



IOWA'S PROGRAM IMPROVEMENT PLAN (PIP) QUARTER 8 (JULY 1, 2013 – SEPTEMBER 30, 2013)

EXECUTIVE SUMMARY

Introduction:

The DHS' vision is that all children grow up safe from abuse and with permanent family connections. To achieve this vision, the DHS aligns child welfare resources through utilizing a customer focus and a dedication to excellence, accountability, and teamwork.

Iowa's child welfare system focuses on the three federal Child and Family Service Review (CFSR) domains of safety, permanency, and well-being:

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

Quarter Eight PIP Activities:

| Outcome/Systemic Factor: | Quarter 8 Targeted Strategies/Activities: |
|---|--|
| Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. | <ul style="list-style-type: none"> • Community Partnership for Protecting Children (CPPC) |
| Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. | |
| Permanency Outcome 1: Children have permanency and stability in their living situations. | <ul style="list-style-type: none"> • Family Team Decision-Making (FTDM) Meetings • Iowa Children's Justice • Joint Substance Abuse Protocol |
| Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. | <ul style="list-style-type: none"> • Family Interaction |
| Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. | <ul style="list-style-type: none"> • Caseworker Visits • Expand Parent Partners |
| Well-Being Outcome 2: Children receive appropriate services to meet their educational | No activities in quarter eight |

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| needs. | |
| Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. | <ul style="list-style-type: none"> • Caseworker Visits |
| Systemic Factor: Service Array and Resource Development | No activities in quarter eight |
| Systemic Factor: Quality Assurance (QA) System | <ul style="list-style-type: none"> • Results Oriented Management (ROM) • Quality Assurance (QA) system |

Quarter Eight PIP Accomplishments:

Community Partnership for Protecting Children (CPPC): Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities and states can adopt to improve how children are protected from abuse and/or neglect. It aims to blend the work and expertise of professionals and community members to bolster supports for vulnerable families and children with the aim of preventing child abuse, reducing the number of children experiencing repeat maltreatment, safely decreasing the number of out-of-home placements, and promoting timely reunification when children are placed in foster care.

During quarter eight, DHS and contractor staff conducted trainings in the eastern, central, and western CPPC regions regarding Differential Response and domestic violence reorganization.

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

During quarter eight, staff and service providers completed FTDM Refresher Training by July 5, 2013. Quality Assurance (QA) staff evaluated the quality of FTDM meetings pre- and post-training through parent satisfaction surveys. Parental satisfaction with FTDM meetings increased by 18%, which reflects the emphasis on family engagement and involvement in case planning stressed in the FTDM Refresher Training.

Iowa Children’s Justice: Iowa Children’s Justice (ICJ) (Iowa’s court improvement) provides consultation and technical assistance to local judicial districts.

During quarter eight, Children’s Justice held a Permanency Summit in September 2013. Three-hundred-sixty (360) individuals participated including members of each judicial district team, along with many other partners in child welfare. A list of the small steps of change that attendees indicated they "would do by Tuesday" will soon be posted on the Judicial Branch ICJ website, http://www.iowacourts.gov/Administration/Childrens_Justice/.

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

child's care. The DHS, Iowa Children's Justice (ICJ), and the Iowa Department of Public Health (IDPH) worked together to develop a protocol for working with these families in the child welfare system. DHS, ICJ, and IDPH expanded the Joint Substance Abuse Protocol by implementing it in two additional counties. Counties having higher rates of abuse per 1,000 will be targeted and recruited.

During quarter eight, DHS staff participated in the National Center on Substance Abuse and Child Welfare's online tutorial "*Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals*". Pre- and post-training surveys revealed an increase of 23% in understanding the stages of change and an increase of 14% in understanding that women have unique needs in addiction treatment. A majority of training participants (74%) indicated the training impacted their knowledge and/or practice when working with families with substance abuse issues.

Family Interaction: 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.

