

**IOWA'S PROGRAM IMPROVEMENT PLAN (PIP)
 QUARTER 5 (OCTOBER 1, 2012 – DECEMBER 31, 2012)**

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 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 Five PIP Activities:

Outcome/Systemic Factor:	Quarter 5 Targeted Strategies/Activities:
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	<ul style="list-style-type: none"> • Supervision • 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 • Plan, Do, Study, Act (PDSA) • Permanency Roundtables • Joint Substance Abuse Protocol • Iowa Foster Care Youth Council
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	<ul style="list-style-type: none"> • Caseworker Visits

children's needs.	
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	<ul style="list-style-type: none"> • Not addressed in the fifth quarter
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	<ul style="list-style-type: none"> • Align services with safety, permanency, and well-being outcomes • Cultural Competency/Responsiveness
Systemic Factor: Quality Assurance (QA) System	<ul style="list-style-type: none"> • Quality Assurance (QA) system • Supervision

Quarter Five PIP Accomplishments:

Supervision: Iowa recognizes supervision as a key strategy to ensuring quality social work practice, recruiting and retaining quality social workers, and supporting those social workers.

The group continues to complete tasks identified by the CFSR PIP, with fifth quarter tasks completed below.

- Continued Supervisor Model of Practice (MOP) training, module 2
- Service areas implemented MOP and developed and implemented evaluation procedures to determine degree of MOP implementation

Community Partnership for Protecting Children (CPPC): Community Partnership 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 five, DHS staff received CPPC site reports and evaluated those reports for an assessment of CPPC progress statewide.

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

During quarter five, DHS and service provider staff were trained on the revised FTDM facilitator curriculum.

Plan, Do, Study, Act (PDSA) for Placement Stability: Iowa Department of Human Services (DHS) staff chose to focus PDSA efforts on one sub-measure of placement stability (Children in out of home placement between 12 and 24 months will have 2 or fewer placements).

The following tasks were completed in quarter five:

- Quality assurance and improvement (QA&I) staff assisted the Western Iowa Service Area (WISA) to develop a PDSA to improve placement stability in that service area, with implementation beginning in quarter six.
- DHS staff described protocol and results of Northern Iowa Service Area (NISA) placement stability PDSA during statewide conference call of DHS supervisors and social work administrators, with service areas contacting their area QA&I staff to discuss implementation of PDSA in their service area, if desired.

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

In quarter five, the DHS' Service Business Team (SBT) accomplished the following tasks:

- Revised sustainability plan to imbed the permanency roundtable values in practice through train-the-trainer "Values Training"
- Began implementation of plan by working with Casey Family Programs to schedule training of trainers for "Values Training", which will occur in 2013

Joint Substance Abuse Protocol: In 2008, the Iowa General Assembly passed House File 2310 (HF2310). The purpose of HF2310 was to identify effective means of reducing the incidence and impact of child abuse, including denial of critical care and interventions with families by the child welfare system caused, partially or wholly, by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care. The DHS, Iowa Children's Justice (ICJ), and the Iowa Department of Public Health (IDPH) worked together to develop a protocol for working with these families in the child welfare system. DHS, ICJ, and IDPH will expand the Joint Substance Abuse Protocol by rolling it out in two additional counties. Counties having higher rates of abuse per 1,000 will be targeted and recruited.

In quarter five, Iowa Department of Public Health (IDPH) staff and DHS staff provided joint protocol training to DHS and substance abuse provider staff in Adams and Union counties, with implementation of protocol occurring upon training completion.

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

The IFCYC serves as a support group for youth involved in Iowa's foster care system and foster care alumni. 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.

During quarter five, DHS staff evaluated the effectiveness of the Iowa Foster Care Youth Council in accordance with contract performance measures.

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.

The PIP workgroup assigned to Family Interaction is the same PIP workgroup assigned to FTDM. In quarter five, the workgroup completed the following tasks:

- Reviewed Iowa Children's Justice collaboration with DHS regarding Family Interaction
- Provided statewide Family Interaction training through the revised Family Team Decision-Making (FTDM) training
- Finalized and implemented plan to imbed identification and location of relatives and other supports in Family Interaction

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 five, DHS social workers and supervisors received web based training on frequent and quality visits with standards of documentation for the visits.

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.

During quarter five, DHS staff developed and implemented a plan to evaluate the effectiveness of services through the performance measures identified in each contract and through quarterly contractor meetings.

