

State of Iowa

Systems Map – Current System

Values

Child Centered, Family Focused, and Family Driven/Community Based/Culturally Competent and Responsive

Guiding Principles

- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
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- Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safety possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs
- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision-making will be outcome based, resource-driven and continuously evaluated for improvement

Who is Included in the System	Entering the System and Initial Assessment	Determining Intervention Options		Assignment of Interventions	Current Key Components of the Various Service Types of Interventions	How Disruptions are Handled	Desired Outcomes
<ul style="list-style-type: none"> • DHS • Children • Family • Juvenile Court • Attorneys • Schools • Providers • Law Enforcement • Mental Health/SA/Physical health/medical • Intake • Reject • Accepted child abuse assessment • Accepted family assessment • Accepted CINA assessment • Information & Referral • Law enforcement • CPA (SWIII) • Assesses • All accepted assessments 	<ul style="list-style-type: none"> • Phone call to central intake • Law Enforcement Complaint • Voluntary Parent Placement • CAA founded <ul style="list-style-type: none"> ◦ All risk levels DHS • CAA confirmed <ul style="list-style-type: none"> ◦ Moderate C.C ◦ High DHS • CAA Unfounded <ul style="list-style-type: none"> ◦ Low & moderate C.C • FA Unsafe • FA Moderate to High Risk • FA Low Risk • CINA Assessment Conclusive <ul style="list-style-type: none"> ◦ File a Petition • CINA Assessment Don't File <ul style="list-style-type: none"> ◦ Information/Referral <u>Child Welfare</u> <ul style="list-style-type: none"> • Abuse • CHINA • Differential Response • Hotline • Crossover • Intake • Law Enforcement • Treatment Court <u>Juvenile Justice</u> <ul style="list-style-type: none"> • Law Violation • School • Hospital • Mental Health • Crossover • Informal • Judge/Detention • Intake Officer 	<ul style="list-style-type: none"> <u>Child Welfare</u> <ul style="list-style-type: none"> • FSRP • Community Care • Relative • CWES • Foster Care • Group Care • Evaluations • AEA • Drug Screen • SAL • Aftercare • PAL • DCAT • FTDM/YTDM • Case receives a family assessment or child abuse assessment • Level of safety/risk determines referral to community care. PSRP, court involvement, safety plan, voluntary placement agreement, PMIC placement, BHIS <u>Juvenile Justice</u> <ul style="list-style-type: none"> • Track & Monitor • I.H. Detention • Detention • State Training School • Therapeutic Foster Care • Day Treatment • FFT • ART • Grad Sanctions • EPIS • Cognitive Recognition 	<ul style="list-style-type: none"> <u>Juvenile Justice (continued)</u> <ul style="list-style-type: none"> • Low risk case diverted • Medium risk receives informal adjustment (FFT or Aggression Replacement • High risk results in court request for adjudication (FFT or Aggression Replacement therapy available) placement is possible <u>Voluntary Placement</u> <ul style="list-style-type: none"> • Depends on which shelter the youth is placed in <u>Title 19</u> <ul style="list-style-type: none"> • FIP • Food Assistance • COS • Transportation • BHIS • Treatment Court • DHS Eligible – Non-Court <ul style="list-style-type: none"> ◦ FSRP ◦ VPA – 90 day limit • DHS Eligible + Court <ul style="list-style-type: none"> ◦ FSRP ◦ Parent Partners ◦ ES & Shelter ◦ Relative Care (Kin) ◦ Foster Family Care ◦ Foster Group Care ◦ BHIS – regardless of setting 	<ul style="list-style-type: none"> • Individualized • Filtering through continuum • Family Input • FFA • S&R Access • CPA • FTDM • Risk level IDA <ul style="list-style-type: none"> ◦ Assessment 2.0 ◦ Case planning using FTM ◦ Placement decisions ◦ Court involvement ◦ Move to safe case closure <u>JCS</u> <ul style="list-style-type: none"> • Assigned officer • Service Teams • Judges • County attorneys • YTD • Families <u>Child Welfare</u> <ul style="list-style-type: none"> • SW 3 or SW2 • Judge • Attorney • GAL • CASA • Family teams meetings • Health insurance eligibility • Providers have a voice 	<ul style="list-style-type: none"> • Face to face • Individual visits • Monthly reports • QA & CQI • Oversight & approval for removals/placements • Staffing's • Trauma Informed • Crisis intervention • Joint Training • Family team meeting • YTDM • Funding-driven 	<ul style="list-style-type: none"> • “Fail Up” • Blame the family or kid • Blame foster parent • Blame DHS/Field Office • FTDM • IKN • Assessments • Adjustment of dosage and/or service • Crossover • Detention Screening tool – JJ • May result in filings • May result in deeper level placement or lateral movement • FTM re-planning • Adoption disruption issues <ul style="list-style-type: none"> ◦ We don't intervene early enough ◦ Resource availability for support is critical 	<ul style="list-style-type: none"> • Align with/pass CFSR • No re-entry into juvenile justice system • Community Safety • Behavioral & cognitive change • Community supports • Self-sustaining • Community Engagement • Contractually post service delivery <ul style="list-style-type: none"> ◦ Focused ◦ Re-abuse ◦ Re-entry ◦ CHINA filings