During quarter eight, DHS staff and service providers completed the following:

- Revised Family Interaction Observation Tool
- Collaborated with Iowa Children's Justice to provide *Family Interaction Planning: Guiding the Path to Permanency* workshop to Permanency Summit participants
- Continued efforts to increase identification, location, and engagement of relatives and other supports in family interaction practice
- Quality Assurance (QA) staff evaluated the frequency and quality of FI pre- and post-training (FI training was part of the FTDM Refresher Training).
 - Compared performance on CFSR Item 13 quarters two through seven to quarter eight. Item 13 measures the "concerted efforts...made to ensure visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members"¹ QA staff noted a 16% increase in performance on Item 13.
 - Parental satisfaction surveys: Parental satisfaction with efforts to identify potential relative supports and relative placements increased by 20%, which reflects the emphasis made during training regarding the importance of identifying and utilizing relatives as both positive supports and potential placements.

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

In quarter eight, DHS staff completed the following tasks:

¹ Child and Family Services Reviews, Onsite Review Instrument and Instructions. (July 2008). US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Page 42.

- Continued use of standard practice document, which guides caseworker discussions with families and assists with documentation
- Continued plan to implement Service Business Team (SBT) recommendations to streamline work processes for caseworkers

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

In quarter eight, the following tasks were completed and reported to federal partners:

- Finalized policy and practice related materials for Parent Partners, such as brochure, flier, handbook, practice guides for Parent Partner, Parent Partner Coordinator, and DHS staff, resource guide, forms manual
- Continued Parent Partner participation in DHS and provider trainings
- New statewide contract awarded, effective July 1, 2013, to Children and Families of Iowa (CFI) to implement Parent Partners statewide over the next few years

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

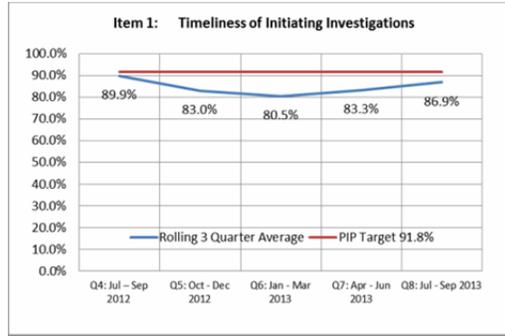
DHS staff completed the following tasks during quarter eight:

- Continued work with University of Kansas (KU) to develop specifications for new reports customized for Iowa
- Continued work on public version of ROM, which will have reports for the CFSR related data outcome measures around safety and permanency
- Participated in multi-state effort that KU coordinated to design new core reports related to in-home services population and disproportionality in child welfare system

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

During quarter eight, QA staff analyzed data from the case reading reviews for the PIP items Iowa still needs to meet. Results are below.

| Item 1 | Total # Met | Total # Cases | State Perf | Rolling 3 Quarter Average |
|--------------------|-------------|---------------|------------|---------------------------|
| Q2: Jan - Mar 2012 | 30 | 32 | 93.8% | |
| Q3: Apr - Jun 2012 | 25 | 30 | 83.3% | |
| Q4: Jul - Sep 2012 | 34 | 37 | 91.9% | 89.9% |
| Q5: Oct - Dec 2012 | 29 | 39 | 74.4% | 83.0% |
| Q6: Jan - Mar 2013 | 28 | 37 | 75.7% | 80.5% |
| Q7: Apr - Jun 2013 | 58 | 62 | 93.5% | 83.3% |
| Q8: Jul - Sep 2013 | 39 | 43 | 90.7% | 86.9% |
| 2010 OnSite Review | 23 | 27 | 85% | |