Cultural competency/responsiveness of child welfare system: To improve cultural competency/responsiveness of the child welfare system, DHS began to work with the University of Northern Iowa and established a multidisciplinary committee, Cultural Equity Alliance Committee, to oversee the child welfare system's efforts to be more culturally competent and responsive.

During quarter five, the following tasks were completed:

- The University of Northern Iowa (UNI) completed a baseline assessment of the child welfare system, available at http://www.dhs.state.ia.us/uploads/Annual_Report.pdf. The report outlines current best practices, identifies gaps, and provides recommendations for improvement.

- Members of the Cultural Equity Alliance Committee reviewed current DHS trainings to identify those courses that support cultural competency/responsiveness.

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.

Tasks completed during quarter five were:

- Implemented quality assurance and improvement (QA&I) plan to monitor family engagement throughout the life of the case
- Implemented QA&I plan to monitor quality family interactions and identifying, locating and engaging relatives within Family Interaction practice
- Continued case reviews to determine performance on select CFSR items

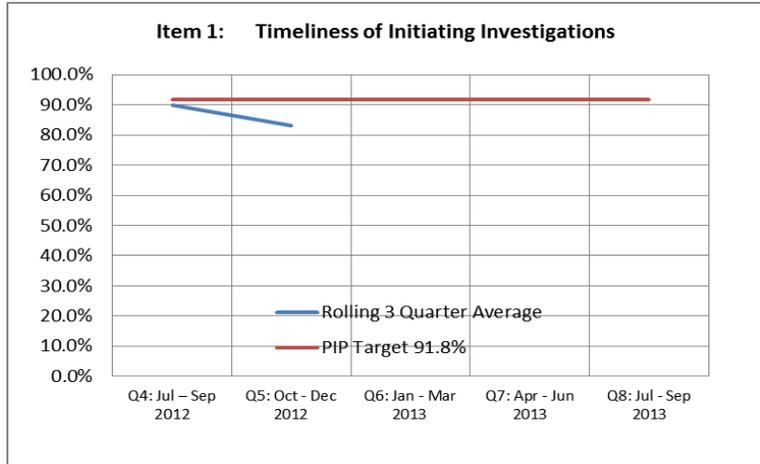
On December 4, 2012, DHS staff, service provider representatives, IDPH staff, Children’s Bureau regional and central office staff, Midwest Child Welfare Implementation Center (MCWIC), Parent Partners, and additional external stakeholders met to discuss the end of the first year’s implementation of the PIP by reviewing benchmarks completed. Participants also discussed upcoming benchmark activities to be implemented in the second year. After this meeting concluded, the Service Business Team (SBT) met with Children’s Bureau staff to negotiate Iowa’s improvement goals. The following goals were established, in accordance with method two outlined in *Child and Family Service Review, Amended Technical Bulletin #3*, dated October 8, 2009:

PIP Item	CFSR Final Report Performance	Minimum number of applicable cases	Strength	Total Applicable	Baseline percent strengths	Z value for .80 confidence level	Baseline Sampling Error	4 quarter PIP overlap adjustment	PIP Goal for Item
Item 1	85%	27	89	99	89.9%	1.28	0.0387661	0.9184	91.8%
Item 3	77%	43	129	149	86.6%	1.28	0.0357471	0.8836	88.4%
Item 4	65%	65	186	226	82.3%	1.28	0.0324963	0.8393	83.9%
Item 7	64%	39	133	151	88.1%	1.28	0.0337526	0.8977	89.8%
Item 10	50%	10	17	21	81.0%	1.28	0.109682	0.8644	86.4%
Item 17	45%	65	128	226	56.6%	1.28	0.0421954	0.5875	58.7%
Item 18	49%	61	118	216	54.6%	1.28	0.0433594	0.5680	56.8%
Item 19	65%	65	75	226	33.2%	1.28	0.0400928	0.3519	35.2%
Item 20	43%	54	34	200	17.0%	1.28	0.0339984	0.1870	18.7%

The following information represents Iowa’s performance on the above items in Quarter Five:

Safety Outcome 1

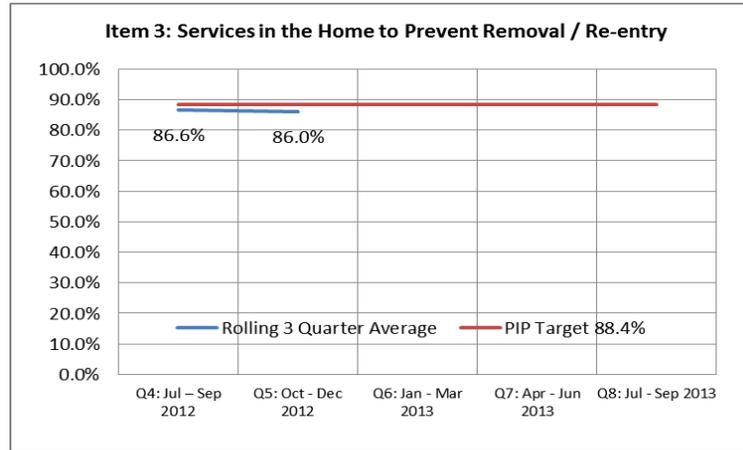
Item 1	Total # Met	Total # Cases	State Perf	3 Month Average
Q2: Jan - Mar 2012	30	32	93.8%	
Q3: Apr - Jun 2012	25	30	83.3%	
Q4: Jul – Sep 2012	34	37	91.9%	89.9%
Q5: Oct - Dec 2012	29	39	74.4%	83.0%
2010 OnSite Review	23	27	85%	



Timeliness of Investigations (Item 1): Case review results show a slight decrease in performance in this area. In reviewing the data, 9 of the 10 cases that did not meet the criteria were assigned 24 hour response times and face to face contact with the alleged victim(s) was not timely. It appears in 3 of these cases there may have been sufficient reason for a supervisor to extend the timeframe but there is no indication that supervisory approval to extend was requested nor granted; due to the limited number of applicable cases in item 1, a small number of cases can have a significant impact on overall state performance. At this time, it is believed that performance in quarter 5 is attributable to the nature of random sampling and variation rather than a downward trend. This belief will be re-evaluated when quarter 6 data are available.

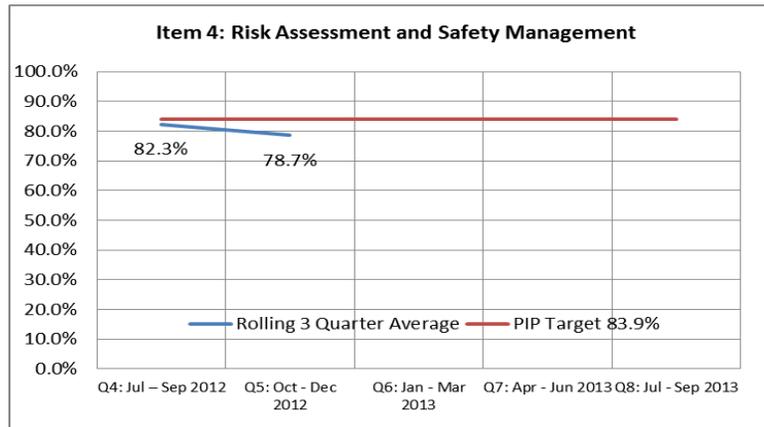
Safety Outcome 2

Item 3	Total # Met	Total # Cases	State Perf	3 Month Average
Q2: Jan - Mar 2012	46	54	85.2%	
Q3: Apr - Jun 2012	42	46	91.3%	
Q4: Jul – Sep 2012	41	49	83.7%	86.6%
Q5: Oct - Dec 2012	46	55	83.6%	86.0%
2010 OnSite Review	33	43	77%	



Services to Prevent Entry/Re-Entry into Foster Care (Item 3): Performance on this item has remained consistent over the last two quarters. Of the 9 cases that did not meet the criteria, trends identified include lack of full assessment of needs (3 cases) and lack of follow-up on services identified to assure they occurred and met the identified needs (3 cases).

