evaluations	Q5		
4. QA & I	A. Develop plan to monitor identifying, locating, and engaging relatives within Family Interaction practice (see section related to effectiveness of the QA system for more information)	QI Bureau Chief	Implementation Plan	Q4		
	B. Implement plan	↓	Summary of Implementation	Q5		
	C. Continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>						

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THEME: SERVICES PROVISION				Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 1, Safety Outcome 2		
Primary Strategy 1: Collaboration and Partnerships with External Stakeholders				Applicable CFSR Items: 2, 3		
Goal 1: Expand community support initiatives across the state that meaningfully engage and support parents, including non-custodial parents, with the goal of preventing repeat maltreatment and removal of children from their homes.						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Strengthen Community Partnership for Protecting Children (CPPC) cumulatively statewide through increasing the implementation level of the four practice areas among CPPCs, community shared decision-making, neighborhood/community networking, individualized course of action and quality FTMs, and quality policy and practice changes		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Practice	A. CPPC sites submit Proposed Plans, which covers each implementation level of the practice strategies named above	Policy Bureau Chief	CPPC Site Proposed Plans	Q1		
	B. CPPC sites submit Progress Reports, which covers each implementation level of the practice strategies named above	↓	Summary of findings & analysis	Q5		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<p><b>Action Step 1:</b> Strengthen Community Partnership for Protecting Children (CPPC) cumulatively statewide through increasing the implementation level of the four practice areas among CPPCs, community shared decision-making, neighborhood/community networking, individualized course of action and quality FTMs, and quality policy and practice changes</p>		Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					
2. Training	A. Conduct two trainings per year in each of the three regions, which equals six meetings total, and two statewide trainings per year	Policy Bureau Chief	Training Plans & Evaluations	Q4 & Q8		
3. QA & I	A. State CPPC Coordinator reviews, verifies, and compiles information contained in CPPC Progress Reports into a statistical chart	Policy Bureau Chief	Summary of findings & analysis	Q6		
	B. Findings and analysis presented by State CPPC Coordinator to State CPPC Council to assign teams to assist those CPPC sites that are struggling.	↓	Summary of State CPPC Council Actions	Q7		
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THEME: SERVICES PROVISION				Applicable CFRS Outcomes or Systemic Factors: Service Array		
Primary Strategy 1: Collaboration and Partnerships with External Stakeholders				Applicable CFRS Items: 36 and 37		
Goal 2: Increase the accessibility and individualization of services available to children and parents involved in the child welfare system						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 1: Align services with safety, permanency, and well-being outcomes		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Policy	<p>A. Implement new contracts for child welfare service delivery that align with safety, permanency, and well-being outcomes:</p> <p>1. Solicit bids, determine successful bidders, and award contracts for:</p> <ul style="list-style-type: none"> <li>• Safety Plan Services/Family Safety, Risk, and Permanency Services</li> <li>• Foster Group Care</li> <li>• Child Welfare Emergency Services</li> <li>• Supervised Apartment Living Foster Care</li> <li>• Recruitment and Retention of Foster and Adoptive Parents</li> <li>• Iowa Youth Foster Care Council</li> <li>• Iowa Child Abuse Prevention Program</li> </ul> <p>B. Educate DHS staff on new service contracts</p>	Policy Bureau Chief	Contract performance measures	Q1		
		↓	Training Materials	↓		

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2. QA & I	<p>A. Develop and implement plan to evaluate effectiveness of services through performance measures identified in each contract and quarterly contractor meetings.</p> <p>B. Analyze results for impact on outcome with report to central office and field, which will inform field practice</p>	<p>QI Bureau Chief/Policy Bureau Chief</p> <p>↓</p>	<p>Implementati on Plan</p> <p>Analysis Report</p>	<p>Q5</p> <p>Q6</p>		
<b>Renegotiated Action Steps and Benchmarks</b>						

THEME: SERVICES PROVISION					Applicable CFSR Outcomes or Systemic Factors: Service Array		
<b>Primary Strategy 1:</b> Collaboration and Partnerships with External Stakeholders							
<b>Goal 2:</b> Increase the accessibility and individualization of services available to children and parents involved in the child welfare system					<b>Applicable CFSR Items:</b> 36 and 37		
<b>Action Steps and Benchmarks</b>			<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
<b>Action Step 2:</b> Support the development of an array of children's mental health services to improve capacity and access of mental health services for seriously mentally ill children and older youth			Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>						
1. Policy	A. Collaborate with DHS Division of Mental Health and Disability Services regarding establishing a coordinated statewide children's mental health system		Policy Bureau Chief & Division of MH/DDS	Summary of collaborative efforts	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>							