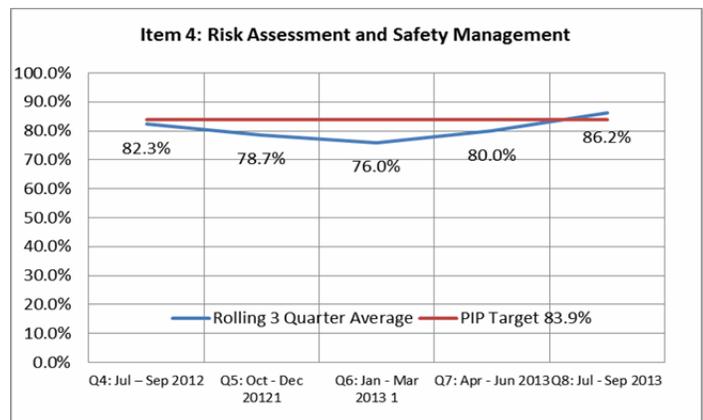
Actual Data Prior to Recalculation

| Item 1 | Total # Met | Total # Cases |
|--------------------|-------------|---------------|
| Q2: Jan - Mar 2012 | 30 | 32 |
| Q3: Apr - Jun 2012 | 25 | 30 |
| Q4: Jul - Sep 2012 | 34 | 37 |
| Q5: Oct - Dec 2012 | 29 | 39 |
| Q6: Jan - Mar 2013 | 28 | 37 |
| Q7: Apr - Jun 2013 | 19 | 19 |
| Q8: Jul - Sep 2013 | 39 | 43 |

Iowa's rolling three quarter performance on timeliness of initiating investigations and seeing child victims continues to increase. Although all cases reviewed demonstrated strengths in the area of initiation of the assessment, four cases were found to be areas in need of improvement due to delays in the face to face contact with child victims; issues centered on lack of information regarding why the visit was delayed (2 cases) and an excessive amount of time between having received supervisory approval to extend the timeframe and actually seeing all child victims (2 cases). Strengths this quarter include the documentation of efforts made to locate and see the child victims within the assigned timeframes and consultation with supervisors regarding the need to extend the timeframe. Although performance has not yet met the PIP target, Iowa is hopeful this item will be met within the next 1 - 2 quarters as steady improvement has been made each reporting period since Quarter 6.

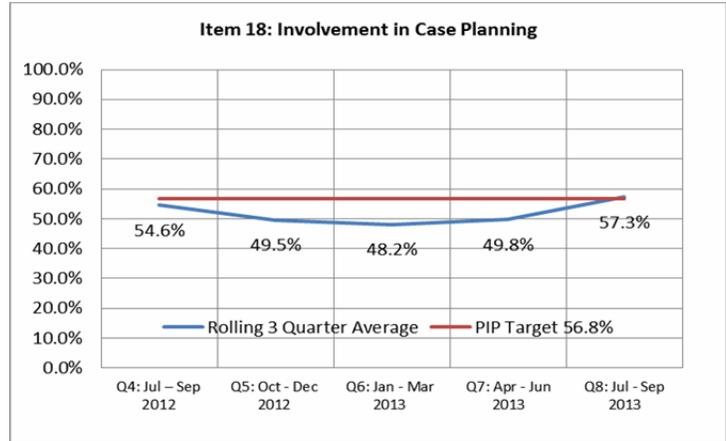
Explanation of Recalculation of Quarter 7 Data: 1The baseline period for item #1 included 99 cases; the Quarter 7 rolling three month period included 95 cases (q5=39,q6=37,q7=19). Since this is fewer cases than the baseline, Iowa is adding the Quarter 8 cases (q8=43) to the original 95 for a total N of 138 cases for the corrected Quarter 7 report. As future rolling 3-month periods are calculated, the original total for Quarter 7 (19) will be used rather than the adjusted N.

| Item 4 | Total # Met | Total # Cases | State Perf | Rolling 3 Quarter Average |
|--------------------|-------------|---------------|------------|---------------------------|
| Q2: Jan - Mar 2012 | 65 | 76 | 85.5% | |
| Q3: Apr - Jun 2012 | 62 | 75 | 82.7% | |
| Q4: Jul - Sep 2012 | 59 | 75 | 78.7% | 82.3% |
| Q5: Oct - Dec 2012 | 56 | 75 | 74.7% | 78.7% |
| Q6: Jan - Mar 2013 | 56 | 75 | 74.7% | 76.0% |
| Q7: Apr - Jun 2013 | 68 | 75 | 90.7% | 80.0% |
| Q8: Jul - Sep 2013 | 70 | 75 | 93.3% | 86.2% |
| 2010 OnSite Review | 42 | 65 | 65% | |