Item 4	Total # Met	Total # Cases	State Perf	3 Month 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%
2010 OnSite Review	42	65	65%	

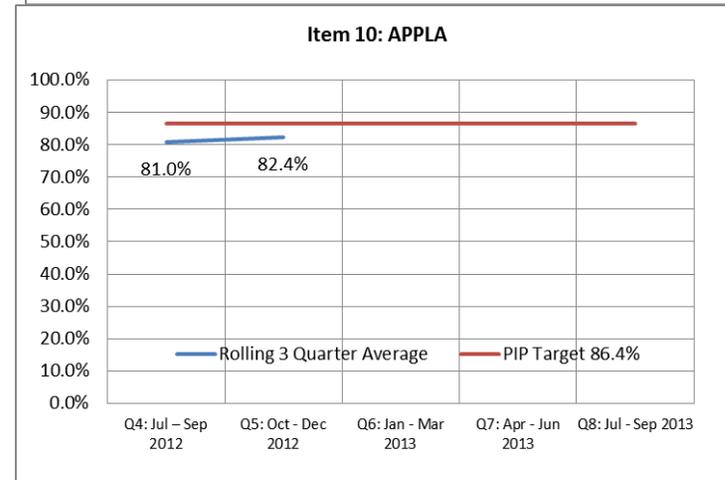
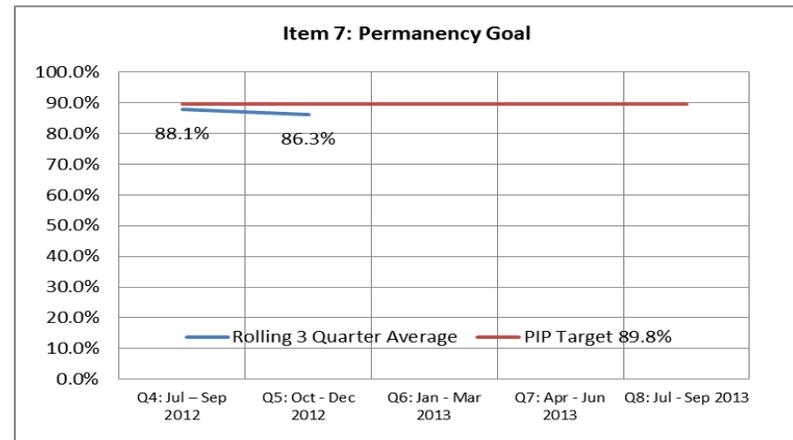


Initial and Ongoing Safety and Risk Assessments (Item 4): Trends identified through the case reviews regarding safety and risk assessments include consistently completing initial safety and risk assessments at the beginning of a child protective assessment and prior to closure of the assessment; assessment of ongoing safety and risk correlates with worker visits with children; provider notes often provide quality information regarding safety and risk issues; and department case notes often include a statement that the child(ren) is safe, but not what elements were used to arrive at that conclusion. Training on content including quality interactions of a visit and documentation of visits was completed across the state in November 2012 (PIP quarter 5); the information presented at training is to be integrated into practice in PIP quarter 6 and performance reviewed in PIP quarter 7.

Permanency Outcome 1

Item 7	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter
Q2: Jan - Mar	46	49	93.9%	
Q3: Apr - Jun 2012	42	52	80.8%	
Q4: Jul - Sep 2012	45	50	90.0%	88.1%
Q5: Oct - Dec 2012	33	37	89.2%	86.3%
2010 OnSite Review	25	39	64%	

Item 10	Total # Met	Total # Cases	State Perf	3 Month Average
Q2: Jan - Mar 2012	7	9	77.8%	
Q3: Apr - Jun 2012	5	6	83.3%	
Q4: Jul - Sep 2012	5	6	83.3%	81.0%
Q5: Oct - Dec 2012	4	5	80.0%	82.4%
2010 OnSite Review	5	10	50%	

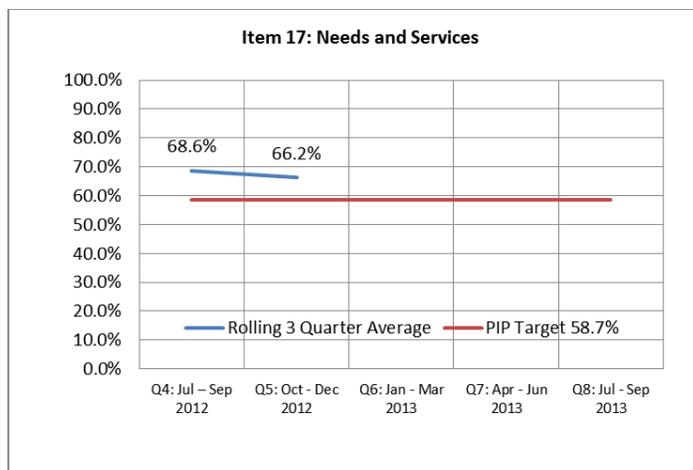


Permanency Goals (Item 7) and APPLA (Item 10): Performance on these two items over the course of the PIP shows little variation. PIP action step to **increase the effective use and facilitation of FTDMs to improve family’s engagement in case planning** is expected to have a positive influence on the two items above. Revised statewide training started in December 2012 and refresher training for facilitators is expected to be completed in spring 2013. The quality assurance process through case reviews to assess effectiveness of the strategy will begin following that training.