WHAT WE WANT TO SEE IN A NEW SYSTEM OF CARE AND SYSTEM BARRIERS

What We Want to See in a New System of Care

- Youth have true permanency when they leave the system that includes necessary formal and informal supports
- Resource allocation based on family need not funding source
- Engaging comprehensive and upfront assessment of child and family functioning
- Children and families served in their home community
- Tailor treatment based on the assessment of child and family functioning
- Shared vision, philosophy and values
- Collaboration
- Community capacity with broad access
- Funding accountability
- Flexible and strong workforce
- Have a service system that is separate and distinct from level of placement
- Reduce out-of-home placement and use it to stabilize, treat and return to family like settings
- Conferences used at all major milestones in a case that includes family, children, providers and community members
- Information sharing thru an electronic case file accessible by public/private workers
- Have a data orientated system that uses predictive analytics to appropriately match with intensive evidence based services separate from placement

System Barriers

- Data measures
- Turf wars
- Meaningful integration of all contracts
- Pulling kids further in the system
- Stability in funding allocations
- Understanding of how contracts and practice interface
- Lack of flexibility to move between levels of care without court orders
- Tied to bricks and mortar – 4th in nation in removals per 1000 children
- Monetary resources
- Skilled people resources
- Readiness issues
- Having a systematic fundamental belief that families can change
- Resource gaps – having equitable resources across the state
- Lack of appropriate data to drive decisions
- IT systems do not currently have capacity for supporting private access/input
- Change is hard
- Client distance from public/private resources
- Attitude of judging and punishing parents and youth
- Lack of money to support evidence-based practice and retain workers
- Distance and lack of technology to support to access to conferences

Five Most Desired Outcomes in a New System of Care

1. Services Regardless of Setting (8 votes)
2. Every child has a permanent connection to a caring adult (8 votes)
3. Right Metrics to Demonstrate Accountability for Outcomes (6 votes)
4. Right Service, Right Time, Right Dose (3 votes)
5. Therapeutic Foster Homes as an Option (3 votes)

Additional Outcomes Identified

1. Evidence based practice as part of the service array
2. Reduced population in congregate care
3. System meets and aligns with federal descriptions
4. Kids in foster care meet educational goals i.e. graduation
5. All kids that are placed in out-of-home care are within an hour of their home of origin
6. Lower lengths of stay in shelter and out of home care
7. Whenever safely possible children have a weekly visit with a parent or caregiver
8. Reduced lateral moves
9. More foster parents
10. Uniform assessment tool that can be used as a gatekeeper and help match kids with least restrictive environment
11. Child Welfare/Juvenile Families Are More Stable
12. The system exhibits a common understanding of family focus and agrees to adhere to it
13. Provides DHS public agency staff collaborate with providers, other state agencies and private agency staff
14. Develop a common understanding of family focus and adhere to it
15. Ability to reinvest savings back into the system
16. Viable Workforce
17. Prepared and viable workforce
18. Community builds capacity for prevention
19. Reduce placements and improve stability
20. Safety, permanency, well-being for all
21. No wrong front door – all doors are front doors
22. Families feel empowered

IOWA SYSTEMS OUTCOMES RECOMMENDATIONS FROM THE PROCESS RESTATED

- 1) Children should remain in their own homes whenever safely possible. Children will only be removed from their homes when safety requires it. A uniform assessment process will be used to help make these decisions.
- 2) We will provide families the necessary supports to help their children stay safely in their own homes.
- 3) Children will not “grow up” or stay for extended periods of time in out of home care settings. Children will grow up in family settings with permanent families whenever possible.
- 4) When a child is removed and the plan is for that child to return home, every effort will be made to return the child to their own home as soon as possible.
- 5) Permanency decisions will be made as quickly as possible when it is clear that a child will not be returning to their own home. Keeping siblings together whenever possible will be a priority. Every child leaving care will have a permanent connection to a caring adult.
- 6) Out of home care providers will become responsible for finding permanent homes for children who will not be returning to their own homes and will be paid for these search, home finding and engagement activities.
- 7) When a child will be returning home, out of home care providers will develop and implement a “family engagement plan” within the first 30 days.
- 8) Families will be involved in all aspects of decision-making and planning during the time their child is in out of home care.
- 9) Every effort will be made to place a child as close to their own home as possible and weekly family contact or home visits with families will be expected.
- 10) The same family support services currently used with “community families” will be expected to be used with all “residential families.” Out of home care providers will be paid for providing these family support services.
- 11) The success criteria for out of home care providers should be: quality of family engagement, length of stay and success upon reintegration back into their own home or into the community.
- 12) Service delivery should be incentivized. The state will pay more for those services that are needed the most and that can successfully produce the results that are most needed.
- 13) Short-term treatment will be added as a service option. The state will pay extra for this. Eventually most treatment that is accessed will be short-term treatment.
- 14) The “community-based service gaps” that currently result in out of home placements will be identified and those gaps will be filled whenever possible. Therapeutic foster homes will be developed to meet one of the identified service gaps.
- 15) Those working within the system of care will need to understand the principles that underpin the system. All staff who work with children and families will be trained in:
 - Why we need to engage the families of the children we serve
 - Why children need to grow up in permanent family settings
 - How to prepare children for a successful return to their homes
 - Successful patterns of family engagement
 - How to demonstrate cultural sensitivity and cultural humility
 - How to see families as the solutions and not as the problems
 - How to help improve levels of family stability
 - The practice of offering trauma-informed care
 - Ways to form trusting relationships and have supportive conversations
 - The importance of continuity of care and service integration
 - How to develop a prepared, well trained and viable workforce.
 - How to imbed evidence-based practice into the delivery of services
 - How to successfully meet children’s educational needs and goals

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