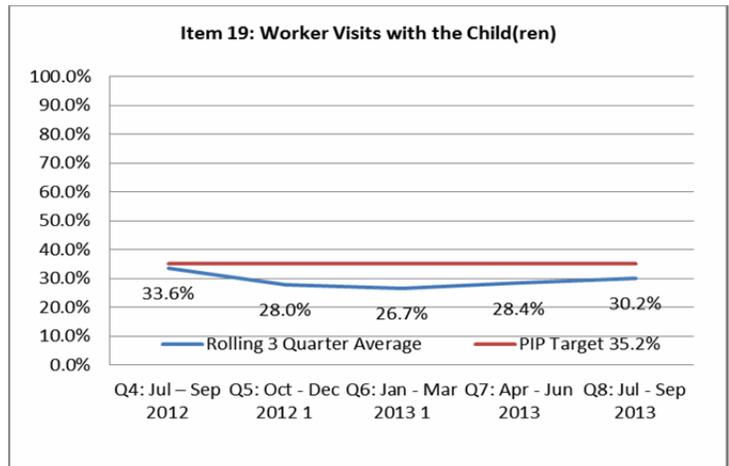
Item 4 again showed improvement during Quarter 8; gradual improvement in performance has been documented since PIP quarter 6. Five (5) of the 75 cases reviewed were rated as areas needing improvement, all of which had to do with lack of documentation of ongoing assessment. Strengths observed this quarter include documentation of safety and/or risk status prior to reunification and case closure. Files documented some effective use of Family Team Decision Making meetings to assess and plan for services during key points in the case. Iowa's rolling three quarter performance is at 86.2%; as this performance exceeds the PIP target of 83.9% it appears this item has been successfully completed.

| Item 18 | Total # Met | Total # Cases | State Perf | Rolling 3 Quarter Average |
|--------------------|-------------|---------------|------------|---------------------------|
| Q2: Jan - Mar 2012 | 46 | 73 | 63.0% | |
| Q3: Apr - Jun 2012 | 40 | 73 | 54.8% | |
| Q4: Jul - Sep 2012 | 32 | 70 | 45.7% | 54.6% |
| Q5: Oct - Dec 2012 | 36 | 75 | 48.0% | 49.5% |
| Q6: Jan - Mar 2013 | 37 | 73 | 50.7% | 48.2% |
| Q7: Apr - Jun 2013 | 37 | 73 | 50.7% | 49.8% |
| Q8: Jul - Sep 2013 | 51 | 72 | 70.8% | 57.3% |
| 2010 OnSite Review | 30 | 61 | 49% | |



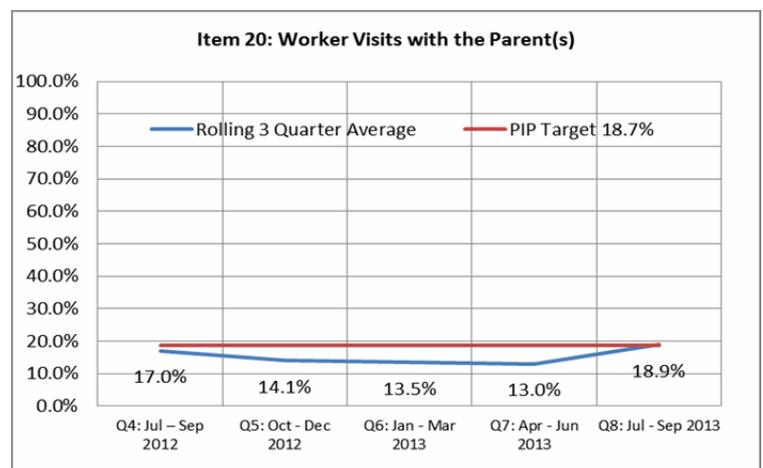
Item 18 continues to show gradual improvement each rolling three-quarter period since quarter 6. Challenges for Iowa in this area continue to center on efforts to locate and involve non-custodial parents, particularly when incarcerated. Strengths observed this quarter include some effective use of Family Team Decision Making meetings to formally gain input into case planning, as well as documentation of how the family is involved through documentation of monthly visits. Most recently, Iowa's rolling three-quarter performance is at 57.3%; as this performance exceeds the PIP target of 56.8% it appears this item has been successfully completed.