Well-Being Outcome 1 (Items 17 – 20)

PIP strategy to **increase the quality and frequency of caseworker visits with parents and children** is expected to positively impact the Well-Being 1 items. Training on content including quality interactions of a visit and documentation of visits was completed across the state in November 2012 (PIP quarter 5); the information presented at training is to be integrated into practice in PIP quarter 6. In order to assess the effectiveness of this strategy through the case reviews, beginning in PIP quarter 7 reviewers will have an added item to evaluate which looks at the frequency and quality of case worker visits during the most recent three-month period of time. While it is expected that progress in this area will directly impact worker visits with parents and worker visits with children (items 19 and 20) it is also expected to have indirect positive impact on assessment and involvement of the family.

Item 17	Total # Met	Total # Cases	State Perf	3 Month Average
Q2: Jan - Mar 2012	48	76	63.2%	
Q3: Apr - Jun 2012	69	75	92.0%	
Q4: Jul – Sep 2012	38	75	50.7%	68.6%
Q5: Oct - Dec 2012	42	75	56.0%	66.2%
2010 OnSite Review	29	65	45%	



Assessment of Needs and Provision of Services (Item 17): Performance monitored through the case reviews shows a slight improvement in PIP quarter 5. While we expect gradual improvement in this area as strategies are implemented and cemented in practice, we also anticipate the rolling 3 quarter average dipping lower before rising, due to quarter 3’s performance of 92% which is an outlier.

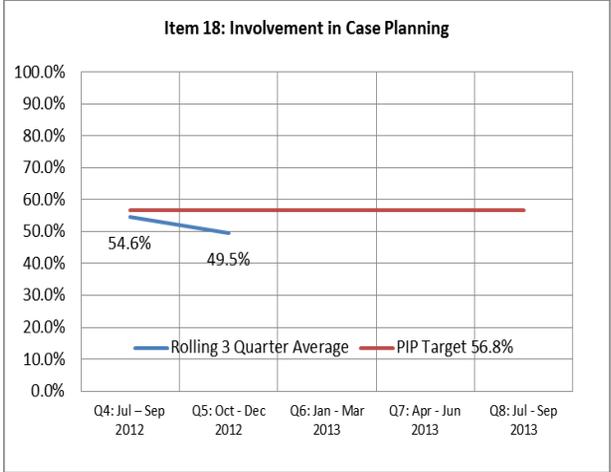
Performance broken out by child, mother, and father (below) continues to illustrate that assessment and service provision most consistently involves the child, then the mother, then the father. Efforts identified in the PIP to engage fathers, whether living in the home or non-custodial, will have a positive impact on performance in this area.

Child	Assess	Service
Q2: Jan - Mar 2012	94.7%	88.9%
Q3: Apr - Jun 2012	90.7%	94.4%
Q4: Jul - Sep 2012	96.0%	86.0%
Q5: Oct - Dec 2012	93.3%	89.7%

Mother	Assess	Service
Q2: Jan - Mar 2012	84.6%	84.9%
Q3: Apr - Jun 2012	86.8%	89.1%
Q4: Jul - Sep 2012	84.8%	88.1%
Q5: Oct - Dec 2012	83.3%	85.5%

Father	Assess	Service
Q2: Jan - Mar 2012	67.9%	72.3%
Q3: Apr - Jun 2012	68.9%	69.2%
Q4: Jul - Sep 2012	50.8%	62.5%
Q5: Oct - Dec 2012	60.9%	61.1%