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THEME: SERVICES PROVISION				Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcome 2		
Primary Strategy 1: Collaboration and Partnerships with External Stakeholders						
Goal 2: Increase the accessibility and individualization of services available to children and parents involved in the child welfare system				Applicable CFSR Items: 21		
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 3: Enhance ability to address educational needs of children		Policy Bureau Chief	See Below			
Category	Benchmarks					
1. Policy	A. Explore solutions for transportation to home school and transfer of credit issues	Education Collaborative	Analysis report	Q6		
	B. Provide practice guidance via a newsletter and staff training to DHS and service provider caseworkers, educators and the courts on efforts that are working to provide transportation assistance	↓	Newsletter & Integrated Training Plan & Training Evaluations	↓		
	C. Continue Memorandum of Understanding between DHS and Department of Education: 1. Examine the frequency of school change when a child enters foster care, which impacts transportation to home school and credit transfer issues 2. Explore determining baseline number of credits for children in foster care	↓	Summary of findings & analysis ↓	↓ ↓		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step 3: Enhance ability to address educational needs of children		Policy Bureau Chief	See Below			
Category	Benchmarks					
2. QA&I	A. Develop and implement plan to evaluate effectiveness of activities to address transportation to home school and transfer credit issues for children in the child welfare system	Education Collaborative & QI Bureau Chief	Implementation Plan	Q7		
	B. Analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q8		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

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THEME: SERVICES PROVISION				Applicable CFSR Outcomes or Systemic Factors: Service Array				
<b>Primary Strategy 1:</b> Collaboration and Partnerships with External Stakeholders								
<b>Goal 2:</b> Increase the accessibility and individualization of services available to children and parents involved in the child welfare system				Applicable CFSR Items: 36, 37				
<b>Action Steps and Benchmarks</b>				<b>Lead Person Responsible</b>	<b>Evidence of Completion</b>	<b>Quarter Due</b>	<b>Quarter Completed</b>	<b>Quarterly Update</b>
<b>Action Step 4:</b> Improve cultural competency and responsiveness of the child welfare system				Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>							
1. Practice	<p>A. Increase the knowledge and skills with the child welfare system to effectively support a diverse client population:</p> <ol style="list-style-type: none"> <li>1. Share and use best practices identified from cultural competency projects (e.g., Breakthrough Series Collaborative, Minority Youth and Family Initiative, and Decision Point Analysis) with DHS, courts, and service provider staff</li> <li>2. Create and implement plan on how to connect and collaborate with minority members of our communities to remove cultural barriers to successful delivery of services to children and families and how to share results and best practices</li> </ol>			Policy Bureau Chief, Service Support and Training Bureau, SWAs, Children's Justice Initiative, Casey Family Programs	<p>Summary of best practices and how to build on the work for child welfare system</p> <p>Implementation Plan</p>	<p>Q5</p> <p>Q6</p>		
2. Policy	A. Service array contracts include enhanced cultural competency expectations			Policy Bureau Chief	Summary of expectations within awarded contracts	Q1		

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Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
<b>Action Step 4:</b> Improve cultural competency and responsiveness of the child welfare system		Policy Bureau Chief	See Below			
<b>Category</b>	<b>Benchmarks</b>					
3. Training	A. Build on current DHS and service provider training plans by reviewing plans and determining need for revisions	Service Support and Training Bureau, CWPC Joint Training Committee	Summary of revised training plans	Q5		
	B. Implement revised training and provide on-going practice supports	↓	Integrated Training Plan & Training Evaluations	Q6		
4. QA&I	A. Develop and implement plan to evaluate effectiveness of activities to increase cultural competency and responsiveness of DHS staff	QI Bureau Chief	Implementation Plan	Q7		
	B. Analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q8		
<b>Renegotiated Action Steps and Benchmarks</b>						

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Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

THEME: QUALITY ASSURANCE				Applicable CFR Outcomes or Systemic Factors: Quality Assurance System		
Primary Strategy 1: Quality Assurance (QA) System				Applicable CFR Items: 31		
Goal: Improve the reliability and validity of the QA system regarding case reading data and the effectiveness of its use when assessing progress						
Action Steps and Benchmarks		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Action Step: Implement a reliable and valid QA system for case reviews to effectively monitor progress and make changes in strategy based on case reading data		QI Bureau Chief	See Below			
Category	Benchmarks					

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

1. QA & I	<p>A. Identify a small group of designated internal reviewers consisting of all staff in the Bureau of Quality Improvement</p> <p>B. Coordinate with federal partners to provide initial CFSR case reading training for the designated reviewers utilizing the completed analysis for focus, as appropriate</p> <p>D. Develop and implement case reading plan with built-in checks to assure reliability and validity in scoring across reviewers, addressing communication of findings with supervisors/case managers, reporting of trends quarterly, etc.</p> <p>E. Quarterly or at other set intervals, as pre-determined, coordinate with federal partners to assure accuracy and consistency with the federal lens regarding case reviews</p> <p>F. Quarterly complete analysis of administrative data, case reviews, and any targeted reviews relating to performance on the CFSR indicators, establish recommendations for strategy changes, and disseminate to the Service Business Team (SBT) for review and follow-up action when needed.</p>	<p>QI Bureau Chief</p> <p>↓</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>Case Review Process Plan</p> <p>Training Sign-In Sheet &amp; Agenda</p> <p>Implementation Plan</p> <p>Summary of case review analysis</p> <p>Summary of analysis &amp; recommendation</p>	<p>Q1</p> <p>↓</p> <p>↓</p> <p>Q2, Q4, Q6</p> <p>Q1-Q8</p>		
<b>Renegotiated Action Steps and Benchmarks</b>						