| Item 19 | Total # Met | Total # Cases | State Perf | Rolling 3 Quarter Average |
|---------------------------------|-------------|---------------|------------|---------------------------|
| Q2: Jan - Mar 2012 | 31 | 76 | 40.8% | |
| Q3: Apr - Jun 2012 | 25 | 75 | 33.3% | |
| Q4: Jul - Sep 2012 | 20 | 75 | 26.7% | 33.6% |
| Q5: Oct - Dec 2012 ¹ | 18 | 75 | 24.0% | 28.0% |
| Q6: Jan - Mar 2013 ¹ | 22 | 75 | 29.3% | 26.7% |
| Q7: Apr - Jun 2013 | 24 | 75 | 32.0% | 28.4% |
| Q8: Jul - Sep 2013 | 22 | 75 | 29.3% | 30.2% |
| 2010 OnSite Review | 43 | 65 | 66% | |



Item 19 shows steady improvement in the rolling three-quarter performance since quarter 6. Frequent and quality visits and/or the documentation of these continue to be challenges. Lack of description of interaction between the worker and the child, observations of young children as they relate to their environment, and talking with the child privately continue to be primary trends. Statewide strategic efforts were implemented in August 2013, including guidance on specific areas to address during a visit, required content, and recommended format for documentation; monitoring and follow up discussion with workers regarding barriers and problem-solving also are essential. In addition, staff consistently expresses the difficulty in getting conducted visits documented due to competing demands on their time and inability to document while in the field. Two service areas are now piloting use of voice to text technology to aid the field in conveniently and efficiently entering documentation. If this proves effective in the testing phase, this technology will be made available throughout the state.

| Item 20 | Total # Met | Total # Cases | State Perf | Rolling 3 Quarter Average |
|--------------------|-------------|---------------|------------|---------------------------|
| Q2: Jan - Mar 2012 | 13 | 65 | 20.0% | |
| Q3: Apr - Jun 2012 | 12 | 68 | 17.6% | |
| Q4: Jul - Sep 2012 | 9 | 67 | 13.4% | 17.0% |
| Q5: Oct - Dec 2012 | 8 | 71 | 11.3% | 14.1% |
| Q6: Jan - Mar 2013 | 11 | 70 | 15.7% | 13.5% |
| Q7: Apr - Jun 2013 | 8 | 66 | 12.1% | 13.0% |
| Q8: Jul - Sep 2013 | 20 | 70 | 28.6% | 18.9% |
| 2010 OnSite Review | 23 | 54 | 43% | |



Item 20 shows a significant improvement during Quarter 8. Visits with parents and children has been an area of emphasis across the state and it appears this has had positive impact on performance. The Quarter 8 performance of 28.6% brought Iowa's rolling three-quarter performance up to 18.9%; as this exceeds the PIP target of 18.7% it appears this item has been successfully completed. Although this item may be completed as far as PIP targets, Iowa plans to continue focusing on these visits and the strategies implemented in August 2013 to aid in the documentation of these visits; therefore this item will continue to be monitored.

Conclusion:

In conclusion, Iowa's child welfare system completed the identified PIP benchmarks for quarter eight. The benchmarks built upon tasks completed in quarters one through seven. Quarter 8 concludes the PIP implementation period. As noted above, the negotiated improvement goals for Items 1 and 20 have not been met. Additionally, Iowa still needs to meet the negotiated improvement goal of 96.1 for Permanency Composite 4: Placement Stability. Therefore, Iowa will need the non-overlapping year in order to meet these goals.

For more information regarding the CFSR and the PIP, please contact Kara Lynn H. Regula at (515) 281-8977 or kregula@dhs.state.ia.us.