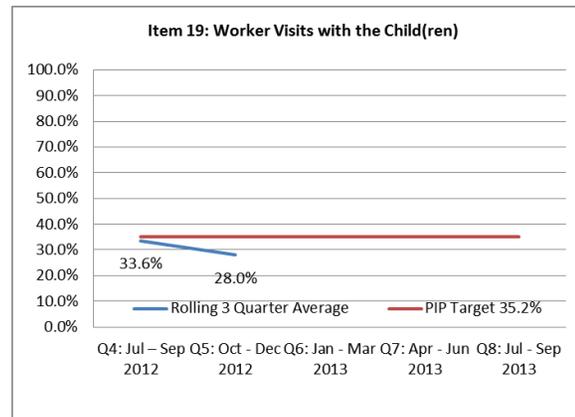
Item 18	Total # Met	Total # Cases	State Perf	3 Month Average
Q2: Jan - Mar 2012	46	73	63.0%	
Q3: Apr - Jun 2012	40	73	54.8%	
Q4: Jul - Sep 2012	32	70	45.7%	54.6%
Q5: Oct - Dec 2012	36	75	48.0%	49.5%
2010 OnSite Review	30	61	49%	



Involvement in Case Planning	Child	Mom	Dad
Q2: Jan - Mar 2012	83.1%	74.5%	60.0%
Q3: Apr - Jun 2012	76.8%	70.6%	54.8%
Q4: Jul - Sep 2012	73.1%	63.5%	45.9%
Q5: Oct - Dec 2012	50.9%	80.3%	52.2%

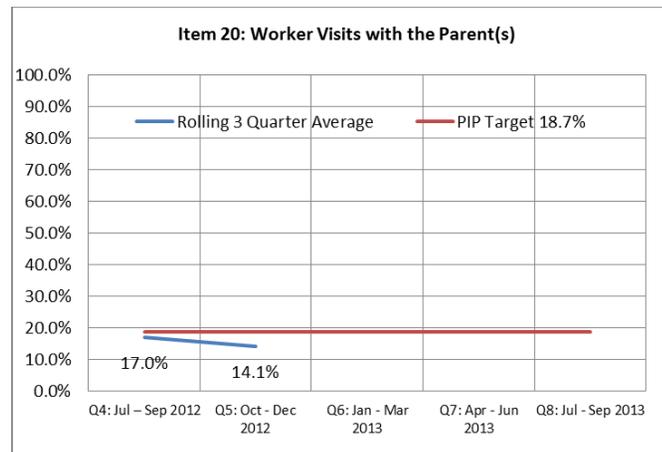
Child and Family Involvement in Case Planning (Item 18): Overall, quarter 5 data remains consistent with the previous quarter. There is, however, some fluctuation when looking at the involvement of individual participants: in quarter 5, mothers surpassed children as active participants in case planning, something not seen previously through case review data; fathers continue to be the least involved. PIP strategy focusing on FTDMs is also expected to impact this item through enhanced engagement of parents in the process.

Item 19	Total # Met	Total # Cases	State Perf	3 Month 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	18	75	24.0%	28.0%
2010 OnSite Review	43	65	66%	



Item 19	Quality	Frequency
Q2: Jan - Mar 2012	69.3%	86.7%
Q3: Apr - Jun 2012	45.3%	75.0%
Q4: Jul - Sep 2012	32.0%	72.0%
Q5: Oct - Dec 2012	25.3%	74.7%

Item 20	Total # Met	Total # Cases	State Perf	3 Month 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%
2010 OnSite Review	23	54	43%	



Mom	Frequency	Quality
Q2: Jan - Mar 2012	54.7%	53.3%
Q3: Apr - Jun 2012	43.9%	43.8%
Q4: Jul - Sep 2012	39.4%	37.5%
Q5: Oct - Dec 2012	42.9%	39.7%

Dad	Frequency	Quality
Q2: Jan - Mar 2012	16.7%	25.0%
Q3: Apr - Jun 2012	19.7%	21.0%
Q4: Jul - Sep 2012	13.6%	25.0%
Q5: Oct - Dec 2012	24.6%	20.7%

Worker Visits w/ Child(ren) (Item 19) and Worker Visits w/ Parent(s) (Item 20):

Performance on these items continues to be significantly impacted by the dual expectations of frequency and quality. Trends identified include a steady increase in frequency of visits across children and parents; a lack of clear documentation regarding the content of the visit; and workers not consistently seeing all children in the household alone.

Conclusion:

In conclusion, Iowa's child welfare system completed the identified PIP benchmarks for quarter five and negotiated improvement goals that Iowa must meet to avoid financial penalties. The benchmarks continue to build upon tasks completed in quarters one through four with the goal to improve performance. The child welfare system will continue its promising practices throughout the PIP implementation period to improve Iowa's child welfare system.

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.