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

THEME: QUALITY ASSURANCE					Applicable CFSR Outcomes or Systemic Factors: Quality Assurance System	
Primary Strategy 2: Supervision					Applicable CFSR Items: 31	
Goal: Enhance the ability for supervisors to be more effective with the field to enhance frontline practice						
Action Steps and Benchmarks:		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Support supervisors in practice		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<p>1. Practice</p>	<p>A. Develop a model of supervisory practice:</p> <p>1. Review and assess utilization of the University of Iowa Supervisory Cohort Training, resources for development of the model of supervisory practice, and review supervisor competencies</p> <p>2. Develop and/or select model of supervisory practice to include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Ensuring timeliness of initiation of child abuse assessments</li> <li>• Ensuring safety and risk assessments occur, initial and on-going</li> <li>• Ensuring services address underlying issues</li> <li>• Ensuring timely establishment and review of permanency goals</li> <li>• Supporting concurrent planning practice</li> <li>• Supporting staff's development of culturally competent practice</li> <li>• Accessibility of DHS supervisors by workers, families, and providers</li> </ul> <p>3. Through accessing federal T/TA, develop framework and tools for accessing effectiveness of model</p>	<p>Service Support &amp; Training Bureau Chief &amp; SWAs</p> <p>↓</p> <p>↓</p> <p>↓</p>	<p>Summary of findings and analysis</p> <p>Model of Supervisory Practice</p> <p>Evaluative Framework &amp; Tools</p>	<p>Q1</p> <p>Q2</p> <p>↓</p>		
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### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks:		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Support supervisors in practice		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
1. Practice Continued	B. Implement the selected model of supervisory practice	Service Support & Training Bureau Chief & SWAs	Implementation Plan	Q5		
2. Training	A. Develop and implement Model of Supervisory Practice training plan, including training on use of data, composite measures, and how to use data to information decision making for systemic and practice change	Service Support and Training Bureau Chief & SWAs; CWPC Training Committee	Integrated Training Plan & Training Evaluations	Q4		
3. IT	A. Implement Results Oriented Management (ROM): 1. Complete a site visit with U of K, provide data files, and begin user testing  2. Coordinate and align with the Model of Supervisory Practice  3. Implement ROM statewide and resolve issues as they arise  4. Engage U of K regarding ROM	Policy Bureau Chief, U of K, Casey Family Programs, CWIS Bureau Chief  ↓  ↓  ↓	Summary of findings  Summary of coordination & alignment  Summary of implementation  Summary of project status	Q1  Q2  Q4  Q8		

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Action Steps and Benchmarks:		Lead Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Support supervisors in practice		Service Support and Training Bureau Chief	See Below			
Category	Benchmarks					
4. QA&I	A. Develop plan to evaluate effectiveness of supervisory model of practice	QI Bureau Chief	Implementation Plan	Q4		
	B. Implement plan and continuously analyze results for impact on outcome with report to central office and field, which will inform field practice	↓	Analysis Report	Q5		
<b><i>Renegotiated Action Steps and Benchmarks</i></b>						

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

#### Part B: National Standards Measurement Plan and Quarterly Status Report

Permanency Composite 4: Placement Stability												
National Standard	101.5											
Performance as Measured in Final Report/Source Data Period	94.0/FFY 2008											
Performance as Measured at Baseline/Source Data Period	93.3/FFY 2009											
Negotiated Improvement Goal	96.1											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

#### Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor: Safety Outcome 1 Item: 1												
Performance as Measured in Final Report	85%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Outcome/Systemic Factor: Safety Outcome 2 Item: 3												
Performance as Measured in Final Report	77%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)												

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<b>Outcome/Systemic Factor: Safety Outcome 2 Item: 4</b>												
Performance as Measured in Final Report	65%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Permanency Outcome 1 Item: 7</b>												
Performance as Measured in Final Report	64%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<b>Outcome/Systemic Factor: Permanency Outcome 1 Item: 10</b>												
Performance as Measured in Final Report	50%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Well-Being Outcome 1 Item: 17</b>												
Performance as Measured in Final Report	45%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

<b>Outcome/Systemic Factor: Well-Being Outcome 1 Item: 18</b>												
Performance as Measured in Final Report	49%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
<b>Outcome/Systemic Factor: Well-Being Outcome 1 Item: 19</b>												
Performance as Measured in Final Report	65%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

### III. PIP Matrix

State: IOWA

Type of Report: PIP: X\_ Quarterly Report: \_\_ (Quarter: \_\_)

Date Submitted: September 2, 2011

Outcome/Systemic Factor: Well-Being Outcome 1 Item: 20												
Performance as Measured in Final Report	43%											
Performance as Measured at Baseline/Source Data Period	To Be Determined/1 <sup>st</sup> Four Quarters of PIP											
Negotiated Improvement Goal	To Be Determined Based on Data from 1 <sup>st</sup> Four Quarters of PIP											
Method of Measuring Improvement	Case Reading Data											
Renegotiated Improvement Goal												
Status (Enter the current quarter measurement for the reported quarter.)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12